



# **Community Health Needs Assessment Rock County, WI**

On Behalf of Edgerton Hospital & Health Services



**April 2023**

**VVV Consultants LLC  
Olathe, KS**

# Community Health Needs Assessment

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# I. Executive Summary

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# I. Executive Summary

## Edgerton Hospital & Health Services (Primary Service Area) – Rock County, WI - 2023 Community Health Needs Assessment (CHNA)

The previous CHNA for EHHS and their primary service area, was completed in 2020. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #4 Rock County, WI CHNA assessment began in December of 2022 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with the residents, to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years. **Important community CHNA Benefits** for both the local hospital and the health department, are as follows: 1.) Increases knowledge of community health needs and resources 2.) Creates common understanding of the priorities of the community’s health needs 3.) Enhances relationships and mutual understanding between and among stakeholders 4.) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5.) Provides rationale for current and potential funders to support efforts to improve the health of the community 6.) Creates opportunities for collaboration in delivery of services to the community and 7.) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs, and 8.) fulfills Hospital “Mission” to deliver.

## County Health Area of Future Focus on Unmet Needs

Area Stakeholder held a community conversation to review, discuss and prioritize health delivery. Below are two tables reflecting community views and findings:

2023 CHNA Priorities - Unmet Needs				
Edgerton, WI (Rock County)				
on behalf of Edgerton Hospital & Health Services				
CHNA Wave #4 Town Hall - 3/30/23 (36 Attendees / 141 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	<b>Mental Health Services</b> (Diagnosis, Treatment, Aftercare, Providers)	24	17.0%	17%
2	<b>Drug / Substance Abuse</b> (Treatment)	22	15.6%	33%
3	<b>Youth Mental Health Services</b>	19	13.5%	46%
4	<b>Primary Care</b> (Wait Times)	17	12.1%	58%
5	<b>Lack of Alternative Medicine</b>	12	8.5%	67%
6	<b>Housing</b> (Senior Focus)	11	7.8%	74%
7	<b>Senior Health</b>	10	7.1%	82%
<b>Total Votes</b>		<b>141</b>	<b>100%</b>	
Other needs receiving votes: Health and Wellness Counseling, Access to Grocery Stores/ Healthy Foods, Urgent Care Hours, Dental Services Providers taking Medicaid, Additional First Responder Coverage, Non Emergent Transportation Between Hospitals, Reimbursement Medicare/ Medicaid, and Teen Pregnancy				

## Town Hall CHNA Findings: Areas of Strengths

Edgerton WI PSA - Community Health Strengths			
#	Topic	#	Topic
1	EHHS Physical Facility and Management	7	Delivery of High Quality Care
2	Variety of Health Resources Available	8	Physical Therapy
3	Community Pride and Collaboration	9	Emergency Services
4	Schools	#	Pain Clinic
5	Healing Garden	#	Hospital Led Education Programs
6	Community Outreach	#	Access to Other Medical Services

### Key CHNA Wave #4 Secondary Research Conclusions found:

**WISCONSIN HEALTH RANKINGS:** According to the 2022 Robert Wood Johnson Foundation Health Rankings, Rock County, WI Average was ranked 61<sup>st</sup> in Health Outcomes, 58<sup>th</sup> in Health Factors, and 62<sup>nd</sup> in Physical Environmental Quality out of the 72 Counties.

**TAB 1.** Rock County's population is 164,381 (based on 2021). About six percent (5.7%) of the population is under the age of 5, while the population that is over 65 years old is 17.3%. As of 2020, 7.9% of citizens speak a language other than English in their home. Children in single parent households make up a total of 23.2% compared to the rural norm of 19.8%, and 87.4% are living in the same house as one year ago.

**TAB 2.** In Rock County, the average per capita income is \$29,924 while 9.3% of the population is in poverty. The severe housing problem was recorded at 12.7% compared to the rural norm of 12.2%. Those with food insecurity in Rock County is 10.4%, and those having limited access to healthy foods (store) is 12.1%. Individuals recorded as having a long commute while driving alone is 30.8% compared to the norm of 29.0%.

**TAB 3.** Children eligible for a free or reduced-price lunch in Rock County is 46.0%. Roughly ninety-two percent (91.7%) of students graduated high school compared to the rural norm of 93.1%, and 23.5% have a bachelor's degree or higher.

**TAB 4.** The percent of births where prenatal care started in the first trimester is 77.0% compared to the rural norm of 79.0%. Additionally, 7.8% of births in Rock County have a low birth weight. The percent of all births occurring to teens (15-19) is 14.4%.

**TAB 5.** The Rock County primary care service coverage ratio is 1 provider (county based office physician who is a MD and/or DO) to 2,017 residents. There were 4,686 preventable hospital stays in 2020 compared to the Rural Norm of 3,286.

**TAB 6.** In Rock County, 19.5% of the Medicare population has depression. The average mentally unhealthy days last reported (2019) is 4.4 days in a one-week period, while the age-adjusted suicide mortality rate (per 100,000) is 14.2.

**TAB 7a – 7b.** Rock County has an obesity percentage of 36.5% and a physical inactivity percentage is 25.6%. The percentage of adults who smoke is 17.5%, while the excessive drinking percentage is 24.5%. The Medicare hypertension percentage is 51.1%, while their heart failure percentage is 12.6%. Those with chronic kidney disease amongst the Medicare population is 22.5% compared to the rural norm of 22.4%. The percentage of individuals who were recorded with COPD was 9.8%. Rock County recorded 2.7% of individuals having had a stroke.

**TAB 8.** The adult uninsured rate for Rock County is 7.0% (based on 2019) compared to the rural norm of only 6.5%.

**TAB 9.** The life expectancy rate in Rock County for males and females is seventy-eight years of age (77.6). Alcohol-impaired driving deaths for Rock County is 43.0% while age-adjusted Cancer Mortality rate per 100,000 is 182.9. The age-adjusted heart disease mortality rate per 100,000 is at 178.7.

**TAB 10.** A recorded 83.5% of Rock County has access to exercise opportunities. Those reported having diabetes was 8.5%. Continually, forty-five percent (45.0%) of women in Rock County seek annual mammography screenings compared to the rural norm of 49.5%.

## Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders and providers (N=205) provided the following community insights via an online perception survey:

- Using a Likert scale, average between Rock County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 69.3%.
- Rock County stakeholders are satisfied with some of the following services: Ambulance Services, Chiropractors, Emergency Room, Telehealth, Inpatient Services, Outpatient Services, and Pharmacy.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health, Substance Abuse, Obesity, Cost of Care, Visiting Specialists, Uninsured / Underinsured, Preventative health & Wellness, Owning Your Health, Transportation, Dental Care.

Edgerton, WI PSA - CHNA YR 2023					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Treatment, Aftercare, Providers)	114	17.1%		1
2	Substance Abuse (Drugs & Alcohol)	99	14.8%		2
3	Obesity (Nutrition / Exercise)	83	12.4%		4
4	Cost of Care (Services / Medications)	70	10.5%		3
5	Transportation	53	7.9%		9
6	Preventative Health & Wellness	42	6.3%		7
7	Uninsured / Underinsured	41	6.1%		6
8	Dental Care (Medicaid Accepting)	39	5.8%		10
9	Owning Your Health (Apathy)	36	5.4%		8
10	Visiting Specialists	34	5.1%		5
11	Health Education / Resources	31	4.6%		11
12	Youth Activities	25	3.7%		12
Totals		667	100.0%		

# II. Methodology

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## II. Methodology

### a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital that has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

#### **JOB #1: Meet/Report IRS 990 Required Documentation**

1. A description of the community served by the facility and how the community was determined;
2. A description of the process and methods used to conduct the CHNA;
3. The identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA;
4. A description of how the organization considered the input of persons representing the community (*e.g., through meetings, focus groups, interviews, etc.*), who those persons are, and their qualifications;
5. A prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and
6. A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Section 501(r) provides that a CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: Government agencies with current information relevant to the health needs of the community and representatives or members in the community who are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (*e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.*).

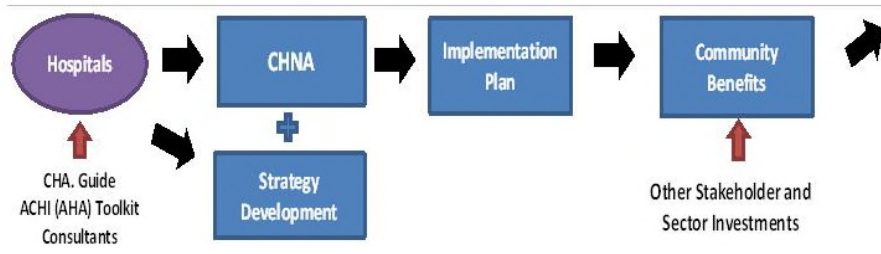
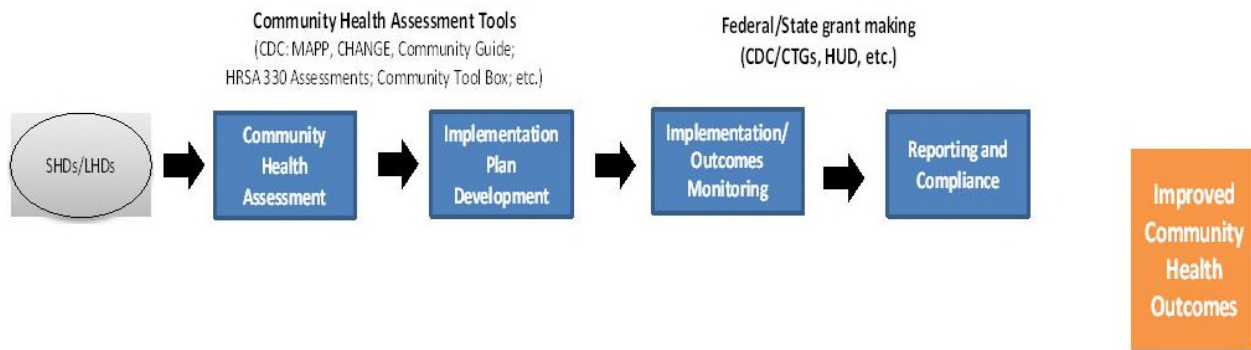
#### **JOB #2: Making a CHNA Widely Available to the Public**

The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for **making a CHNA "widely available to the public"** after the rules currently in effect for Form 990. Accordingly, an organization would make a **facility's written report** widely available by posting the final report on its website either in the form of (1) the report itself, in a readily accessible format or (2) a link to another organization's website, along with instructions for accessing the report on that website. *The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

### **JOB #3: Adopt an Implementation Strategy by Hospital**

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it. A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Great emphasis has been given to work hand-in-hand with leaders from hospitals, the state health department and the local health department. A common approach has been adopted to create the CHNA, leading to aligned implementation plans and community reporting.



## IRS Requirements Overview (Notice 2011-52)

### Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-exempt Hospitals

#### Applicability of CHNA Requirements to “Hospital Organizations”

The CHNA requirements apply to “hospital organizations,” which are defined in Section 501(r) to include (1) organizations that operate one or more state-licensed hospital facilities, and (2) any other organization that the Treasury Secretary determines is providing hospital care as its principal function or basis for exemption.

#### How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

#### Determining the Community Served

A CHNA must identify and assess the health needs of the **community served** by the hospital facility. Although the Notice suggests that geographic location should be the primary basis for defining the community served, it provides that the organization may also take into account the target populations served by the facility (e.g., children, women, or the aged) and/or the facility’s principal functions (e.g., specialty area or targeted disease). *A hospital organization, however, will not be permitted to define the community served in a way that would effectively circumvent the CHNA requirements (e.g., by excluding medically underserved populations, low-income persons, minority groups, or those with chronic disease needs).*

#### Persons Representing the Community Served

Section 501(r) provides that a CHNA must take into account input from **persons who represent the broad interests of the community** served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: (1) government agencies with current information relevant to the health needs of the community and (2) representatives or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility’s defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

#### Required Documentation

The Notice provides that a hospital organization will be required to separately document the CHNA for each of its hospital facilities in a **written report** that includes the following information: 1) a description of the community served by the facility and how the community was determined; 2) a description of the process and methods used to conduct the CHNA; 3) the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA; 4) a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications; 5) a prioritized

description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

## **Making a CHNA Widely Available to the Public**

The Notice provides that a CHNA will be considered to be **“conducted”** in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for making a CHNA “widely available to the public” after the rules currently in effect for Forms 990. *Accordingly, an organization would make a facility’s written report widely available by posting on its website either (1) the report itself, in a readily accessible format, or (2) a link to another organization’s website, along with instructions for accessing the report on that website. The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

## **How and When to Adopt an Implementation Strategy**

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. **The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need, or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it.** A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Under the Notice, an implementation strategy is considered to be “adopted” on the date the strategy is approved by the organization’s board of directors or by a committee of the board or other parties legally authorized by the board to act on its behalf. Further, the formal adoption of the implementation strategy must occur by the end of the same taxable year in which the written report of the CHNA findings was made available to the public. For hospital organizations with a June 30 fiscal year end, that effectively means that the organization must complete and appropriately post its first CHNA no later than its fiscal year ending June 30, 2013, and formally adopt a related implementation strategy by the end of the same tax year. *This final requirement may come as a surprise to many charitable hospitals, considering Section 501(r) contains no deadline for the adoption of the implementation strategy.*

## **IRS Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(0)(3) Last Reviewed or Updated: 21-Aug-2020**

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545 hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:

1. Community Health Needs Assessment (CHNA) - Section 501(r)(3),
2. Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4),
3. Limitation on Charges - Section 501(r)(5), and
4. Billing and Collections - Section 501(r)(6).

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility’s service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Additionally, in determining its patient populations for purposes of defining its community, a hospital facility must take into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy. If a hospital facility consists of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of these areas or populations.

### **Additional Sources of Input**

In addition to soliciting input from the three required sources, a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community. This includes, but is not limited to:

- Health care consumers and consumer advocates
- Nonprofit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Health care providers and community health centers
- Health insurance and managed care organizations,
- Private businesses, and
- Labor and workforce representatives.

Although a hospital facility is not required to solicit input from additional persons, it must take into account input received from any person in the form of written comments on the most recently conducted CHNA or most recently adopted implementation strategy.

### **Collaboration on CHNA Reports**

A hospital facility is permitted to conduct its CHNA in collaboration with other organizations and facilities. This includes related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations.

In general, every hospital facility must document its CHNA in a separate CHNA report unless it adopts a joint CHNA report. However, if a hospital facility is collaborating with other facilities and organizations in conducting its CHNA, or if another organization has conducted a CHNA for all or part of the hospital facility's community, portions of a hospital facility's CHNA report may be substantively identical to portions of the CHNA reports of a collaborating hospital facility or other organization conducting a CHNA, if appropriate under the facts and circumstances.

If two hospital facilities with overlapping, but not identical, communities collaborate in conducting a CHNA, the portions of each hospital facility's CHNA report relevant to the shared areas of their communities might be identical. So, hospital facilities with different communities, including general and specialized hospitals, may collaborate and adopt substantively identical CHNA reports to the extent appropriate. However, the CHNA reports of collaborating hospital facilities should differ to reflect any material differences in the communities served by those hospital facilities. Additionally, if a governmental public health department has conducted a CHNA for all or part of a hospital facility's community, portions of the hospital facility's CHNA report may be substantively identical to those portions of the health department's CHNA report that address the hospital facility's community.

Collaborating hospital facilities may produce a joint CHNA report as long as all of the collaborating hospital facilities define their community to be the same and the joint CHNA report contains all of the same basic information that separate CHNA reports must contain. Additionally, the joint CHNA report must be clearly identified as applying to the hospital facility.

### **Joint Implementation Strategies**

As with the CHNA report, a hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations. This includes but is not limited to related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations

in developing its implementation strategy must still document its implementation strategy in a separate written plan that is tailored to the particular hospital facility, taking into account its specific resources. However, a hospital facility that adopts a joint CHNA report may also adopt a joint implementation strategy. With respect to each significant health need identified through the joint CHNA, the joint implementation strategy must either describes how one or more of the collaborating facilities or organizations plan to address the health need or identify the health need as one the collaborating facilities or organizations do not intend to address. It must also explain why they do not intend to address the health need.

A joint implementation strategy adopted for the hospital facility must also: Be clearly identified as applying to the hospital facility, Clearly identify the hospital facility's role and responsibilities in taking the actions described in the implementation strategy as well as the resources the hospital facility plans to commit to such actions, and Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility.

### **Adoption of Implementation Strategy**

An authorized body of the hospital facility must adopt the implementation strategy. See the discussion of the Financial Assistance Policy below for the definition of an authorized body. This must be done on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. This is the same due date (without extensions) of the Form 990.

**Acquired Facilities** A hospital organization that acquires a hospital facility (through merger or acquisition) must meet the requirements of Section 501(r)(3) with respect to the acquired hospital facility by the last day of the organization's second taxable year beginning after the date on which the hospital facility was acquired. In the case of a merger that results in the liquidation of one organization and survival of another, the hospital facilities formerly operated by the liquidated organization will be considered "acquired," meaning they will have until the last day of the second taxable year beginning after the date of the merger to meet the CHNA requirements. Thus, the final regulations treat mergers equivalently to acquisitions.

### **New Hospital Organizations**

An organization that becomes newly subject to the requirements of Section 501(r) because it is recognized as described in Section 501(c)(3) and is operating a hospital facility must meet the requirements of Section 501(r)(3) with respect to any hospital facility by the last day of the second taxable year beginning after the latter of: The effective date of the determination letter recognizing the organization as described in Section 501(c)(3), or The first date that a facility operated by the organization was licensed, registered, or similarly recognized by a state as a hospital.

### **New Hospital Facilities**

A hospital organization must meet the requirements of Section 501(r)(3), with respect to a new hospital facility it operates by the last day of the second taxable year beginning after the date the facility was licensed, registered, or similarly recognized by its state as a hospital.

### **Transferred/Terminated Facilities**

A hospital organization is not required to meet the requirements of Section 501(r)(3) with respect to a hospital facility in a taxable year if the hospital organization transfers all ownership of the hospital facility to another organization or otherwise ceases its operation of the hospital facility before the end of the taxable year. The same rule applies if the hospital facility ceases to be licensed, registered, or similarly recognized as a hospital by a state during the taxable year. By extension, a government hospital organization that voluntarily terminates its Section 501(c)(3) recognition as described in Rev. Proc. 2018-5 (updated annually) is no longer considered a hospital organization for purposes of Section 501(r) and therefore is not required to meet the CHNA requirements during the taxable year of its termination.

## **Public Health Criteria:**

### Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.

Domain 1 focuses on the assessment of the health of the population in the jurisdiction served by the health department. The domain includes systematic monitoring of health status; collection, analysis, and dissemination of data; use of data to inform public health policies, processes, and interventions; and participation in a process for the development of a shared, comprehensive health assessment of the community.

#### **DOMAIN 1 includes 4 STANDARDS:**

- **Standard 1.1** - Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment
- **Standard 1.2** - Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and on the Health Status of the Population
- **Standard 1.3** - Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health
- **Standard 1.4** - Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

#### **Required CHNA Planning Process Requirements:**

- a. Participation by a wide range of community partners.
- b. Data / information provided to participants in CHNA planning process.
- c. Evidence of community / stakeholder discussions to identify issues & themes. Community definition of a "healthy community" included along with list of issues.
- d. Community assets & resources identified.
- e. A description of CHNA process used to set priority health issues.

#### **Seven Steps of Public Health Department Accreditation (PHAB):**

1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

## MAPP Process Overview

**Mobilizing for Action through Planning and Partnerships (MAPP)** is a flexible strategic planning tool for improving the health and quality of life for the community. Like most strategic planning, MAPP involves organizing partners, creating a vision and shared values, collecting data, identifying areas for improvement, and developing goals and strategies to address them. Through collaboration with partners and the community, MAPP allows us to focus our efforts and work on issues to strengthen the local public health system.

**The MAPP process includes the following six phases.** It's important to note that MAPP has no set end point and will continue throughout the life cycle of the Community Health Improvement Plan (CHIP).

1. In this first phase, **Organize for Success/Partnership Development**, various sectors of the community with established relationships are reviewed, leading to the identification of areas for partnership development and creation of new relationships to enhance the MAPP process.
2. In the second phase, **Visioning**, a shared community vision and common values for the MAPP process are created.
3. In the third phase, **Four MAPP Assessments**, data is collected from existing and new sources about the health of our community, which results in a Community Health Assessment (CHA).
4. In the fourth phase, **Identify Strategic Issues**, community partners and health professionals select issues based on data collected from the third phase that are critical to the local public health system and align with the vision from the second phase.
5. In the fifth phase, **Formulate Goals and Strategies**, potential ways to address the strategic issues are identified by the community along with the setting of achievable goals. The final result is a Community Health Improvement Plan (CHIP).
6. The sixth and final phase of the MAPP process is the **Action Cycle**, which is where the work happens for meeting the objectives set in the previous phase. Through these collaborative efforts, the health of the community is improved.



## Drivers of Health Assessment & Improvement Planning

Different drivers have led health agencies and organizations to institutionalize community health assessment and community health improvement planning in recent years.

### National Voluntary Accreditation Requirements

In 2011, the Public Health Accreditation Board (PHAB), in partnership with key public health organizations, launched a new national voluntary accreditation program for state, tribal, local, and territorial health departments. The standards and measures encompass 12 domains of performance and include a comprehensive community health assessment (Domain 1, Standard 1.1) and a community health improvement plan (Domain 5, Standard 5.2). A documented community health assessment and improvement plan are two of the three prerequisites for applying to PHAB. PHAB requires that these processes be conducted collaboratively and that the documents be dated within the last five years. More information is available from [PHABexternal icon](#) and [CDC](#).

### CDC Grant Requirements

CDC grants often require or encourage completing a community health assessment or improvement plan. In some cases, these plans provide valuable information for identifying priority health issues or needs. Examples include ; [National Public Health Improvement Initiative \(NPHII\)](#); [Community Transformation Grants or REACH Core](#)

The Public Health Accreditation board defines *community health assessment* as a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. Turnock B. *Public Health: What It Is and How It Works*. Jones and Bartlett, 2009, as adapted in [Public Health Accreditation Board Acronyms and Glossary of Terms Version 1.0 Cdc-pdf\[PDF – 536KB\]External](#), July 2011.

The Catholic Health Association defines a *community health needs assessment* as a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon unmet community health needs.” Catholic Health Association, [Guide to Assessing and Addressing Community Health Needs Cdc-pdf\[PDF-1.5MB\]External](#), June 2013.

## Social Determinants of Health

What Are Social Determinants of Health?



[Social determinants of health \(SDOH\)external icon](#) are defined as the conditions in which people are born, grow, live, work, and age. SDOH are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. Differences in these conditions lead to health inequities or the unfair and avoidable differences in health status seen within and between countries.

[Healthy People 2030external icon](#) includes SDOH among its leading health indicators. One of Healthy People 2030's five overarching goals is specifically related to SDOH: Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

Through broader awareness of how to better incorporate SDOH throughout the multiple aspects of public health work and the [10 Essential Public Health Services](#), public health practitioners can transform and strengthen their capacity to advance health equity. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

## II. Methodology

### b) Collaborating CHNA Parties

Working together to improve community health takes collaboration. Listed below is an in-depth profile of the local hospital and health department CHNA partners:

#### **Edgerton Hospital and Health Services**

11101 North Sherman Road  
Edgerton, WI 53534  
CEO: Marc Augsburger

At Edgerton Hospital and Health Services, we want to be your partner for health and wellness.

Get to know us!

- Our emergency department is open 24 hours, 365 days a year and is staffed by experienced physicians who can respond to any medical emergency.
- In addition to acute inpatient care, we deliver a variety of outpatient services, including diagnostic imaging, rehabilitation and same-day surgery.
- Our short-term rehabilitation/swing bed care is a convenient option for patients who prefer to remain under skilled nursing care with immediate access to rehab services as they recover from illness, injury or surgery.
- Our surgical department is equipped and staffed for general and specialized procedures, including ophthalmology; ear, nose and throat; endoscopy; and pediatric dentistry.
- We offer a variety of community education classes to enrich your mind, body and soul.
- We accept a variety of insurances.

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With a range of services - from emergency care to diagnostic imaging, rehabilitation and surgery - we serve people of all ages in Edgerton, Milton, Janesville and the surrounding communities. Edgerton Hospital has been the center of the community's health care since 1920, and we continue to grow and evolve in response to changing medical needs.

Our services include:

- Acute Care
- Cardiac Services
- Diagnostic Services
- Ear, Nose, & Throat
- ER & Urgent Care
- Infusion Services
- Lymphedema Clinic
- Mental Health
- Orthopedics
- Pain & Spine Center
- Podiatry
- Pulmonary Rehabilitation
- Primary Care
- Respite Care
- Rehab Services
- Sleep Disorders Center
- Specialty Clinics
- Surgery
- Short-Term Rehab
- Wound Clinic

## **Rock County Public Health Department**

51 South Main Street

Janesville, WI 53545

Health Director: Katrina Harwood

### **Vision**

Everyone has the opportunity to reach their full health potential.

### **Mission**

To improve population health outcomes and remove barriers through community partnerships.

### **Shared Identity**

We are **inclusive**. We respect and value each other for our differences and similarities. We engage internal and external partners with diverse experiences.

We are **evidence driven**. We use data and evidence in our decision making process. We use and collect data to develop initiatives, track progress, and to identify opportunities for quality improvement.

We are **transparent**. We conduct ourselves with honesty and integrity. We communicate openly and we do what we say we are going to.

We are **accountable** to our partners and our community. We are responsible for our actions, value open and honest feedback for continuous improvement, and are good stewards of our resources.

We are **collaborative**. We value partnerships and work together to achieve shared goals.

