Community Health Needs Assessment

Prepared for

ST. MARY'S JANESVILLE
HOSPITAL

By

VERITÉ HEALTHCARE
CONSULTING, LLC

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ABOUT VERITÉ HEALTHCARE CONSULTING

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

The CHNA prepared for St. Mary's Janesville Hospital was directed by the firm's president and managed by a senior-level consultant. Associates and research analysts supported the work. The firm's president, as well as all senior-level consultants and associates, hold graduate degrees in relevant fields.

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

Verité Healthcare Consulting's work reflects fundamental concerns regarding the health of vulnerable people and the organizations that serve them

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INTRODUCTION

This community health needs assessment (CHNA) was conducted by St. Mary's Janesville Hospital (St. Mary's Janesville or the hospital) because the hospital wants to understand better community health needs and to develop an effective implementation strategy to address priority needs. The hospital also has assessed community health needs to respond to regulatory requirements.

Federal regulations require that tax-exempt hospitals provide and report community benefits to demonstrate they merit exemption from taxation. As specified in the instructions to IRS Form 990, Schedule H, community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs.

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

- improving access to health services,

- enhancing public health,

- advancing increased general knowledge, and

- relief of a government burden to improve health.[1]

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

The 2010 Patient Protection and Affordable Care Act (PPACA) requires each tax-exempt hospital to "conduct a [CHNA] every three years and adopt an implementation strategy to meet the community health needs identified through such assessment."[2]

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

- **Who** in the community is most vulnerable in terms of health status or access to care?

- **What** are the unique health status and/or access needs for these populations?

- **Where** do these people live in the community?

- **Why** are these problems present?

The question of **how** the organization can best use its limited charitable resources to address priority needs will be the subject of a second document, the hospital's Implementation Strategy.

This CHNA considers multiple data sources, including secondary data (regarding demographics, health status indicators, and measures of health care access), assessments prepared by other organizations in recent years, and primary data derived from interviews with persons who represent the broad interests of the community, including those with expertise in public health.

The following topics and data are assessed in this report:

- Demographics, e.g., numbers and locations of vulnerable people;

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[1] Instructions for IRS Form 990, Schedule H, 2011.

[2] Patient Protection and Affordable Care Act.

- Economic issues, e.g., poverty and unemployment rates;

- Community issues, e.g., homelessness, housing, environmental concerns, crime, and availability of social services;

- Health status indicators, e.g. morbidity rates for various diseases and conditions, and mortality rates for leading causes of death;

- Health access indicators, e.g., uninsurance rates and use of emergency departments for non-emergent care;

- Health disparities indicators; and

- Availability of healthcare facilities and resources.

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EXECUTIVE SUMMARY
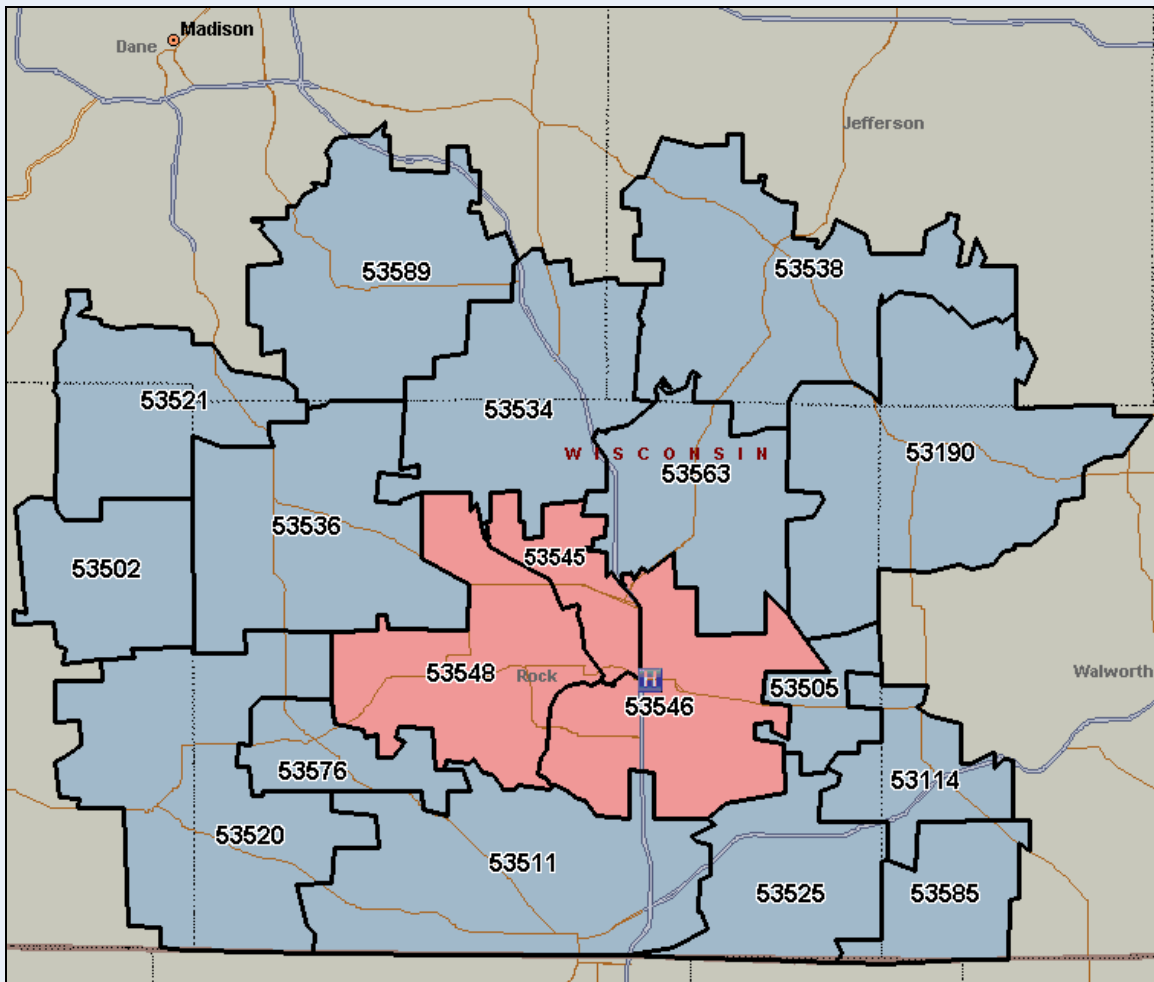
*The three ZIP codes in red accounted for 68.8 of the hospital's inpatient discharges and 69.5 percent of its emergency department visits.

St. Mary's Janesville Community By the Numbers

- **The St. Mary's Janesville community includes 22 ZIP codes in Rock County**

- **Population (2010): 160,331**

- **90% of hospital discharges originated from Rock County**

- **Population change (2000-2010) of 5.3 percent**

- **Slightly younger population than Wisconsin as a whole**

- **Lower per capita and median household income than Wisconsin**

- **Higher rate of poverty than Wisconsin and higher rate of unemployment than Wisconsin and the U.S.**
  - **Pockets of poverty near Janesville and Beloit**

- **Disparities:**
  - **Non-white populations more likely to be unemployed and/or living in poverty**

- **Overall, higher percentage of White and Hispanic or Latino residents than Wisconsin**

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

Rock County has been defined as the hospital's community for this assessment. The county has experienced slower population growth than Wisconsin. Currently, the population living in the community is slightly younger than Wisconsin. Although the county has a higher percentage of White residents than the state average, the community has a larger Hispanic or Latino population.

Poverty and unemployment can create barriers to access (to health services, healthy food, and other necessities) and thus can contribute to poor health. Rock County reports higher poverty rates than the state average and higher unemployment rates than both state and national averages.

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

Vulnerable areas in the county appear to be located near Janesville and Beloit. These areas have been designated as Health Professional Shortage Areas (HPSA), contain food deserts,[3] and report high numbers of students who are eligible for free or reduced-cost lunches. Beloit also has been designated as a Medically Underserved Area (MUA).

Community-Wide Priority Needs

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

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

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

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Access to Providers of Health and Human Services

• Lack of Access to Preventive Care

A lack of access to preventive care and a low usage of preventive care exist in the community due to cost and busy lifestyles.

• Lack of Affordable and Accessible Care

Access to care is impeded by a lack of transportation and insufficient health education within the community. Certain populations, particularly non-White residents and residents living near Janesville and Beloit, lack affordable and accessible care/insurance.

Dental Health

• Lack of Access to Dental Care and Poor Dental Health Status

Affordable dental care services are needed for low-income adults to improve dental health outcomes and increase capacity at clinics.

Health Behaviors

• Alcohol Abuse

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

• Drug Abuse

Interventions are needed to reduce drug abuse of both illegal substances and prescription drugs.

• Smoking/Tobacco Use

Efforts to reduce tobacco use are needed due to comparatively high rates of smoking and tobacco use in Rock County.

Health-Related Disparities

• Gender Disparities

Gender disparities are prevalent in Rock County; men frequently have higher incidence rates and mortality rates, notably obesity/overweight, cancer, heart disease, unintentional injuries mortalities, motor vehicle collision deaths, and suicide.

• Racial and Ethnic Disparities

Issues disproportionately affecting non-white populations include infant health outcomes, such as infant mortality, low birth weight infants, and premature births; infant health risk factors, such as the percentage of mothers who smoke or who have not graduated high school; diabetes and motor vehicle collision mortality rates; educational attainment; leading causes of death such as cancer, stroke, and heart disease; and financial hardships such as lack of insurance, child poverty and income levels. Language barriers, a lack of culturally competent care, and mistrust of providers contribute to these disparities.

Mental Health

• Lack of Access to Mental Health Services and Poor Mental Health Status

Demand for mental health services is high because of stress within the community yet a lack of accessible care exists due to both an insufficient supply of providers and inadequate insurance coverage.

Morbidity

• High Rates of Communicable Diseases

Unsafe sex practices are leading to high rates of teen pregnancy, high chlamydia incidence rates, and high HIV/AIDS incidence rates.

• Nutrition and Sedentary Behavior-Related Issues

Access to nutritious foods, reduced poor food choices, and increased outlets for physical activity are needed to reduce obesity and related health impacts, such as diabetes and cardiovascular disease.

Social and Economic Factors

• Financial Hardship, Unemployment, and Basic Needs Insecurity

The economic downturn has led to comparatively high rates of unemployment and poverty in Rock County. The economic downturn also has led to difficulties accessing affordable food and shelter.

• High Rates of Violent Crime and Child Abuse

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

APPENDIX

METHODOLOGY

Analytic Methods

This report begins by identifying the community served by St. Mary's Janesville. Findings based on various quantitative analyses regarding health needs in the area are discussed. These analyses included readily available public information and a wide-range of aggregated data provided by Healthy Communities Institute (HCI), a subscription service that provides high-quality data to support efforts such as this assessment. HCI data that identified needs in the community were selected for further evaluation. Additionally, health assessments conducted by other organizations in recent years are reviewed and analyzed.

The assessment then considers information obtained from interviews with stakeholders who represent the broad interests of the community, including public health officials and experts, and St. Mary's Janesville-affiliated clinicians, administrators, and staff. Interviews were conducted in September 2012.

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

Prioritization Process and Criteria

Verité applied a ranking methodology to help prioritize the community health needs identified by the assessment. Verité listed the identified health issues and assigned to each a severity score based on the extent to which indicators exceeded Wisconsin or U.S. averages. An average severity score was calculated for each category of data (secondary data, previous assessments, and interview data) to account for the number of sources that measured each health issue. These averages were assigned a weight: 50 percent, 10 percent, and 40 percent, respectively. A final score was calculated by summing the weighted averages. **Exhibit 1** illustrates this process for three example indicators.

Exhibit 1: Example Prioritization Process by Data Source and Indicator, Rock County

Data Source	Smoking/ Tobacco Use	Stroke	Diabetes
County Health Rankings	2	-	-
Community Health Status Indicators Project	-	-	-
Healthy Communities Institute	1	1	-
Healthy People 2010	2	-	-
Wisconsin Department of Health	-	1	2
U.S. Census	-	-	-
Secondary Data - Weighted Average (50%)	**0.75**	**0.5**	**1.0**
Previous Assessments	2	-	2
Previous Assessments - Weighted Average (10%)	**0.2**	**-**	**0.2**
Interviews	2	-	1
Interviews - Weighted Average (40%)	**0.8**	**-**	**0.4**
Final Score	**1.75**	**0.5**	**1.6**

Source: Verité Analysis, 2012.

The methodology takes into account both severity scores for each health issue and the number of sources that measure each issue.

Information Gaps

No information gaps have affected St. Mary's Janesville's ability to reach reasonable conclusions regarding community health needs.

Collaborating Organizations

For this assessment, St. Mary's Janesville collaborated with Beloit Memorial Hospital, Beloit Area Community Health Center, Edgerton Hospital, HealthNet of Rock County, Mercy Health System, Rock County Department of Health, Rock County Human Services, and the University of Wisconsin Extension Office.

Input also was received from ten interviewees.

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DEFINITION OF COMMUNITY ASSESSED

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

St. Mary's Janesville's community is defined as Rock County, Wisconsin. There are 22 ZIP codes that are contained within or overlap the county. The hospital is located in Janesville (ZIP code 53546). In 2010, the St. Mary's Janesville community had an estimated population of 160,331 persons.