### **Our Services Include:**

- Breastfeeding Coalition
- Health Equity Alliance of Rock County (HEAR)
- Chronic Disease and Injury Prevention
- Communicable Disease
- Environmental Health
- Maternal Child and Family Health

## II. Methodology

### b) Collaborating CHNA Parties Continued

#### Consultant Qualifications:

VVV Consultants LLC 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 70 unique community CHNA's in KS, MO, IA and NE (references found on our website [VandehaarMarketing.com](http://VandehaarMarketing.com))

#### Introduction: Who We Are Background and Experience



**Vince Vandehaar, MBA – Principal**  
VVV Consultants LLC – start 1/1/09 \*  
– Adjunct Full Professor @ Avila & Webster Universities  
– 35+ year veteran marketer, strategist and researcher  
– Saint Luke's Health System, BCBS of KC,  
– Hometown: Bondurant IA



**Cassandra Kahl, BHS – Director, Project Management – Nov 2020**  
University of Kansas – Health Sciences  
Park University - MHA  
Hometown: Maple, WI



**Hannah Foster MBA – Associate Consultant – April 2022**  
MO Southern State – Joplin, MO  
Avila University – MBA with HC  
Hometown: Lee's Summit, MO

VVV Consultants LLC (EIN 27-0253774) began as "VVV Research & Development INC" in early 2009 and converted to an LLC on 12/24/12. Web: [VandehaarMarketing.com](http://VandehaarMarketing.com)

**Our Mission:** to research, facilitate, train, and create processes to improve healthcare delivery and uncover strategic "critical success" initiatives.

**Our Vision:** meeting today's challenges with the voice of the market.

#### Our Values :

"Community" – Industry engagement...membership AMA KC, ACHE, EPBA, Forum and SHSMD.

"Stewardship" – Fair fees based on client, project scope, turnaround time, etc.

"Integrity" – Trustworthy delivery with numerous client recommendations / endorsements.

"Experience" – Skilled consulting; Marketing careers. We understand business because we have been there!

"Growth" – Process-driven; ongoing innovational delivery.

## II. Methodology

### c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in December of 2022 for Edgerton Hospital and Health Services (EHHS) in Edgerton, Wisconsin to meet Federal IRS CHNA requirements.

In early December 2022, a meeting was called amongst the EHHS leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to the EHHS to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

#### VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80-20 Patient Origin Rule.
- Uncover / document basic secondary research county health data, organized by 10 tabs.
- Conduct / report CHNA Community Check-in Feedback Findings (primary research).
- Conduct a Town Hall meeting to discuss with community secondary & primary data findings leading to determining (prioritizing) county health needs.
- Prepare & publish CHNA report which meets ACA requirements.

To ensure proper PSA Town Hall representation (that meets the 80-20 Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

Define PSA Edgerton Hospital				IP/OP/ER/CL			Inpatient		Emergency		Outpatient		Clinic Visits		
#	ZIP	City	County	Total 21-22	%	Accum	2021	2022	2021	2022	2021	2022	2020	2021	2022
Totals				105,984			150	142	5,129	5,159	45,535	43,966	1,501	1,494	2,908
1	53534	Edgerton	ROCK	48792	46.0%	46.0%	96	98	3,145	3160	18,994	21,826	353	348	772
2	53563	Milton	ROCK	23272	22.0%	68.0%	25	16	677	778	10,662	9,136	548	505	925
3	53546	Janesville	ROCK	7139	6.7%	74.7%	0	4	148	125	3,574	2,663	148	156	321
4	53545	Janesville	ROCK	6973	6.6%	81.3%	3	5	156	154	3,528	2,528	149	146	304
5	53548	Janesville	ROCK	4701	4.4%	85.7%	3	1	114	101	2,154	1,961	88	84	195
6	53536	Evansville	ROCK	1663	1.6%	87.3%	0	3	52	57	616	848	29	16	42
7	53538	Fort Atkinson	JEFFERSON	1342	1.3%	88.6%	0	1	75	56	573	589	13	8	27
8	53511	Beloit	ROCK	1312	1.2%	89.8%	4	0	47	39	642	477	29	39	35
9	53576	Orfordville	ROCK	313	0.3%	90.1%	0	0	2	8	86	199	4	2	12

**To meet IRS aligned CHNA requirements and meet Public Health accreditation criteria stated earlier, a four-phase methodology was followed:**

**Phase I—Discovery:**

Conduct a 30-minute conference call with the CHNA county health department and hospital clients. Review / confirm CHNA calendar of events, explain / coach clients to complete required participant database and schedule / organize all Phase II activities.

**Phase II—Qualify Community Need:**

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use valid health indicator sources cited to document current state of county health organized as follows:

<b>Health Indicators - Secondary Research</b>
<b>TAB 1. Demographic Profile</b>
<b>TAB 2. Economic Profile</b>
<b>TAB 3. Educational Profile</b>
<b>TAB 4. Maternal and Infant Health Profile</b>
<b>TAB 5. Hospital / Provider Profile</b>
<b>TAB 6. Behavioral / Mental Health Profile</b>
<b>TAB 7. High-Risk Indicators &amp; Factors</b>
<b>TAB 8. Uninsured Profile</b>
<b>TAB 9. Mortality Profile</b>
<b>TAB 10. Preventative Quality Measures</b>

B) Survey Community Stakeholders to inquire about past CHNA unmet needs and obtain current health delivery trends and document on going health issues.

**Phase III—Quantify Community Need:**

Conduct a 90-minute Town Hall meeting with required community primary service area residents. At each Town Hall meeting, CHNA secondary data will be reviewed, facilitated group discussion will occur and a group ranking activity to determine the most important community unmet health needs was administered.

**Phase IV—Complete Data Analysis and Create Comprehensive Community Health Needs Assessment:**

Complete full documentation to create each CHNA sections documented in Table of Contents. Publish hard copy reports (2) for client usage plus create a full CHNA report pdf to be posted on hospital website to meet government CHNA regulation criteria.

**Detail CHNA Development Steps Include:**

<b>Development Steps to Create Comprehensive Community Health Needs Assessment</b>	
<b>Step # 1 Commitment</b>	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, Schools, Churches, Physicians etc.), prepare project quote.</i>
<b>Step # 2 Planning</b>	<i>Prepare brief CHNA Project Work Calendar - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold Community Kick-off meeting.</i>
<b>Step # 3 Secondary Research</b>	<i>Collect &amp; Report Community Health Published Facts. Gather data health practice data from published secondary research sources i.e. census, county health records, behavioral risk factors surveillance, etc.</i>
<b>Step # 4a Primary Research - Town Hall prep</b>	<i>Collect Community Opinions. (Quantitative Research). Gather Stakeholders / Community opinions regarding community health needs and healthcare practices.</i>
<b>Step # 4b Primary Research - Conduct Town Hall</b>	<i>Conduct "Conversation with Community" Town Hall (Qualitative Research). Review Secondary &amp; Primary Data findings. Facilitate community conversation to build consensus; discuss opinions / identify health needs.</i>
<b>Steps # 5 Reporting</b>	<i>Prepare/Present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (Actions to improve health). &lt; Note: Formal report will follow IRS Notice 2011-52 regs &amp; PHAB requirements. &gt;</i>
VVV Consultants, LLC Olathe, KS 913 302-7264	

## Data & Benchmarks Review

Community health assessments typically use both primary and secondary data to characterize the health of the community:

- **Primary data** are collected first-hand through surveys, listening sessions, interviews, and observations.
- **Secondary data** are collected by another entity or for another purpose.
- **Indicators** are secondary data that have been analyzed and can be used to compare rates or trends of priority community health outcomes and determinants.

Data and indicator analyses provide descriptive information on demographic and socioeconomic characteristics; they can be used to monitor progress and determine whether actions have the desired effect. They also characterize important parts of health status and health determinants, such as behavior, social and physical environments, and healthcare use.

Community health assessment indicators should be.

- Methodologically sound (valid, reliable, and collected over time)
- Feasible (available or collectable)
- Meaningful (relevant, actionable, and ideally, linked to evidence-based interventions)
- Important (linked to significant disease burden or disparity in the target community)

Jurisdictions should consider using data and indicators for the smallest geographic locations possible (e.g., county-, census block-, or zip code-level data), to enhance the identification of local assets and gaps.

Local reporting (County specific) sources of community-health level indicators:

CHNA Detail Sources
Quick Facts - Business
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Quick Facts - Geography
Kansas Health Matters
Kansas Hospital Association (KHA)
Quick Facts - People
U.S. Department of Agriculture - Food Environment Atlas
U.S. Center for Disease Control and Prevention

## Sources of community-health level indicators:

- [County Health Rankings and Roadmaps](#)  
The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.
- [Prevention Status Reports \(PSRs\)](#)  
The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.
- [Behavioral Risk Factor Surveillance System](#)  
The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam.
- The [Selected Metropolitan/ Micropolitan Area Risk Trends](#) project was an outgrowth of BRFSS from the increasing number of respondents who made it possible to produce prevalence estimates for smaller statistical areas.
- [CDC Wonder](#) Databases using a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available.
- [Center for Applied Research and Engagement Systems external icon](#)  
Create customized interactive maps from a wide range of economic, demographic, physical and cultural data. Access a suite of analysis tools and maps for specialized topics.
- [Community Commons external icon](#)  
Interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
- [Dartmouth Atlas of Health Care external icon](#)  
Documented variations in how medical resources are distributed and used in the United States. Medicare data used to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians.
- [Disability and Health Data System](#)  
Interactive system that quickly helps translate state-level, disability-specific data into valuable public health information.
- [Heart Disease and Stroke Prevention's Data Trends & Maps](#)  
View health indicators related to heart disease and stroke prevention by location or health indicator.
- [National Health Indicators Warehouse external icon](#)  
Indicators categorized by topic, geography, and initiative.
- [US Census Bureau external icon](#)  
Key source for population, housing, economic, and geographic information.
- [US Food Environment Atlas external icon](#)  
Assembled statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality, and to provide a spatial overview of a community's ability to access healthy food and its success in doing so.
- [Centers for Medicare & Medicaid Services Research and Data Clearinghouse external icon](#)  
Research, statistics, data, and systems.
- [Environmental Public Health Tracking Network](#)  
System of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.
- [Health Research and Services Administration Data Warehouse external icon](#)  
Research, statistics, data, and systems.
- [Healthy People 2030 Leading Health Indicators external icon](#)  
Twenty-six leading health indicators organized under 12 topics.
- [Kids Count external icon](#)  
Profiles the status of children on a national and state-by-state basis and ranks states on 10 measures of well-being; includes a [mobile site external icon](#).
- [National Center for Health Statistics](#)  
Statistical information to guide actions and policies.
- [Pregnancy Risk Assessment and Monitoring System](#)  
State-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#)  
Interactive database system with customized reports of injury-related data.
- [Youth Risk Behavior Surveillance System](#)  
Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.

Specific Project CHNA roles, responsibility and timelines are documented by the following calendar.

<b>VVV CHNA Wave #4 2023 Work Plan</b>			
<b>Project Timeline &amp; Roles - Draft as of 03/29/23</b>			
<b>Step</b>	<b>Timeframe</b>	<b>Lead</b>	<b>Task</b>
1	August 2022	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	9/9/2022	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	12/6/2023	VVV	Send out <b>REQCommInvite Excel</b> file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	12/6/2023	VVV	Hold Kick-off Meeting & Request Hospital Client to request WHA PO reports for FFY 20, 21 and 22. In addition, request hospital to share 3 year historical PSA IP/OP/ER/Clinic patient originvolumes (Use <b>ZipPSA_3yrPOrigin.xls</b> )
5	By 12/09/2023	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Jan - Feb 2023	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	by 1/06/2023	VVV / Hosp	Prepare/send out PR story#1 / E Mail#1 Request announcing upcoming CHNA work to CEO to review/approve.
8	1/27/2023	VVV / Hosp	Place PR #1 story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	<b>2/1/2023</b>	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. <b>Cut-off 2/27/2023 for Online Survey</b>
10	By 3/06/2023	VVV	Prepare/send out to hospital PR#2 story / E Mail#2 announcing upcoming Community TOWN HALL.
11	3/6/2023	Hosp	Place PR #2 story to local media / Send E Mail to local stakeholders announcing / requesting participation in upcoming Town Hall.
12	3/28/2023 @ 2pm	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	<b>3/30/2023</b>	VVV	Conduct CHNA Town Hall for a working Lunch from <b>11:30 am - 1:00 pm</b> at <b>TBD</b> . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 5/01/23	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 5/15/23	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	<b>5/11/2023</b>	VVV / Hosp	Conduct Client Implementation Plan PSA Leadership meeting via zoom 11:30-1pm
17	TBD	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

## Community Health Needs Assessment Town Hall Meeting - 2023

On behalf of Edgerton Hospital & Health Services



**VVV Consultants LLC**  
Olathe, Kansas 66061

VandehaarMarketing.com  
913-302-7264

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### Teams by Table

**Edgerton Hospital - CHNA Town Hall RSVP's THURS 3/30 (11:30-1pm)**

#	Table	Lead	Last	First	Organization	#	Table	Lead	Last	First	Organization
1	A	#	Augsburger	Marc	BHHS	26	F	#	Kenyon	Amy	School District of Milton WI
2	A		Dall	Jennifer	Edgerton School District	27	F		Fjelstad	Norm	BHHS
3	A		Everson	Diane	The Edgerton Reporter	28	F		Raymond	Jim	Edgerton School Board
4	A		Gille	Dean	AM Solutions	29	F		Roeder	Charles	BHHS
5	A		Josh	Enderle	BHHS	30	F		Schroede	Jean Ann	BHHS
6	B	#	Bowditch	Sunny	BHHS	31	G	#	Hanaman	Allison	BHHS
7	B		Lebeau	Brittney	Advocate Good Samaritan	32	G		Shaw	Dawn	BHHS
8	B		Linszen	Juliana	Edgerton Fire Protection Dist.	33	G		Whitley	Diane	BHHS
9	B		Roethe	Jeff	Roetha/Hope Law Firm	34	G		WILLIAMS	Sarah	Edgerton Outreach
10	B		Sanville	Peter	Auxiliary	35	G		Wunder	Christine	BHHS
11	C	#	Pickering	Randall	Edgerton Fire Protection Dist	36	H	#	Pauli	Dennis	Edgerton School District
12	C		Falk	Fred	BHHS	37	H		Betts	Kenneth	SSM Health
13	C		Nelson	Brian	BHHS	38	H		Carrier	Paula	Best Realty of Edgerton
14	C		Swanson	Cynthia	BHHS	39	H		Kowalski	Robert	Edgerton Police Department
15	C		Tronnes	Tracy	Nelson Young Lumber Co	40	H		Ruosch	Conner	BHHS
16	D	#	Harwood	Katrina	Rock County	41	I	#	Heiden	Ann	Edgerton Hospital
17	D		Eckelberg	Brooke	BHHS	42	I		Johnson	Terry	Edgerton Hospital
18	D		Fjelstad	Becky	Edgerton Foundation Board	43	I		Markert	Tonya	CPS/EHHS
19	D		Flanigan	Ramona	City of Edgerton	44	I		Underhill	Claudia	BHHS Auxiliary
20	D		Rebman	Lisa	BHHS	45	I		Lund	Chris	City of Edgerton Mayor
21	E	#	Krebs-Smith	Beth	Edgerton Public Library	46	I		Brabazon	Pat	Community
22	E		Bice	Rose	Edgerton Foundation Board						
23	E		Hanson	Marissa	BHHS						
24	E		Kanable	Dave	Edgerton Police Department						
25	E		Roubachkina	Olga	BHHS						

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## Community Health Needs Assessment (CHNA) Onsite Town Hall Discussion Agenda

- I. Opening / Introductions (5 mins)
- II. Review CHNA Purpose and Process (5 mins)
- III. Review Current County "Health Status"
  - Secondary Data by 10 TAB Categories
  - Review Community Feedback Research (40 mins)
- IV. Collect Community Health Perspectives
  - Hold Community Voting Activity
  - Determine Most Important Unmet Needs (40 mins)
- V. Close / Next Steps (5 mins)

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## Introduction: Who We Are

### Background and Experience








**Vince Vandehaar, MBA – Principal**  
VVV Consultants LLC – start 1/1/09 \*

- Adjunct Full Professor @ Avila & Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke's Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA

**Hannah Foster MBA – Associate Consultant – April 2022**  
MO Southern State – Joplin, MO  
Avila University – MBA with HC  
Hometown: Lee's Summit, MO

**Cassandra Kahl, BHS – Director, Project Management – Nov 2020**  
University of Kansas – Health Sciences  
Park University - MHA  
Hometown: Maple, WI

**McKenzie Green BS – Associate - March 2022**  
Avila University – working on MBA  
Hometown: Overland Park, KS

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## Town Hall Participation

- ALL attendees practice “Safe Engagement”. We will work together - Table Teams
- ALL attendees welcome to share. Engaging conversation (No right or wrong answer)
  - Parking Lot
- ALL Take Notes – Important health indicators
- Please give truthful responses – Serious community conversation.
- Purpose: Update unmet needs for 2022
- Have a little fun along the way

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## CMS Priorities for the 2022-2032 Framework for Health Equity

1. **Priority 1:** Expand the Collection, Reporting, and Analysis of Standardized Data
2. **Priority 2:** Assess Causes of Disparities within CMS Programs and Address Inequities in Policies and Operations to Close Gaps
3. **Priority 3:** Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities
4. **Priority 4:** Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services
5. **Priority 5:** Increase All Forms of Accessibility to Health Care Services and Coverage

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## A Conversation with the Community & Stakeholders

*Community members and organizations invited to CHNA Town Hall*

**Consumers:** Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

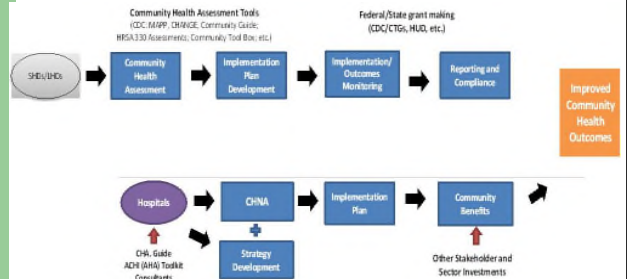
**Community leaders and groups:** The hospital organization’s board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs – Chamber of Commerce, veterans’ organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO’s of large businesses (local or large corporations with local branches), Business people & merchants (e.g., who sell tobacco, alcohol, or other drugs), Representatives from organized labor, Political, appointed and elected officials, Foundations, United Way organizations. And other “community leaders.”

**Public and other organizations:** Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates - administrators of housing programs: homeless shelters, low-income-family housing and senior housing, Education officials and staff - school superintendents, principals and teachers, Public safety officials, Staff from state and area agencies on aging, Law enforcement agencies - Chiefs of police, Local colleges and universities, Coalitions working on health or other issues.

**Other providers:** Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health insurers, Parish and congregational nursing programs, Other health professionals

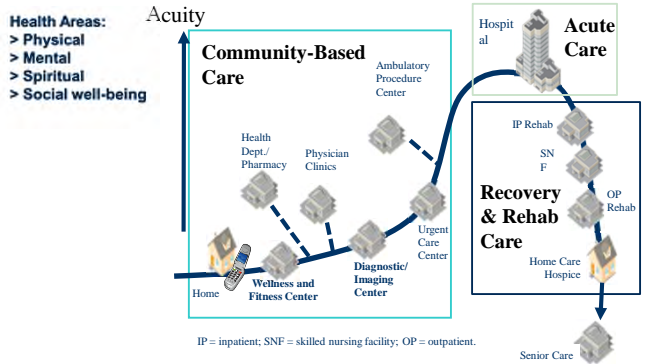
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## Community Health Needs Assessment Joint Process: Hospital & Local Health Providers



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## Future System of Care—Sg2



9

## Triple Aim Focus



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## II. Review of a CHNA

- **A Community Health Needs Assessment (CHNA) is a....**
  - Systematic collection, assembly, analysis, and dissemination of information about the health of the community.
- A CHNA's role is to....
  - Identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.
- **Purpose of a CHNA – Why Conduct One?**
  - Determine health-related trends and issues of the community
  - Understand / evaluate health delivery programs in place.
  - Meet Federal requirements – both local hospital and health department
  - Develop Implementation Plan strategies to address unmet health needs (4-6 weeks after Town Hall)

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## II. CHNA Written Report Documentation (IRS Aligned) – Table of Contents

- A description of the community served
- A description of the CHNA process
- The identity of any and all organizations and third parties which collaborated to assist with the CHNA
- A description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications
- A prioritized description of all of the community needs identified by the CHNA.
- A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA

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### III. Review Current County Health Status: Secondary Data by 10 Tab Categories & State Rankings

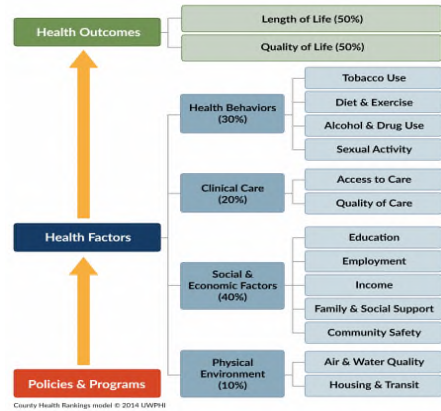
Trends: **Good** **Same** **Poor**

#### Health Indicators - Secondary Research

- TAB 1. Demographic Profile
- TAB 2. Economic Profile
- TAB 3. Educational Profile
- TAB 4. Maternal and Infant Health Profile
- TAB 5. Hospital / Provider Profile
- TAB 6. Behavioral / Mental Health Profile
- TAB 7. High-Risk Indicators & Factors
- TAB 8. Uninsured Profile
- TAB 9. Mortality Profile
- TAB 10. Preventative Quality Measures

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### County Health Rankings - Robert Wood Johnson Foundation and University of WI Health Institute



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### IV. Collect Community Health Perspectives Thoughts/Opinions?

- 1) **Today:** What are the strengths of our community that contribute to health? (*White Card*)
- 2) **Today:** Are there healthcare services in your community/neighborhood that you feel need to be improved and/or changed? (*Color Card*)
- 3) **Tomorrow:** What is occurring or might occur that would affect the "health of our community"?

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### Community Health Needs Assessment Wave #4

#### Questions Next Steps?



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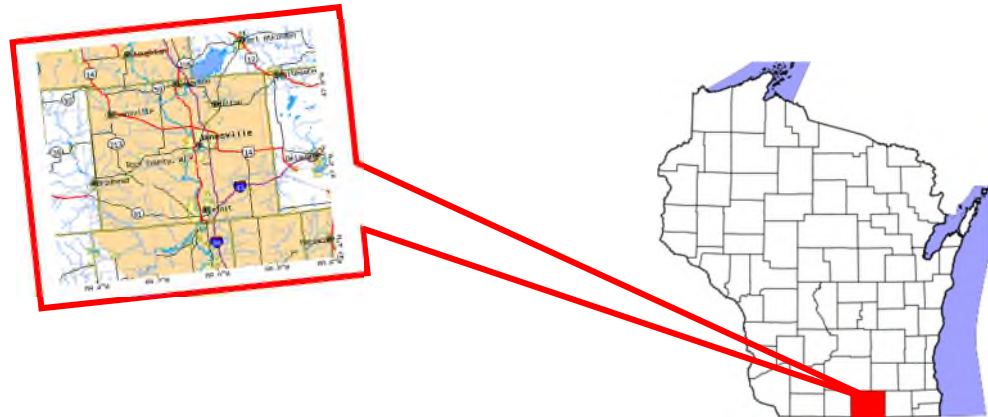
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(913) 302-7264

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## II. Methodology

### d) Community Profile (A Description of Community Served)

#### Rock County (WI) Community Profile



**The population of Rock County was estimated to be 164,038 citizens** as of July 2022 and a population density of 228 persons per square mile. Rock County is located at the Southern edge of the state. U. S. Route 14 goes through the top middle portion of the state. U.S. Route 51 goes vertically through the middle of Wisconsin. U.S. Route 59 goes horizontally throughout the very top of the state. U.S. Route 81 goes horizontally throughout the bottom of the state. U.S. Route 11 goes horizontally throughout the left-hand side of the state. Edgerton Hospital and Health Services is located off of U.S. Route 51 and 59.