From January through June of 2012, 90.3 percent of the hospital's discharges and 90.1 percent of its emergency department visits originated from Rock County (**Exhibit 2**). ZIP codes 53546, 53545, and 53548 accounted for 68.8 percent of inpatient discharges and 69.4 percent of emergency department visits.

Exhibit 2: St. Mary's Janesville Inpatient Discharges and Emergency Department Visits, January-June, 2012[4]

ZIP Code	Percent of Discharges	Percent of ED Visits
53546	28.1%	27.5%
53545	24.7%	25.3%
53548	16.0%	16.6%
53563	7.1%	6.0%
53511	4.5%	6.6%
53534	3.7%	2.3%
53536	1.6%	1.6%
53576	1.5%	1.2%
53537	1.0%	0.4%
53547	0.7%	1.0%
53525	0.6%	0.7%
53501	0.4%	0.3%
53505	0.2%	0.3%
53589	0.1%	0.0%
53542	0.1%	0.1%
53512	0.1%	0.0%
53585	0.0%	0.0%
53538	0.0%	0.1%
53520	0.0%	0.1%
53502	0.0%	0.0%
53190	0.0%	0.0%
53114	0.0%	0.0%
Subtotal	**90.3%**	**90.1%**
Other	**9.7%**	**9.0%**
Total	**1,257**	**4,725**

90% of inpatient discharges and emergency department visits originated from Rock County

…

The majority of discharges originated from ZIP codes 53546, 53545, and 53548 (Janesville)

Source: St. Mary's Janesville Inpatient Data, 2012, and Emergency Department Data, 2012.

Exhibit 3 presents a map that shows the ZIP codes for the community that was assessed; the three ZIP codes that account for approximately 69 percent of the hospital's discharges are indicated in red.

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[4] As some ZIP codes cross county borders, the discharges/visits in Exhibit 2 are from individuals that hospital data indicate reside in both the ZIP code and Rock county. Discharges/visits within a ZIP code may be greater than indicated above as the individual's discharge may be attributed to another county.

Exhibit 3: Community Map, St. Mary's Janesville
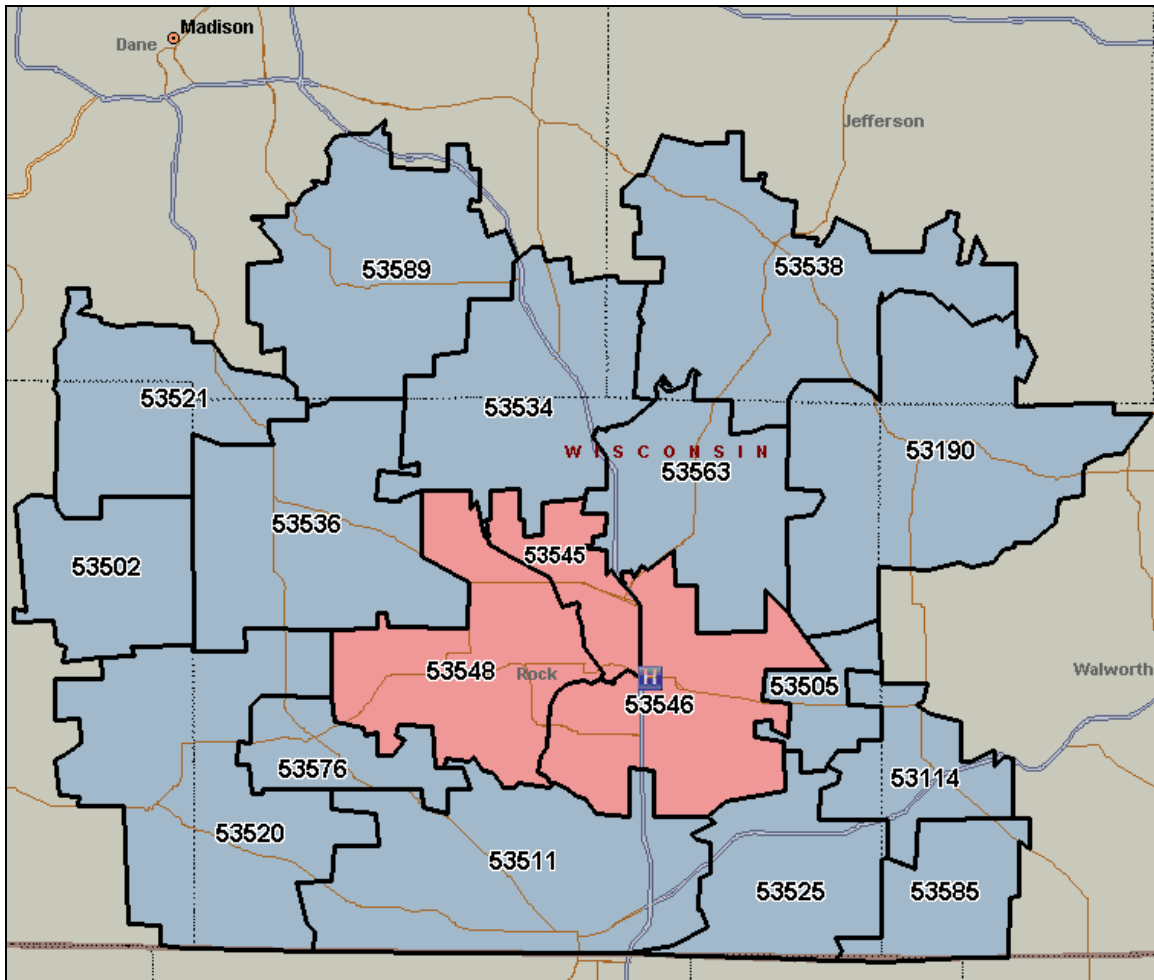
Sources: Microsoft MapPoint and St. Mary's Janesville, 2012.
*The three ZIP codes in red accounted for 68.8 of the hospital's inpatient discharges and 69.4 percent of its emergency department visits.

Population 2010: 160,331

...

90% of inpatient discharges and department visits originated from Rock County.

SECONDARY DATA ASSESSMENT

This section assesses secondary data regarding health needs in St. Mary's Janesville's community.

Demographics

Population characteristics and trends play a determining role in the types of health and social services needed by communities. The population of Rock County increased 5.3 percent between 2000 and 2010 (to 160,331 persons) – a rate slightly lower than the state-wide increase of 6.0 percent during that time.

Exhibit 4 indicates that Rock County has a slightly higher proportion of people under 18 than Wisconsin as a whole.

Exhibit 4: Percent of Population by Age, 2010

Age Group	Rock County	Wisconsin
<5	6.5%	6.3%
5-17	18.6%	17.3%
18-64	61.3%	62.7%
65+	13.6%	13.7%
Total	**160,331**	**5,363,675**

Source: U.S. Census Bureau, 2011.

25% of Rock County's population in 2010 was under 18

In 2010, 87.6 percent were of Rock County's population was White. The county reported a higher proportion of Hispanic or Latino residents than the state-wide average in 2010 (**Exhibit 5**).

Exhibit 5: Percent of Population by Race, 2010

Race/Ethnicity	Rock County	Wisconsin
White	87.6%	86.2%
Hispanic or Latino	7.6%	5.9%
Black	5.0%	6.3%
Other	3.8%	2.4%
Two or More Races	2.3%	1.8%
Asian	1.0%	2.3%
American Indian and Alaska Native	0.3%	1.0%
Total	**160,331**	**5,363,675**

Source: U.S. Census Bureau, 2011.

88% of Rock County's population in 2010 was White

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Other demographic characteristics are presented in **Exhibit 6**. In 2010:

- Rock County had a higher percentage of disabled residents than the Wisconsin and national averages. More than 13 percent of residents reported having a disability.

- Nearly 13 percent of Rock County residents aged 25 years and older did not graduate high school, a rate higher than the Wisconsin agerage.

- Rock County had a slightly higher percentage of linguistically isolated individuals than the Wisconsin average, but lower than the national average. Linguistic isolation is defined as people aged 5 and older who speak a language other than English at home and who speak English less than "very well."

Exhibit 6: Selected Demographic Indicators,2010

Demographic Indicators	Rock County	Wisconsin	U.S.
Total Population With Any Disability	13.4%	10.8%	12.0%
Population 0-18 With Any Disability	5.2%	4.0%	4.0%
Population 18-64 With Any Disability	11.9%	8.7%	10.0%
Population 65+ With Any Disability	36.1%	32.9%	37.2%
Residents 25+ Who Did Not Graduate High School	12.7%	10.2%	14.7%
Residents 5+ Who Are Linguistically Isolated	3.6%	3.2%	8.7%

Source: U.S. Census Bureau, 2011.

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Economic Indicators

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

1. People in Poverty

Many health needs are associated with poverty. According to the U.S. Census, in 2010, about 14 percent of people in the U.S. and about 12 percent of people in Wisconsin lived in poverty. Rock County experienced a poverty rate that was higher than the Wisconsin average (**Exhibit 7**).

Exhibit 7: Percent of People in Poverty, Three Year Estimates, 2008-2010

Source: U.S. Census Bureau, 2011.
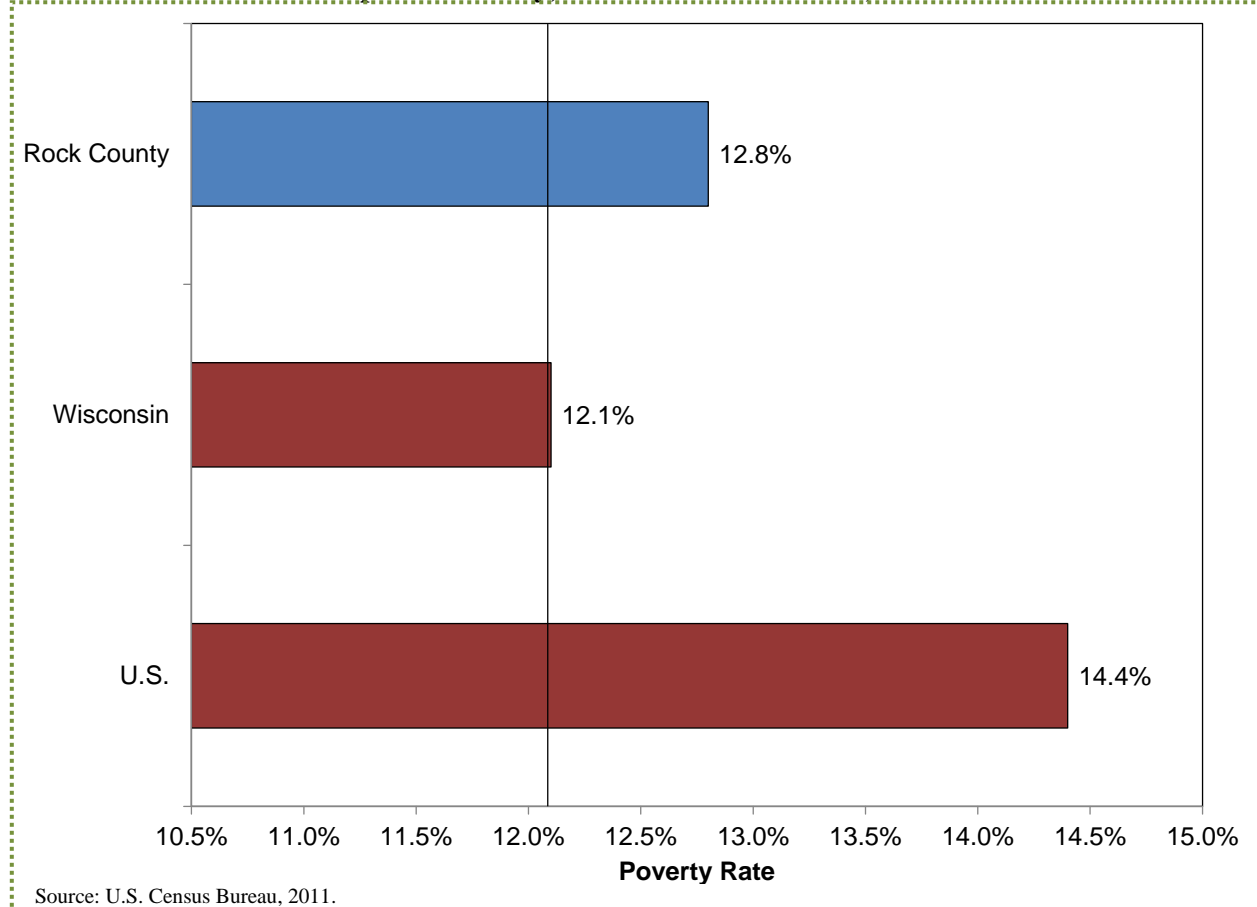
Exhibit 8 presents poverty rates by race/ethnicity. The Hispanic or Latino, Asian, and Black populations of Rock County reported much higher poverty rates in 2010 than White populations. Poverty rates in Rock County are greater than state averages for every group.