## Rock County (WI) Community Profile

### Rock County Public Airports<sup>1</sup>

Name
<a href="#">Beloit Airport</a>
<a href="#">Buzzy Field</a>
<a href="#">Hacklander Airport</a>
<a href="#">Johnstown Center Airport</a>
<a href="#">Melin Farms Airport</a>
<a href="#">Mumm Field</a>
<a href="#">Southern Wisconsin Regional Airport</a>

### Schools in Rock County: Public Schools<sup>2</sup>

Name	Level
<a href="#">Adams Elementary</a>	Elementary
<a href="#">Aldrich Intermediate</a>	Middle
<a href="#">Arise Virtual Academy</a>	Other
<a href="#">Beloit Early Learning</a>	Prekindergarten
<a href="#">Beloit Virtual School</a>	Other
<a href="#">Clinton Elementary</a>	Elementary
<a href="#">Clinton High</a>	High
<a href="#">Clinton Middle</a>	Middle
<a href="#">Consolidated Elementary</a>	Elementary
<a href="#">Converse Elementary</a>	Elementary
<a href="#">Craig High</a>	High
<a href="#">Cunningham Intermediate</a>	Middle
<a href="#">East Elementary</a>	Elementary

1

<https://wisconsin.hometownlocator.com/features/cultural,class,public%20and%20private%20airports,fcode,20000,scfips,55105.cfm>

<sup>2</sup> <https://wisconsin.hometownlocator.com/schools/sorted-by-county,n,rock.cfm>

<a href="#"><u>Edgerton Community Elementary</u></a>	Elementary
<a href="#"><u>Edgerton High</u></a>	High
<a href="#"><u>Edgerton Middle</u></a>	Middle
<a href="#"><u>Edison Middle</u></a>	Middle
<a href="#"><u>Evansville High</u></a>	High
<a href="#"><u>Fran Fruzen Intermediate</u></a>	Middle
<a href="#"><u>Franklin Middle</u></a>	Middle
<a href="#"><u>Gaston Elementary</u></a>	Elementary
<a href="#"><u>Hackett Elementary</u></a>	Elementary
<a href="#"><u>Harmony Elementary</u></a>	Elementary
<a href="#"><u>Harrison Elementary</u></a>	Elementary
<a href="#"><u>J C McKenna Middle</u></a>	Middle
<a href="#"><u>Jackson Elementary</u></a>	Elementary
<a href="#"><u>Jefferson Elementary</u></a>	Elementary
<a href="#"><u>Kennedy Elementary</u></a>	Elementary
<a href="#"><u>Levi Leonard Elementary</u></a>	Elementary
<a href="#"><u>Lincoln Elementary</u></a>	Elementary
<a href="#"><u>Madison Elementary</u></a>	Elementary
<a href="#"><u>Marshall Middle</u></a>	Middle
<a href="#"><u>McNeel Intermediate</u></a>	Middle
<a href="#"><u>Memorial High</u></a>	High
<a href="#"><u>Merrill Elementary</u></a>	Elementary
<a href="#"><u>Milton High</u></a>	High
<a href="#"><u>Milton Middle</u></a>	Middle
<a href="#"><u>Monroe Elementary</u></a>	Elementary
<a href="#"><u>Northside Intermediate</u></a>	Middle
<a href="#"><u>Parker High</u></a>	High
<a href="#"><u>Parkview Elementary</u></a>	Elementary
<a href="#"><u>Parkview High</u></a>	High

<a href="#"><u>Parkview Junior High</u></a>	Middle
<a href="#"><u>Powers Elementary</u></a>	Elementary
<a href="#"><u>Preschool 4 Janesville</u></a>	Prekindergarten
<a href="#"><u>Robinson Elementary</u></a>	Elementary
<a href="#"><u>Rock River Charter School</u></a>	High
<a href="#"><u>Rock University High</u></a>	High
<a href="#"><u>Roosevelt Elementary</u></a>	Elementary
<a href="#"><u>Roy Chapman Andrews Academy</u></a>	Not reported
<a href="#"><u>Tagos Leadership Acad</u></a>	High
<a href="#"><u>Theodore Robinson Intermediate School</u></a>	Elementary
<a href="#"><u>Todd Elementary</u></a>	Elementary
<a href="#"><u>Townview Elementary</u></a>	Elementary
<a href="#"><u>Turner High</u></a>	High
<a href="#"><u>Turner Middle</u></a>	Middle
<a href="#"><u>Van Buren Elementary</u></a>	Elementary
<a href="#"><u>Washington Elementary</u></a>	Elementary
<a href="#"><u>West Elementary</u></a>	Elementary
<a href="#"><u>Wilson Elementary</u></a>	Elementary
<a href="#"><u>Yahara Elementary</u></a>	Elementary

## Rock County, WI - Detail Demographic Profile

	ZIP	NAME	County	Population			Households		HH	Per Capita
				Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
1	53534	Edgerton	ROCK	12597	12955	2.84%	5167	5332	2.4	33157
2	53501	Afton	ROCK	104	104	0.00%	41	42	2.54	27194
3	53505	Avalon	ROCK	388	387	-0.26%	151	152	2.55	38292
4	53511	Beloit	ROCK	49033	49094	0.12%	18909	19014	2.52	23579
5	53525	Clinton	ROCK	4114	4091	-0.56%	1545	1543	2.61	28720
6	53536	Evansville	ROCK	9086	9317	2.54%	3540	3649	2.55	31500
7	53537	Footville	ROCK	509	513	0.79%	208	212	2.45	28481
8	53545	Janesville	ROCK	23208	24157	4.09%	9805	10246	2.32	29555
9	53546	Janesville	ROCK	31470	31810	1.08%	12813	13018	2.44	30926
10	53548	Janesville	ROCK	19255	19394	0.72%	7694	7772	2.48	27725
11	53563	Milton	ROCK	10999	11127	1.16%	4283	4350	2.57	34099
12	53576	Orfordville	ROCK	2553	2629	2.98%	993	1029	2.51	27383
<b>Totals</b>				<b>163,316</b>	<b>165,578</b>	<b>1.39%</b>	<b>65,149</b>	<b>66,359</b>	<b>2.5</b>	<b>\$30,051</b>

	ZIP	NAME	County	Population				Year 2020		Females
				Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
1	53534	Edgerton	ROCK	12597	13113	2969	1321	42.8	6163	1417
2	53501	Afton	ROCK	104	108	24	9	44.4	53	12
3	53505	Avalon	ROCK	388	409	91	37	45.2	184	33
4	53511	Beloit	ROCK	49033	49155	12735	7231	37.8	25198	6573
5	53525	Clinton	ROCK	4114	4119	1073	490	39.5	2084	482
6	53536	Evansville	ROCK	9086	8719	2472	1023	39.3	4532	1087
7	53537	Footville	ROCK	509	552	102	55	44.5	243	54
8	53545	Janesville	ROCK	23208	24269	5158	3134	40.7	11799	3060
9	53546	Janesville	ROCK	31470	31663	7827	3756	39.9	16095	4045
10	53548	Janesville	ROCK	19255	19190	4799	2426	39.6	9592	2446
11	53563	Milton	ROCK	10999	11293	2613	1240	41.9	5513	1324
12	53576	Orfordville	ROCK	2553	2673	615	278	42.9	1325	301
<b>Totals</b>				<b>163,316</b>	<b>165,263</b>	<b>40,478</b>	<b>21,000</b>	<b>499</b>	<b>82,781</b>	<b>20,834</b>

	ZIP	NAME	County	Population 2020				Average Households 2020		
				Caucasian	African Amer	Amer Ind.	Hispanic	YR 2020	Med \$ HH	# HH \$50K+
1	53534	Edgerton	ROCK	95.2%	0.6%	0.6%	5.3%	5167	69887	3717
2	53501	Afton	ROCK	96.2%	1.0%	0.0%	1.9%	41	61895	29
3	53505	Avalon	ROCK	96.6%	0.8%	0.0%	3.4%	151	79597	119
4	53511	Beloit	ROCK	70.6%	12.7%	0.4%	17.2%	18909	46974	9575
5	53525	Clinton	ROCK	87.5%	1.2%	0.2%	13.3%	1545	63673	1077
6	53536	Evansville	ROCK	95.5%	0.7%	0.5%	4.2%	3540	70295	2593
7	53537	Footville	ROCK	97.2%	0.0%	0.0%	1.4%	208	53876	125
8	53545	Janesville	ROCK	91.0%	2.8%	0.3%	6.0%	9805	53539	5801
9	53546	Janesville	ROCK	90.6%	2.3%	0.2%	6.6%	12813	61885	8384
10	53548	Janesville	ROCK	88.7%	3.0%	0.5%	7.3%	7694	54334	4498
11	53563	Milton	ROCK	95.0%	0.6%	0.2%	3.2%	4283	71420	3039
12	53576	Orfordville	ROCK	95.7%	0.6%	0.2%	3.2%	993	59182	654
<b>Totals</b>				<b>91.66%</b>	<b>2.17%</b>	<b>0.25%</b>	<b>6.09%</b>	<b>5429.08</b>	<b>\$62,213.08</b>	<b>39,611</b>

Source: ERSI Demographics

# III. Community Health Status

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[VVV Consultants LLC]

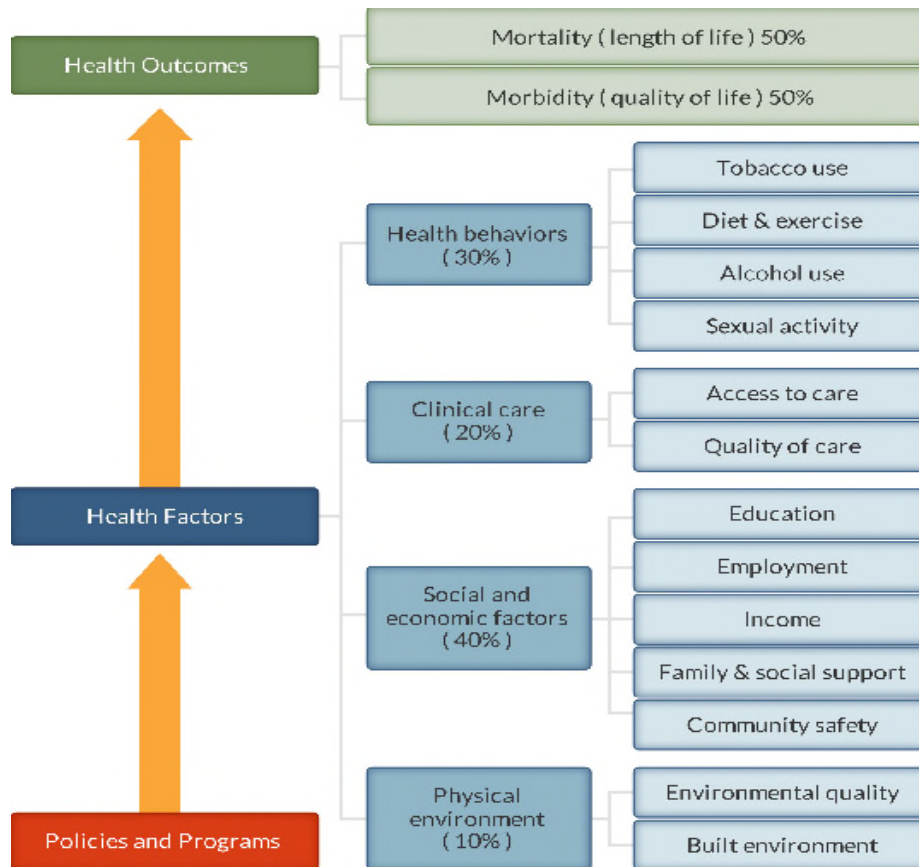
### III. Community Health Status

#### a) Historical Health Statistics- Secondary Research

##### Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall participantes. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below, RWJ’s model uses a number of health factors to rank each county.



County Health Rankings model ©2012 UWPHI

## National Research – Year 2022 RWJ Health Rankings:

#	2022 WI Rankings - 72 Counties	Definitions	Rock Co. WI	Trend	WI County Norms (22)
1	<b>Health Outcomes</b>		<b>61</b>		<b>25</b>
	Mortality	Length of Life	59		26
	Morbidity	Quality of Life	64		26
2	<b>Health Factors</b>		<b>58</b>		<b>24</b>
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	51		21
	Clinical Care	Access to care / Quality of Care	60		29
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	51		23
3	<b>Physical Environment</b>	Environmental quality	<b>62</b>		<b>48</b>
WI County Norms (22): Barron, Calumet, Columbia, Dane, Dodge, Eau Claire, Fond du Lac, Grant, Green, Jefferson, Kenosha, LaCrosse, Marathon, Ozaukee, Racine, Rock, St Croix, Sauk, Shenboygan, Walworth, Washington and Winnebago.					
<a href="http://www.countyhealthrankings.org">http://www.countyhealthrankings.org</a> , released 2022					

## PSA Secondary Research:

When studying community health, it is important to document health data by topical areas for primary service area (PSA). Below is a summary of key findings organized by subject area.

*Note: Each Tab has been trended to reflect County trends to NORM.*

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

### Tab 1: Demographic Profile

Understanding population and household make-up is vital to start CHNA evaluation.

Tab	Health Indicator	Rock Co. WI	Trend	WI State	WI County Norms (22)	Source
1a	a Population Estimates, July 1 2021, (V2021)	164,381		5,895,908	125,934	People Quick Facts
	d Persons under 5 years, percent, July 1, 2021, (V2021)	5.7%		5.4%	5.2%	People Quick Facts
	c Persons 65 years and over, percent, July 1, 2021	17.3%		17.9%	18.4%	People Quick Facts
	d Female persons, percent, July 1, 2021, (V2021)	50.4%		49.9%	49.5%	People Quick Facts
	e White alone, percent, July 1, 2021, (V2021)	89.8%		86.6%	92.8%	People Quick Facts
	f Black or African American alone, percent, July 1, 2021	5.4%		6.8%	2.6%	People Quick Facts
	g Hispanic or Latino, percent, July 1, 2021, (V2021)	9.7%		7.5%	5.7%	People Quick Facts
	h Language other than English spoken at home, percent of persons age 5 years+, 2016-2020	7.9%		8.7%	6.4%	People Quick Facts
	i Living in same house 1 year ago, percent of persons age 1 year+, 2016-2020	87.4%		86.4%	86.7%	People Quick Facts
	j Children in single-parent households, percent, 2016-2020	23.2%		23.0%	19.8%	County Health Rankings
	k Total Veterans, 2016-2020	9,723		319,280	6,663	People Quick Facts

### Tab 2: Economic Profile

Monetary resources will (at times) drive health “access” and self-care.

Tab	Health Indicator	Rock Co. WI	Trend	WI State	WI County Norms (22)	Source
2	a Per capita income in past 12 months, 2016-2020	\$29,924		\$34,450	\$34,778	People Quick Facts
	b Persons in poverty, percent. 2021	9.3%		10.8%	8.1%	People Quick Facts
	c Total Housing units, July 1, 2021, (V2021)	70,771		2,748,940	55,623	People Quick Facts
	d Total Persons per household, 2016-2020	2.5		2.4	2.4	People Quick Facts
	e Severe housing problems, percent, 2013-2017	12.7%		13.6%	12.2%	County Health Rankings
	f Total employer establishments, 2020	3,338		141,326	2,959	People Quick Facts
	g Unemployment, percent, 2019	7.1%		6.3%	5.8%	County Health Rankings
	h Food insecurity, percent, 2019	10.4%		9.1%	8.4%	County Health Rankings
	i Limited access to healthy foods, percent, 2019	12.1%		5.0%	5.3%	County Health Rankings
	j Long commute - driving alone, percent, 2019	30.8%		27.7%	29.0%	County Health Rankings

**Tab 3: Educational Profile**

Currently, school districts are providing on-site primary health screenings and basic care.

Tab	Health Indicator	Rock Co. WI	Trend	WI State	WI County Norms (22)	Source
3	a Children eligible for free or reduced price lunch, percent, 2019	46.0%		39.8%	35.0%	County Health Rankings
	c High school graduate or higher, percent of persons age 25 years+, 2016-2020	91.7%		92.6%	93.1%	People Quick Facts
	d Bachelor's degree or higher, percent of persons age 25 years+, 2016-2020	23.5%		30.8%	29.3%	People Quick Facts

#	2023 School Health Indicators	Edgerton	Milton
1	Total # Public School Nurses	1	1
2	School Nurse is part of the IEP team: Yes/No	Yes	Yes
3	School Wellness Plan (Active)	Yes	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	NA	NA
5	HEARING: # Screened / Referred to Prof / Seen by Professional	NA	NA
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Provider	NA	NA
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Provider	NA	NA
8	# of Students served with no identified chronic health concerns	NA	NA
9	School has a suicide prevention program	Yes	Yes
10	Compliance on required vaccinations (%)	NA	NA

**Tab 4: Maternal / Infant Profile**

Tracking maternal / infant care patterns are vital in understanding the foundation of family health.

Tab	Health Indicator	Rock Co. WI	Trend	WI State	WI County Norms (22)	Source
4	a Number of Births Where Prenatal Care began in First Trimester, 2017 (percent)	77.0%		75.8%	79.0%	MOPHIMS
	b Percentage of births that were preterm on average from 2018-2021 (% of birth rate)	11.6%		10.0	9.4%	MOPHIMS
	c Number of Births with Low Birth Weight, 2014-2020 (rate per 100)	7.9%		7.5%	6.6%	County Health Rankings
	e Number of all Births Occurring to Teens (15-19), 2019 (rate per 1000)	22.2		14.3	11.3	County Health Rankings
	g Number of births Where Mother Smoked During Pregnancy, 2017 (rate per 100)	14.4%		11.1%	11.5%	MOPHIMS

Wisconsin Live Births				
County	2017	2016	2015	Trend
Rock County	1936	1976	1954	
Wisconsin	60,615	63,280	64,143	

Source: DHSS - MOPHIMS - Birth MICA

**Tab 5: Hospitalization and Provider Profile**

Understanding provider access and disease patterns are fundamental in healthcare delivery. Listed below are several vital county statistics.

Tab	Health Indicator	Rock Co. WI	Trend	WI State	WI County Norms (22)	Source
5	a Primary care physicians (ONLY MD or DO with County office) (Pop Coverage per), 2019	2017:1		1255:1	1938:1	County Health Rankings
	b Preventable hospital stays - Rate of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees. (lower the better), 2018	4,686		3,260	3,286	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	80.0%		73%	75.2%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	77.7%		72%	73.1%	CMS Hospital Compare, 10/1/2015-9/30/2016
	e Average Time Patients Spent in the Emergency Dept. before seen by a Healthcare Professional (minutes)	145		122	147	CMS Hospital Compare, 10/1/2015-9/30/2016

**Tab 6: Behavioral / Mental Profile**

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Rock Co. WI	Trend	WI State	WI County Norms (22)	Source
6	a Depression: Medicare/Medicaid Population, percent, 2018	19.5%		18.3%	17.8%	CMS
	b Drug Abuse/Substance Abuse: Medicare/Medicaid Population, percent, 2018	2.9%		2.7%	2.3%	CMS
	c Age-adjusted Suicide Mortality Rate per 100,000 population, 2019 (lower is better)	14.2		14.5	13.3	World Bank
	d Poor mental health days, 2019	4.4		4.4	4.2	County Health Rankings

**Tab 7a: Risk Indicators & Factors Profile**

Knowing community health risk factors and disease patterns can aid in the understanding next steps to improve health.

Tab	Health Indicator	Rock Co. WI	Trend	WI State	WI County Norms (22)	Source
7a	a Adult obesity, percent, 2019	36.5%		34.3%	34.1%	County Health Rankings
	b Adult smoking, percent, 2019	17.5%		16.2%	16.6%	County Health Rankings
	c Excessive drinking, percent, 2019	24.5%		25.2%	25.8%	County Health Rankings
	d Physical inactivity, percent, 2019	25.6%		22.3%	22.9%	County Health Rankings
	e Poor physical health days, 2019	3.7		3.6	3.5	County Health Rankings
	f Sexually transmitted infections, rate per 100k, 2019	541.2		499.4	355.5	County Health Rankings

**Tab 7b: Chronic Risk Profile**

Tab	Health Indicator	Rock Co. WI	Trend	WI State	WI County Norms (22)	Source
7b	a Hypertension: Medicare Population, 2019	51.1%		49.9%	49.6%	CMS
	b Hyperlipidemia: Medicare Population, 2019	41.8%		41.8%	42.5%	CMS
	c Heart Failure: Medicare Population, 2019	12.6%		12.7%	12.2%	CMS
	d Chronic Kidney Disease: Medicare Pop, 2019	22.5%		23.1%	22.4%	CMS
	e COPD: Medicare Population, 2019	9.8%		9.2%	9.0%	CMS
	f Atrial Fibrillation: Medicare Population, 2019	7.7%		8.2%	8.2%	CMS
	g Cancer: Medicare Population, 2019	6.9%		7.8%	7.6%	CMS
	h Osteoporosis: Medicare Population, 2019	5.5%		5.6%	5.6%	CMS
	i Asthma: Medicare Population, 2019	5.4%		4.8%	4.6%	CMS
	j Stroke: Medicare Population, 2019	2.7%		2.7%	2.6%	CMS

**Tab 8: Uninsured Profile and Community Benefit**

Based on state estimations, the number of insured is documented below. Also, the amount of charity care (last three years of free care) from area providers is trended below.

Tab	Health Indicator	Rock Co. WI	Trend	WI State	WI County Norms (22)	Source
8	a Uninsured, percent, 2019	7.0%		6.8%	6.5%	County Health Rankings

Source: Internal Hospital Records				
	Edgerton Hospital & Health Services	YR 2022	YR 2021	YR 2020
1	Charity Care (Free Care Given)	\$19,135	\$15,623	\$34,426
2	Bad Debt Writeoffs	\$762,026	\$749,686	\$965,456

**Tab 9: Mortality Profile**

The leading causes of county deaths from Vital Statistics are listed below.

Tab	Health Indicator	Rock Co. WI	Trend	WI State	WI County Norms (22)	Source
9	a Life Expectancy (Males & Females) 2017-2019,	77.6		78.9	79.4	County Health Rankings
	b Age-adjusted Cancer Mortality Rate per 100,000 population, 2019 (lower is better)	182.9		148.7	167.8	World Bank
	c Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2019 (lower is better)	178.7		162.2	170.6	World Bank
	d Alcohol-impaired driving deaths, percent, 2016-2020	43.0%		35.6%	34.0%	County Health Rankings

Causes of Death by County of Residence, WI 2018	Rock Co. WI	%	Trend	WI Rural 22 Norm	%
<b>TOTAL</b>	<b>1596</b>	<b>100%</b>		<b>1075</b>	<b>100%</b>
Heart Disease	365	22.9%		240	22.3%
Cancer	333	20.9%		232	21.6%
Unintentional Injury	148	9.3%		75	7.0%
Chronic Lower Respiratory Disease	97	6.1%		56	5.2%
Stroke	76	4.8%		51	4.8%
Alzheimers	76	4.8%		55	5.1%
Diabetes	47	2.9%		29	2.7%
Influenza/Pneumonia	22	1.4%		21	1.9%
Kidney Disease	37	2.3%		18	1.6%
Suicide	34	2.1%		18	1.7%

**Tab 10: Preventive Quality Measures Profile**

The following table reflects future health of the county. This information also is an indicator of community awareness of preventative measures.

Tab	Health Indicator	Rock Co. WI	Trend	WI State	WI County Norms (22)	Source
10	a Access to exercise opportunities, percent, 2021	83.5%		77.8%	75.0%	County Health Rankings
	b Diabetes monitoring, percent, 2019	8.5%		7.4%	7.7%	County Health Rankings
	c Mammography screening, percent, 2019	45.0%		49.0%	49.5%	County Health Rankings

## PSA Primary Research:

For each CHNA Wave # 4 evaluation, a community stakeholder survey has been created and administered to collect current healthcare information for Henry & Benton County, MO.

**Chart #1 – Edgerton, WI PSA Online Feedback Response (N=205)**

<b>Edgerton, WI PSA - CHNA YR 2023</b>			
For reporting purposes, are you involved in or are you a ...?	Edgerton, WI PSA N=205	Trend	Wave 4 Norms N=9822
Business / Merchant	6.5%		8.7%
Community Board Member	8.3%		7.7%
Case Manager / Discharge Planner	0.6%		0.8%
Clergy	0.6%		1.3%
College / University	2.4%		2.8%
Consumer Advocate	2.4%		1.4%
Dentist / Eye Doctor / Chiropractor	0.0%		0.7%
Elected Official - City/County	1.8%		1.8%
EMS / Emergency	6.0%		2.2%
Farmer / Rancher	2.4%		5.7%
Hospital / Health Dept	23.2%		15.2%
Housing / Builder	0.6%		0.7%
Insurance	1.2%		1.1%
Labor	1.8%		2.5%
Law Enforcement	0.6%		1.0%
Mental Health	0.6%		2.0%
Other Health Professional	11.9%		9.7%
Parent / Caregiver	14.3%		13.9%
Pharmacy / Clinic	2.4%		2.0%
Media (Paper/TV/Radio)	0.6%		0.6%
Senior Care	1.8%		3.0%
Teacher / School Admin	2.4%		5.7%
Veteran	2.4%		2.7%
Other (please specify)	5.4%		6.8%
<b>TOTAL</b>	<b>205</b>		<b>9076</b>
<small>Norms: <b>KS Counties:</b> Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; <b>MO Counties:</b> Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; <b>IA Counties:</b> Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; <b>NE Counties:</b> Beatrice, Custer, Furnis; <b>WI County:</b> Rock</small>			

**Chart #2 - Quality of Healthcare Delivery Community Rating**

Edgerton, WI PSA - CHNA YR 2023			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Edgerton WI PSA N=205	Trend	Wave 4 Norms N=9822
Top Box %	27.8%	Green	24.3%
Top 2 Boxes %	69.3%	Green	66.0%
Very Good	27.8%	Green	24.3%
Good	41.5%	Yellow	41.7%
Average	27.3%	Green	25.9%
Poor	2.0%	White	6.3%
Very Poor	1.5%	White	1.9%
Valid N	205		9,755
<small>Norms: <b>KS Counties:</b> Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; <b>MO Counties:</b> Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; <b>IA Counties:</b> Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; <b>NE Counties:</b> Beatrice, Custer, Furnis; <b>WI County:</b> Rock</small>			

**Chart #3 – Overall Community Health Quality Trend**

Edgerton, WI PSA - CHNA YR 2023			
When considering "overall community health quality", is it...	Edgerton WI PSA N=205	Trend	Wave 4 Norms N=9822
Increasing - moving up	48.6%	Green	41.3%
Not really changing much	38.9%	White	45.8%
Decreasing - slipping	12.4%	Yellow	12.9%
Valid N	185		8,788

**Chart #4 – Re-evaluate Past Community Health Needs Assessment Needs**

Edgerton, WI PSA - CHNA YR 2023					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Treatment, Aftercare, Providers)	114	17.1%	Red	1
2	Substance Abuse (Drugs & Alcohol)	99	14.8%	Red	2
3	Obesity (Nutrition / Exercise)	83	12.4%	Red	4
4	Cost of Care (Services / Medications)	70	10.5%	Red	3
5	Transportation	53	7.9%	Yellow	9
6	Preventative Health & Wellness	42	6.3%	Yellow	7
7	Uninsured / Underinsured	41	6.1%	Yellow	6
8	Dental Care (Medicaid Accepting)	39	5.8%	Yellow	10
9	Owning Your Health (Apathy)	36	5.4%	White	8
10	Visiting Specialists	34	5.1%	White	5
11	Health Education / Resources	31	4.6%	White	11
12	Youth Activities	25	3.7%	White	12
Totals		667	100.0%		