Exhibit 8: Percent of People in Poverty by Race and Ethnicity, Three Year Estimates, 2008-2010

Source: U.S. Census Bureau, 2011.
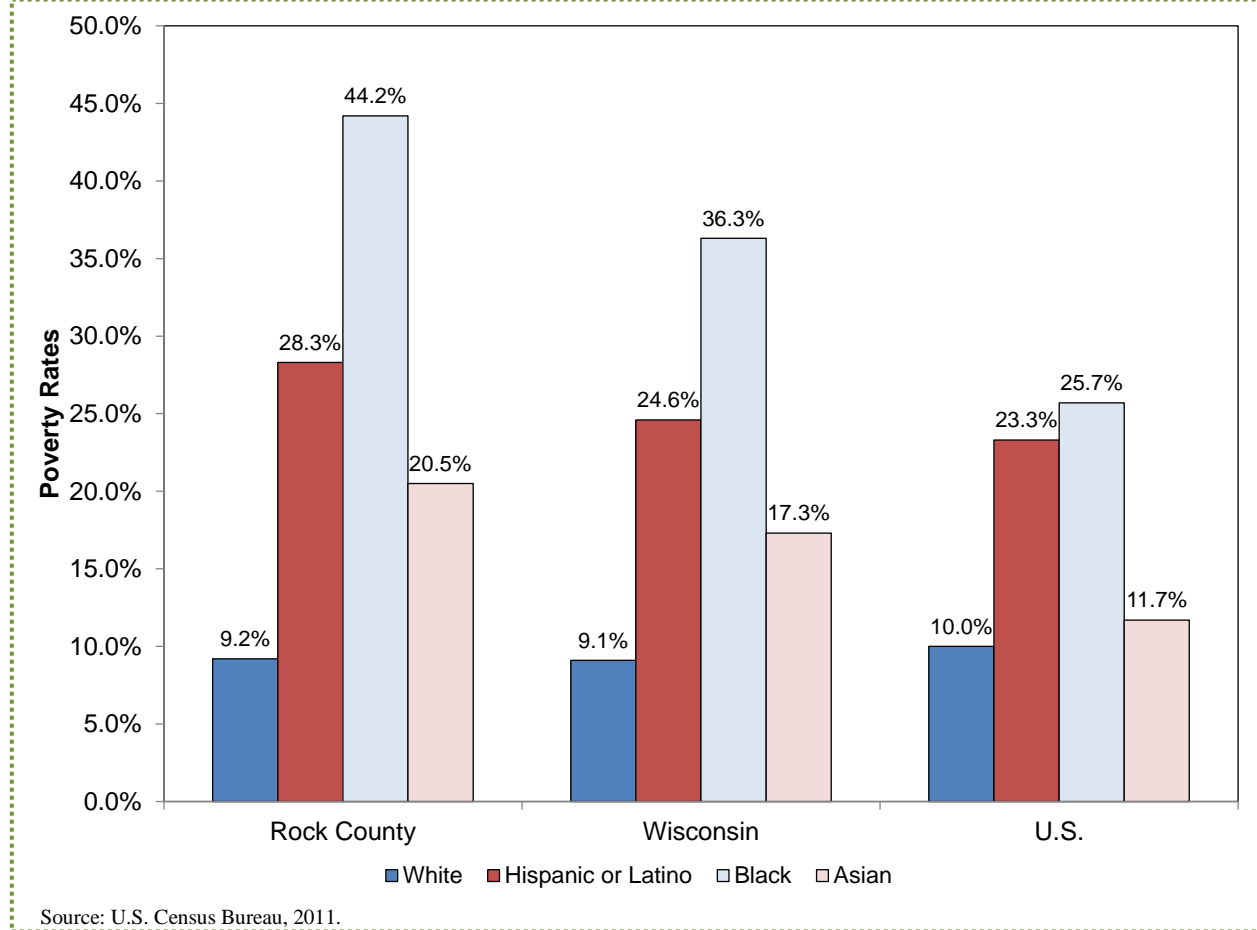
The percentage of students eligible for free or reduced-cost lunches is another indicator of poverty. Schools participating in the National School Lunch Program are eligible to receive funding from the USDA to provide free or reduced-cost meals to low-income students. Schools with 40 percent or more of their student body receiving free or reduced-cost meals are eligible for school-wide Title I funding to help ensure that students meet grade-level proficiency standards. **Exhibit 9** maps the schools in the St. Mary's Janesville community in which greater than 40 percent of students are eligible to receive free or reduced-cost lunches. These schools are located near Janesville (ZIP codes 53545, 53548, and 53546) and Beloit (ZIP code 53511).

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Exhibit 9: Public Schools with Over 40 Percent of Students Eligible for Free or Reduced-Cost Lunches, School Year 2011-2012
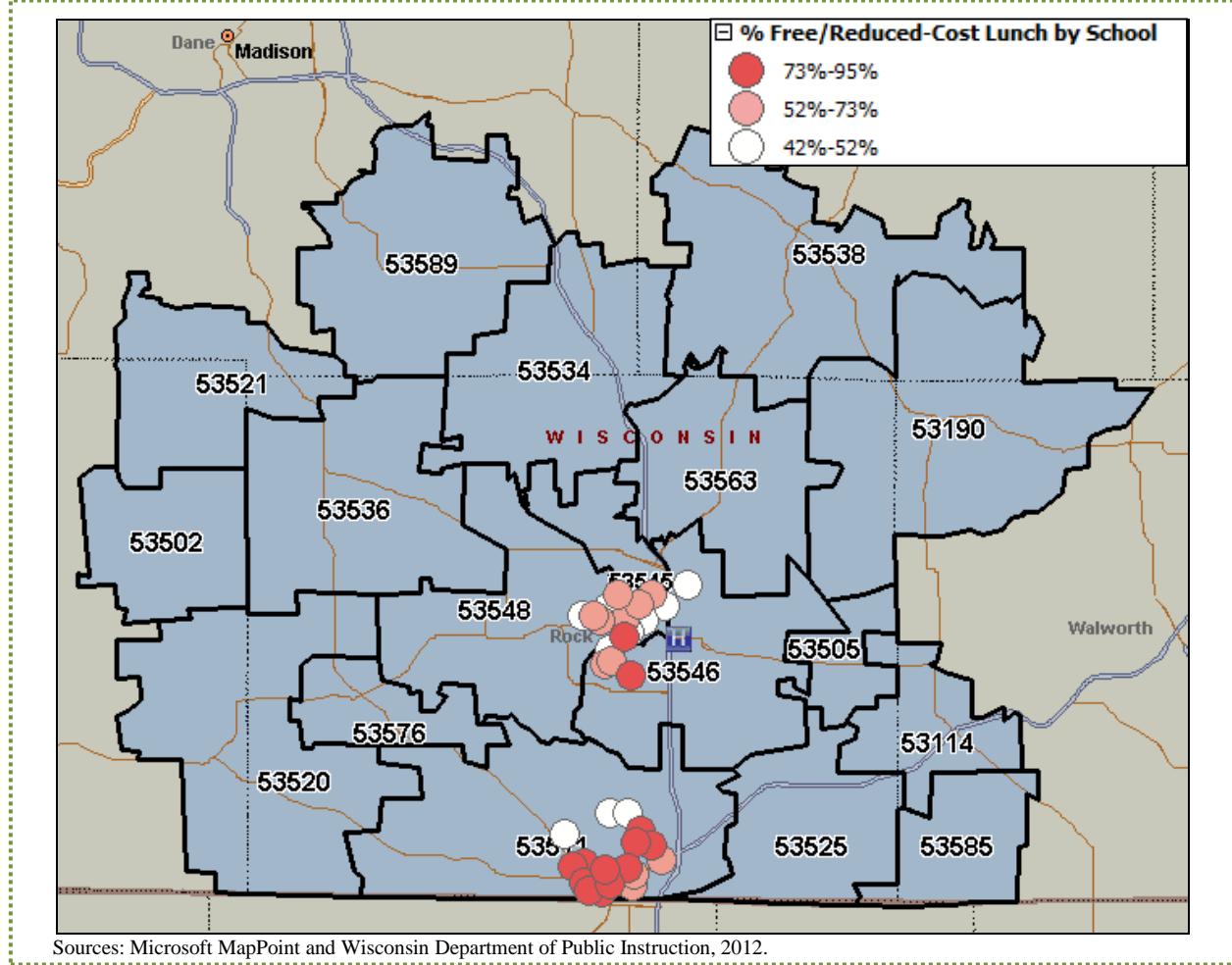
Sources: Microsoft MapPoint and Wisconsin Department of Public Instruction, 2012.

2. Unemployment and Insurance Coverage Rates

In Rock County, private nonfarm employment decreased 14.8 percent between 2000 and 2009 in comparison to a 2.4 percent decrease in Wisconsin.[5] Rock County reported higher unemployment rates in 2011 and 2012 than Wisconsin and national averages (**Exhibit 10**). High unemployment rates can increase the number of people without health insurance.

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[5] Healthy Communities Institute, 2012.

Exhibit 10: Unemployment Rates, 2011-2012

Source: U.S. Bureau of Labor Statistics, 2012.
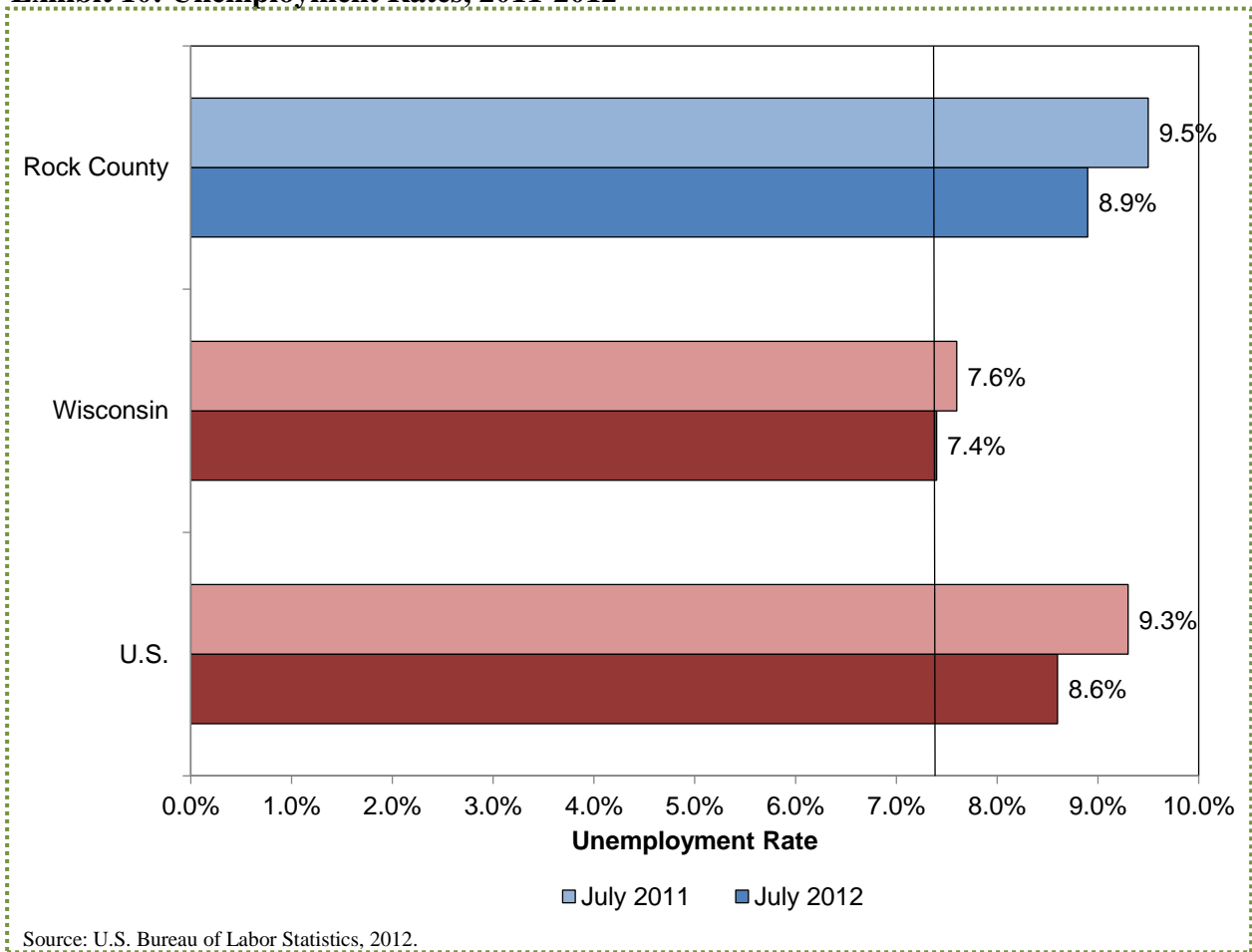
Black, Hispanic or Latino, and American Indian and Alaska Native residents in Rock County had a higher unemployment rate in 2010 than the national and Wisconsin averages (**Exhibit 11**).