**Chart #5 - Community Health Needs Assessment “Causes of Poor Health”**

<b>Edgerton, WI PSA - CHNA YR 2023</b>			
In your opinion, what are the root causes of "poor health" in our community?	Edgerton WI PSA N=205	Trend	Wave 4 Norms N=9822
Chronic disease prevention	12.3%		12.3%
Lack of health & Wellness Education	13.0%		15.2%
Lack of Nutrition / Exercise Services	11.0%		11.7%
Limited Access to Primary Care	11.5%		8.2%
Limited Access to Specialty Care	9.0%		9.5%
Limited Access to Mental Health Assistance	18.7%		19.6%
Family assistance programs	4.3%		6.4%
Lack of health insurance	11.3%		15.7%
Neglect	9.0%		12.2%
<b>Total Votes</b>	<b>205</b>		<b>16,108</b>
<small>Norms: <b>KS Counties:</b> Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; <b>MO Counties:</b> Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; <b>IA Counties:</b> Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; <b>NE Counties:</b> Beatrice, Custer, Furnis; <b>WI County:</b> Rock</small>			

**Chart #6 – Community Rating of HC Delivery Services (Perceptions)**

<b>Edgerton, WI PSA - CHNA YR 2023</b>	<b>Edgerton, WI PSA N=205</b>		<b>Trend</b>	<b>Wave 4 Norms N=9822</b>	
	<b>Top 2 boxes</b>	<b>Bottom 2 boxes</b>		<b>Top 2 boxes</b>	<b>Bottom 2 boxes</b>
How would our community rate each of the following?					
Ambulance Services	82.2%	3.1%		79.4%	5.7%
Child Care	56.2%	9.9%		40.0%	17.9%
Chiropractors	81.7%	1.6%		68.2%	6.6%
Dentists	71.9%	5.5%		66.4%	11.3%
Emergency Room	78.3%	3.9%		67.8%	11.5%
Eye Doctor/Optomtrist	66.9%	5.8%		70.9%	8.6%
Family Planning Services	33.9%	18.3%		36.7%	19.7%
Home Health	37.4%	12.2%		52.6%	11.8%
Hospice	62.6%	7.0%		62.5%	9.2%
Telehealth	49.2%	4.2%		46.4%	14.3%
Inpatient Services	86.1%	0.8%		71.7%	8.4%
Mental Health	14.6%	44.7%		25.3%	36.9%
Nursing Home/Senior Living	29.4%	26.9%		47.8%	16.3%
Outpatient Services	75.2%	2.5%		70.7%	5.9%
Pharmacy	76.2%	4.9%		82.7%	3.2%
Primary Care	66.9%	5.8%		72.0%	7.5%
Public Health	37.3%	13.6%		54.9%	10.5%
School Health	49.1%	7.8%		56.9%	8.9%
Visiting Specialists	52.2%	7.8%		61.5%	10.7%

**Chart #7 – Community Health Readiness**

Edgerton, WI PSA - CHNA YR 2023		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Edgerton, WI PSA N=205	Trend	Wave 4 Norms N=9822
Behavioral / Mental Health	40.0%		36.5%
Emergency Preparedness	6.6%		10.8%
Food and Nutrition Services/Education	11.0%		18.1%
Health Screenings (as asthma, hearing, vision, scoliosis)	6.0%		12.8%
Prenatal/Child Health Programs	16.2%		14.2%
Substance Use/Prevention	35.1%		37.3%
Suicide Prevention	40.4%		38.8%
Violence Prevention	32.7%		36.8%
Women's Wellness Programs	18.6%		19.9%

Norms: **KS Counties:** Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; **MO Counties:** Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; **NE Counties:** Beatrice, Custer, Furnis; **WI County:** Rock

**Chart #8a – Healthcare Delivery “Outside our Community”**

Edgerton, WI PSA - CHNA YR 2023			
In the past 2 years, did you or someone you know receive HC outside of our community?	Edgerton, WI PSA N=205	Trend	Wave 4 Norms N=9822
Yes	43.8%		69.5%
No	56.2%		30.5%

**Specialties:**

Specialty	Counts
PRIM	4
CARD	3
DERM	3
OPH	3
ORTH	3
TRAV	3
CLIN	2
EMER	2
PEDS	2

**Chart #8b – Healthcare Delivery “Outside our Community”**

Edgerton, WI PSA - CHNA YR 2023			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Edgerton, WI PSA N=205	Trend	Wave 4 Norms N=9822
Yes	40.5%		54.4%
No	59.5%		45.6%

Norms: **KS Counties:** Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; **MO Counties:** Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; **NE Counties:** Beatrice, Custer, Furnis; **WI County:** Rock

**Chart #9 – What HC topics need to be discussed in future Town Hall Meeting**

<b>Edgerton, WI PSA - CHNA YR 2023</b>			
What needs to be discussed further at our CHNA Town Hall meeting?	Edgerton, WI PSA N=205	Trend	Wave 4 Norms N=9822
Abuse/Violence	3.4%	Yellow	4.1%
Alcohol	3.0%	Yellow	3.6%
Alternative Medicine	4.4%	Red	3.0%
Breast Feeding Friendly Workplace	3.0%	Yellow	2.0%
Cancer	10.2%	Red	5.2%
Care Coordination	0.3%	White	2.1%
Diabetes	1.4%	White	2.5%
Drugs/Substance Abuse	3.3%	Yellow	4.8%
Family Planning	2.8%	Yellow	2.5%
Heart Disease	8.3%	Red	4.0%
Lack of Providers/Qualified Staff	1.4%	White	3.3%
Lead Exposure	2.7%	Yellow	1.6%
Mental Illness	2.0%	Yellow	5.6%
Neglect	3.1%	Yellow	3.1%
Nutrition	4.7%	Red	4.6%
Obesity	0.3%	White	3.2%
Occupational Medicine	1.4%	White	1.2%
Ozone (Air)	4.2%	Red	2.0%
Physical Exercise	5.9%	Red	4.5%
Poverty	0.3%	White	2.8%
Preventative Health / Wellness	0.5%	White	2.8%
Respiratory Disease	3.4%	Yellow	1.9%
Sexually Transmitted Diseases	3.3%	Yellow	2.9%
Smoke-Free Workplace	5.0%	Red	2.3%
Suicide	1.4%	Yellow	4.1%
Teen Pregnancy	6.4%	Red	3.9%
Telehealth	0.9%	White	2.4%
Tobacco Use	1.9%	Yellow	2.2%
Transporation	1.7%	White	2.4%
Vaccinations	3.8%	Yellow	3.2%
Water Quality	2.8%	Yellow	2.1%
Health Literacy	1.4%	White	2.7%
Other (please specify)	1.4%	White	1.4%
<b>TOTAL Votes</b>	<b>205</b>		<b>31,638</b>

# IV. Inventory of Community Health Resources

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[VVV Consultants LLC]

2023 Inventory of Health Services - Rock County, WI				
Cat	HC Services Offered in County: Yes / No	EHHS	Health Dept.	Other
Clinic	Primary Care	YES		YES
Hosp	Alzheimer Center	NO	YES	YES
Hosp	Ambulatory Surgery Centers	YES	NO	YES
Hosp	Arthritis Treatment Center	NO	NO	YES
Hosp	Bariatric/weight control services	NO	NO	YES
Hosp	Birthing/LDR/LDRP Room	NO	NO	YES
Hosp	Breast Cancer	YES	NO	YES
Hosp	Burn Care	NO	NO	YES
Hosp	Cardiac Rehabilitation	YES	NO	YES
Hosp	Cardiac Surgery	NO	NO	YES
Hosp	Cardiology services	YES	NO	YES
Hosp	Case Management	YES	YES	YES
Hosp	Chaplaincy/pastoral care services	YES	?	YES
Hosp	Chemotherapy	NO	NO	YES
Hosp	Colonoscopy	YES	NO	YES
Hosp	Crisis Prevention	NO	YES	YES
Hosp	CTScanner	YES	NO	YES
Hosp	Diagnostic Radioisotope Facility	YES	NO	YES
Hosp	Diagnostic/Invasive Catheterization	NO	NO	YES
Hosp	Electron Beam Computed Tomography (EBCT)	NO	NO	?
Hosp	Enrollment Assistance Services	YES	YES	YES
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	NO	NO	?
Hosp	Fertility Clinic	NO	NO	YES
Hosp	FullField Digital Mammography (FFDM)	YES	NO	YES
Hosp	Genetic Testing/Counseling	NO	NO	YES
Hosp	Geriatric Services	YES	YES	YES
Hosp	Heart	YES	NO	YES
Hosp	Hemodialysis	NO	NO	YES
Hosp	HIV/AIDS Services	NO	NO	YES
Hosp	Image-Guided Radiation Therapy (IGRT)	NO	NO	YES
Hosp	Inpatient Acute Care - Hospital services	YES	NO	YES
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	NO	NO	YES
Hosp	Intensive Care Unit	NO	NO	YES
Hosp	Intermediate Care Unit	NO	NO	YES
Hosp	Interventional Cardiac Catherterization	NO	NO	YES
Hosp	Isolation room	YES	YES	YES
Hosp	Kidney	NO	NO	YES
Hosp	Liver	NO	NO	YES
Hosp	Lung	YES	NO	YES
Hosp	MagneticResonance Imaging (MRI)	YES	NO	YES
Hosp	Mammograms	YES	NO	YES
Hosp	Mobile Health Services	NO	YES	YES
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	YES	NO	YES
Hosp	Multislice Spiral Computed Tomography (<128+ slice CT)	NO	NO	YES
Hosp	Neonatal	NO	NO	YES
Hosp	Neurological services	NO	NO	YES
Hosp	Obstetrics	NO	NO	YES
Hosp	Occupational Health Services	NO	NO	YES
Hosp	Oncology Services	NO	NO	YES
Hosp	Orthopedic services	YES	NO	YES
Hosp	Outpatient Surgery	YES	NO	YES
Hosp	Pain Management	YES	NO	YES
Hosp	Palliative Care Program	YES	?	YES
Hosp	Pediatric	NO	?	YES
Hosp	Physical Rehabilitation	YES	?	YES
Hosp	Positron Emission Tomography (PET)	NO	NO	YES
Hosp	Positron Emission Tomography/CT (PET/CT)	NO	NO	YES
Hosp	Psychiatric Services	YES	YES	YES
Hosp	Radiology, Diagnostic	YES	NO	YES
Hosp	Radiology, Therapeutic	YES	NO	YES
Hosp	Reproductive Health	NO	NO	YES
Hosp	Robotic Surgery	NO	NO	YES
Hosp	Shaped Beam Radiation System 161	NO	NO	YES

<b>2023 Inventory of Health Services - Rock County, WI</b>				
<b>Cat</b>	<b>HC Services Offered in County: Yes / No</b>	<b>EHHS</b>	<b>Health Dept.</b>	<b>Other</b>
Hosp	Single Photon Emission Computerized Tomography (SPECT)	NO	NO	YES
Hosp	Sleep Center	YES	NO	YES
Hosp	Social Work Services	YES	YES	YES
Hosp	Sports Medicine	YES	NO	YES
Hosp	Stereotactic Radiosurgery	NO	NO	?
Hosp	Swing Bed Services	YES	NO	NO
Hosp	Transplant Services	NO	NO	YES
Hosp	Trauma Center	NO	NO	YES
Hosp	Ultrasound	YES	NO	YES
Hosp	Women's Health Services	NO	NO	YES
Hosp	Wound Care	YES	YES	YES
SR	Adult Day Care Program	NO	YES	YES
SR	Assisted Living	NO	YES	YES
SR	Home Health Services	NO	YES	YES
SR	Hospice	NO	NO	YES
SR	LongTerm Care	NO	YES	YES
SR	Nursing Home Services	NO	YES	YES
SR	Retirement Housing	NO	NO	YES
SR	Skilled Nursing Care	YES	YES	YES
ER	Emergency Services	YES	YES	YES
ER	Urgent Care Center	YES	NO	YES
ER	Ambulance Services	NO	NO	YES
SERV	Alcoholism-Drug Abuse	NO	YES	YES
SERV	Blood Donor Center	YES	no	YES
SERV	Chiropractic Services	NO	no	YES
SERV	Complementary Medicine Services	NO	NO	YES
SERV	Dental Services	YES	no	YES
SERV	Fitness Center	YES	no	YES
SERV	Health Education Classes	YES	YES	YES
SERV	Health Fair (Annual)	NO	YES	YES
SERV	Health Information Center	NO	yes	YES
SERV	Health Screenings	YES	YES	YES
SERV	Meals on Wheels	NO	no	YES
SERV	Nutrition Programs	YES	YES	YES
SERV	Patient Education Center	YES	YES	YES
SERV	Support Groups	YES	?	YES
SERV	Teen Outreach Services	NO	YES	YES
SERV	Tobacco Treatment/Cessation Program	NO	YES	YES
SERV	Transportation to Health Facilities	NO	?	YES
SERV	Wellness Program	YES	?	YES

<b>2023 Physician Manpower Assessment</b>			
<b>Rock County, WI - Edgerton Hospital &amp; Health Services</b>			
<b>Specialties</b>	<b>DR Offices Rock Co</b>	<b>Visiting DRs</b>	<b>PAs and NPs Rock Co</b>
<b>Primary Care:</b>			
Family Practice	8.0	30.0	4.0
Internal Medicine	3.0	7.0	5.0
Obstetrics/Gynecology	3.0	14.0	1.0
Pediatrics	4.0	12.0	0.0
<b>Medicine Specialists:</b>			
Allergy/Immunology	2.0	3.0	0.0
Cardiology	3.0	7.0	2.0
Dermatology	2.0	5.0	1.0
Endocrinology	1.0	2.0	0.0
Gastroenterology	3.0	10.0	4.0
Oncology	2.0	7.0	7.0
Infectious Diseases	2.0	6.0	0.0
Nephrology	2.0	4.0	0.0
Neurology	2.0	5.0	3.0
Psychiatry	2.0	4.0	2.0
Pulmonary	2.0	3.0	1.0
Rheumatology	2.0	3.0	0.0
<b>Surgery Specialists:</b>			
General Surgery	4.0	9.0	3.0
Neurosurgery	2.0	2.0	4.0
Ophthalmology	2.0	6.0	0.0
Orthopedics	5.0	9.0	6.0
Otolaryngology (ENT)	3.0	4.0	2.0
Plastic/Reconstructive	1.0	1.0	2.0
Thoracic/Cardiovascular/Vascular	1.0	2.0	2.0
Urology	2.0	4.0	1.0
<b>Hospital Based:</b>			
Anesthesia/Pain	3.0	18.0	8.0
Emergency	5.0	?	?
Radiology (Telemedicine)	3.0	6.0	0.0
Pathology	1.0	3.0	0.0
Hospitalist	3.0	9.0	2.0
Neonatal/Perinatal	0.0	0.0	0.0
Physical Medicine/Rehab	1.0	1.0	0.0
Podiatry	4.0	8.0	0.0
Chiropractor	0.0	0.0	0.0
Eye (Primary Care)	3.0	6.0	0.0
Dentist	1.0	5.0	0.0
<b>TOTALS</b>	<b>87.0</b>	<b>215.0</b>	<b>60.0</b>

## Visiting Specialists to Edgerton Hospital & Health Services

#

Specialty	Physician Name	GroupName	Office Location	Schedule	YR Days	FTE
<b>Cardiology</b>	Raaid Museitif, MD	Zenith Healthcare	Kenosha, WI	1 day per month	12	0.05
<b>Cardiology</b>	Michael Kreager, MD	Zenith Healthcare	Kenosha, WI	1 day per month	12	0.05
<b>Pulmonology/Sleep</b>	Mouhammed Rihawi, MD, ACP, D.ABSM	Aurora Healthcare	Milwaukee, WI	1 day per month	12	0.05
<b>Pulmonology/Sleep</b>	Raed Hamed ,MD, FCCP	Aurora Healthcare	Milwaukee, WI	1 day per month	12	0.05
<b>Surgial Podiatry</b>	Suleyman Kurter, DPM	VA Hospital	Madison, WI	2 day per month	24	0.1
<b>Ear, Nose, Throat</b>	Danny Yaish, DO	Repose	Beaver Damn, WI	1/2 dau per month	6	0
<b>Ear, Nose, Throat</b>	Aaron Yohann, PA-C	Repose	Beaver Damn, WI	2 day per month	24	0.1
<b>Pain &amp; Spine</b>	Arpan Patel, MD	Pain Management Group		2 days per week	100	0.5
<b>Orthopedics</b>	Kashif Ali, MD	Orthopedic & Spine Centers of Wisconsin	Madison, WI	2 days per week	100	0.5
<b>Orthopedics</b>	Brian J. Keyes, DO	Orthopedic & Spine Centers of Wisconsin	Madison, WI	2 days per week	100	0.5
<b>Orthopedics</b>	Dayton Opel, MD	Orthopedic & Spine Centers of Wisconsin	Madison, WI	(2) 1/2 days per month	12	0.05
<b>Orthopedics</b>	Joseph A. Sizensky, MD	Orthopedic & Spine Centers of Wisconsin	Madison, WI	(2) 1/2 days per month	13	0.05
<b>General Surgery</b>	Pierre Charles MD			1 day per month	12	0.05

# **Edgerton, Wisconsin**

## **Emergency Numbers**

**Police / Sheriff** 9-1-1

**Fire** 9-1-1

**Ambulance** 9-1-1

### **Police**

**Edgerton Police** (608) 884-3321

**Milton Police** (608) 868-6656

**Rock County Sheriff Dept** (608) 757-8000

### **Fire**

**Edgerton WI Fire Department** (608) 884-3327

**Milton WI Fire Department** (608) 868-2842

**Ambulance** (608) 758-1113 OR (608) 758-7215

**United Way Resource/Information Hotline: 211  
Dane County Info for Public About Services**

- <https://danecountyhumanservices.org/>

**Rock County Info for Public About Services**

- <https://www.co.rock.wi.us/hsd>

**Crisis/Mandated Reporting Numbers**

**Dane County**

- Child Abuse/Neglect
  - 608-261-5437
  - Non-business hours: 608-255-6067
- Adults & Elder Abuse/Neglect
  - Monday-Friday 7:45am-4:30pm: 608-261-9933
- Mental Health Crisis Line (24 hour): 608-280-2600
- Dane County Sheriff's Office
  - <https://www.danesheriff.com/contact>
    - Address: 115 W. Doty Street  
Madison, WI 53703
      - 608-284-6800
      - Victim Information & Notification (VINE): 877-418-8463
      - Domestic Abuse Victim Witness Unit: 608-266-9003
      - Domestic Abuse Intervention Services
        - 608-251-1237
        - Help/Crisis (24 hour)- 608-251-4445
        - Rape Crisis Center 608-251-5126
        - Helpline (24 hour): 608-251-7273

**Crisis/Mandated Reporting Numbers**

**Rock County**

- Child Abuse/Neglect: 608-757-5401
- Adult & Elder Abuse/Neglect
  - Monday-Friday 8:00am-4:30pm: 608-741-3600
- Crisis Line (24 hour): 608-757-5025
- Rock County Sheriff's Department
  - <https://www.co.rock.wi.us/sheriff>
    - Address: 200 US Highway 14  
Janesville, WI 53545
    - Business Hours: 7:00am-4:00pm
    - Phone Numbers:
      - Office: 608-757-8000
      - Emergency: 911
      - Non-Emergency: 608-757-2244
      - Tips Line: 608-757-7911

**Housing/Shelter**

**Dane County Housing**

- Aging and Disability Resource Center-  
Housing Navigation Services
  - General Contact:
    - 608-826-8093 or  
HousingNavigation@ccmadi  
son.org
  - Housing Application Help
    - Adults over 60: local Senior  
Center
    - Physical Disability: Access  
to Independence 608-242-  
8484
    - Veteran and Homeless:  
608-280-2095
  - Housing Navigation Services
    - The Beacon: Office 201
      - Monday-Friday: 615  
E. Washington  
Avenue Madison,  
WI 53703
    - Dane County Job Center:  
1819 Aberg Avenue  
Madison, WI 53704
    - Tenant Resource Center
      - Fridays: 1202  
Williamson Street  
#102 Madison, WI  
53703
- Community Action Coalition: 608-237-1255
  - Address: 4101 E. Towne Boulevard  
Madison, WI 53704

**Dane County Shelters**

- Porchlight: 200 N. First Street Madison, WI 53704
  - Males: 608-416-1446 (intake from 5:00pm-8:00am)
- Salvation Army: Monday-Friday 9:00am-5:00pm 608-250-2203
  - Non-male individuals: 630 E. Washington Avenue Madison, WI 53703
    - 608-250-2226 (intake from 4:15pm-5:00pm)
  - Families with minors: 4502 Milwaukee Street Madison, WI 53714
    - 608-250-2298 (intake from 9:00am-7:00pm)
- Briarpatch Youth Services: 2720 Rimrock Road Madison, WI 53713
  - Youth ages 12-17: 608-251-1126 (24 hour) or 800-798-1126 (toll-free)
- Domestic Abuse Intervention Services: 2102 Fordem Avenue Madison, WI 53704

- Emergency Shelter for survivors of domestic violence and their children:
  - 608-251-4445 (24 hour) or 800-747-4045 (toll-free)

### **Housing/Shelter**

#### **Rock County Housing**

- Edgerton Community Outreach: 106 S. Main Street Edgerton, WI 53534
  - Edgerton, Milton, and Evansville areas: 608-884-9593
- Everyone Cooperating to Help Others: 65 S. High Street Janesville, WI 53548
  - Janesville area: 608-754-5333
    - Monday-Thursday 9:00am-4:00pm, Friday 9:00am-12:00pm with appointments outside hours available with prior arrangements
- Beloit Housing Authority: 210 Portland Avenue Beloit, WI 53511
  - Beloit area: 608-364-8740
    - Monday, Tuesday, Thursday, Friday 8:00am-5:00pm and Wednesdays 12:00pm-5:00pm
- Community Action Inc.: 608-313-1300

#### **Rock County Shelters**

- Brittan House: 608 4<sup>th</sup> Street Beloit, WI 53511
  - Men: 608-365-4787 (Monday-Friday 9:00am-5:00pm)
- GIFTS: 1025 N. Washington Street Janesville, WI 53548
  - Men: 608-728-4941
- Hands of Faith: 737 Bluff Street Beloit, WI 53511
  - Families: 608-363-0683 (Monday-Friday- 7:00am-5:00pm)
- House of Mercy: 320 Lincoln Street Janesville, WI 53548
  - Single women and families: 608-754-0045
- The Sparrow's Nest: 1816 Harrison Avenue Beloit, WI 53511
  - 608-362-8215
- Twin Oaks: W9665 US Highway 14 Darien, WI 53114
  - 262-882-3662

### **Transportation**

#### **Dane County**

- Abby Vans, Inc: 800-236-8438
  - Serves 26 counties and will bill Medicaid

- Aging Disability Resource Centers: 608-240-7400
- A-Lift Services: 800-567-5438
  - For elderly and disabled individuals
- American Cancer Society: 608-833-4555
  - For cancer patients to medical appointments
- Capitol Express: 608-661-7433
  - Available Monday-Saturday and takes Medicaid
- Care Van Service: 608-437-8989
  - Non-emergency transport with wheelchair-accessible vans
- Care Wisconsin: 608-240-0020
  - For elderly or those with disabilities over age 18
- Curtis Ambulance Service: 608-255-4140
  - Nonemergency long-distance medical transport, transfer for cardiac and high-risk patients, and emergency in-town transfer
  - Bills Medicare, Title 19, and private insurance companies
- Double D Tours, LLC: 608-345-7470
  - For disables individuals and elderly
- First Transit: 608-846-3939
  - For elderly and disabled
- Madison Metro Transit- Paratransit: 608-266-4466
  - Same area and hours served as city bus system
  - Must be registered paratransit riders and fill out an application
- Meister's "Special Care" Transport: 608-240-0353
  - For elderly, disabled, and stretcher transport
- Midstate Medical Express: 608-742-8603
  - Wheelchair and stretcher vans, with additional 10% charge for weekend services
- Monona Lift: 608-423-4118
  - Within Monona area
- Paratech Ambulance: 608-270-1111 or 866-525-8888
  - Emergency and non-emergency 24/7 transport
- Retired and Senior Volunteer Program (RSVP): 608-238-7787
  - For older adults who don't have access to other transportation resources
- Ryan Brothers Ambulance: 608-257-9591 or 877-257-9591
  - Serves all levels of EMS

- Stoughton Transit: 608-873-7233
  - For persons with disabilities within Stoughton
- Sun Prairie Taxi: 608-837-5550
  - For persons with disabilities within Sun Prairie
- Transit Solutions Inc. (TSI): 608-294-8747
  - For individuals with special needs
- Van GO Taxi: 608-849-7070
  - For medical appointments, airport, school, work, etc.
- Verona Senior Center: 608-845-7471
  - Must call two days in advance
- We Care Transit: 608-838-8589
  - For individuals with special needs in Madison area
- YW Transit Program: 608-257-1436
  - For medically related transport for persons receiving medical assistance
  - Do not have vehicles with wheelchair lifts or access and must transfer self

## **Transportation**

### **Rock County**

- Aging Disability Resource Center: 608-741-3600
- Breeze Way: 608-636-9675
- You Buy We Fly: 608-363-3939
  - Beloit taxi service
- C&W Med Rides: 920-397-7624
- Call-Me-A-Cab: 608-364-6900
  - Beloit taxi service
- Clinton Senior Center: 608-676-4600
- Disabled American Vets (DAV): 608-301-7137
  - For veterans
- Edgerton Taxi: 608-884-9847
- Faith Works: 608-531-1880
  - Non-wheelchair accessible
- GoGoGrandparent: 855-464-6872
- Lavigne Bus Co: 920-563-1515
- Medicaid and BadgerCare Plus Medical Transportation: 866-907-1493
  - For medical appointments
- Paratech Ambulance: 414-758-1113
- Paratransit: 608-757-5054
  - Must fill out an application for Janesville or Beloit
- Park City Taxi/Ride Share: 608-436-1617
- Retired and Senior Volunteer Program (RSVP): 608-362-9593
  - For older adults who don't have access to other transportation resources

- Non-wheelchair accessible
- Ryan Brothers Ambulance: 608-257-9591
- Rock County Transit: 608-757-5454
  - For those over 55 or disabled
- Van Galder: 608-752-5407
  - Fixed route service with limited wheelchair accessibility
- Van Go: 608-849-7070

## **Mental Health & Addiction Support**

### **Dane County**

- ARC Community Services: 2001 W Beltline Hwy Suite 102 Madison
  - 608-283-6426
- Briarpatch Youth Services: 2720 Rimrock Rd. Madison
  - 608-245-2550 or 608-251-1126
- Community Connections Free Clinic: 608-930-2232
- Community Intervention Team: 300 Femrite Dr. Madison
  - 608-222-7311 or 877-661-9051
- Crossroads Counseling Center: 722 Lois Dr. Sun Prairie
  - 608-837-9112
- Dane County Department of Human Services: 1202 Northport Dr. Madison
  - 608-242-5200
  - Behavioral Health Resource Center: 608-267-2244
  - Comprehensive Community Services
    - Adult: 608-242-6415
    - Youth: 608-283-1400
- Family Services Madison: 128 E. Olin Ave. Madison
  - 608-252-1320
- Insight Counseling & Wellness: 2021 Atwood Ave Madison
  - 608-244-4859
- Journey Mental Health Center: 25 Kessel Ct. Suite 105 Madison
  - Central Intake: 608-280-2720
  - Emergency Services: 608-280-2600
  - Yahara House: 608-280-4700
- Lutheran Social Services: 1904 Winnebago St. 2<sup>nd</sup> Floor Madison
  - No office number listed, call main office: 414-246-2300
- Orion Family Services: 6333 Odana Rd #20 Madison
  - 608-270-2511
- Peer Run Recovery Centers: 2 S. Ingersoll St. Madison
  - 608-249-7477

- SOAR Case Management: 4513 Milwaukee St. Madison
  - 608-287-0839
- Solstice House Peer-Run Respite: 608-244-5077

### **Mental Health & Addiction Support**

#### Rock County

- Affinity Counseling: 1209 17<sup>th</sup> Ave Monroe
  - 608-426-6463
- American Telepsychiatry: 4650 S. Howell Ave Milwaukee with other locations
  - 414-376-5577
- Associates in Psychotherapy: 4700 Dresser Dr. Janesville
  - 608-752-7255
- Attentive Counseling Services: 400 E Grand Ave Suite 208 Beloit
  - 608-713-9291
- Beloit Psychotherapy: 136 W Grand Ave Unit 250
  - 608-346-8315
- Compass Behavioral Health Clinics: 1820 Center Ave 107 Janesville
  - 608-755-1475
- Comprehensive Community Service Program: 608-757-5025
- Counseling Care Center: 1969 W Hart Rd. Beloit
  - 608-364-5686
- Crossroads Counseling Center: 17 S River St. 254 Janesville
  - 608-755-5260
- Family Services: 416 College St. Beloit
  - 608-365-1244
- Genesis Counseling Services: 1 S Main St. Janesville
  - 608-757-0404
- HARPER's Place
  - Referrals through Rock County Crisis Line: 608-757-5025
- Life by Design Counseling: 816 4<sup>th</sup> St. 201 Beloit
  - 608-302-6194
- Lutheran Social Services: 612 N Randall Ave. Suite A Janesville
  - 608-752-7600 ext. 5110
- Mercy Options
  - Behavioral Health Clinic: 903 Mineral Point Ave Janesville
    - 608-756-5555
  - Addictions Day Treatment: 608-756-6545
- Professional Services Group: 1905 Center Ave. Janesville
  - 608-352-9701

- Rock County Walk-in Clinics: 608-743-2405
  - Janesville Counseling Center: 113 S Franklin St.
    - Mon, Wed, and Thurs 2p-4p
  - Beloit Counseling Center: 64 Eclipse Blvd
    - Tues 2p-4p
- Stateline Mental Health Services: 540 E Grand Ave. Beloit
  - 608-368-8087

### **Dental Care**

#### Dane County

- Access Community Health Centers Dental Services
  - Madison: 3434 E Washington Ave or 2202 S Park St.
    - 608-443-5482
  - Sun Prairie: 1270 W Main St.
    - 608-825-7100
  - Dodgeville: 201 Iowa St.
    - 608-935-5550
- Affordable Dental Care, Inc: 2110 Fordem Ave. Madison
  - 608-622-4002 (English) or 608-622-0034 (Spanish)
- Affordable Dentures: 6668 Odana Rd. Madison
  - 608-352-4437
- Bright Dental: 1-888-866-3470
  - Madison: 7866 Mineral Point Rd., 1853 Northport Dr. or 4706 Cottage Grove Rd.
  - Fitchburg: 3046 Fish Hatchery Rd.
- Care Wisconsin Dental Clinic: 2917 International Ln Madison
  - 608-443-5482
- Familia Dental Madison: 3003 E Washington Ave or 706 S Gammon Rd
  - 608-244-8050 or 608-720-1112
- MATC Dental Hygiene Program Clinic: 1705 Hoffman St. Room 151 Madison
  - 608-258-2400
- Madison VA: 2500 Overlook Terrace
  - 608-256-1901
- More Smiles: 630 E Washington Ave. Madison
  - 608-665-2752
- Vivent HealthCare: 600 Williamson St. Suite H Madison
  - 608-252-6540
- Wisconsin Donated Dental Services (DDS): 1-866-812-9840

For special needs dental care, contact Dr. Fred Jaeger's office: 608-231-2424

### Dental Care

#### Rock County

- Beloit Area Community Health Center: 74 Eclipse Blvd
  - 608-361-0311
- Familia Dental Janesville: 1260 Milton Ave. Suite 140
  - 608-757-0057
- Healthnet of Rock County Dental Clinic: 1344 Creston Park Dr. Suite 2 Janesville
  - 608-314-1940
- Marquette Dental School Clinic: 1801 W Wisconsin Ave. Milwaukee
  - 414-288-6500
- Milwaukee VA: 5000 W National Ave.
  - 414-384-2000
- Wisconsin Donated Dental Services (DDS): 1-866-812-9840

### Food & Nutrition

#### Dane County

- Aging and Disability Resource Center: 608-240-7400
  - Meal site and home delivery of meal information for people over 60 and those aged 18-59 with disabilities
- Allied Partners: 4619 Jenewein Rd. Madison (must live in 53711 or 53719 zip code)
  - 608-233-8506
- Area Agency on Aging: 2865 N Sherman Ave. Madison
  - 608-261-9930
  - Senior Dining Site List:
    - <https://dcdhs.com/document/s/pdf/Aging/Nutrition/Nutrition-Brochure-071321.pdf>
- Badger Prairie Needs Network Food Pantry: 12 E Verona Ave. Verona
  - 608-848-2499
- Bashford United Methodist Church Food Pantry: 329 North St. Madison
  - 608-249-9222
- Belleville Food Pantry: 24 W main St.
  - 608-424-3341
- Bethel Lutheran Church Food Pantry: 312 Wisconsin Ave. Madison
  - 608-257-3577
- Bridge Lake Point Waunona Neighborhood Center: 1917 Lake Point Dr. Madison
  - 608-441-6991
- Cambridge Community Activities Program: 403 Blue Jay Way
  - 608-423-8101

- Catholic Multicultural Center: 1862 Beld St. Madison
  - 608-661-3512
- Community Supported Agriculture farms: 608-226-0300
- Deforest/Windsor Area Food Pantry: 4434 2<sup>nd</sup> St.
  - 608-469-4415
- East Madison Community Center: 8 Straubel Ct. Madison
  - 608-249-0861
- Emergency Food Assistance program (TEFAP): call 211 for nearest food pantry
- Evangel Life Center Food Pantry: 4402 Femrite Dr. Monona
  - 608-222-4900
- Extended Hands Food Pantry: 6402 Shroeder Rd. Madison
  - 608-219-2985
- First Lutheran Church: 310 E Washington St. Stoughton
  - 608-873-7761
- First United Methodist Church: 203 Wisconsin Ave. Madison
  - 608-256-9061
- FoodShare Program: 608-242-7441 or 877-366-3635
- Goodman Community Center Food Pantry: 149 Waubesa St. Madison
  - 608-241-1574
- Good Neighbors Personal Essentials: 2509 McDivitt Dr. Madison
  - 608-832-6399
- Good Shepard Lutheran Church Food Pantry: 5701 Raymond Dr. Madison (must live in 53711 or 53719 zip code)
  - 608-271-6633
- Grace Episcopal Church Food Pantry: 116 W Washington Ave. Madison
  - 608-255-5147 ext 18
- Heights Unlimited Community Resource Center: 1529 State St. Black Earth
  - 608-767-3663
- Kennedy Heights Community Center: 199 Kennedy Heights Madison
  - 608-244-0767
- Lakeview Lutheran Church Food Pantry: 4001 Mandrake Rd. Madison
  - 608-244-6181
- Luke House: 310 S. Ingersoll St. Madison
  - 608-256-6325
- Lussier Community Education Center Food Pantry: 55 S Gammon Rd.
  - 608-833-4979

- Madison School and Community Recreation: 5740 Raymond Rd.
  - 608-467-8360
- McFarland Community Food Pantry: 5404 Anthony St.
  - 608-658-0927
- Meals on Wheels: 608-276-7598
- Middleton Outreach Ministry (MOM): 3502 Parmenter St.
  - 608-836-7338
- Mount Horeb Area Food Pantry: 102 E Lincoln St. Unit D
  - 608-437-7887
- Mount Zion Baptist Church Food Pantry: 2019 Fisher St. Madison
  - 608-218-5948
- Neighborhood House Food Pantry: 29 S Mills St. Madison
  - 608-255-5337
- Oregon/Brooklyn Food Pantry: 107 Alpine Parkway
  - 608-291-0709
- Personal Essentials Pantry Atwood: 2401 Atwood Ave. Madison
  - 608-772-3146
- Pro Labore Dei: 702 S High Point Rd. Madison
  - 608-833-5472
- Public Health Madison & Dane County: 608-266-4821 or 608-243-0380 (Spanish)
- The River Food Pantry: 2201 Darwin Rd. Madison
  - 608-442-8815
- Savory Sunday: 325 N Mills St. Madison
  - 608-233-6967
- School Food Service Madison: 608-204-4001
  - Summer Food Program Madison: 608-204-4007
- Second Harvest Food Bank Mobile Pantries: various locations throughout south central WI
  - [www.secondharvestmadison.org/partner-resources/mobile-pantry-schedule](http://www.secondharvestmadison.org/partner-resources/mobile-pantry-schedule)
- Seventh Day Adventist Church Food Pantry: 910 Femrite Dr. Monona
  - 608-221-3386
- SS Morris Community AME Church Food Pantry: 3511 Milwaukee St. Madison
  - 608-249-4555
- St. James Evangelical Lutheran Church: 425 S Main St. Verona
  - 608-845-6922 ext 0
- St. Mark's Lutheran Church: 605 Spruce St. Madison
  - 608-256-8463
- St. Stephen's Lutheran Church Food Pantry: 5700 Pheasant Hill Rd. Monona
  - 608-222-1241
- St. Vincent de Paul Food Pantry: 2033 Fish Hatchery Rd. Madison
  - 608-442-7200
- Stoughton Area Food Pantry: 520 S Fourth St.
  - 608-873-8103
- Stoughton Personal Essential Pantry: 343 E Main St.
  - 608-982-7174
- Stoughton United Methodist Church: 525 Lincoln Av.
  - 608-873-3273
- Sun Prairie Emergency Food Pantry: 18 Rickel Rd.
  - 608-478-0510
- Sunshine Place: 18 Rickel Rd. Sun Prairie
  - 608-825-3875
- Waunakee Ecumenical Food Pantry: 8068 S Division St.
  - 608-850-4346
- Wil-Mar Neighborhood Center: 953 Jenifer St. Madison
  - 608-257-4576
- Wisconsin Rescue Mission: 3413 Graceland Ave. Madison
  - 608-241-1522
- Women, Infants, and Children Nutrition Program (WIC): 608-267-1111
- Zion City COC Food Pantry: 1317 Applegate Rd. Madison
  - 608-288-9466

## **Food & Nutrition**

### Rock County

- Aging and Disability Resource Center (ADRC): 608-741-3600
- Beloit Meals on Wheels: 424 College St.
  - 608-362-3683
- Bethel Baptist Church Food Pantry: 3300 Mt Zion Ave. Janesville
  - 608-754-8711
- C.A.R.E Central Christian Church Food Pantry: 2460 Milwaukee Rd. Beloit
  - 608-362-7663
- Cargill United Methodist Church Fellowship Hall: 2000 Wesley Ave. Janesville
  - 608-752-0548
- Caritas, Inc Food Pantry: 2840 Prairie Ave. Beloit

- 608-362-4403
- Chefs for Seniors of South Central Wisconsin: 608-844-8422
- Clinton Food Pantry: 300 High St.
  - 608-676-4994
- Council on Aging: 608-757-5472
  - Nutrition Program: 508-757-5474
- C.U.P. Orfordville Lutheran Church Food Pantry: 210 N Main St.
  - 608-879-2575
- ECHO:
  - Community Meals: 302 N Parker Dr. Janesville
    - 608-752-3159
  - Food Pantry and Food Stockboxes for seniors: 65 S High St. Janesville
    - 608-754-5333
- Edgerton Care Center: 313 Stoughton Rd.
  - 608-884-1675
- Edgerton Community Outreach Food Pantry: 106 S Main St.
  - 608-884-9593
- Emergency Food Assistance program (TEFAP): call 211 for nearest food pantry
- Emmanuel Baptist Church: 1151 E Grant Ave. Beloit
  - 608-362-0562
- Evansville Ecumenical Care Closet Food Pantry: 206 S Madison St.
  - 608-882-4532
- Faith Builders Operation Care Food Pantry: 2170 Murphy Woods Rd. Beloit
  - 608-365-9131 ext 10
- First Congregational United Church of Christ: 54 S Jackson St. Janesville
  - 608-752-8716
- First Lutheran Church Food Pantry: 612 N Randall Ave. Janesville
  - 608-752-7434
- FoodShare Wisconsin: 608-794-5780 or 877-366-3635
  - 1900 Center Ave. Janesville
- Meal Magic: 608-373-1606
- Mercy Health System: 1000 Mineral Point Ave. Janesville
  - 608-756-6077
- Midwest Christian Center: 336 N Jackson St. Janesville
  - 608-755-1750
- Milton Food Pantry: 36 Hilltop Dr.
  - 608-868-1166
- New Life Assembly of God Food Pantry: 2416 N Wright Rd. Janesville
  - 608-756-4175
- New Zion Baptist Food Pantry: 1905 S Mound Rd. Beloit
  - 608-362-7703
- Nutrition and Health Associates (WIC)
  - Beloit: 46 Eclipse Blvd.
    - 608-362-1566
  - Janesville: 32 E Racine St.
    - 608-754-3722
- People's Church Food Pantry: 340 W Grand Ave. Beloit
  - 608-362-7556
- Salvation Army
  - 628 Broad St. Beloit
    - 608-365-6572
  - 514 Sutherland Ave. Janesville
    - 608-757-8300
- Second Harvest Foodbank Mobile Food Pantry: 608-223-9121
- S.H.A.R.E.
  - Beloit: 46 Eclipse Blvd
    - 608-265-5837
  - Janesville: 1605 Center Ave.
    - 608-752-9645 or 800-548-2124
  - Milton/Edgerton: 20 Parkview Dr.
    - 608-868-2005 or 608-921-9116 or 800-548-2124
- St. John Vianney Church Food Pantry: 1250 E Racine St. Janesville
  - 608-752-8708
- University of Wisconsin- Extension Nutrition Education Program: 46 Eclipse Blvd Beloit
  - 608-363-6271

## Healthcare & Wellness

### Dane County

- Access Community Health Center
  - 3434 E Washington Ave. Madison
    - 608-443-5480
  - 2901 W Beltline Hwy Suite 120
    - 608-443-5500
- Aging and Disability Resource Center: 608-240-7400
- American Community Medical Centers: 1421 S Park St. Madison
  - 608-441-6888
- Area Agency on Aging: 2865 N Sherman Ave. Madison
  - 608-261-9930
- BSP Free Clinic Benevolent Specialist Project: 2711 Allen Blvd Middleton
  - 608-827-2308
- Colonial Club of Sun Prairie: 301 Blankenheim Ln.
  - 608-837-4611

- Covering Wisconsin: 608-261-1455
- Health Connect: 211
- Health Check: 800-362-3002
- Madison Senior Center: 330 W Mifflin St.
  - 608-266-6581
- Medic WI: 4234 Health Sciences Learning Center 750 Highland Ave. Madison
  - 608-265-4972
- Mount Horeb Senior Center: 107 N Grove St.
  - 608-437-6902
- Oregon Area Senior Center: 219 Park St.
  - 608-835-5801
- Spine Clinic of Madison: 6425 Odana Rd. Suite 14
  - 608-819-8990
- Stoughton Free Clinic: 1116 Ridge St.
  - 608-205-0505
- Waunakee Area Senior Center: 333 South Madison St.
  - 608-849-8385
- West Madison Senior Coalition and Center: 517 N Segoe Rd. Suite 309
  - 608-238-7368 or 608-238-0196
- Wingra Family Medical Center: 1102 S Park St. Madison
  - 608-263-3111
- VA Center: 1291 N Sherman Ave. Madison
  - 608-264-5342
- VA Clinic: 2500 Overlook Terrace Madison

- 608-256-1901 or 888-478-8321
- Verona Senior Center: 108 Paoli St.
  - 608-845-7471

### **Healthcare & Wellness**

#### Rock County

- Aging and Disabilities Resource Center: 608-741-3600
- Beloit Area Community Health Center: 74 Eclipse Center
  - 608-361-0311
- Covering Wisconsin: 414-400-9489
- Health Connect: 211
- Health Check: 800-362-3002
- Healthnet of Janesville: 23 W Milwaukee St.
  - 608-756-4638
- Janesville Community Health Center: 849 Kellogg Ave.
  - 608-758-7814
- Public Health Nursing
  - Janesville: 3328 N U.S. Hwy 51
    - 608-757-5440 or 608-757-5442
  - Beloit: 61 Eclipse Center
    - 608-364-2010
- VA Clinic: 1141 Black Bridge Rd. Janesville
  - 608-758-9300
- Willow Women's Center: 2680 Prairie Ave. Beloit
  - 608-312-2025

# V. Detail Exhibits

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[VVV Consultants LLC]

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## a.) Patient Origin Source Files

[VVV Consultants LLC]

# Patient Origin History 2020- 2022 for ROCK County IP Only

WHA Inpatient Origin - Rock Co Residents Treated		Newborns		Age 01-11		Age 12-17		Age 18-45		Age 46-64		Age 65+		Grand Total	
Hospital Name - Calendar Year 2020		Disc	%	Disc	%	Disc	%	Disc	%	Disc	%	Disc	%	Disc	Shr %
<b>Grand Total</b>		<b>1,871</b>	<b>11</b>	<b>229</b>	<b>1</b>	<b>448</b>	<b>3</b>	<b>4,272</b>	<b>26</b>	<b>3,903</b>	<b>23</b>	<b>5,900</b>	<b>35</b>	<b>16,623</b>	<b>100.0%</b>
1	Mercy Health Hospital and Trauma Center - Janesville	627	12	8	0	16	0	1,420	27	1,412	27	1,843	35	5,326	32.0%
2	Beloit Health System (Beloit)	346	10	7	0	16	0	663	19	787	23	1,583	47	3,402	20.5%
3	SSM Health St Mary's Janesville Hospital (Janesville)	408	16	12	0	6	0	588	24	442	18	1,029	41	2,485	14.9%
4	SSM Health St Mary's Hospital (Madison)	165	11	9	1	3	0	387	26	366	24	567	38	1,497	9.0%
5	UW Hospital and Clinics Authority (Madison)	66	5	126	9	76	5	349	24	465	32	375	26	1,457	8.8%
6	UnityPoint Health - Meriter (Madison)	189	26	19	3	89	12	291	40	79	11	67	9	734	4.4%
7	Rogers Memorial Hospital Inc (Oconomowoc)			12	6	75	40	74	40	24	13	1	1	186	1.1%
8	Winnebago Mental Health Institute (Oshkosh)			2	1	41	22	109	60	21	11	10	5	183	1.1%
9	Rogers Memorial Hospital - Milwaukee (West Allis)			11	6	26	15	105	60	30	17	2	1	174	1.0%
10	Edgerton Hospital and Health Services (Edgerton)							19	11	38	22	112	66	169	1.0%
11	Rogers Memorial Hospital - Brown Deer (Brown Deer)			5	3	47	33	76	53	13	9	2	1	143	0.9%
12	Froedtert Hospital (Milwaukee)	4	4			1	1	30	32	26	28	32	34	93	0.6%
13	Stoughton Hospital Association (Stoughton)							12	13	21	23	60	65	93	0.6%
14	Fort HealthCare (Fort Atkinson)	30	33					31	34	8	9	21	23	90	0.5%

WHA Inpatient Origin - Rock Co Residents Treated		Newborns		Age 01-11		Age 12-17		Age 18-45		Age 46-64		Age 65+		Grand Total	
Hospital Name - Calendar Year 2021		Disc	%	Disc	%	Disc	%	Disc	%	Disc	%	Disc	%	Disc	Shr %
<b>Grand Total</b>		<b>1,793</b>	<b>11</b>	<b>260</b>	<b>2</b>	<b>549</b>	<b>3</b>	<b>4,244</b>	<b>26</b>	<b>3,753</b>	<b>23</b>	<b>5,958</b>	<b>36</b>	<b>16,557</b>	<b>100.0%</b>
1	Mercy Health Hospital and Trauma Center - Janesville	606	12	9	0	16	0	1,367	26	1,275	25	1,923	37	5,196	31.4%
2	Beloit Health System (Beloit)	307	9	6	0	15	0	684	20	861	26	1,468	44	3,341	20.2%
3	SSM Health St Mary's Janesville Hospital	381	16	11	0	9	0	569	24	352	15	1,009	43	2,331	14.1%
4	SSM Health St Mary's Hospital (Madison)	160	10	7	0	6	0	408	27	327	21	621	41	1,529	9.2%
5	UW Hospital and Clinics Authority (Madison)	61	4	149	10	84	6	329	22	473	31	407	27	1,503	9.1%
6	UnityPoint Health - Meriter (Madison)	202	26	25	3	125	16	293	37	76	10	64	8	785	4.7%
7	Winnebago Mental Health Institute (Oshkosh)			16	6	89	33	122	46	36	13	4	1	267	1.6%
8	Rogers Memorial Hospital - Milwaukee (West Allis)			5	3	26	16	109	65	26	16	1	1	167	1.0%
9	Edgerton Hospital and Health Services (Edgerton)							15	10	26	17	116	74	157	0.9%
10	Rogers Memorial Hospital Inc (Oconomowoc)			6	4	66	49	46	34	15	11	2	1	135	0.8%
11	Rogers Memorial Hospital - Brown Deer (Brown Deer)			9	7	53	41	43	33	22	17	3	2	130	0.8%
12	Froedtert Hospital (Milwaukee)	6	5					43	35	24	20	50	41	123	0.7%
13	Fort HealthCare (Fort Atkinson)	31	32					38	40	14	15	13	14	96	0.6%
14	Stoughton Hospital Association (Stoughton)							13	14	23	26	54	60	90	0.5%

WHA Inpatient Origin - Rock Co Residents Treated		Newborns		Age 01-11		Age 12-17		Age 18-45		Age 46-64		Age 65+		Grand Total	
Hospital Name - Calendar Year 2022		Disc	%	Disc	%	Disc	%	Disc	%	Disc	%	Disc	%	Disc	Shr %
<b>Grand Total</b>		<b>1,784</b>	<b>11</b>	<b>246</b>	<b>1</b>	<b>482</b>	<b>3</b>	<b>4,179</b>	<b>25</b>	<b>3,652</b>	<b>22</b>	<b>6,062</b>	<b>37</b>	<b>16,405</b>	<b>100.0%</b>
1	Mercy Health Hospital and Trauma Center - Janesville	591	12	16	0	18	0	1,278	25	1,206	24	1,964	39	5,073	30.9%
2	Beloit Health System (Beloit)	295	9	6	0	10	0	658	19	921	27	1,551	45	3,441	21.0%
3	SSM Health St Mary's Janesville Hospital (Janesville)	399	17	12	0	2	0	622	26	356	15	1,014	42	2,405	14.7%
4	SSM Health St Mary's Hospital (Madison)	171	12	7	0	5	0	403	28	297	21	536	38	1,419	8.6%
5	UW Hospital and Clinics Authority (Madison)	51	4	130	9	86	6	317	23	396	29	392	29	1,372	8.4%
6	UnityPoint Health - Meriter (Madison)	177	23	15	2	118	16	262	35	94	12	91	12	757	4.6%
7	Winnebago Mental Health Institute (Oshkosh)			9	4	65	32	88	43	28	14	13	6	203	1.2%
8	Miramont Behavioral Health (Middleton)					5	3	109	70	39	25	2	1	155	0.9%
9	Edgerton Hospital and Health Services (Edgerton)							11	8	18	13	114	80	143	0.9%
10	Rogers Memorial Hospital - Milwaukee (West Allis)			5	4	25	18	81	59	25	18	1	1	137	0.8%
11	Froedtert Hospital (Milwaukee)	6	5					33	25	40	30	54	41	133	0.8%
12	Rogers Memorial Hospital Inc (Oconomowoc)			3	3	43	38	53	46	14	12	1	1	114	0.7%
13	Rogers Memorial Hospital - Brown Deer (Brown Deer)			10	10	45	43	42	40	7	7	1	1	105	0.6%
14	Stoughton Hospital Association (Stoughton)							10	11	16	18	63	71	89	0.5%
15	Mercyhealth Hospital and Medical Center - Walworth (Lake Geneva)	6	8					10	13	30	39	30	39	76	0.5%