Exhibit 11: Unemployment Rates by Race and Ethnicity, Five Year Estimates, 2006-2010
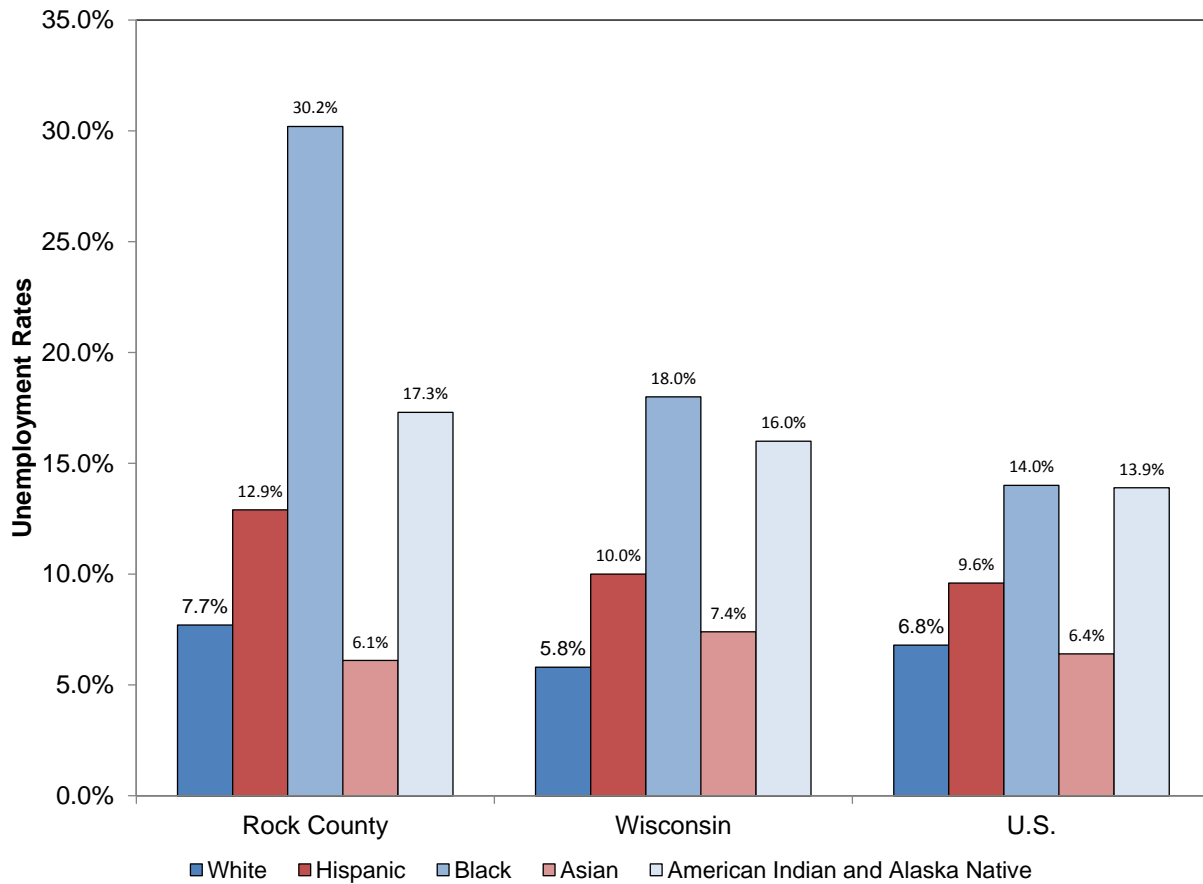
Source: U.S. Census Bureau, 2011.
* Unemployment data by race were available only for the years 2006-2010.

Exhibit 12 indicates that Rock County had a higher percentage of uninsured residents than the Wisconsin average but lower than the national average. The majority of uninsured residents aged 18 to 64 were unemployed.

Exhibit 12: Uninsured Population by Age Cohort and County, Three Year Estimates, 2008-2010

County	Total Population Percent Uninsured	Population Under 18 Percent Uninsured	Population 18-64		
			Percent Uninsured and Employed	Percent Uninsured and Unemployed	Percent Uninsured not in Labor Force
Rock County	11.0%	5.0%	11.9%	48.5%	16.0%
Wisconsin	**9.1%**	**4.9%**	**10.5%**	**36.9%**	**13.6%**
U.S.	**15.0%**	**8.7%**	**17.3%**	**47.4%**	**21.8%**

Source: U.S. Census Bureau, 2011.

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3. Household Income

Average per capita and median household incomes in Rock County are lower than those in Wisconsin. Household income varies by race/ethnicity; non-White populations have lower incomes than White populations (**Exhibit 13**).

Exhibit 13: Per Capita Income and Median Household Income by Race and Ethnicity, 2010

Indicator	Rock County	Wisconsin
Per Capita Income	**$23,926**	**$26,624**
American Indian or Alaska Native	$19,589	
Asian	$15,882	
Black	$11,505	
Hispanic or Latino	$12,138	
White, non-Hispanic	$25,997	
Other	$11,766	
Two or More Races	$8,204	
Median Household Income	**$49,716**	**$51,598**
American Indian or Alaska Native	$34,668	
Asian	$46,046	
Black	$23,904	
Hispanic or Latino	$33,717	
White, non-Hispanic	$52,553	
Other	$31,442	
Two or More Races	$39,420	

Source: U.S. Census Bureau, 2011.

County-Level Health Status and Access Indicators

Data from County Health Rankings, the Community Health Status Indicators Project, and the Wisconsin Department of Health Services were used to examine county-level health status and access indicators in the St. Mary's Janesville community.

1. County Health Rankings

County Health Rankings, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, examines a variety of health status indicators and ranks each county within each state or State in terms of "health factors" and "health outcomes." The health outcomes measure is a composite based on mortality and morbidity statistics, and the health factors measure is a composite of several variables known to affect health outcomes: health behaviors, clinical care,[6] social and economic factors, and physical environment.[7]

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[6] A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether

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County Health Rankings is updated annually. *County Health Rankings 2012* relies on data from 2002 to 2010, with most data originating in 2006 to 2009. *County Health Rankings 2011* relies on data from 2001 to 2009, with most data originating in 2006 to 2008.

Exhibit 14 provides a summary analysis of the rankings for Rock County. Rankings for Wisconsin were divided into quarters to indicate how Rock County ranked versus the 71 other counties in the state. **Exhibit 14** illustrates the quarter into which the county fell by indicator in the 2012 edition, and also illustrates whether the county's ranking worsened or improved from 2011. For example, in the 2012 edition, Rock County was in the top half (36th of 72 counties) of Wisconsin counties for the overall rate of clinical care; however, its ranking worsened for that indicator compared to the 2011 assessment.

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diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

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

Exhibit 14: County Health Rankings in Rock County

Indicator	Rock County	Rank Change 2011 to 2012
Health Outcomes		60 to 58
Mortality		48 to 46
Morbidity		65 to 62
Health Factors	↓	66 to 67
Health Behaviors		70 to 68
Tobacco Use		70 to 69
Diet and Exercise*		N/A
Alcohol Use		43 to 38
Sexual Activity		70 to 68
Clinical Care	↓	12 to 36
Access to Care	↓	12 to 32
Quality of Care[8]	↓	23 to 43
Social & Economic Factors		68 to 63
Education		63 to 63
Employment		70 to 67
Income	↓	43 to 44
Family and Social Support		62 to 57
Community Safety	↓	63 to 66
Physical Environment	↓	20 to 57
Environmental Quality[9]		27 to 27
Built Environment*[10]		N/A

Source: *County Health Rankings*, 2011 and 2012.
*The 2012 edition of *County Health Rankings* used different data sources for the "Diet and Exercise" and "Built Environment" indicators than the 2011 edition. Therefore, we do not draw comparisons between years for these indicators.

Key	
County Ranking 1-36	
County Ranking 37-54	
County Ranking 55-72	
Ranks Not Comparable Between 2011 and 2012	N/A
Rank Decreased from 2011 to 2012	↓

Rock County ranked in the bottom quartile of Wisconsin's 72 counties for the majority of indicators

Rock County ranked worse than 36th of 72 Wisconsin counties for all indicators except Clinical Care, Access to Care, and Environmental Quality. The county rankings worsened in Health Factors, Clinical Care, Access to Care, Quality of Care, Income, Community Safety, and Physical Environment.

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[8] A composite measure which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

[9] A composite measure that examines the number of air pollution-particulate matter days and air pollution-ozone days.

[10] A composite measure which measures access to healthy foods and recreational facilities and the percent of restaurants that are for fast food.

2. Community Health Status Indicators Project

The *Community Health Status Indicators* (CHSI) Project, provided by the U.S. Department of Health and Human Services, compares many health status and access indicators to both the median rates in the U.S. and to rates in "peer counties" across the U.S.

Counties are considered "peers" if they share common characteristics such as population size, poverty rate, average age, and population density. **Exhibit 15** highlights the analysis of CHSI health status indicators. Cells in the table are shaded if, on that indicator, a county compared unfavorably <u>both</u> to the U.S. as a whole and to the group of specified peer counties.

Exhibit 15: Unfavorable Health Status Indicators

Indicator	Rock County
Low Birth Weight Infants	
Very Low Birth Weight Infants	
Premature Births	
No Care in First Trimester	
Births to Women under 18	
Births to Women age 40-54*	
Births to Unmarried Women	*(shaded - Unfavorable)*
Infant Mortality	
Hispanic Infant Mortality	
White non Hispanic Infant Mortality	
Black non Hispanic Infant Mortality	*(shaded - Unfavorable)*
Neonatal Infant Mortality	
Post-neonatal Infant Mortality	
Breast Cancer (Female)	*(shaded - Unfavorable)*
Colon Cancer	
Lung Cancer	*(shaded - Unfavorable)*
Coronary Heart Disease	
Stroke	
Homicide	
Suicide	
Motor Vehicle Injuries	*(shaded - Unfavorable)*
Unintentional Injury	

Rock County compared unfavorably to peer counties for births to unmarried women, Black non-Hispanic infant mortality, breast cancer, lung cancer, and motor vehicle injuries

Key	
(shaded)	Unfavorable

Source: The *Community Health Status Indicators* Project, 2010.

Overall, Rock County compared favorably for most health indicators. Births to Unmarried Women, Black non-Hispanic Infant Mortality, Breast Cancer (Female), Lung Cancer, and Motor Vehicle Injuries compared unfavorably to U.S. and peer county benchmarks.

3. Wisconsin Department of Health Services

The Wisconsin Department of Health Services maintains a publicly-available data warehouse that includes indicators regarding a number of health status issues. The department annually publishes a profile for the state, each "public health region"[11], and each county in the state. Data in the 2010 profiles were from 2008 through 2010. **Exhibit 16** illustrates how Rock County did on each indicator when compared to the Wisconsin averages.

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

Exhibit 16: Comparison of Rock County to Wisconsin Averages

Indicator	Rock	Wisconsin	Year
Breast Cancer Incidence*	115.8	136.4	2008
Cancers Hospitalizations: Total**	3.8	3.4	2010
Cervical Cancer Incidence	4.9	5.5	2008
Colorectal Cancer Incidence	39.2	47.0	2008
Lung and Bronchus Cancer Incidence	76.6	66.9	2008
Other Sites Cancer Incidence	241.7	249.0	2008
Prostate Cancer Incidence	117.1	138.5	2008
Total Cancer Incidence	476.5	503.1	2008
10+ Prenatal Visits During Pregnancy	82.0%	80.0%	2010
1st Prenatal Visit in 1st Trimester	84.0%	84.0%	2010
Percent Compliant With Immunizations Grades K-12	99.3%	96.6%	2010
Percent of Mothers Who Smoke	17.0%	13.0%	2010
Percent of Mothers With High School Diploma or Less	47.0%	40.0%	2010
Alcohol Use as Underlying/Contributing Cause of Death**	16.0	16.0	2010
Alcohol-Related Hospitalizations: Total	1.6	2.0	2010
Drug-Related Hospitalizations: Total	0.5	0.6	2010
Other Drugs as Underlying/Contributing Cause of Death	12.0	10.0	2010
Tobacco Use as Underlying/Contributing Cause of Death	184.0	142.0	2010
Asthma Hospitalizations: Total	1.0	0.9	2010
Cerebrovascular Disease Hospitalizations: Total	2.6	2.4	2010
Chronic Obstructive Pulmonary Disease Hospitalizations: Total	1.8	1.4	2010
Coronary Heart Disease Hospitalizations: Total	3.3	3.3	2010
Diabetes Hospitalizations: Total	1.6	1.2	2010
Injury-Related Hospitalizations: Total	9.3	8.2	2010
Pneumonia and Influenza Hospitalizations: Total	2.7	3.0	2010
Preventable Hospitalizations: Total	13.3	13.0	2010
Psychiatric Hospitalizations: Total	6.3	6.4	2010
Total Hospitalizations: Total	110.7	106.9	2010

Source: Wisconsin Department of Health Services, 2010.
*Incidence and death rates are per 100,000 Population
** Hospitalization rates are per 1,000 Population

Key	
Better than Wisconsin	
0-25% Worse Than Wisconsin	
25-50% Worse Than Wisconsin	
>50% Worse than Wisconsin	

No indicators in Rock County appear to be greater than 50 percent worse than Wisconsin. Rates of hospitalizations for chronic obstructive pulmonary disease and diabetes; drugs and tobacco use as underlying causes of death; and infant health risk factors, such as the percent of mothers who smoke and the percent of mothers with a high school diploma or less, compare unfavorably to Wisconsin. The incidence rate of lung and bronchus cancer also appears to be problematic.