# Patient Origin History 2020-2022 for ROCK County OP Only

WHA Outpatient Origin - Rock Co Residents Treated		Newborns		Age 01-11		Age 12-17		Age 18-45		Age 46-64		Age 65+		Grand Total	
Hospital Name - Calendar Year 2020		Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	Shr %
	<b>Grand Total</b>	<b>1,359</b>	<b>2</b>	<b>5,968</b>	<b>7</b>	<b>3,308</b>	<b>4</b>	<b>30,129</b>	<b>37</b>	<b>21,588</b>	<b>27</b>	<b>18,836</b>	<b>23</b>	<b>81,188</b>	<b>100.0%</b>
1	Mercy Health Hospital and Trauma Center - Janesville	333	1	1,594	6	1,003	4	10,562	37	8,145	29	6,603	23	28,240	34.8%
2	Beloit Health System (Beloit)	528	2	2,232	8	1,347	5	11,040	41	6,523	24	5,185	19	26,855	33.1%
3	SSM Health St Mary's Janesville Hospital (Janesville)	294	2	1,139	8	518	4			3,467	24	3,951	28	14,231	17.5%
4	UW Hospital and Clinics Authority (Madison)	114	4	390	14	152	5	740	26	888	31	549	19	2,833	3.5%
5	Edgerton Hospital and Health Services (Edgerton)	11	1	148	9	52	3	470	30	396	25	509	32	1,586	2.0%
6	SSM Health St Mary's Hospital (Madison)	24	2	45	4	34	3	393	33	331	28	367	31	1,194	1.5%
7	Stoughton Hospital Association (Stoughton)	3	0	48	5	19	2	251	26	285	29	377	38	983	1.2%
8	UnityPoint Health - Meriter (Madison)	15	2	72	8	23	2	424	46	238	26	152	16	924	1.1%
9	SSM Health Surgery and Care Center (Madison)	6	1	49	7	53	7	216	29	252	34	165	22	741	0.9%
10	Fort HealthCare (Fort Atkinson)	10	1	42	6	22	3	253	36	178	25	200	28	705	0.9%
11	Mercyhealth Hospital and Med Ctr - Walworth (Lake Geneva)	1	0	16	4	10	3	111	30	150	41	82	22	370	0.5%
12	SSM Health Davis Duehr Surgery Center (Madison)			85	24			16	5	62	18	185	53	348	0.4%
13	Madison Surgery Center, Inc. (Madison)			2	1	4	1	79	23	143	42	111	33	339	0.4%
14	SSM Health Monroe Hospital (Monroe)			14	4	9	3	95	29	124	38	86	26	328	0.4%
15	Aurora Lakeland Medical Center (Elkhorn)	5	3	5	3	4	3	84	55	31	20	23	15	152	0.2%

WHA Outpatient Origin - Rock Co Residents Treated		Newborns		Age 01-11		Age 12-17		Age 18-45		Age 46-64		Age 65+		Grand Total	
Hospital Name - Calendar Year 2021		Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	Shr %
	<b>Grand Total</b>	<b>1,394</b>	<b>2</b>	<b>7,207</b>	<b>8</b>	<b>3,934</b>	<b>4</b>	<b>32,870</b>	<b>36</b>	<b>23,919</b>	<b>26</b>	<b>22,505</b>	<b>25</b>	<b>91,829</b>	<b>100.0%</b>
1	Mercy Health Hospital and Trauma Center - Janesville	371	1	2,007	6	1,263	4	11,450	36	8,898	28	7,894	25	31,883	34.7%
2	Beloit Health System (Beloit)	477	2	2,451	9	1,376	5	11,157	40	6,709	24	5,491	20	27,661	30.1%
3	SSM Health St Mary's Janesville Hospital (Janesville)	332	2	1,535	9	708	4	5,787	33	4,224	24	5,075	29	17,661	19.2%
4	UW Hospital and Clinics Authority (Madison)	146	4	526	14	209	6	953	26	1,120	30	765	21	3,719	4.0%
5	Edgerton Hospital and Health Services (Edgerton)	8	0	171	10	52	3	545	31	384	22	624	35	1,784	1.9%
6	SSM Health St Mary's Hospital (Madison)	12	1	56	4	32	2	383	29	398	31	422	32	1,303	1.4%
7	Stoughton Hospital Association (Stoughton)	4	0	64	5	39	3	296	25	345	29	450	38	1,198	1.3%
8	UnityPoint Health - Meriter (Madison)	12	1	79	7	24	2	496	45	264	24	221	20	1,096	1.2%
9	Fort HealthCare (Fort Atkinson)	10	1	23	3	37	4	348	41	206	24	220	26	844	0.9%
10	SSM Health Surgery and Care Center (Madison)	2	0	52	6	52	6	242	30	286	35	180	22	814	0.9%
11	Mercyhealth Hospital and Medical Center - Walworth (Lake Geneva)	2	0	15	2	11	2	134	21	221	34	267	41	650	0.7%
12	Madison Surgery Center, Inc. (Madison)			5	1	4	1	157	29	236	43	148	27	550	0.6%
13	SSM Health Monroe Hospital (Monroe)	3	1	9	2	25	5	178	38	100	21	156	33	471	0.5%
14	SSM Health Davis Duehr Surgery Center (Madison)			111	24	10	2	29	6	85	19	224	49	459	0.5%
15	Aurora Lakeland Medical Center (Elkhorn)	5	2	16	8	13	6	114	54	41	19	23	11	212	0.2%

WHA Outpatient Origin - Rock Co Residents Treated		Newborns		Age 01-11		Age 12-17		Age 18-45		Age 46-64		Age 65+		Grand Total	
Hospital Name - Calendar Year 2022		Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	Shr %
	<b>Grand Total</b>	<b>1,668</b>	<b>2</b>	<b>8,983</b>	<b>9</b>	<b>4,367</b>	<b>5</b>	<b>32,744</b>	<b>34</b>	<b>24,377</b>	<b>25</b>	<b>23,809</b>	<b>25</b>	<b>95,948</b>	<b>100.0%</b>
1	Mercy Health Hospital and Trauma Center - Janesville	541	2	2,588	8	1,413	4	11,498	34	9,052	27	8,326	25	33,418	34.8%
2	Beloit Health System (Beloit)	517	2	3,043	11	1,579	6	10,584	37	6,932	24	5,819	20	28,474	29.7%
3	SSM Health St Mary's Janesville Hospital (Janesville)	412	2	2,031	11	787	4	6,284	33	4,275	22	5,372	28	19,161	20.0%
4	UW Hospital and Clinics Authority (Madison)	111	3	573	16	194	5	932	26	1,103	30	740	20	3,653	3.8%
5	Edgerton Hospital and Health Services (Edgerton)	7	0	116	7	72	4	488	29	367	22	630	38	1,680	1.8%
6	SSM Health St Mary's Hospital (Madison)	14	1	56	4	49	4	378	28	331	25	501	38	1,329	1.4%
7	Stoughton Hospital Association (Stoughton)	3	0	67	5	27	2	292	23	374	29	512	40	1,275	1.3%
8	UnityPoint Health - Meriter (Madison)	8	1	93	8	24	2	499	43	314	27	222	19	1,160	1.2%
9	Fort HealthCare (Fort Atkinson)	21	2	58	6	40	4	330	36	205	22	262	29	916	1.0%
10	SSM Health Surgery and Care Center (Madison)	4	0	58	6	43	5	234	26	335	37	226	25	900	0.9%
11	SSM Health Monroe Hospital (Monroe)	5	1	28	5	22	4	178	29	142	23	244	39	619	0.6%
12	Madison Surgery Center, Inc. (Madison)			1	0	7	1	117	21	213	39	212	39	550	0.6%
13	Mercyhealth Hospital and Medical Center - Walworth (Lake Geneva)	3	1	26	5	12	2	142	29	177	36	128	26	488	0.5%
14	SSM Health Davis Duehr Surgery Center (Madison)			100	25	5	1	27	7	74	18	199	49	405	0.4%
15	Aurora Lakeland Medical Center (Elkhorn)	5	2	11	5	13	6	125	59	34	16	25	12	213	0.2%

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## b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

#	Table	Lead	Attend	Last	First	Organization	Title
1	A	#	x	Augsburger	Marc	EHHS	CEO
2	A		x	Engler	Cathe		
3	A		x	Everson	Diane	The Edgerton Reporter	Publisher
4	B	#	x	Bowditch	Sunny	EHHS	Marketing Manager
5	B		x	Lebeau	Brittney	Advocate Good Samaritan	RN
6	B		x	Linssen	Juliana	Edgerton Fire Protection Dist	Division Chief of EMS
7	B		x	Sanville	Peter	Auxilliary	
8	C	#	x	Pickering	Randall	Edgerton Fire Protection Dist	Fire Chiefs
9	C		x	Falk	Fred	EHHS	Foundation
10	C		x	Hedges	Ian		
11	D	#	x	Harwood	Katrina	Rock County	Health Officer
12	D		x	Flanigan	Ramona	City of Edgerton	Admistrator
13	D		x	Freeman	Jan		
14	D		x	Hafefam	Jason		
15	D		x	Rebman	Lisa	EHHS	Comm Education & Outreach
16	E		x	Bice	Rose	Edgerton Foundation Board	Chairperson
17	E		x	Roubachkina	Olga	EHHS	APRN-PMHNP
18	E		x	Schremp	Sheryl	EHHS	Med SRG RN
19	F		x	Fjelstad	Norm	EHHS	Board Member
20	F		x	Raymond	Jim	Edgerton School Board	Member
21	F		x	Roeder	Charles	EHHS	CFO
22	F		x	Schroeder	Jean Ann	EHHS	Quality Director
23	G		x	Jackson	Susan		
24	G		x	Shaw	Dawn	EHHS	Materials Manager
25	G		x	Whitley	Diane	EHHS	Pharmacy Director
26	G		x	WILLIAMS	Sarah	Edgerton Outreach	Executive Director
27	G		x	Wonder	Christine	EHHS	lab manager
28	H	#	x	Pauli	Dennis	Edgerton School District	Superintendent
29	H		x	Betts	Kenneth	SSM Health	Dr
30	H		x	Carrier	Paula	Best Realty of Edgerton	Owner/Broker
31	I	#	x	Heiden	Ann	Edgerton Hospital	Foundation Director
32	I		x	Brabazon	Pat	Community	
33	I		x	Johnson	Terry	Edgerton Hospital	Board Member
34	I		x	Lund	Chris	City of Edgerton	Mayor
35	I		x	Markert	Tonya	CPS/EHHS	Therapy Manager
36	I		x	Underhill	Claudia	EHHS Auxiliary	Past President

# Edgerton WI PSA Town Hall Event Notes

Attendance: N=36

Date: 3/31/2023 – 11:30 p.m. to 1:00 p.m.

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**Drugs/Substances Occurring in Rock County, WI:** Opioids, Meth, Fentanyl, Marijuana, and alcohol.

## **Strengths**

- Hospital Facility / Management
- Health Resources (Rural Area)
- Community Collaboration
- Schools
- Community Outreach (Low income)
- High Quality of Care
- Healing Garden
- Physical Therapy
- Emergency Support Services
- Pain Clinic
- Access to Medical Services
- Education Programs (Hospital)

## **Needs**

- Alternative Medicine
- Mental Health (Youth / Adults)
- Access to Healthy Foods
- Substance Abuse Treatment
- Health Counseling
- Transportation (Non-emergent)
- Extended Clinic Hours of Operation
- Medicare / Medicaid Reimbursement
- Teen Pregnancy
- Sex Ed (Teen STDs)
- First Responder Coverage
- Scheduling / Wait Times (PC)
- Access to Specialists
- Dental Care
- Senior Health Advocacy
- Senior Housing
- Owning Your Health (Apathy)

# Wave #4 CHNA - Edgerton, WI PSA

## Town Hall Conversation - Strengths (White Cards) N=36

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
1	Involved & Responsive Community Hospital	21	Emergency Support Services
1	EMS	21	Local Hospital
1	Access to Exercise / Healthy Activities	21	Fitness Facilities
1	Access to Care	21	Educational Support (Schools)
1	Edgerton Community Outreach - Not for Profit Agency	21	Employment Opportunities within 20 miles
2	Edgerton Outreach to Provide Economically Challenged People with Services	22	Social Services
2	We have School System that is Active and Respected	22	Schools
2	We have Low Unemployment Numbers	22	Hospital
2	There are Medical Services Close By that Supplement Edgerton Hospital	22	Health and Wellness
3	Access to Care - Hospital	22	Lunch Programs
3	Outreach Services	23	Good Hospital Scores (IN & OP)
4	Unemployment is Low	23	Mental Health (coming)
4	Education Level	23	Access to Health Care (Specialities)
4	EHHS Growing List of Services	23	Cost of Care
4	Specialists Who Come to EHHS	23	Uninsured Programs
4	New Clinic Specialties Access	24	Quality of Care
4	Community Awareness of EHHS as a Comm. Partner	24	Emergency Services
5	Accessibility to Quality Care - Hospital	24	Outreach and Communication
5	Growing Speciality Care	24	Community Engagement
5	EMS	25	Health / Wellness Classes / Education at Hospital
5	Physical Therapy	25	Access to Parks for Children / Adult
5	Healing Garden	25	Youth Sports Programs
6	Emergency / Urgent Care Accessibility	25	Outreach Healthy Breakfast / Lunch for Kids
6	Number of Speciality Services Offered	26	School System
6	Offer Services to Broad Provider Base	26	Hospital
6	Well Liked Staff at Edgerton Hospital	26	Community Members Helping Each Other
7	Small / Tight Knit Community for Advice / Needs	26	Care Enter
7	Hospital / Clinics in Town	26	Open Space
7	Expanding Hospital w / Vision	26	Social Services (Outreach)
7	Physical Therapy	27	School Health
8	Small Hospital (Easy to get In and Out)	27	Access to Physical Healthcare
8	Highly Caring People	27	Access to Social Service Providers
8	Close to Home Services	28	Mortality & Morbidity
8	Excellent Therapy Services	28	Spanish Materials and Comm
8	Healing Garden (Mental Health)	28	Housing Quality and Affordability
9	Hospital	28	Poverty
9	School System	28	Food Insecurity & Healthy Foods
9	Emergency Department	28	Peds
9	Pain Clinic	28	Providers
9	Orthopedics	28	STDs
10	Good Hospital Speciality	28	COPD, Cancer, Hypertension
10	Vision from Management	28	Insurance Payments / Coverage
10	Grants for Growth	28	Specialists and Uninsured / Underinsured
11	Volunteers / Donations / Willingness to Help	28	Access to Care
11	Good School System / Teachers	28	Mental Health & Senior Health Care
11	Great Hospital / Therapy	29	Existing Hospital and Clinic
11	City Hall (Personal, Very Helpful)	29	Range of Services at Hospital
11	EMT / Fire Department	29	Great Schools
11	Healing Garden	29	Community Support
12	Education Level (on average) & Services	30	Community Prick / Ownership
12	Availability of Services	30	Strong Hospital for a Rural Community
12	Grant Money Available for Expansion	30	Strong City Services
12	Connected to Larger Cities & Services	31	EMS Services

# Wave #4 CHNA - Edgerton, WI PSA

## Town Hall Conversation - Strengths (White Cards) N=36

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
12	Physical Facility & Management	31	Hospital Expansion of Specialized Services
12	Schools	31	People Who Want to Stay Local for Care
13	Access	31	Dental Services / Quality
13	Increasing Services	31	Breadth of Options Availbale in the Region
14	Schools	32	More Providers Coming
14	Lack of Noise Pollution	32	Strong Local Hospital
14	Churches / Spiritual	32	Tight Knit, People Care
14	Community Pride	32	Community Members Involved with HC Delivery
14	Community Outreach	32	Quality Care
15	Providing Availibility of Resources to the Community	33	ER Wait Times
15	Providing Kids (w/ Food)	33	Speciality Clincis Growth
15	Schools	33	EMS / Fire
15	Access to Healthcare Services (Multiple)	33	Outpatient Procedures
16	Specialty Clinics (Pain, Pulm, Card, Pod)	33	Schools
16	Community Outreach - Help for Low Income	33	Hospital
16	Housing for Women Vets	34	Good Care
16	Exercise Plans	34	Hospital is Involved in Community
17	Inpatient Care	34	Educational Opportunities
18	Improving Access to Various Types of Care	34	Rehab Program
18	Community Engagement - Desire to Improve	35	Hospital Nearby
19	Med. Facility Available	35	EMS Services
19	Eye, Dentist - Availability	35	Community Involvement
19	Low Unemployment	35	Edgeton Community Outreach
19	Location to Good Care	35	School & EPAL
19	Good Schools	36	Speacialty Services
20	Access to Care	36	Hospital Inpatient
20	Schools Support Services	36	ER Services
20	Access to Areas for Physical Activity	36	Ambulance Services
20	Assistance	36	Special Support / Community
20	Healthy Foods Access		

# Wave #4 CHNA - Edgerton WI PSA

## Town Hall Conversation - Weaknesses (Color Cards) N= 36

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
1	Mental Health	18	Health Literacy
1	Nutrition	18	Dental and Primary Care Access
1	Obesity	18	STDs / Family Planning
1	Drug / Alcohol / etc	19	Senior Services
1	Parenting	19	Recreation Program - Adults and Youth
1	Senior Care & Housing	19	Exercise Trails
1	OB/GYN, Dermatology, Ophthalmology	19	Specialty Care
1	Bullying	19	Mental Health
2	Gynecology	20	Access to Health Food
2	Pediatrics	20	Mental Health - Connectedness / Access
2	Dentists	20	Adverse Childhood Experiences
2	Ophthalmologist	20	Substance Abuse
2	Mental Health / Bullying	21	Senior Care / Services
2	Senior Housing / Senior Center	21	Specialist Access
3	Specialty Providers	21	Mental Health
3	Counseling Regarding Obesity and Alcohol	21	Access to Care (Uninsured / Underinsured)
3	Transportation for Elderly	21	Peds
3	Single Parent / Uninsured	22	Mental Health
3	Med Costs	22	Housing
3	Kids Needs	23	Mental Health
4	Some Specialty Services	23	Drug & Alcohol Usage
4	Senior Housing	23	Physical Activity
4	Food Insecurity	23	Poverty
4	Mental Health	23	Suicide Prevention
5	Diabetes	24	Mental Health Services
5	Holistic	24	Substance Abuse Treatment
5	GI / Gastro	24	Obesity
5	Mental Health	24	Chronic Disease
5	Drug / Alcohol	24	Food Insecurity / Poverty
6	More Primary Doctors	25	Lack of Education to Parents (Health)
6	Shorter Wait Times	25	Access to Waling Trails
6	Education Classes - Obesity	25	Cutting of Health Classes in School District
6	More Mental Health Services	26	Obesity
7	Pediatrics	26	Substance Abuse
7	Depression / Mental Health	26	Food Insecurity / Access to Healthy Foods
7	Drugs and Alcohol	26	High Blood Pressure
7	Obesity and Chronic Conditions	26	Provider Availability
7	NH / Senior Living Housing	27	Obesity
7	Primary Care Providers, Staff, After Hours	27	Need More Providers
8	Enough Health Care Providers	27	Substance Abuse
8	Suicide Prevention / Mental Health	27	Medicare and Medicaid Reimbursement
8	Senior Care & Housing	27	Hypertension
8	Substance Abuse	28	Children in Poverty
8	Pediatrics	28	Substance Abuse
9	Dean Insurance	28	Obesity
9	Mental Health Care	28	Heart Disease
9	Dental Providers	28	Mental Health
9	Senior Care	28	Lack of Exercise
10	Mental Health	29	Non-Emergency Appt for Medical Care
10	Substance Abuse	29	Maternity Services
10	Teenage Prenancy and STDs	29	Alternative Medicine
10	Primary Care Providers	29	Mental Health - all levels
10	Food Insecurity	29	Treatment for Substance Abuse
10	Senior Living / Care	29	Transportation in Non-Medical Emergency
10	Alternative Medicine	30	Alternative Medicine

# Wave #4 CHNA - Edgerton WI PSA

## Town Hall Conversation - Weaknesses (Color Cards) N= 36

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
11	Substance Abuse Treatment	30	Dermatology
11	Assist Poor / Underinsured Find Resourse	30	Neurology
11	Teen Birth Prevention - STD Acquisition	30	Family Medicine Provider
11	Pediatric Care - Child Care	30	Mental Health - Pediatric
11	PCP	31	Health Care Providers to Speak Spanish
12	Substance Use	31	Mental Health Services
12	Physical Inactivity	31	Drug Use Program / Services
12	Obesity	31	More Nurse and CNAs
12	Cost of Care	31	Emergency Wait Time
12	Psychotherapy	32	Alternative Medicine
13	Need More Care Givers	32	Nutrition / Obesity Solutions
13	Ambulance Services for Non-Emergent Transportation	32	Neglected Healthcare (Individual)
13	Need Dermatology	32	Drug Use / Abuse (Treatment)
13	Need Pediatric MDs	32	Mental Health / Youth Mental Health
13	Substance Abuse	33	Limited Access to Healthy Foods
13	Need More Urgent Care Hours	33	Lack of Physical Exercise
14	Preventitive Health	33	Providers / Healthcare
14	Primary Care Providers	33	Owning Own Health
14	Mental Health	33	Alternative Medicine Access
14	Substance Abuse (Alcohol)	34	Drug / Substance Abuse
14	Educating and Motivating Patients	35	Mental Behavioral Health
15	Prenatal Care	35	Preventative Helath / Wellness
15	More PCPs in Community	35	Substance / Abuse
15	Drug Abuse	35	Health Care Providers per Persoon
15	Access to Care Outside Normal Hours	35	Repeat (Prevention and ED) Follow Up
15	Medicare Reimbursement	35	Teen Pregnancy / Single Parents
16	More Surgical Options	35	Health Insurance Coverage for People
16	Mental Health Availability	35	Community
16	Orthopedics and General Surgery	35	Healthy Food
17	Drugs / Alcohol Education	35	Housing
17	Suicide	36	Preventative Care
17	Insurance Dictating	36	Lack of Senior Housing
17	Hours of Care	36	Lack of GP & Nurses
17	Mental Health - Kids	36	Cancer Spikes
18	Substance Abuse	36	Food Insecurity
18	Mental Health - Children		

## **EMAIL #1 Request Message (Cut & Paste)**

**From:** Marc Augsburger

**Date:** 1/27/2023

**To:** Community Leaders, Providers and Hospital Board and Staff

**Subject:** 2023 EHHS Community Health Needs Assessment

**Edgerton Hospital & Health Services** is working with other community health providers to update our 2023 Community Health Needs Assessment. The goal of this assessment update is to understand progress in addressing health needs cited in the 2017 and 2020 CHNA reports and to collect up-to-date community health perceptions.

We're gathering important community health information and need your help! **Can you fill out this quick confidential survey using the link below**, as your feedback will help the hospital identify the most critical needs in our communities.

**LINK:** [https://www.surveymonkey.com/r/CHNA2023\\_OnlineSurvey\\_Edgerton](https://www.surveymonkey.com/r/CHNA2023_OnlineSurvey_Edgerton)

VVV Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential if you choose to participate in this online survey.

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **February 27<sup>th</sup>, 2023**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Thursday, March 30<sup>th</sup>, 2023**, for dinner from **5:30 p.m. – 7:00 p.m.** Please stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call 608-884-1489



11101 N. SHERMAN ROAD  
EDGERTON, WI 53534

FOR IMMEDIATE RELEASE

Contact:  
Sunny Bowditch  
608-884-1607  
[sbowditch@edgertonhospital.com](mailto:sbowditch@edgertonhospital.com)

## Edgerton Hospital & Health Services Seeks Community Input on Local Health Needs

(EDGERTON, WI) – Over the next few months, **Edgerton Hospital & Health Services (EHHS)** will be working with area providers to update its Community Health Needs Assessment (CHNA). The hospital is seeking input from community members regarding the healthcare needs in order to complete the 2023 CHNA.

VVW Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in the both the 2017 and 2020 assessment reports, while collecting up-to-date community health perceptions and ideas. A brief community survey has been developed in order to accomplish this work. The survey can be accessed by visiting the hospital website or the EHHS Facebook page if you would like to participate in providing this important feedback. You may also use the QR code below by scanning with your smartphone.



*Scan Me!*

All community residents and business leaders are encouraged to complete the 2023 CHNA online survey by **February 27th, 2023**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Thursday, March 30th, 2023** for dinner from **5:30 p.m. - 7:00 p.m.** Please, stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call Lisa Rebman at 608-884-1489.

###

*Edgerton Hospital is a Critical Access Hospital. The hospital serves the communities of Edgerton, Milton and surrounding communities. Founded in 1923, the hospital is currently celebrating its 100<sup>th</sup> birthday. The facility offers inpatient, outpatient, surgical, diagnostic, emergency, specialty, mental health, and rehabilitation services. For additional information about Edgerton Hospital, please visit [www.edgertonhospital.com](http://www.edgertonhospital.com).*

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608-884-3441  
Edgerton Hospital and Health Services, Inc.  
[www.edgertonhospital.com](http://www.edgertonhospital.com)

# Edgerton Hospital evaluating area health needs

APG MEDIA STAFF REPORT Jan 21, 2023

Edgerton Hospital and Health Services is working with other community health providers to update its Community Health Needs Assessment. The goal is to understand progress in addressing health needs cited in the 2017 and 2020 CHNA reports and to collect up-to-date community health perceptions.

## **Mercyhealth reopens south-side Janesville urgent care it shut 3 years ago**

The survey is at: [www.surveymonkey.com/r/CHNA2023\\_OnlineSurvey\\_Edgerton](http://www.surveymonkey.com/r/CHNA2023_OnlineSurvey_Edgerton). It must be completed by Feb. 27. VVV Consultants, of Olathe, Kansas, is conducting the research for this project.

There is also a town hall meeting scheduled on the topic from 5:30 to 7 p.m. Thursday, March 30, at the hospital, 11101 N. Sherman Road, in Edgerton. The town hall event includes dinner.