ZIP Code and Census Tract Level Indicators

Two data sources, Dignity Health's Community Needs Index and data from the U.S. Department of Agriculture, were used to examine ZIP code and census tract level indicators in the St. Mary's Janesville community.

1. Dignity Health's Community Needs Index

Dignity Health, a hospital system based in California, developed the *Community Needs Index,* a standardized index that measures barriers to healthcare access by county and ZIP code. The index is constructed from five social and economic indicators:

- The percentage of elderly, children, and single parents living in poverty;

- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White;

- The percentage of the population without high school diplomas;

- The percentage of uninsured and unemployed residents, and;

- The percentage of the population renting houses.

The *Community Needs Index* represents a score based on these indicators, assigned to each ZIP code. Scores range from "Lowest Need" (1.0-1.7), to "Highest Need" (4.2-5.0). **Exhibit 17** presents the *Community Needs Index* (CNI) score of each ZIP code in the St. Mary's Janesville community.

Exhibit 17: Community Needs Index Score by ZIP Code*
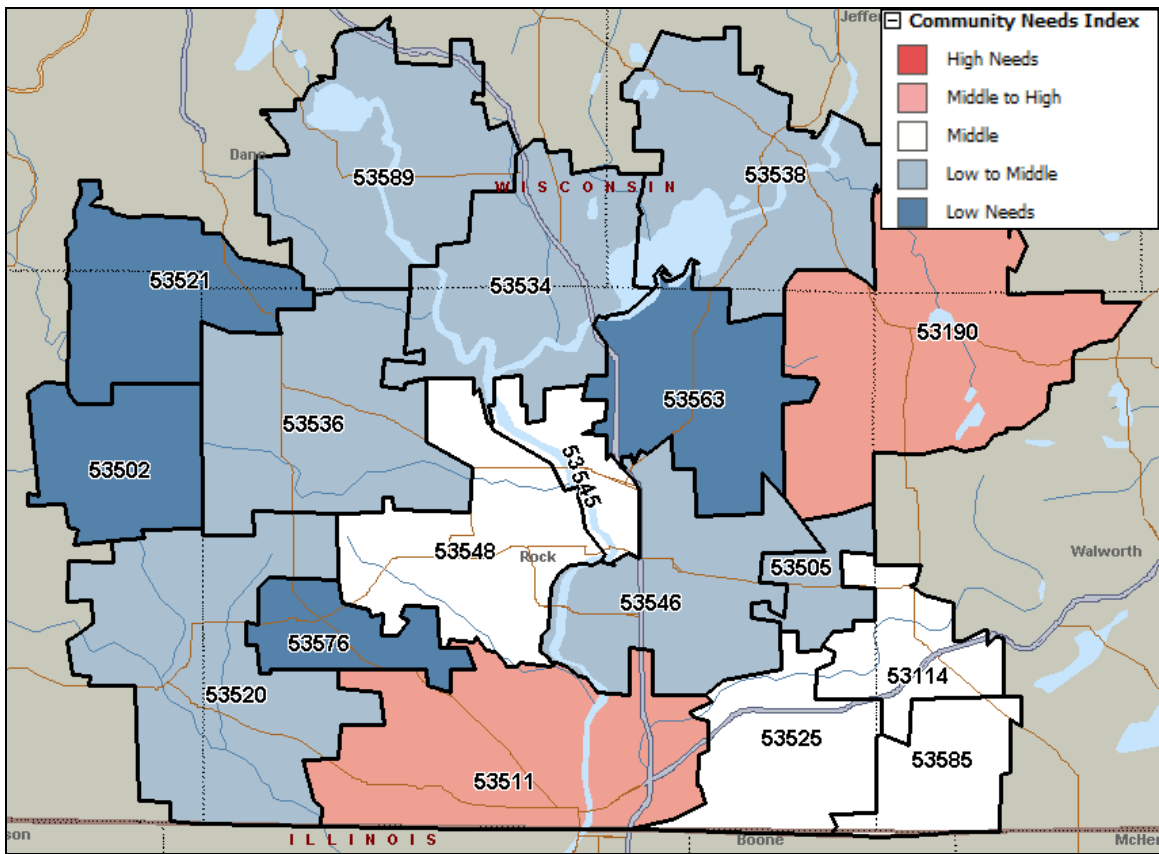
Source: Microsoft MapPoint and Dignity Health, 2012.
*The score for ZIP code 53548 was implied from an interactive map interface provided on the CNI website.

ZIP codes 53190 and 53511 exhibit the most unfavorable score in the community at 3.4 and 3.6, respectively.

2. U.S. Department of Agriculture

The U.S. Department of Agriculture's Economic Research Service estimates the number of people in each census tract that live in a "food desert," defined as areas "more than 1 mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas."[12] Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these food deserts.

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[12] U.S. Department of Agriculture. (n.d.). Retrieved 2011, from http://www.ers.usda.gov/Data/FoodDesert/

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Exhibit 18: Food Deserts by Census Tract, 2012.

Source: Microsoft MapPoint and U.S. Department of Agriculture, 2012.
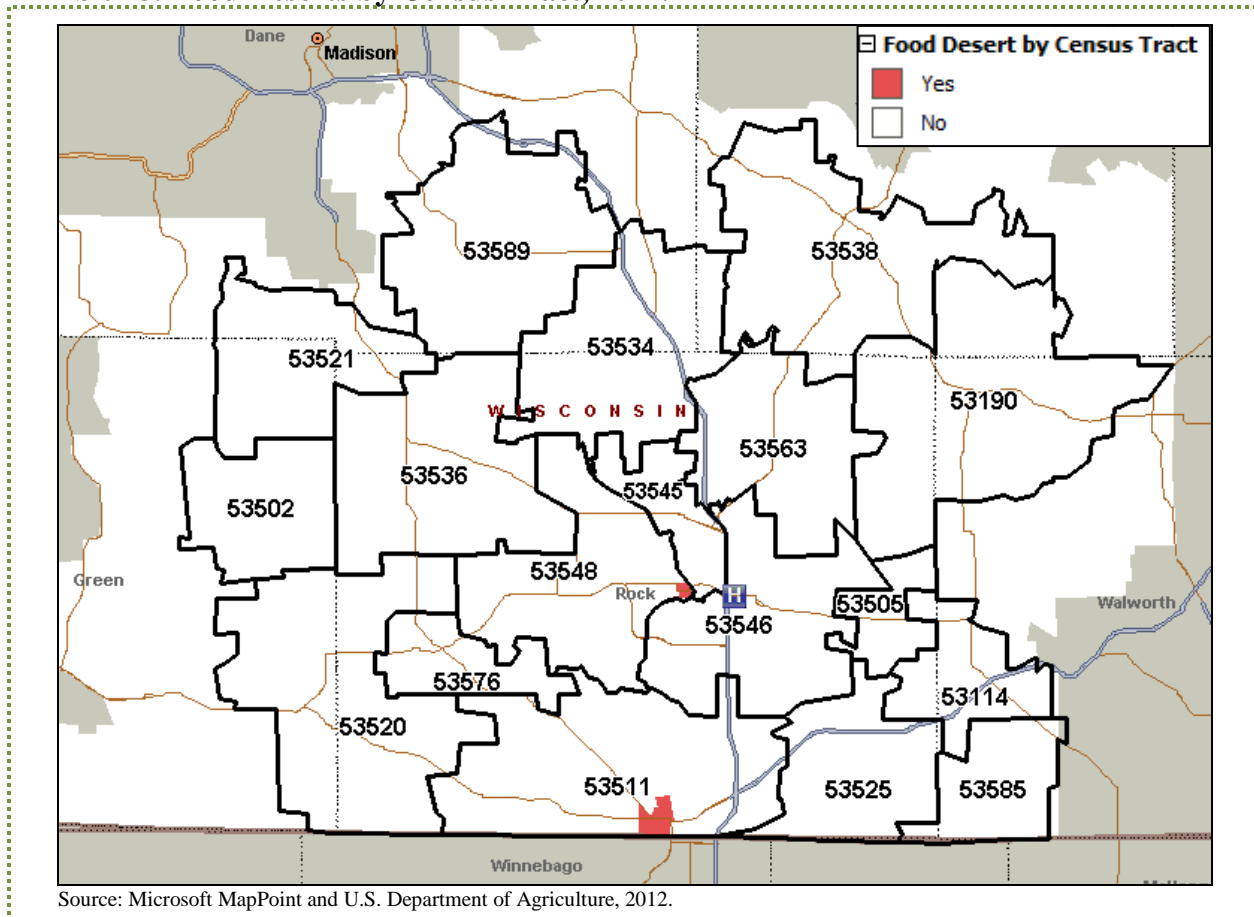
The map illustrates USDA-identified food deserts near Janesville and Beloit.

Medically Underserved Areas and Populations

The Health Resources and Services Administration (HRSA) has calculated an Index of Medical Underservice (IMU) score for communities across the U.S. The IMU score calculation includes the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage of the population greater than age 64. IMU scores range from zero to 100 where 100 represents the least underserved and zero represents the most underserved.[13]

Any area or population receiving an IMU score of 62.0 or less qualifies for Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designation. Federally Qualified Health Centers (FQHCs) may be established to serve MUAs and MUPs. Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. When a population group

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

does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if "unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the State where the requested population resides."[14]

Inner city Beloit in Rock County is designated as an MUA.

Health Professional Shortage Areas

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

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

HPSAs can be: "(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility."[15]

Geographic areas near Beloit and Janesville, as well as Community Health Systems, are designated as a mental and dental health HPSAs. Community Health Systems manages two community health centers, both of which are Federally Qualified Health Centers, in the St. Mary's Janesville community.

Description of Other Facilities and Resources within the Community

The St. Mary's Janesville community contains a variety of resources that are available to meet the health needs identified in this CHNA. These resources include facilities designated as HPSAs, hospitals, FQHCs, health professionals, and other agencies and organizations.

One facility, Community Health Systems, is designated as primary medical care, mental health, and dental HPSA. Community Health Systems[16] has two locations in the St. Mary's Janesville community, one in Janesville and one in Beloit. The clinics provide pediatric and adult medicine, mental health services, dental care, prenatal care, and social services to the uninsured and underinsured. There is also a prescription drug program for eligible applicants. The health centers are open five days a week; the Beloit location provides extended hours.

The St. Mary's Janesville Community contains multiple hospital facilities (**Exhibit 19**).

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[14] *Ibid.*

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

[16] Community Health Systems. Retrieved 2012, from http://communityhealthsystemswi.org/about-us/

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Exhibit 19: Information on Hospitals in the St. Mary's Janesville Community, 2011

Location	Facility Name	Beds	ZIP Code
Rock County	Beloit Memorial Hospital	256	53511
	Edgerton Hospital and Health Services	18	53534
	Fort Healthcare	82	53538
	Mercy Health System	240	53548
	St. Mary's Janesville Hospital	50	53546
	Stoughton Hospital	35	53589

Source: The Wisconsin Department of Health Services, 2012.

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

Both Community Health Systems locations are FQHCs in addition to being designated as HPSAs.

As of 2012, a range of other agencies and organizations are available in each county to assist in meeting health needs, including county health departments and human services departments.

Local organizations include, but are not limited to:

- Alliance for the Mentally Ill of Rock County, Inc.
- Beloit Domestic Violence Center
- Community Action, Inc. of Rock and Walworth Counties
- Council on Aging-Rock County
- Crossroads Counseling Center
- First Choice Women's Health Center
- Green Haven Family Advocates
- HealthNet of Rock County, Inc.
- House of Mercy
- Meals on Wheels of Janesville and Beloit
- Rock County Human Services Department and Health Center
- Rock-Walworth Comprehensive Family Services, Inc.
- Senior Services of Rock County, Inc.
- United Way of North Rock County
- YWCA Alternatives to Domestic Violence

Findings of Other Recent Community Health Needs Assessments

Verité also considered the findings of other needs assessments published since 2000. Three such assessments have been conducted in the St. Mary's Janesville area and were publicly available.

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

The Rock County Health Department published a needs assessment[17] in 2011 that identified health issues that need to be addressed. Areas of focus include:

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

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

This assessment identified community health needs, as well as social and demographic characteristics, for the Beloit area of Rock County. The Wisconsin Partnership Program[18] developed a Beloit Lifecourse Initiative for Healthy Families (LIHF) Collaborative in order to reduce maternal and child health-related disparities.

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

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[17] Rock County Health Department. (2011). 2011 Health Needs Assessment.

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

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

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

Community Action, Inc. publishes a Community Needs Assessment[19] every three years, the most recent being in 2010. That assessment is comprised of data gathered from 658 surveyed households in Rock and Walworth counties; 62 percent of respondents were from Rock County. All respondents were in households at or below 200 percent of the federal poverty level.

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

- Poverty:
    - Rock County has experienced an increase in poverty. Nearly 29 percent of those surveyed suffered job loss in the past year.
    - Of residents participating in the survey, 39 percent reported difficulty finding a full time job.
    - Low-income respondents from Rock County identified the cost of basic needs such as housing, utilities, and home maintenance as a priority concern.
- Dental care:

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[19] Community Action, Inc. (2010). 2010 Needs Assessment.

- o Approximately 40 percent of those surveyed consider dental care to be a serious or very serious issue. Few dentists in the area accept Medicaid patients.

- Affordable health care:
  - o Low-income residents need increased affordable care and access to insurance. Nearly nine percent of those surveyed reported having insurance coverage although 23 percent reported working full time.

- Mental health:
  - o Twenty-eight percent of respondents reported stress as a serious or very serious issue, while approximately 41 percent reported experiencing problems with depression or anxiety in the past year.

- Prescription drugs:
  - o Approximately 26 percent of low-income respondents reported difficulty affording prescription drugs.

- Transportation
  - o Of those surveyed, 15 percent reported insufficient transportation access.

Secondary Data Indicators of Interest

This CHNA considered data regarding community population characteristics; behavioral, economic, environmental, and social factors; prevention and access variables; chronic diseases; communicable diseases; disability; leading causes of death; maternal and child health; mental and behavioral health; and oral health. These categories contain the appropriate breadth and depth of indicators to determine health needs related to the causes and effects of poor health.

The following exhibits illustrate the categories, and associated indicators, that suggest that certain priority health needs are present in the St. Mary's Janesville community.

1. Community Population – Growing Hispanic Population

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

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

Source: Healthy Communities Institute, 2012, using original source data from 2010.

The St. Mary's Janesville community contained a comparatively large Hispanic or Latino population in 2010.

2. Behavioral Factors

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

a) Alcohol Use

Indicator	Community Value	Benchmark	Benchmark Definition
Adults who Drink Excessively	25.6%	14.5%	U.S. Average
Alcohol Use	38	72	Number of WI Counties

Sources: Healthy Communities Institute, 2012, using original source data from 2004-2010, and County Health Rankings, 2012, using original source data from 2002-2010.

Residents in Rock County exhibit high rates of alcohol use compared to the national average and when compared to other Wisconsin counties.

b) Smoking and Tobacco Use

Indicator	Community Value	Benchmark	Benchmark Definition
Adults who Smoke	26.6%	12.0%	Healthy People 2020
Tobacco Use	69	72	Number of WI Counties
Tobacco Use as Underlying/Contributing Cause of Death (Deaths Per 100,000 Population)	184.0	142.0	WI Average

Sources: Healthy Communities Institute, 2012, using original source data from 2004-2010; County Health Rankings, 2012, using original source data from 2004-2010; and Wisconsin Department of Health, 2011, using original source data from 2010.

Residents in Rock County exhibit high rates of smoking and tobacco use compared to the Healthy People 2020 Goal, the Wisconsin average, and when compared to other Wisconsin counties.

c) Unsafe Sex

Indicator	Community Value	Benchmark	Benchmark Definition
Sexual Activity	68	72	Number of WI Counties

Source: County Health Rankings, 2012, using original source data from 2002-2009.

Residents in Rock County exhibit high rates of unsafe sexual activity when compared to other Wisconsin counties.

3. Economic Factors

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

a) Poverty

Indicator	Community Value	Benchmark	Benchmark Definition
Poverty Rate: Total	12.8%	12.1%	WI Average
Income (Percent of Children in Poverty)	44	72	Number of WI Counties
Households with Public Assistance	2.4%	2.0%	U.S. Average
Renters Spending 30% or More of Household Income on Rent	50.8%	46.0%	U.S. Average
Foreclosure Rate	5.5%	4.8%	U.S. Average

Sources: Healthy Communities Institute, 2012, using original source data from 2006-2010; County Health Rankings, 2012, using original source data from 2010; and U.S. Census Bureau, 2011, using original source data from 2008-2010.

The St. Mary's Janesville community exhibits a high poverty rate, a large percentage of children in poverty, a large percentage of households receiving public assistance, a large percentage of renters who spend greater than or equal to 30 percent of their household income on rent, and a high foreclosure rate.

b) Unemployment

Indicator	Community Value	Benchmark	Benchmark Definition
Unemployment: Total	8.9%	7.4%	WI Average
Employment	67	72	Number of WI Counties
Decrease in Private Nonfarm Employment	14.8%	2.4%	WI Average

Sources: Healthy Communities Institute, 2012, using original source data from 2000-2009; County Health Rankings, 2012, using original source data from 2010; and U.S. Bureau of Labor Statistics, 2011, using original source data from 2012.

The St. Mary's Janesville community exhibited large decreases in employment and high rates of unemployment compared to Wisconsin and when compared to other Wisconsin counties.

4. Environmental Factors – Built Environment

Environmental factors assess the infrastructure of the community that influence diet and exercise patterns. For example, access to a grocery store is essential to making healthy food choices. This category also includes measures of air quality, which contributes to respiratory health.

Indicator	Community Value	Benchmark	Benchmark Definition
Built Environment	64	72	Number of WI Counties

Source: Health Rankings, 2012, using original source data from 2006-2009.

Rock County was ranked 64th out of 72 Wisconsin counties for Built Environment; this metric means that Rock County exhibits a low number of recreational facilities and comparatively high percentages of residents with limited access to healthy foods and an abundance of fast food restaurants when compared to other Wisconsin counties.

5. Social Factors – Community Safety, Violence, and Crime

Social factors that impact a community's health include community safety, educational achievement, single parent households, and social and emotional support. Poor community safety may lead to untimely deaths or serious injuries. Low levels of education are often linked to poor health. Single parent households often suffer from financial strain, and have special infant and maternal health needs. The social and emotional support indicator can indirectly assess mental health issues in the community and it can be a measure of the social services available to the community.

Indicator	Community Value	Benchmark	Benchmark Definition
Child Abuse Rate (Cases per 1,000 Children)	6.1	3.7	WI Average
Violent Crime Rate (Crimes per 100,000 Population)	241.7	115.5	U.S Average

Source: Healthy Communities Institute, 2012, using original source data from 2007-2010.

Rock County reports high rates of child abuse and violent crime compared to Wisconsin and national averages.

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6. Health Status: Communicable Disease – Sexually Transmitted Infections

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

Indicator	Community Value	Benchmark	Benchmark Definition
Chlamydia Incidence Rate (Cases per 100,000 Population)	411.0	189.0	WI Average
HIV Incidence Rate (Cases per 100,000 Population)	4.1	1.6	WI Average

Source: Healthy Communities Institute, 2012, using original source data from 2007-2011.

Residents in Rock County report high rates of chlamydia and HIV compared to Wisconsin averages.

7. Health Status: Maternal and Child Health – Infant Health Risk Factors

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

Indicator	Community Value	Benchmark	Benchmark Definition
Teen Birth Rate (Live Births per 1,000 Females Aged 15-19)	39.3	23.4	WI Average

Source: Healthy Communities Institute, 2012, using original source data from 2010.

Rock County exhibits a high rate of teen births.

8. Health Status: Mental and Behavioral Health – Suicide

Poor mental and behavioral health can result in a poor quality of life and a wide variety of destructive behaviors. The role of suicide in a community is an indicator of the overall mental and behavioral health of that area.

Indicator	Community Value	Benchmark	Benchmark Definition
Age-Adjusted Death Rate Due to Suicide (Deaths per 100,000 Population)	13.4	10.2	Healthy People 2020

Source: Healthy Communities Institute, 2012, using original source data from 2008-2010.

Rock County exhibits a rate of suicide that is higher than the Healthy People 2020 goal.

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Disparities of Interest – By Race and Ethnicity

This section illustrates health disparities in the St. Mary's Janesville community based on analysis of secondary data. It can be helpful to consider disparities by race and ethnicity because these factors are often associated with specific health concerns that differ from other populations. All indicators are benchmarked against the Rock County average.

Exhibit 20 indicates that 87.6 percent of Rock County's population is White and 5.0 percent are Black. Nearly eight percent identify as Hispanic or Latino.

Exhibit 20: Percent of Population by Race, 2010

Race/Ethnicity	Rock County	Wisconsin
White	87.6%	86.2%
Hispanic or Latino	7.6%	5.9%
Black	5.0%	6.3%
Other	3.8%	2.4%
Two or More Races	2.3%	1.8%
Asian	1.0%	2.3%
American Indian and Alaska Native	0.3%	1.0%
Total	**160,331**	**5,363,675**

Source: U.S. Census Bureau, 2011.

88% of Rock County's population in 2010 was White

The following exhibits illustrate the categories, and associated disparities, that suggest that certain priority health needs are present in the St. Mary's Janesville community.

1. Economic Factors

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

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a) Poverty

Indicator	Total Population	White	Hispanic or Latino	Black	Other	Two or More Races	Asian	American Indian or Alaska Native
People Living Below Poverty Level	12.8%	9.2%	28.3%	44.2%	-	-	20.5%	-
Children Living Below Poverty Level	18.2%	11.2%	36.1%	51.9%	32.9%	37.0%	30.3%	18.2%
Families Living Below Poverty Level	9.4%	6.4%	29.4%	37.3%	29.1%	31.7%	20.3%	28.6%
People 65+ Living Below Poverty Level	7.6%	7.0%	-	26.1%	-	12.5%	28.4%	-
Median Household Income	$ 49,716	$ 52,553	$ 33,717	$23,904	$ 31,442	$ 39,420	$ 46,046	$34,688
Per Capita Income	$ 23,926	$ 25,997	$ 12,138	$11,505	$ 11,766	$8,204	$ 15,882	$19,589

Sources: Healthy Communities Institute, 2012, using original source data from 2006-2010, and U.S. Census Bureau, 2011, using original source data from 2008-2010.

Non-White residents of Rock County are more likely to live below the poverty level and have lower median household and per capita incomes than White residents.

b) Insurance Status

Indicator	Total Population	White	Hispanic or Latino	Black
Adults with Health Insurance	82.9%	85.6%	58.8%	66.1%

Source: U.S. Census Bureau, 2011, using original source data from 2008-2010.

White residents are more likely to have insurance than Hispanic or Latino or Black residents.

2. Social Factors – Educational Achievement

Social factors that impact a community's health include community safety, educational achievement, single parent households, and social and emotional support. Poor community safety may lead to untimely deaths or serious injuries. Low levels of education are often linked to poor health. Single parent households often experience financial strain, and have special infant and maternal health needs. The social and emotional support indicator can indirectly assess mental health issues in the community and it can be a measure of the social services available to the community.

Indicator	Total Population	White	Hispanic or Latino	Black	Other	Two or More Races	Asian	American Indian or Alaska Native
25+ with Bachelor's Degree or Higher	19.8%	20.7%	7.1%	12.9%	7.1%	7.6%	38.5%	13.9%
25+ with a High School Degree or Higher	87.4%	89.9%	51.9%	75.4%	45.7%	82.7%	84.1%	53.0%

Sources: Healthy Communities Institute, 2012, using original source data from 2006-2010.

Non-White residents of Rock County are less likely to have graduated from high school or college, exclusive of Asian residents.

3. Health Status: Chronic Disease – Prostate Cancer Incidence

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

Indicator	Total Population	White	Black
Prostate Cancer Incidence (Cases per 100,000 Population)	120.7	114.0	175.0

Sources: Healthy Communities Institute, 2012, using original source data from 2005-2008.

Black residents have a higher prostate cancer incidence rate than White residents.

4. Health Status: Leading Causes of Death

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

a) Motor Vehicle Collisions

Indicator	Total Population	White	Hispanic or Latino
Age Adjusted Death rate due to Motor Vehicle Collisions (Deaths per 100,000 Population)	11.6	11.9	23.6

Source: Healthy Communities Institute, 2012, using original source data from 2008-2010.

Hispanic or Latino residents have a higher mortality rate from motor vehicle collisions than White residents.

b) Cancer

Indicator	Total Population	White	Hispanic or Latino	Black
Age-Adjusted Death Rate Due to Cancer (Deaths per 100,000 Population)	195.8	194.9	115.0	244.1

Source: Healthy Communities Institute, 2012, using original source data from 2005-2009.

Black residents have a higher mortality rate from cancer than White or Hispanic and Latino residents.

c) Cerebrovascular Disease

Indicator	Total Population	White	Black
Age-Adjusted Death Rate Due to Cerebrovascular Disease (Stroke) (Deaths per 100,000 Population)	37.0	35.8	84.5

Source: Healthy Communities Institute, 2012, using original source data from 2008-2010.

Black residents have a higher mortality rate from cerebrovascular disease than White residents.

d) Diabetes

Indicator	Total Population	White	Black
Age-Adjusted Death Rate Due to Diabetes (Deaths per 100,000 Population)	14.9	13.7	47.7

Source: Healthy Communities Institute, 2012, using original source data from 2008-2010.

Black residents have a higher mortality rate from diabetes than White residents.

e) Heart Disease

Indicator	Total Population	White	Hispanic or Latino	Black
Age-Adjusted Death Rate Due to Heart Disease (Deaths per 100,000 Population)	164.7	163.9	66.0	219.2

Source: Healthy Communities Institute, 2012, using original source data from 2008-2010.

Black residents have a higher mortality rate from heart disease than White or Hispanic and Latino residents.