Sunday, January 22, 2023

## **EMAIL #2 Request Message (Cut & Paste)**

**From:** Marc Augsburger

**Date:** 3/20/2023

**To:** Community Leaders, Providers and Hospital Board and Staff

**Subject:** Edgerton Hospital Community Health Needs Assessment Town Hall

**Edgerton Hospital & Health Services** is hosting a scheduled Town Hall Meeting for the 2023 Community Health Needs Assessment (CHNA). The purpose of this meeting will be to review the community health indicators and gather feedback opinions on key community needs. This event will be held on **Thursday, March 30th, 2023, for lunch from 11:30 a.m. - 1:00 p.m at Edgerton Hospital, 11101 N. Sherman Rd., in conference rooms A & B.**

All business leaders and residents are encouraged to join us for this meeting. To adequately prepare for this event, you must RSVP by Friday, March 24.

We hope you find the time to attend this important event by following the link below to complete your RSVP for March 30<sup>th</sup>. Note> Those who RSVP, will receive additional information and confirmation a few days prior to the event.

LINK: [https://www.surveymonkey.com/r/CHNA2023\\_EHHS\\_RSVP](https://www.surveymonkey.com/r/CHNA2023_EHHS_RSVP)

*Thanks in advance for your time and support!*

If you have any questions regarding CHNA activities, please call Lisa Rebman at 608-884-1489.

## February: Public still paying for fraud probe records fights

by Bill Lueders

Many people in Wisconsin are under the impression that the disastrous probe into the state's 2020 presidential election conducted by former state Supreme Court Justice Michael Gableman is over, as are its costs to taxpayers. They're wrong.

The probe, conducted over 14 months by Gableman at the behest of Assembly Speaker Robin Vos, failed to find any evidence of significant fraud. It did, however, reveal ample evidence of incompetence on the part of Gableman and his team, the Office of Special Counsel (OSC), including multiple spelling errors. It also led to contempt charges against both Vos and Gableman, and to a judge's referral of Gableman to the office that regulates attorney conduct for his disgraceful behavior during a court proceeding.

Vos, whose name the OSC routinely rendered as "Voss," fired Gableman last August, after relations between the two had soured to where Gableman endorsed the speaker's GOP primary opponent. At the time, the cost of the probe and associated records battles was tallied at more than \$1.1 million, all paid for with taxpayer dollars. Remarkably state Sen. Melissa Agard (D-Madison): "I'm glad that Speaker Vos has stopped the bleeding for these tax dollars going to a sham investigation."

In fact, the bleeding never stopped. The amount paid by taxpayers now stands at more than \$2 million, including nearly \$1.5 million in legal fees, according to a report by WisPolitics.com; it could yet rise by hundreds of thousands more. That's in part because Vos and attorneys for OSC are continuing to drag out litigation over the four records-related lawsuits brought by American Oversight, a liberal watchdog group.

One case, involving contractors' records controlled by Vos, awaits resolution on various issues, including whether American Oversight can recover its in-house counsel fees. Vos is arguing, against logic and history, that attorneys who work for a group bringing a fight cannot recover their fees. A second case, involving records in Vos' own files, is being briefed in the circuit court on attorneys' fees; which Vos is contending are too high, though they are well within the norm.

A third case, in which a judge ruled in American Oversight's favor and awarded it \$197,510 in attorneys' fees, is being appealed over every aspect, including attorneys' fees and a contempt finding against the OSC. The group's attorney, Jim Bopp, received permission from the court to file a 35,000-word brief, more than three times the usual limit. In this case, according to WisPolitics.com, "Assembly Republicans have already spent more fighting a judge's order that they cover legal fees for American Oversight than the \$197,510 taxpayers are currently on the hook to pay."

A fourth case, regarding preservation of OSC records, remains pending. In all of these legal challenges, taxpayers are footing the bill for the outside counsel; if American Oversight prevails, which I think is likely, taxpayers will also have to cover the group's legal costs.

"All of this could have been avoided if Speaker Vos and OSC had simply followed the law" by preserving and providing records of their investigation, says Heather Sawyer, executive director at American Oversight. Enough already. It's time for Vos and the Legislature to truly turn off the spigot of tax dollars flowing into this ill-begotten cause.

Your Right to Know is a monthly column distributed by the Wisconsin Freedom of Information Council (wisfoic.org), a group dedicated to open government. Bill Lueders is the council's president.

## Edgerton Hospital to host community health needs town hall - Thursday, March 30th

By Sunny Bowditch  
Edgerton Hospital

To gauge the overall community health needs of residents, Edgerton Hospital & Health Services, in conjunction with other area providers, invites the public to participate in a Community Health Needs Assessment Town Hall event on Thursday, March 30th for lunch from 11:30 a.m. to 1:00 p.m. located at Edgerton Hospital, 11101 N. Sherman Road, in conference rooms A & B. Please note that there will be a light lunch served at this event.

This event is being held to identify and prioritize the community health needs. Findings from this community discussion will also serve to fulfill both federal and state mandates.

To adequately prepare for this event, you must RSVP by Friday, March 24. Please visit [www.edgertonhospital.com](http://www.edgertonhospital.com) and the hospital's social media sites to obtain the link to complete your RSVP.

Request

## We welcome your input

With the new year upon us, we have a request of you, our readers, for assistance.

In the beginning of the year we want to editorialize about items we think should be priorities in the coming year.

Are there items you would like to see addressed by government, the schools or other civic groups to improve our community?

Please let us know. We would like to have community input into this important list.

Diane Everson, Publisher

Coming next week March 15, 2023

## EDGERTON REPORTER

- Sunshine Week
- Women's history month
- Is the Tallman House Haunted?
- Orthopedics Services coming to Edgerton



## Evers' building budget has a few twists

By WisPolitics.com

After a gubernatorial election, the first job of the governor in the first year of the new term is unveiling the two-year state budget plan.

Then comes the capital budget, or building plan. Both go to the Legislature for consideration, and in this case Democratic Gov. Tony Evers is again dealing with a GOP-dominated Assembly and Senate.

In the first Evers term, GOP lawmakers reduced the size of the building budget. For example, two years ago, Evers proposed a nearly \$2.4 billion capital budget. Republican lawmakers pared that back to \$1.5 billion. And insiders say something similar is likely again.

This time he is proposing a \$3.8 billion capital budget.

Joint Finance Senate Co-chair Howard Marklein, R-Spring Green, said Evers' proposal will "have to go through the normal process," while Assembly Co-chair Mark Born, R-Beaver Dam, said changes are coming.

"The Governor's Capital Budget recommendation is more of the same as we saw in his budget recommendation -- massive spending and unrealistic growth," Born said. "The Legislature's Capital Budget will make important investments in our state's infrastructure and ensure we're in a strong position for the future."

But this year there are some twists with tasty finish:

-- Evers' proposed \$3.8 billion capital budget would finance half of the projects with cash instead of borrowing.

Evers' office estimated the move -- using a portion of the state's projected \$7.1 billion surplus at the end of this fiscal year June 30 -- would save \$1 billion in debt payments over the 20 years that building projects are normally financed using bonds.

"Our historic surplus means we have historic opportunity and responsibility -- to invest in key projects that have long been neglected while still staying well within our means, keeping borrowing low, and saving taxpayers money in the long run, and that's exactly what our Capital Budget does," Evers said.

-- The bulk of Evers' new plan would set aside \$1.8 billion for projects on LW System campuses. The biggest proposed project is \$347.4 million to demolish the



computer-aided engineering facility and build a new building.

There's also calling for \$150 million for juvenile justice facilities. That includes covering \$32.6 million in higher-than-expected costs for a planned type 1 facility in Milwaukee County to house the state's most serious youth offenders in the system.

That project has already been enumerated and sited and is part of the long-delayed effort to close the troubled Lincoln Hills and Copper Lake youth lock-ups in northern Wisconsin. The Department of Corrections pegged the higher cost to inflation and significant increases in labor costs.

In 2018, the Capitol rushed through legislation seeking to close the facilities by early 2021. It included \$80 million in borrowing with half slated to help counties build lower-security youth facilities along with expanding the Mendota Juvenile Treatment Center in Madison, which houses those with mental health problems, and constructing one or more new type 1 facilities. That bill included a deadline to close

Lincoln Hills and Copper Lake by Jan. 1, 2021; that was pushed back to mid-2021 and abandoned as efforts to overhaul the youth system went through several revisions.

Evers' proposal also calls for \$83 million to construct a second type 1 facility in Dane County, \$4 million to find a location for a third in northeastern Wisconsin and \$24.9 million to expand the Grow Academy in Oregon.

The Dane County type 1 facility would be built in property the Department of Corrections now owns in Oregon. That land also houses the Grow Academy, a residential program that treats county- and state-supervised youth as an alternative to incarceration. Evers wants to add 10 beds to that six-bed facility. The state also has a medium security adult prison there.

The new type 1 facility in

Milwaukee County is expected to be completed in May 2026. The new Dane County facility would have a target completion date of May 2029.

If all three were approved, the state would have capacity for 96 juvenile offenders.

There were 56 male offenders at Lincoln Hills as of Friday and five females at Copper Lake. As part of the plan to overhaul the system, the young women now housed at Copper Lake are slated to move into an expanded Mendota Juvenile Treatment Center.

Evers also wants to put \$5.7 million into a new HVAC system at the current youth prisons in northern Wisconsin as Lincoln Hills and Copper Lake are converted to a minimum security adult facility.

--Increasing the Wisconsin History Museum budget by \$60.5 million. The project in downtown Madison has already been enumerated, and the revised cost would push the price tag to \$160.5 million. That would include \$70 million in general fund-supported borrowing, \$48.2 million in gifts and \$42.3 million in cash.

--Providing \$15 million in cash from the state toward the cost of a sports and convention center in Janesville. The overall price tag is \$50.5 million with the rest of the cost covered by gifts. The project includes a 250-person multipurpose arena, space for trade shows as well as sports such as basketball and volleyball and replacing a 50-year-old single sheet ice arena, where the Janesville Jets play.

--Setting aside \$9.3 million for a new 8,000-capacity soccer stadium that will host a professional team in Milwaukee. The project has an overall price tag of \$45 million with the rest of the cost covered by gifts. The stadium is also scheduled to be home to the Marquette University men's and women's soccer teams.

--Earmarking \$12.5 million to renovate the existing cream puff building at the Wisconsin State Fair Park. That includes \$6.5 million in program revenue-supported borrowing and \$6 million in cash.

So if you like cream puffs, this building plan might suit your tastes. For more, go to [www.wispolitics.com](http://www.wispolitics.com).

The Capitol Report is written by the editorial staff at WisPolitics.com, a nonpartisan, Madison-based news service that specializes in coverage of government and politics and is distributed for publication by members of the Wisconsin Newspaper Association.

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## Open Meetings and Open Records Law

Section 19.31, Wisconsin Statutes

"In recognition of the fact that a representative government of the American type is dependent upon an informed electorate, it is declared to be the public policy of this state that all persons are entitled to the greatest possible information regarding the affairs of government and the official acts of those officers and employees who represent them.

Further, providing persons with such information is declared to be an essential function of representative government and an integral part of the routine duties of officers and employees whose responsibility it is to provide such information."

The Edgerton Reporter supports this policy.

## THE EDGERTON REPORTER

Letters to the Editor Policy

The Reporter welcomes Letters to the Editor, however, letters must have a written signature, address and telephone number in order to be published.

Letters must be submitted by 5 p.m. Monday for Wednesday's publication. We will run as many letters as possible each week, but space is limited. For that reason, letters must not exceed 350 words. Letters will be run as soon as possible. We give priority to letters from area residents. We reserve the right to edit letters as necessary. Letters submitted to the Reporter should not be personal attacks, but should concern issues.

Letters on political issues will not be run in the publication the week prior to an election of candidates or referendum. This will prohibit someone from raising a question about a candidate or issue without allowing time for a response.

## THE GRAMMAR GUY

by Curtis Honeycutt

## These words are counting on you

I've always been a numbers guy. In elementary school, if anyone made fun of my disproportionately large head, I would withhold answers to math homework. Yes, I was an egghed in more ways than one.

Of course, I love to think about the intersection of words and numbers. The other day I heard someone say "to the tenth degree." As a number and word nerd, I knew this was wrong. In fact, to the tenth degree is a large amount; however, the correct term is "to the nth degree."

To the nth degree means "as much as possible." In math terms, to the nth degree means the highest power of the variable in a polynomial -- think something "squared," which would be a number with a little "2" in the top corner. To the "nth" degree is an algebraic term for the largest number possible in the top corner, signified by the letter "n."

As it turns out, math and English get nerdy in a hurry! But we're not done yet.

Did you know that "zero" gets treated like a plural number? I'm guessing a team of powdered-wigged grammarians flipped a coin to decide this at some point in the days of yore. When you discuss one "potato," you use the singular form of potato. When you discuss two "potatoes," you use the plural form. What about "zero"? You have zero "potatoes." Yep, when it comes to English grammar, zero is plural.

Speaking of plural number terms, what about "math" and "maths"? We all know that the full term is "mathematics," but which is the correct shortened word term? That depends on where you live.

In the U.S., we shorten "mathematics" to "math." The reason we do this is that "mathematics" is what we call a "mass" noun. A mass noun, as you may recall, is an uncountable, or abstract notion. Think about words like "sunshine," "information" and "psychology." Since "mathematics" is a mass noun, we attribute a singular verb to it: The mathematics class was easy.

While we tend to use the term "math" in the U.S. and Canada, our English-speaking compadres in the U.K., Ireland and Australia (among others) use "maths." Their argument is that mathematics is plural, as it ends with an -s. Because of this, they argue that the shortened form of "mathematics" should be "maths." They are entitled to their incorrect opinion.

--Curtis Honeycutt is an award-winning syndicated humor columnist and author. Connect with him at [curtisshoneycutt.com](http://curtisshoneycutt.com).

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## Edgerton Hospital to Host Community Health Needs Town Hall - Thursday, March 30th.

(EDGERTON, WI) – To gauge the overall community health needs of residents, **Edgerton Hospital & Health Services**, in conjunction with other area providers, invites the public to participate in a Community Health Needs Assessment Town Hall event on **Thursday, March 30<sup>th</sup> for lunch from 11:30 a.m. to 1:00 p.m.** located at Edgerton Hospital, 11101 N. Sherman Road, in conference rooms A & B. Please note that there will be a light lunch served at this event.

This event is being held to identify and prioritize the community health needs. Findings from this community discussion will also serve to fulfill both federal and state mandates.

To adequately prepare for this event, you must RSVP by Friday, March 24. Please visit [www.edgertonhospital.com](http://www.edgertonhospital.com) and the hospital's social media sites to obtain the link to complete your RSVP, or utilize the QR code below:



We hope that you will be able to join us at the Town Hall roundtable on March 30th. If you have any questions about CHNA activities, please call Lisa Rebman at 608-884-1489.

###

*Edgerton Hospital is a Critical Access Hospital. The hospital serves the communities of Edgerton, Milton and surrounding communities. Founded in 1923, the hospital is currently celebrating its 100<sup>th</sup> birthday. The facility offers inpatient, outpatient, surgical, diagnostic, emergency, specialty, mental health, and rehabilitation services. For additional information about Edgerton Hospital, please visit [www.edgertonhospital.com](http://www.edgertonhospital.com).*

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608-884-3441  
Edgerton Hospital and Health Services, Inc.  
[www.edgertonhospital.com](http://www.edgertonhospital.com)

## d.) Primary Research Detail

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[VVV Consultants LLC]

## CHNA 2023 Community Feedback: Edgerton Hospital, WI ( N=205)

ID	Zip	Rating	Movement	c1	c2	c3	Is there healthcare services in your community/neighborhood that you feel need to be improved and/or changed? (Please be specific)
1148	53548	Average	Increasing - moving up	ACC	EQUIP	QUAL	Ease and timeliness of access, flexibility, and up-to-date care
1031	53534	Good	Increasing - moving up	ALL			going in right direction
1162	53563	Very Good	Increasing - moving up	BED	EMER	DOCS	I do think the providers need to quit deciding what is wrong with the patient before they have even seen the person. I have heard ED providers in the EHHS ED discussing that they thought the person was "faking" before they had even examined them. I feel that sometimes a bit more diagnostic effort should be put in.
1192	53589	Average	Increasing - moving up	CLIN	ACC		Access to Urgent Care and or a local medical clinic
1029	53534	Average	Decreasing - slipping downward	CLIN	FP	WEB	Urgent care, family medicine in Edgerton - very much an in convenience to have to go to Milton every time even to get a physical form returned because they can't send it through MyChart, apparently they would need to send it to the hospital and only HIM can send it. Bring health and wellness classes in the evenings, there use to be one at night, some can't afford Anytime or Sara's.
1184	53545	Good	Decreasing - slipping downward	CLIN	HRS	SCH	urgent care hours at more times,
1196		Very Good	Increasing - moving up	CLIN	HRS		I feel that Urgent Care needs to be offered for a longer time frame.
1004	53534	Good	Not really changing much	CLIN	HRS		I think changing the urgent care hours may hurt what the community thinks of the hospital.
1045	53563	Average	Not really changing much	CLIN	HRS	PRIM	Boundaries on when you can bring yourself or child to urgent care, etc. Not many families have a primary doctor.
1013	53534	Good	Increasing - moving up	CLIN	ORTH	PSY	I feel like we are moving in the right direction with specialty clinics expanding and orthopedics and psych underway.
1176		Very Good	Increasing - moving up	COLLA B	FINA		Would like to look at partnerships with self insured companies to reduce healthcare costs.
1050	53534	Good	Not really changing much	COMM	EMER	CLIN	Better communication on how emergency/urgent services are provided by Edgerton Hospital. What happens when you arrive; how are transfer decisions made; what type of emergency care is provided in house
1011	53534	Very Good	Increasing - moving up	COMM	SERV		I believe we are doing our best at listening to our community and meeting the needs of the people.
1088	53563	Very Good	Not really changing much	COVD			Get rid of masking. Everyone else has moved on. It's embarrassing that the medical community is the last to move away from the maskerade
1112	53534	Very Good	Increasing - moving up	DERM			Would be nice to have local dermatology care.
1069		Good	Increasing - moving up	DIAB	NURSE	CARD	More days available for diabetic nurse. Increase cardio rehab days to 3 for those who don't have silver sneakers.
1126	53534	Average	Not really changing much	DOCS	BILL		There is a serious lack of providers in this area. Billing is awful and the coders are incompetent.
1131	53534	Very Good	Increasing - moving up	DOCS	CLIN		Clinic Doctors
1161	53563	Average	Not really changing much	DOCS	SCH	RET	Shortage of doctors makes it difficult to get an appointment in a timely manner. Doctors seem to keep leaving Edgerton also.
1105	53534	Good	Increasing - moving up	DOCS			More providers that will feed our hospital
1051	53589	Average	Increasing - moving up	DRUG	ACC	THER	Increase or provide availability of: Substance abuse providers IOPs PHPs therapists
1159	53534	Good	Not really changing much	DRUG	FINA	EDU	illegal drug use is concerning in all communities right now, including poisonings from contaminated illegal drugs. I am also concerned with the increasing costs and how to prepare people for those costs. I think we need to get the education out into the public. The hospital is a wonderful service, but the hike in for access to education programs is too much for many elderly people.
1107	53548	Good	Not really changing much	DRUG	MH	DIAB	Always more substance use/behavioral health, more work around diabetes management and education.
1168	53534	Very Good	Not really changing much	DRUG	PHAR	SERV	Addicts need more access to buprenorphine, methadone, and naltrexone, the medication used to treat opioid use disorders. More access to mental health services
1036	53534	Good	Decreasing - slipping downward	EDU	COMM	SERV	we are fortunate to have a hospital in Edgerton and for our hospital to provide so much in the way of community education and programs. The gardens and the innovative dietary department are amazing. I am not sure the information gets out to the community, but I am not sure how to improve that. I also worry about gender equality as mentioned in another of my comments and hope the hospital shows respect for people's health needs, rather than making a joke of serious health concerns.
1096	53563	Average	Not really changing much	EDU	NH	MH	Respite for caregivers, day programs for elderly, mental health counseling.
1041	53534	Average	Not really changing much	EMER	ACC		ER needs to be better equipped to handle a wider variety of emergencies.
1062		Average	Not really changing much	EMER	SERV	DOCS	Yes. The emergency room seems poorly equipped to handle certain issues. Both times I have used the emergency room I have been sent up to UW because the doctors at Edgerton Hospital were not able to deal with the situation at hand.
1017	53534	Average	Increasing - moving up	EMER	TRAV	QUAL	Did not have a good experience in ER with my father. We now take my mother to Stoughton or Janesville.
1149	53545	Good	Increasing - moving up	FINA	DENT	NH	Need local affordable dental care. More assistance for seniors that need help with appointments, understanding medical instructions and medication.
1174	53545	Good	Increasing - moving up	FINA	SPEC	ACC	Affordability for some aspects of the community might be an issue. Several specialty services you need to pursue in another more urban location because they are not yet offered in the Edgerton area, but that is understandable given the current size of the community.
1032		Average	Decreasing - slipping downward	FINA			Not everyone is on State aide and they're the only ones who are seen w/o a huge. bill.

## CHNA 2023 Community Feedback: Edgerton Hospital, WI (N=205)

ID	Zip	Rating	Movement	c1	c2	c3	Is there healthcare services in your community/neighborhood that you feel need to be improved and/or changed? (Please be specific)
1009	53548	Very Good	Increasing - moving up	FINA			Always room for improvement, love to see it more affordable.
1178		Good	Increasing - moving up	FP	DOCS	ACC	Additional family doctors in Edgerton
1201	53534	Good	Not really changing much	FP	ORTH	SPEC	Family practice providers, orthopedics, and any other specialty services that would keep people from leaving town.
1002		Average	Increasing - moving up	FP	PRIM		better access to family practice.
1098	53534	Very Good	Increasing - moving up	GAS			It would be nice if we could get a Gastroenterologist in Edgerton
1180	53714	Very Good	Increasing - moving up	HRS	CLIN		availability of urgent care
1095	53558	Good	Not really changing much	HRS	CLIN		Increased hours of Urgent Care.
1117		Good	Not really changing much	HRS	CLIN		More hours for urgent care
1125	53534	Average	Not really changing much	HRS	CLIN	QUAL	Yes. Expand urgent care hours. 24 hours would be best for the community. Also Milton clinic is amazing. Emily is awesome give her everything she asks for. Thankyou.
1189	53534	Good	Not really changing much	HRS	CLIN		increased urgent care hours
1099	53546	Average	Not really changing much	HRS	TRAIN	DOCS	More access for mental health, access to medically trained physicians
1128	53548	Good	Not really changing much	INSU			People should be allowing to choose who they want to see instead of entities and insurances controlling it
1110	53534	Average	Not really changing much	LAB	ACC	ALT	An example would be having food sensitivity testing blood tests available for private pay in the lab, such as what the naturopathic clinics offer. This could be mutually beneficial to the community because it would bring in revenue for the hospital/clinic and help the patient achieve better health.
1136	53563	Very Good	Increasing - moving up	LAB	AWARE		I think Lyme Disease testing in rock county needs to be made more aware of and taken seriously when family ask for the test to be given on one of their family members.
1042		Very Good	Increasing - moving up	MH	ACC		I think maintaining mental health for all age groups is important.
1076	53534	Good	Increasing - moving up	MH	ACC		There are no mental health options available to my knowledge
1003	53563	Good	Not really changing much	MH	DRUG	ALZ	yes, mental health and substance abuse counseling, care for alzheimers patients.
1190	53534	Very Good	Increasing - moving up	MH	ORTH		Mental health and orthopedics
1086	53548	Good	Not really changing much	MH	PHY		Integration of mental health into all areas of physical health could be improved.
1006		Average	Not really changing much	MH	PRIM	PHAR	Mental health. Access to primary care, urgent care, pharmacy. Transportation.
1175	53534	Very Good	Increasing - moving up	MH	RESO	DRUG	Mental Health resources substance abuse
1039	53589	Average	Decreasing - slipping downward	MH	SERV	ORTH	Mental health services need to be readily available, specifically for pediatric patients. I think having an Orthopedic department here at the hospital.
1014	53545	Good	Not really changing much	MH	SERV		Better mental health services
1167	53563	Good	Not really changing much	MH	SERV		I think that there needs to be an increase in mental health services.
1127	53534	Very Good	Increasing - moving up	MH	SPRT	DRUG	Mental Health. Short term support as well as options for inpatient stays and long term care in relation to medications/addictions and follow-up
1183		Good	Increasing - moving up	MH	TELE	SERV	More mental health access is needed. Telehealth is good for people who can use it, but not everyone has computers, smart phones, tablets or the skills to use it or has other barriers (hearing, vision, etc) that makes it hard to use. It would be nice if there was a way to have a room or someone available to assist those who can't use it by themselves.
1030	53534	Very Good	Increasing - moving up	MH			Mental health
1114		Good	Increasing - moving up	MH			mental health
1080	53534	Good	Not really changing much	MH			We need facilities for mental health treatment
1202	53534	Very Good	Not really changing much	MH			I'm glad to know that mental health needs are starting to be addressed locally! Not every community can say that they have this going on.
1023	53534	Good	Increasing - moving up	NH	ACC		I feel the support of the elderly. They seem to not have a place for care if they can't stay here or go to a nursing home.
1187	53590	Very Good	Increasing - moving up	NH	ASLV		senior housing options especially assisted living options.
1081	53534	Very Good	Increasing - moving up	NO			not to my knowledge
1182		Good	Increasing - moving up	NO			None that I can think of at this time
1015	53545	Good	Not really changing much	NO			None that I can think of.
1033		Good	Increasing - moving up	OBE			Addressing morbid obesity
1085	53094	Average	Decreasing - slipping downward	OP	TRAN	STFF	access to outpatient care due to transportation or availability due to staffing shortages.
1146		Average	Increasing - moving up	ORTH	ACC		Orthopedics would be a great add for the community.
1204	53563	Good	Increasing - moving up	ORTH	ACC		Lack of orthopedics locally, access to care in general should be quicker
1104	53546	Very Good	Decreasing - slipping downward	ORTH	CLIN		It would be great to add ortho providers in our hospital as a Janesville clinic has recently lost many.
1021	53563	Good	Not really changing much	ORTH	OBG		Local orthopedics and GYN
1130	53534	Very Good	Not really changing much	ORTH	PHY		Additional orthopedic care and continued expansion of rehabilitation services.
1155	53545	Very Good	Increasing - moving up	ORTH	SUR		Orthopedic surgery.
1001	53545	Good	Not really changing much	ORTH			Orthopedics
1133	53534	Good	Decreasing - slipping downward	PARK	HRS	CLIN	Parking at the new out patient area downtown is going to be a problem. More urgent care hours needed.
1169	53563	Very Good	Increasing - moving up	PEDS	ACC		better access to pediatric care
1158	53534	Average	Decreasing - slipping downward	PHY	SH	ACC	Athletic Trainer at the school district
1181		Good	Increasing - moving up	PREV			Preventative medicine