5. Health Status: Maternal and Child Health

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

a) Infant Risk Factors

Indicator	Total Population	White	Hispanic or Latino	Black	Other	American Indian or Alaska Native
Infants Born to Mothers with <12 Years of Education	15.7%	9.5%	52.6%	25.9%	17.9%	-
Mothers who Smoked During Pregnancy	17.0%	17.5%	6.3%	26.4%	-	50.0%

Source: Healthy Communities Institute, 2012, using original source data from 2010.

A higher percentage of non-White residents than White residents smoke during pregnancy or have infants born to mothers with less than 12 years of education.

b) Infant Outcomes

Indicator	Total Population	White	Hispanic or Latino	Black	Other
Babies with Low Birth Weight	8.3%	7.8%	7.2%	15.9%	-
Babies with Very Low Birth Weight	1.9%	1.6%	-	5.5%	-
Infant Mortality Rate (Deaths per 1,000 Live Births)	7.4	6.3	9.9	15.0	22.0
Preterm Births	11.5%	11.3%	8.6%	18.9%	-

Source: Healthy Communities Institute, 2012, using original source data from 2008-2010.

Black residents report higher percentages of preterm births and babies born with low or very low birth weight than White and Hispanic or Latino residents. Non-White residents also have higher rates of infant mortality than White residents.

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Disparities of Interest – By Gender

This section illustrates health disparities in the St. Mary's Janesville community based on analysis of secondary data. It can be helpful to consider disparities by gender because these factors are often associated with specific health concerns that differ between males and females. All indicators are benchmarked against the Rock County average.

The following exhibits illustrate the categories, and associated disparities, that appeared most unfavorable in the St. Mary's Janesville community when compared to national, state, or local benchmarks.

1. Health Status: Chronic Disease

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

a) Overweight

Indicator	Total Population	Female	Male
Adults who are Overweight	34.9%	25.1%	43.9%

Source: Healthy Communities Institute, 2012, using original source data from 2006-2008.

Approximately 44 percent of males are overweight compared to 25 percent of females.

b) Colorectal, Oral Cavity Pharynx, and Lung and Bronchus Cancer Incidence

Indicator	Total Population	Female	Male
Colorectal Cancer Incidence Rate (Cases per 100,000 Population)	46.4	36.1	59.4
Lung and Bronchus Cancer Incidence Rate (Cases per 100,000 Population)	73.5	61.1	88.3
Oral Cavity Pharynx Cancer Incidence Rate (Cases per 100,000 Population)	12.2	7.7	17.4

Source: Healthy Communities Institute, 2012, using original source data from 2005-2008.

Men experience higher incidence rates of colorectal, lung and bronchus, and oral cavity pharynx cancers than women.

2. Health Status: Leading Causes of Death

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

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a) All Cancer, Colorectal Cancer, and Lung Cancer

Indicator	Total Population	Female	Male
Age-Adjusted Death Rate Due to Cancer (Deaths per 100,000 Population)	195.8	170.2	233.9
Age-Adjusted Death Rate Due to Colorectal Cancer (Deaths per 100,000 Population)	16.3	11.3	23.7
Age-Adjusted Death Rate Due to Lung Cancer (Deaths per 100,000 Population)	59.7	48.9	73.4

Source: Healthy Communities Institute, 2012, using original source data from 2005-2009.

Men have higher mortality rates from cancer, colorectal cancer, and lung cancer than women.

b) Heart Disease

Indicator	Total Population	Female	Male
Age-Adjusted Death Rate Due to Heart Disease (Deaths per 100,000 Population)	164.7	129.2	211.7

Source: Healthy Communities Institute, 2012, using original source data from 2008-2010.

Men have higher mortality rates from heart disease than women.

c) Unintentional Injuries, Unintentional Poisonings, Motor Vehicle Collisions, and Falls

Indicator	Total Population	Female	Male
Age-Adjusted Death Rate due to Unintentional Injuries (Deaths per 100,000 Population)	46.3	30.9	64.0
Age-Adjusted Death Rate due to Unintentional Poisonings (Deaths per 100,000 Population)	11.3	7.1	15.4
Age Adjusted Death rate due to Motor Vehicle Collisions(Deaths per 100,000 Population)	11.6	5.9	17.5
Age-Adjusted Death Rate due to Falls (Deaths per 100,000 Population)	16.0	12.5	21.4

Source: Healthy Communities Institute, 2012, using original source data from 2008-2010.

Men have higher mortality rates from falls, motor vehicle collisions, unintentional injuries, and unintentional poisonings than women.

3. Health Status: Mental and Behavioral Health – Suicide

Poor mental and behavioral health can result in a poor quality of life and a wide variety of destructive behaviors. The role of suicide in a community is an indicator of the overall mental and behavioral health of that area.

Indicator	Total Population	Female	Male
Age-Adjusted Death Rate due to Suicide (Deaths per 100,000 Population)	13.4	3.4	23.7

Source: Healthy Communities Institute, 2012, using original source data from 2008-2010.

Men have higher mortality rates from suicide than women.

Geographic Areas of Interest

Secondary data sources suggest that there are geographic sections within the community that appear to be areas of interest. These sources include Dignity Health's Community Need Index, a composite ranking system that summarizes indicators into a single "score," the USDA, which provides statistics on free or reduced-cost meals to low-income students and areas identified as "food deserts," and HRSA, which identifies areas with insufficient health resources.

Details regarding these indicators can be found in previous sections.

Geographic Area	Indicator
ZIP Code 53190	Middle to High Needs - Community Needs Index
ZIP Code 53511	Middle to High Needs - Community Needs Index
Beloit (In ZIP Code 53511)	High Percentage of Students Eligible for Free or Reduced-Cost Lunches
	Food Desert Present
	Medically Underserved Area
	Mental and Dental Health Professional Shortage Area
Janesville (In ZIP Codes 53545, 53546, 53548)	High Percentage of Students Eligible for Free or Reduced-Cost Lunches
	Mental and Dental Health Professional Shortage Area
	Food Desert Present (ZIP Code 53548)

Sources: Dignity Health, U.S. Department of Agriculture, and U.S. Health Resources and Services Administration.

Beloit, Janesville, and ZIP Codes 53190, 53511, 53545, 53546, and 53548 have more concentrated need that other areas.

PRIMARY DATA ASSESSMENT

Community input was gathered through interviews. Findings from this primary data are presented below.

Interview Findings

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

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

- **Poor mental health.** A lack of mental health services exists for all members of the community and is especially felt by working-age adults. This lack of mental health services is exacerbated by other primary issues, notably stress from financial hardship, lack of insurance, and/or provider acceptance of Badger Care. Poor mental health was described by one interviewee as "the new normal."

- **Financial hardship and unemployment**. The closure of a General Motors plant in 2008 resulted in the significant and direct loss of full-time jobs with benefits and the indirect loss of other jobs. Basic living needs –food, shelter, and utilities—are uncertain for a growing number of individuals in the community, including children.

- **Poor dental health.** Low-income populations and those without sufficient insurance coverage have particular difficulty accessing dental care. Dental health status and access issues are such that individuals regularly seek dental treatment at hospital emergency rooms.

- **Funding for health care services.** Reductions in state funding for health and social services and Medicaid payment rates lead to limited acceptance of Badger Care. Insufficient funding also contributes to inadequate access to and low usage of preventive services because of out-of-pocket costs, and inappropriate use of the Emergency Department. Insufficient funding is also evident in the lack of access to and affordability of insurance throughout the community.

- **Disparities.** Black residents experience disparities across the continuum of health indicators. These disparities include high rates of infant mortality, especially in Beloit, lack of access to and affordability of insurance, lack of affordable health care, and

educational achievement. Hispanic or Latino residents experience educational achievement and health care disparities.

- **Diet and exercise-related issues.** High rates of obesity, poor diets, and insufficient exercise are experienced throughout Rock County. Limited access to nutritious foods, widespread access to poor food choices, and lack of wintertime exercise options were cited as causes for the high rates of obesity. Additionally, it was noted that the rate of obesity in children is alarming. Further, obesity, diets, and exercise may be contributing to high rates of diabetes and cardiovascular disease.

- **Transportation.** Older residents struggle to access basic food and medical providers. Rural residents have access to limited public transportation options. Insufficient transportation options result in inappropriate use of Paramedic/EMT/Ambulance services.

- **Drug abuse.** Abuse of illegal substances, increasingly heroin, as well as legal substances obtained through "drug seeking" visits to Emergency Departments is prevalent. Continued drug abuse is due, in part, to a lack of substance abuse services in the community.

- **Alcohol abuse.** High numbers of Operating While Intoxicated (OWI) citations indicate high rates of residents driving after consuming alcohol; many residents have repeated OWIs. High levels of alcohol consumption were also cited as "part of the culture" in Wisconsin.

- **Family and social support.** Individuals lack sufficient personal support systems, evidenced by disintegration of family units and domestic violence.

- **Health education.** Many community members do not have sufficient health education. This lack of health education is evidenced by lack of use of preventive services, misuse of prescription drugs, delayed treatment, inappropriate use of the Emergency Department, and inappropriate use of Paramedic/EMT/Ambulance services in an attempt to receive Emergency Department services sooner. This lack of health education also is evidenced by a lack of knowledge about available services and inappropriate selection of the provider needed for a particular condition. Further, the lack of health education may also be contributing to high rates of diabetes, high rates of cardiovascular disease, high rates of teen pregnancy, and high rates of kidney disease.

- **Insufficient providers.** The community lacks primary care physicians and specialists, notably mental health providers, dentists, and oncologists, and emergency medical technicians (EMTs). Provider insufficiency also includes an incomplete range of on-site or packaged services leading to incomplete continuity of care, as well as a lack of linguistically or culturally inappropriate care leading to delays in seeking treatment or mistrust of providers. Further, residents report a lack of convenient appointment times and providers at or above capacity.

- **Collaborative care.** Perceptions of the geographic identities of and distance between Janesville and Beloit limit interactions between residents and providers of these communities.

- **Healthcare system navigation**. Community residents are negatively impacted by an application process for financial assistance / charity care that community residents either

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do not understand or fear. Residents also have difficulty finding providers accepting certain insurance plans, particularly Badger Care.

Individuals Providing Community Input

Ten key stakeholders participated in the interview process. The ten stakeholders represent public health experts; individuals from health or other departments and agencies; leaders or representatives of medically underserved, low-income, and minority populations; and other community members (**Exhibit 20**).

Exhibit 20: Individuals Interviewed

Name	Title	Affiliation or Organization
Karen Cain, RN, MS (Public Health Expert)[20]	Director	Rock County Health Department
Robert Calhoon	Deputy Chief	Milton Fire Department
Angela Flickinger, RD, MPH (Public Health Expert)[21]	Family Living Educator	University of Wisconsin Extension
Kristi Hayden, CSW	Social Worker	St. Mary's Janesville Hospital
Michael Jackson	Reverend	New Life Assembly of God
Franz Keilhauer, MD	Medical Director	St. Mary's Janesville Hospital Emergency Department
Deb Kolste (Community Leader/ Representative)[22]	Volunteer	HealthNet
David Moore	Chief	Janesville Fire Department
Jean Randles (Community Leader/ Representative)[23]	Executive Director	HealthNet
Greg Sutherland	Paramedic	Janesville Fire Department

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[20] Ms. Cain has special knowledge of the public health needs of the community through her work at the Rock County Health Department.

[21] Ms. Flickinger has special knowledge of the public health needs of the community through her education as a Master of Public Health and through her work at the University of Wisconsin Extension.

[22] Ms. Kolste represents the low-income, uninsured, and underserved populations that seek services HealthNet.

[23] Ms. Randles represents the low-income, uninsured, and underserved populations that seek services HealthNet.

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St. Mary's Janesville Hospital
CHNA Implementation Strategy

Adopted by the SSM Health Care of Wisconsin Board on 12/5/2012

This document describes how St. Mary's Janesville Hospital (the hospital) plans to address needs found in the Community Health Needs Assessment (CHNA) performed by the hospital and published on its website on [insert date]. See the CHNA report at [insert link]. The implementation strategy describes the hospital's planned initiatives for 2013 through 2015.

The CHNA was undertaken by the hospital to understand community health needs and in accordance with regulations promulgated by the Internal Revenue Service pursuant to the Patient Protection and Affordable Care Act, 2010. This implementation strategy specifies community health needs that the hospital has determined it is able to meet in whole or in part and that are aligned with its mission.

St. Mary's Janesville Hospital recognizes that a CHNA and an implementation strategy are required to meet current government regulations. The CHNA and implementation strategy are intended to fulfill this purpose although final guidance has not yet been published and has been provided only on an anticipatory basis.

The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the years 2013 through 2015, other organizations in the community may decide to address certain needs leading us to refocus on alternative identified health problems.

The document contains the following information:

1. Hospital Facility Vision Statement

2. Definition of the Community Served

3. Selection of Community Health Priorities

4. Implementation Strategy

5. Needs the Hospital Facility Will Not Address

6. Implementation Strategy Development Collaborators

1. Hospital Facility Vision Statement

St. Mary's Janesville Hospital is committed to offering a wide range of community benefits and clinical services. The hospital's vision is:

> St. Mary's Janesville Hospital, in collaboration with our Dean Health System partners, will be the premiere provider of exceptional, high-quality, compassionate and seamless health care services in the southern market of SSM Health Care of Wisconsin's service area. Through our dedicated employees and culture of continuous quality improvement, we will make a positive difference in the health and wellness of Janesville and surrounding communities. We will be the provider of choice to the communities we serve by embracing our mission and values to provide a safe and healing environment for our patients.