## CHNA 2023 Community Feedback: Edgerton Hospital, WI ( N=205)

ID	Zip	Rating	Movement	c1	c2	c3	Is there healthcare services in your community/neighborhood that you feel need to be improved and/or changed? (Please be specific)
1171	53534	Good	Increasing - moving up	PRIM	DOCS	SCH	yes, primary care doctors seem to be in short supply, hard to get an appointment with, and there is frequent turnover.
1070		Very Good	Increasing - moving up	QUAL	SERV	BED	No. Very happy with EHHS...again stressing the quality of services delivered by professional who share their concern, wellness for patients
1028	53534	Average	Not really changing much	QUAL	SERV		Edgerton is a more calmer environment than large hospitals. That I like. Sometimes we need reminders that you have services.
1109	53534	Very Good	Not really changing much	QUAL	SERV		For the size of our community- I feel the Hospital is doing an exceptional job of providing quality services.
1102	53534	Good	Increasing - moving up	QUAL			I love our local hospital.
1119	53534	Very Good	Increasing - moving up	QUAL			Not at this time. I do think we have some good ideas coming in the future.
1007	53546	Poor	Not really changing much	QUAL			They need to improve.
1087	53534	Poor	Not really changing much	QUAL			its ok
1020	53534	Very Good	Increasing - moving up	RHE	NEU	TRAV	It would be nice to have rheumatology and neurology available for patients, so people don't have to drive to Madison.
1111	53098	Very Good	Increasing - moving up	RHE			rheumatology.
1116	53534	Average	Decreasing - slipping downward	SCAN	ACC	STFF	When I have to schedule an x-ray or ultrasound no one calls me back. I would like to use your facility but it is frustrating to have to keep on top of your staff.
1067	53563	Good	Decreasing - slipping downward	SCH	ACC	EMER	Medical doctors not having availability for patients to be seen in a timely fashion - usually booked out months at a time then they have to use the emergency room for care instead of their primary doctor which then clogs up the ER departments
1057	53576	Average	Not really changing much	SCH	ACC	COMM	Access to appointments has definitely changed post CoVid, but generally if/when my family needs an appointment, we can get one relatively soon. The biggest concern is the lack of available medicine from pharmacies and the lack of communication on their part. We waited over a month for my sons prescription to be filled, only for the pharmacy to tell us the medication was on back order and they wouldn't be able to fill it(which they knew all along).
1089		Average	Not really changing much	SCH	ACC	DOCS	Mercy has no providers left and it's impossible to get in to see anyone. Quartz has very few providers in rock county that we can see.
1134	53534	Average	Increasing - moving up	SERV	COLLA B		Giving back to Edgerton and not always asking for more
1141	53545	Very Good	Increasing - moving up	SERV	COLLA B		Tough to say. I think making sure ALL services can be provided internally or through partnerships and affiliations is important so folks know they can be treated locally.
1055	53534	Average	Not really changing much	SERV	EMER	ACC	You advertise a full service facility. However, you don't provide those services. Local emergency services need to support our local hospital. This is not happening.
1157	53520	Good	Not really changing much	SERV	FINA	ACC	Accessibility to services and cost could always be improved upon.
1203		Very Poor	Decreasing - slipping downward	SERV	QUAL		Overall every service could use improvement
1144	53534	Good	Increasing - moving up	SERV	QUAL		Yes, but they are in the works.
1177	53534	Good	Increasing - moving up	SERV	QUAL		Yes they need to be improved in many ways they need to put the patient 1st and not their pocket books
1145	53534	Average	Not really changing much	SERV	QUAL	STFF	It's no secret that Edgerton isn't going to attract the best and brightest, and the good ones are likely to leave for greener pastures. Having the fundamental services be solid with long-term employees would be useful.
1165		Average	Not really changing much	SERV	TRAV		I primarily use healthcare services outside of Edgerton.
1053	53546	Good	Increasing - moving up	SERV	WAG	QUAL	Edgerton care center is the pits and I am sorry for my friends who have to visit relatives there. I understand that the work is demanding and the pay low but that is something the industry has to work on.
1083	53563	Very Good	Increasing - moving up	SERV			We need to continue to grow with specialty services.
1082	53563	Very Good	Increasing - moving up	SPEC	ACC		Could definitely use some more specialty attention
1154		Very Good	Increasing - moving up	SPEC	ACC		Add more specialty local care
1166		Very Good	Increasing - moving up	STFF	ACC		we need more staff and space to continue growing in order to accommodate the increased demands
1143	53534	Average	Not really changing much	STFF	QUAL		I believe from what I have heard the attitudes at the Edgerton Hospital seems to be the issue.
1072	53534	Very Good	Increasing - moving up	SUR	MH		There is a need for surgical and mental health services.
1115	53511	Very Good	Not really changing much	SUR	ORTH	DERM	available specialties like surgery, ortho, dermatology
1079	53534	Good	Increasing - moving up	TRAN	NH	SCH	Transportation for Seniors to assist in getting to healthcare appt out of town.

## CHNA 2023 Community Feedback: Edgerton Hospital, WI (N=205)

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1171	53534	Good	Increasing - moving up	ACC	PRIM		lacking in immediate access to primary care
1083	53563	Very Good	Increasing - moving up	CLIN	DOCS	EMER	We need more clinic/family care physicians available to see patients so they are not over using Urgent Care & ER
1029	53534	Average	Decreasing - slipping downward	CLIN	PRIM	ACC	Again Urgent Care, and primary care is extremely limited
1144	53534	Good	Increasing - moving up	DOCS	ACC	EMER	It is hard to get into a "regular." doctor. When you have a simple concern, you end up going into the ER because you cannot see your own doctor for up to a week or more.
1042		Very Good	Increasing - moving up	DOCS	SERV	CLIN	I see some providers in Janesville or Madison because of the service is not available in Edgerton, but, overall, I am happy the hospital. The urgent care has been especially helpful, and it's too bad those hours are being shortened.
1028	53534	Average	Not really changing much	DOCS	STFF	ACC	Limited providers do to shortage of doctors
1059	53534	Good	Not really changing much	DOCS	TRAV	ACC	If looking for a provider today I would begin my search in a larger town like stoughton, madison suburbs or potentially Janesville. My PCP is still in Milwaukee.
1036	53534	Good	Decreasing - slipping downward	EMER	CARD	STFF	my partner went to your ED for cardiac care and it seemed access to the appropriate medical personnel was lacking
1175	53534	Very Good	Increasing - moving up	ENDO	URL		endocrinology urology
1085	53094	Average	Decreasing - slipping downward	FF	SCH	ORTH	it's taking weeks for patients to get follow up appointments for orthopedics, home health, or outpatient therapy
1082	53563	Very Good	Increasing - moving up	FP	EMER		Need more family physicians available to see patients so they are not using ER/UC
1178		Good	Increasing - moving up	FP	IM		family, internal med
1138	53563	Average	Increasing - moving up	FP	SPEC	ACC	More family practice/family med practitioners would be helpful. Possible even practitioners specializing in geriatric health.
1045	53563	Average	Not really changing much	HRS			Flexibility in hours
1127	53534	Very Good	Increasing - moving up	INSU			because I work at the hospital and have that insurance
1187	53590	Very Good	Increasing - moving up	MH	DOCS	STFF	Need mental health providers
1183		Good	Increasing - moving up	MH	OPH		mental health vision
1174	53545	Good	Increasing - moving up	NO			I'm unsure in some areas.
1204	53563	Good	Increasing - moving up	ORTH	DERM		Ortho...long wait for dermatology as well
1039	53589	Average	Decreasing - slipping downward	PRIM	ACC	SCH	With how backed up primary doctor's schedules are, we could definitely use more. This is not just an EHHS/MC issue, this is a pretty widespread concern throughout the surrounding area as well.
1107	53548	Good	Not really changing much	PRIM	ACC		Access to primary care, esp. for an emergent issue is a problem.
1006		Average	Not really changing much	PRIM	CLIN	HRS	PCP availability. Urgent care hours.
1023	53534	Good	Increasing - moving up	PRIM	SPEC		primary and specialty care are difficult to get into
1202	53534	Very Good	Not really changing much	PRIM			We need more primary care.
1134	53534	Average	Increasing - moving up	SCH	ACC	DOCS	Repeatedly apts are cancelled or not available due to dr schedules, ie short hours 8-2.. People work!
1159	53534	Good	Not really changing much	SCH	ACC		unable to make same day appointments for my grandsons multiple times
1177	53534	Good	Increasing - moving up	SCH	DOCS		a patient cannot get in to their doctor in a reasonable amount of time
1116	53534	Average	Decreasing - slipping downward	SCH	WAIT		Waaay to long to get an appointment
1125	53534	Average	Not really changing much	SERV	ACC		We need more drop in care.
1168	53534	Very Good	Not really changing much	SERV	PRIM		Beloit needs more basic health services (primary care).
1145	53534	Average	Not really changing much	SERV	STFF		There may be enough bodies, but the issue is that I do not trust community health services to have competent doctors.
1169	53563	Very Good	Increasing - moving up	SPEC	CLIN		though at times it can be hard to get into a specialty clinic
1154		Very Good	Increasing - moving up	SPEC			Need local specialists
1157	53520	Good	Not really changing much	STFF	QUAL		theres never enough staff to provide quality care.
1167	53563	Good	Not really changing much	STFF	RET		Certain locations are struggling with being short staffed.
1080	53534	Good	Not really changing much	WAIT	SCH		Long waits for appointments

## CHNA 2023 Community Feedback: Edgerton Hospital, WI ( N=205)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1086	53548	Good	Not really changing much	ACC	SPRT		I think the focus should be on policy and system change to remove barriers to accessing health care, rather than new programs.
1041	53534	Average	Not really changing much	ACC	STF	SCREEN	A sexual health clinic is needed with access to affordable birth control and STD/HIV screenings for people of all genders and sexual orientations.
1168	53534	Very Good	Not really changing much	ALC	OWN	MH	In my community, Edgerton, I'd like to see people address the drinking problem. But it will be a cold day in hell before that happens. It's been tried before and fell flat. I would love to see a program that helped people be more in charge of their health, to own that they can make many, many changes to improve how they feel and increase the quality of their lives. I'll use myself for example: I need to lose weight. I know that when this happens, I'll have more energy and be more willing to socialize (thus lessening my depression and anxiety). It's not easy, but it is within my control. I don't know how to encourage people to take charge of themselves. It's certainly not easy, and with full time jobs and kids, and everything else, it's an uphill battle. But our community really, really needs this.
1145	53534	Average	Not really changing much	ALL			N/A. We need to learn to walk before we can run.
1009	53548	Very Good	Increasing - moving up	ALT	ALLER		Alternative medicines, more holistic practices, food allergy awareness
1042		Very Good	Increasing - moving up	AWARE	MRKT	SERV	Some community members may not be aware of programs and services available, or my be hesitant to use them, but I don't know what new programs would be helpful.
1157	53520	Good	Not really changing much	AWARE	OTHR		special needs awareness.
1105	53534	Good	Increasing - moving up	CHRON	NUTR	OBE	well being, dealing with chronic illness, nutrition, obesity,
1125	53534	Average	Not really changing much	CLIN	SERV		Drop in care or better urgent care hours.
1085	53094	Average	Decreasing - slipping downward	COLLAB	CHRON		this might not be new but would be helpful, care coordination for chronic illness
1012		Good	Increasing - moving up	DENT	OBG	DERM	Dental for Medicaid, OB, Dermatology
1076	53534	Good	Increasing - moving up	DERM			Dermatology would be nice
1128	53548	Good	Not really changing much	DOCS	ACC		More choice of providers
1162	53563	Very Good	Increasing - moving up	DOCS	PRIM		It seems to be hard to keep providers in our community. If I see a PCP more than three times they quit. My co-workers beg me not to use their providers. So, I don't go to the doctor.
1131	53534	Very Good	Increasing - moving up	DOCS	STFF		General Practitioner Doctors and PA's
1119	53534	Very Good	Increasing - moving up	DRUG	DOCS	PSY	Substance abuse providers, psychiatrists
1144	53534	Good	Increasing - moving up	DRUG	MH	DENT	Substance abuse, mental health and dental care.
1015	53545	Good	Not really changing much	DRUG	SPRT		Drug Detox
1067	53563	Good	Decreasing - slipping downward	DRUG			drug treatment center
1158	53534	Average	Decreasing - slipping downward	DRUG			Substance abuse programs
1154		Very Good	Increasing - moving up	EDU	CHRON		Education and chronic care management
1007	53546	Poor	Not really changing much	EMER	DOCS	SUIC	A better ER with doctors who know what they are doing. The clinic side is very helpful and reasonable. Anything within the hospital is run by people who don't care about their jobs. You need new employees who like their job. Vaccination clinics, suicide awareness program, not sending people home who are in the ER having suicide issues.
1169	53563	Very Good	Increasing - moving up	FEM	SERV		Focusing on a complete Women's health package
1079	53534	Good	Increasing - moving up	FIT	SERV	NH	Senior exercise and social activities.
1192	53589	Average	Increasing - moving up	FP	MH	EDU	Family medical clinic- Mental Health services- Educational programs
1133	53534	Good	Decreasing - slipping downward	HRS	CLIN	OBE	more hours for urgent care obesity control
1080	53534	Good	Not really changing much	IP	MH	STFF	Inpatient mental health facilities Increased staffing for direct care staff in hospitals and nursing homes Scholarship and other support for people seeking physician education, especially specialty areas
1126	53534	Average	Not really changing much	IP	PSY	BILL	Inpatient psychiatric facilities. Middle class billing assistance.
1110	53534	Average	Not really changing much	LAB	OBE	NUTR	(1) Lab blood tests for food sensitivities offered for private pay so people don't have to drive to the naturopathic clinics in Madison or elsewhere. (2) Obesity as it relates to food quality- simply reading a food label can help a person make better choices of foods to eat, even if it's a candy bar or potato chips (even "treats and snacks" have better quality options).
1004	53534	Good	Not really changing much	MH	ACC		Access to mental health facilities. It is ridiculous someone has to wait hours or days to find somewhere to go.
1072	53534	Very Good	Increasing - moving up	MH	DOCS		mental health providers
1092	53549	Good	Increasing - moving up	MH	DRUG		Mental health/Substance abuse
1095	53558	Good	Not really changing much	MH	DRUG		mental health, substance abuse
1167	53563	Good	Not really changing much	MH	DRUG	COUN	More mental health, drug counseling.
1127	53534	Very Good	Increasing - moving up	MH	FF	DRUG	mental health access and continues support. Immediate community needs for specialists and follow-up care including medication management and addiction services
1155	53545	Very Good	Increasing - moving up	MH	NH		Mental health for all, but with even more focus on Senior population.
1190	53534	Very Good	Increasing - moving up	MH	ORTH		Mental Health and orthopedics
1021	53563	Good	Not really changing much	MH	ORTH		Behavioral and Orthopedics
1039	53589	Average	Decreasing - slipping downward	MH	PED	DRUG	Mental health services, pediatric mental health services, drug abuse resources, physical abuse programs. I don't feel that we do a good enough job of protecting those who are a danger to themselves or others here at EHHS.
1142	53534	Good	Increasing - moving up	MH	QUAL		In progres.....Behavioral Health. Well done Edgerton Hospital Team!
1020	53534	Very Good	Increasing - moving up	MH	SERV		Free mental health consultation quarterly
1030	53534	Very Good	Increasing - moving up	MH	THER		Mental health: licensed therapist
1116	53534	Average	Decreasing - slipping downward	MH			Mental health
1174	53545	Good	Increasing - moving up	MH			mental health issues of anxiety and depression are pervasive in our community. This is observable not just in ad hoc situations but is mentioned by many professionals and teachers in our town.
1143	53534	Average	Not really changing much	MH			Need for more mental health facilities

## CHNA 2023 Community Feedback: Edgerton Hospital, WI ( N=205)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1003	53563	Good	Not really changing much	NH	EDU	MH	daycare for dementia patients so caregivers can have a break. education for wellness in all age groups. mental health counseling.
1088	53563	Very Good	Not really changing much	NO			I'm getting the healthcare I need, so I'm not sure what needs to be added
1141	53545	Very Good	Increasing - moving up	NUTR	OBE		A huge focus on nutrition to combat obesity would be important
1083	53563	Very Good	Increasing - moving up	OBE	DERM	NEU	Weight loss/management, Dermatology, Neurology, Mental Health
1023	53534	Good	Increasing - moving up	ORTH	MH	OBE	sports med, mental health, obesity and exercise, elderly support groups, ortho, and derm
1146		Average	Increasing - moving up	ORTH			Orthopedics
1001	53545	Good	Not really changing much	ORTH			Orthopedics
1171	53534	Good	Increasing - moving up	PREV	NUTR	FIT	preventive care - nutrition, exercise and general wellness
1098	53534	Very Good	Increasing - moving up	PRIM	DOCS	SCH	More primary physicians it takes too long to get in for an appointment
1115	53511	Very Good	Not really changing much	PRIM	MH	ALC	PCP in edgerton. mental health and drug and alcohol services
1177	53534	Good	Increasing - moving up	SCH	DOCS	EMER	Instead of urgent care set up same day doctor appts so people aren't paying that extra charge urgent care charges. I'm not saying for physicals just people being sick and if it's too serious they get sent to the ER. Same day visits have gone by the way side.
1100	53563	Good	Increasing - moving up	SERV	SPRT		More Outreach to neighboring communities Re programs and services.
1070		Very Good	Increasing - moving up	SERV			What we know about we feel good about. Possibly attending more informational meetings would create more discussion of possibilities
1138	53563	Average	Increasing - moving up	SPRT	CC	SERV	Programs to strengthen families so they are better equipped to care for children. Reduce childhood trauma. Increase the quality of environments of kids. Studies have proven kids growing up in caring, loving families experience fewer health issues and addictions as teens and adolescents.
1107	53548	Good	Not really changing much	SPRT	ENDO		Home visiting programs for new moms, ABC approach to reproductive health
1180	53714	Very Good	Increasing - moving up	SPRT	STRK	NEU	support groups for stroke and brain injury

Let Your Voice Be Heard!

**In 2020, Edgerton Hospital & Health Services surveyed our community to assess health needs. Today, we request your input again in order to create a 2023 Edgerton Hospital & Health Service Community Health Needs Assessment (CHNA).**

**To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. The survey deadline will be Thursday, Feb 28th, 2023.**

**While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention!**

1. In your opinion, how would you rate the "Overall Quality" of healthcare delivery in our community?

- Very Good     Good     Average     Poor     Very Poor

2. When considering "overall community health quality", is it ...

- Increasing - moving up     Not really changing much     Decreasing - slipping downward

Please specify why.

3. In your own words, what is the general perception of healthcare delivery for our community (i.e. hospitals, doctors, public health, etc.)? Be Specific.

4. In your opinion, are there healthcare services in our community/your neighborhood that you feel need to be improved, worked on and/or changed? (Be specific)

5. From our past CHNA, a number of health needs were identified as priorities. Are any of these an ongoing problem for our community? Please select all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Substance Abuse (Drugs & Alcohol)                          | <input type="checkbox"/> Visiting Specialists             |
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare, Providers) | <input type="checkbox"/> Youth Activities                 |
| <input type="checkbox"/> Obesity (Nutrition / Exercise)                             | <input type="checkbox"/> Dental Care (Medicaid Accepting) |
| <input type="checkbox"/> Cost of Care (Services / Medications)                      | <input type="checkbox"/> Transportation                   |
| <input type="checkbox"/> Uninsured / Underinsured                                   | <input type="checkbox"/> Preventative Health & Wellness   |
| <input type="checkbox"/> Health Education / Resources                               | <input type="checkbox"/> Owning Your Health (Apathy)      |

6. Which past CHNA needs are NOW the "most pressing" for improvement? Please select top three.

- |   |   |
|---|---|
| <input type="checkbox"/> Substance Abuse (Drugs & Alcohol)                          | <input type="checkbox"/> Visiting Specialists             |
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare, Providers) | <input type="checkbox"/> Youth Activities                 |
| <input type="checkbox"/> Obesity (Nutrition / Exercise)                             | <input type="checkbox"/> Dental Care (Medicaid Accepting) |
| <input type="checkbox"/> Cost of Care (Services / Medications)                      | <input type="checkbox"/> Transportation                   |
| <input type="checkbox"/> Uninsured / Underinsured                                   | <input type="checkbox"/> Preventative Health & Wellness   |
| <input type="checkbox"/> Health Education / Resources                               | <input type="checkbox"/> Owning Your Health (Apathy)      |

7. In your opinion, what are the root causes of "poor health" in our community? Please select top three.

- |  |  |
|--|--|
| <input type="checkbox"/> Chronic Disease                     | <input type="checkbox"/> Limited Access to Mental Health |
| <input type="checkbox"/> Lack of Health & Wellness           | <input type="checkbox"/> Family Assistance programs      |
| <input type="checkbox"/> Lack of Nutrition/Exercise Services | <input type="checkbox"/> Lack of Health Insurance        |
| <input type="checkbox"/> Limited Access to Primary Care      | <input type="checkbox"/> Neglect                         |
| <input type="checkbox"/> Limited Access Specialty Care       |  |

Other (Be Specific).



8. How would our community area residents rate each of the following health services?

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor/Optomertist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice/Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



9. How would our community area residents rate each of the following health services?

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home/Senior Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

10. Community Health Readiness is vital. How would you rate each of the following?

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal/Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use/Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence/Abuse Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Do you have any Covid-19 worries and/or concerns in regards to Community Health delivery?

Yes  No

If yes, please specify your thoughts.



12. Over the past 2 years, did you or someone in your household receive healthcare services outside of your county?

Yes  No

If yes, please specify the services received



13. Access to care is vital. Are there enough providers/staff available at the right times to care for you and your community?

Yes  No

If NO, please specify what is needed where. Be specific.



14. What "new" community health programs should be created to meet current community health needs?



15. Are there any other health needs (listed below) that need to be discussed further at our upcoming CHNA Town Hall meeting? Please select all that apply.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Abuse/Violence                   | <input type="checkbox"/> Health Literacy                   | <input type="checkbox"/> Poverty                       |
| <input type="checkbox"/> Access to Health Education       | <input type="checkbox"/> Heart Disease                     | <input type="checkbox"/> Preventative Health/Wellness  |
| <input type="checkbox"/> Alcohol                          | <input type="checkbox"/> Housing                           | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alternative Medicine             | <input type="checkbox"/> Lack of Providers/Qualified Staff | <input type="checkbox"/> Suicide                       |
| <input type="checkbox"/> Behavioral/Mental Health         | <input type="checkbox"/> Lead Exposure                     | <input type="checkbox"/> Teen Pregnancy                |
| <input type="checkbox"/> Breastfeeding Friendly Workplace | <input type="checkbox"/> Neglect                           | <input type="checkbox"/> Telehealth                    |
| <input type="checkbox"/> Cancer                           | <input type="checkbox"/> Nutrition                         | <input type="checkbox"/> Tobacco Use                   |
| <input type="checkbox"/> Care Coordination                | <input type="checkbox"/> Obesity                           | <input type="checkbox"/> Transportation                |
| <input type="checkbox"/> Diabetes                         | <input type="checkbox"/> Occupational Medicine             | <input type="checkbox"/> Vaccinations                  |
| <input type="checkbox"/> Drugs/Substance Abuse            | <input type="checkbox"/> Ozone (Air)                       | <input type="checkbox"/> Water Quality                 |
| <input type="checkbox"/> Family Planning                  | <input type="checkbox"/> Physical Exercise                 |  |

Other (Please specify).



16. For reporting purposes, are you involved in or are you a....? Please select all that apply.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Business/Merchant               | <input type="checkbox"/> EMS/Emergency         | <input type="checkbox"/> Other Health Professional |
| <input type="checkbox"/> Community Board Member          | <input type="checkbox"/> Farmer/Rancher        | <input type="checkbox"/> Parent/Caregiver          |
| <input type="checkbox"/> Case Manager/Discharge Planner  | <input type="checkbox"/> Hospital/Health Dept. | <input type="checkbox"/> Pharmacy/Clinic           |
| <input type="checkbox"/> Clergy                          | <input type="checkbox"/> Housing/Builder       | <input type="checkbox"/> Media (Paper/TV/Radio)    |
| <input type="checkbox"/> College/University              | <input type="checkbox"/> Insurance             | <input type="checkbox"/> Senior Care               |
| <input type="checkbox"/> Consumer Advocate               | <input type="checkbox"/> Labor                 | <input type="checkbox"/> Teacher/School Admin      |
| <input type="checkbox"/> Dentist/Eye Doctor/Chiropractor | <input type="checkbox"/> Law Enforcement       | <input type="checkbox"/> Veteran                   |
| <input type="checkbox"/> Elected Official - City/County  | <input type="checkbox"/> Mental Health         |  |

Other (Please specify).



17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 66544 or 65305



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**VWV Consultants LLC** is an Olathe, KS based “boutique” healthcare consulting firm specializing in Strategy; Research and Business Development services. We partner with clients. Plan the Work; Work the Plan