2. Definition of the Community Served

St. Mary's Janesville's community is defined as the entirety of Rock County, Wisconsin. There are 22 ZIP codes that are contained within or overlap the county. In 2010, the St. Mary's Janesville community had an estimated population of 160,331 persons.

The community was defined based on the geographic origins of St. Mary's Janesville Hospital's inpatients. From January through June of 2012, 90 percent of the hospital's discharges and 90 percent of its emergency department visits originated from Rock County. ZIP codes 53546, 53545, and 53548 accounted for 69 percent of inpatient discharges and 69 percent of emergency department visits.

The figure below portrays the community served by the hospital. The hospital is located in Janesville (ZIP code 53546).
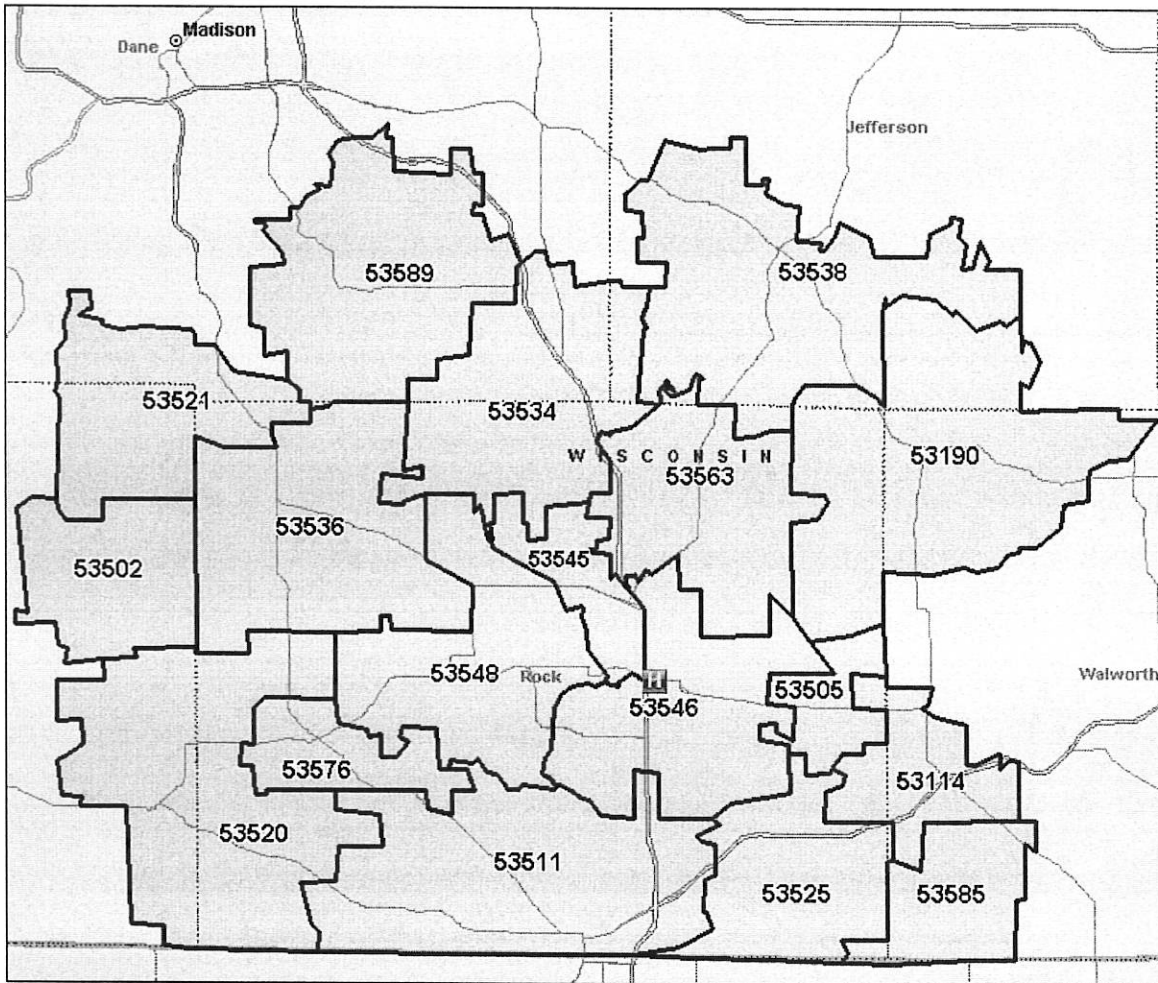
Sources: Microsoft MapPoint and St. Mary's Janesville, 2012.
*The three ZIP codes in red accounted for 68.8 of the hospital's inpatient discharges and 69.4 percent of its emergency department visits.

Summary information regarding the hospital's community is as follows:

- The population of Rock County increased five percent between 2000 and 2010 (to 160,331 persons) – a rate slightly lower than the state-wide increase of six percent during that time.

- In Rock County, private nonfarm employment decreased 15 percent between 2000 and 2009 in comparison to a two percent decrease in Wisconsin. Additionally, Rock County reported higher unemployment rates in 2011 and 2012 than Wisconsin and national averages.

- Rock County experienced a higher rate of poverty than the Wisconsin average in 2010. The Hispanic or Latino, Asian, and Black populations of Rock County reported much higher poverty rates in 2010 than White populations. Average per capita and median household incomes in Rock County also are lower than those in Wisconsin.

- Nearly 88 percent of the population was White in 2010. At nearly 8 percent, the county reported a higher proportion of Hispanic or Latino residents than the state-wide average in 2010.

Additional information regarding the community served by the hospital is included in the St. Mary's Janesville Hospital CHNA report.

3. Selection of Community Health Priorities

The hospital's CHNA found numerous health status and access issues present in the community.

The table below lists the priority needs identified in the 2012 CHNA and indicates which needs the hospital plans to address.

Access to Providers of Health and Human Services	Plan to Address?
• Lack of Access to Preventive Care	Yes
• Lack of Affordable and Accessible Care	Yes
Dental Health	
• Lack of Access to Dental Care and Poor Dental Health Status	No
Health Behaviors	
• Alcohol Abuse	No
• Drug Abuse	No
• Smoking/Tobacco Use	Yes
Health-Related Disparities	
• Gender Disparities	No
• Racial and Ethnic Disparities	No
Mental Health	
• Lack of Access to Mental Health Services and Poor Mental Health Status	No
Morbidity	
• High Rates of Communicable Diseases	No
• Nutrition and Sedentary Behavior-Related Issues	Yes
Social and Economic Factors	
• Financial Hardship, Unemployment, and Basic Needs Insecurity	No
• High Rates of Violent Crime and Child Abuse	No

4. Implementation Strategy

St. Mary's Janesville Hospital has a tradition of providing significant community benefit to the communities it serves. St. Mary's Janesville Hospital will continue its commitment to the community by allocating appropriate resources to implement the strategies to meet these health needs, as discussed below.

A. Strategic Initiatives

The hospital's 2013 through 2015 implementation strategy consists of new and current community benefit programs. New strategic initiatives include:

1. Reducing rates of **smoking and tobacco use** by:

   a. Participating in the National Smoke-Out and offering tobacco-cessation counseling to employees and patients; and

   b. Assessing the availability of the First Breath program in the area and partnering with community organizations to ensure adequate reach in the community.

2. Reducing the prevalence of **nutrition and sedentary behavior-related issues** by:

   a. Implementing an Employee Wellness Committee program that encourages healthy eating and exercise among the employee group.

Additionally, St. Mary's Janesville Hospital plans to continue eight community benefit programs operating in 2012 that address many of the health needs identified in the CHNA. The specific health needs the hospital plans to continue to meet are noted below:

1. Currently improving **access to providers of health and human services** by:

   a. Providing discounted diagnostic and pharmaceutical materials/support to HealthNet of Rock County, a free health and dental clinic, which will improve **access to affordable care and preventive care** ;

   b. Providing discounted care, financial assistance, and charity care based on need and ability of patients to pay; and

   c. Hiring a community educator to provide free classes and activities to improve the level of health education in the community.

2. Currently reducing rates of **smoking and tobacco use** by:

   a. Participating in the Transform Rock County coalition that is working on getting area landlords to offer smoke-free multi-unit housing, particularly to low-income residents.

3. Reducing prevalence of **nutrition and sedentary behavior-related issues** by:

   a. Participating in Transform Rock County coalition that works to increase access to after-school exercise facilities, and links schools with farmers that provide fresh vegetables and produce for the school lunch program;

   b. Holding the second annual free event, Produce Power, which offers cooking demonstrations, nutrition education, and area farm booths as education to the community on the benefits of CSA membership;

   c. Sponsoring the Janesville Farmer's Market and hosting a booth that provides recipes, health information, and vegetable peelers to market visitors; and

d. Holding the Janesville in Motion 2013 event, which features collaborations with other agencies and community groups to offer free activities and classes that offer choices for every age and fitness level.

As St. Mary's Janesville is a new hospital, all of our current community benefit programs are in alignment with the identified community health needs.

The above strategy will be implemented as follows:

B. *2013 Initiatives*

1. The hospital will continue eight current community benefit programs.

2. The hospital will develop specific metrics for each implementation need being met.

3. The hospital will establish the following community benefit programs:

    a. A First Breath program to promote smoking cessation among pregnant women and young mothers in our service area. Currently, the community education specialist is conducting an assessment of coverage gaps for this program in Rock County;

    b. Participation in the Great American Smoke-Out and increased tobacco-cessation support for employees and patients; and

    c. Implementing an Employee Wellness Committee program that encourages healthy eating and exercise among the employee group.

4. Conducting an assessment of education needs and resources within the community and developing/implementing evidence-based programs to fill the gaps.

C. *2014 Initiatives*

1. The hospital will continue new programs established in 2013 and will modify or discontinue community benefit programs that do not meet expectations. Currently, these programs are so new that we do not have data to make that decision.

2. The hospital will establish the following community benefit programs:

    a. Establish ongoing education program with the Janesville Senior Center and area EMS to offer lower-income seniors access to health information that assists the population in making appropriate health choices and providing programs such as fall prevention and medication management that help reduce the need for accessing emergency services; and

    b. Partner with Dean Clinic, Dean Health Plan, area schools, and higher-learning institutions to develop health education offerings that address appropriate use of medical services and healthy lifestyle choices.

3. St. Mary's Janesville Foundation will explore the development of a community health improvement grant program, dependent on Foundation board approval.

D. 2015 Initiatives

1. The hospital will continue new programs established in 2013 and 2014, evaluate and modify as needed to improve their effectiveness.

2. The hospital will establish the following community benefit programs:

   a. Develop and promote a community education calendar with web and media-based awareness support; and

   b. Continue to assess and expand events and community education offerings based ongoing community need assessment.

E. Any Planned Collaboration(s) With Other Related or Unrelated Health Care Organizations

The strategies for St. Mary's Janesville Hospital will be implemented in collaboration with partners including, but not limited to:

- The Transform Rock County coalition to reduce smoking and tobacco use as well as increase access to exercise facilities and healthier produce options for residents;

- Community organizations to provide outreach for the First Breath program in the area;

- Community partners to present Janesville in Motion to offer activities and classes for all age groups and fitness levels;

- Community partners to present Produce Power to offer nutritional education and access to fresh fruits and vegetables;

- Area school administrators to assess the potential savings and increased food quality that could result from partnering with our group purchasing organization, which also serves school districts;

- SSM Health Care Wisconsin to share knowledge and resources.

F. Anticipated Impacts on Health Needs

Through implementing the above strategies, St. Mary's Janesville Hospital anticipates the following improvements in community health:

1. Reduce the prevalence of poor nutrition and sedentary behavior-related issues. Through our multi-prong approach that includes participation in the Transform Rock County coalition, Janesville In Motion event, and Produce Power, we will increase activity and

improve nutrition among our community members in all age categories, thus reducing the incidence of obesity and improving our current county health ranking from 58th out of 72 counties to 55th.

2. Improve access to providers of health and human services, especially affordable care and preventive care through our continued support of HealthNet of Rock County. In addition, by expanding our health education program to address lifestyle behaviors identified in the CHNA, we intend to improve our health behavior county health ranking from 68th out of 72 counties to 65th.

3. Reduce the prevalence of smoking and tobacco use among pregnant women from 17 percent to 15 percent.

5. Needs the Hospital Facility Will Not Address

No hospital facility can address all of the health needs present in its community. The hospital is committed to remaining financially healthy so that it can grow to enhance clinical services and to continue providing a range of community benefits. The hospital's implementation strategy focuses on the specified community health needs, and not on the following needs:

1. Alcohol Abuse: The hospital does not employ the professionals necessary to implement a substance abuse program.

2. Drug Abuse: The hospital does not employ the professionals necessary to implement a substance abuse program.

3. Lack of Access to Dental Care and Poor Dental Health Status: The hospital does not employ the professionals necessary to implement a dental health program.

4. Gender Disparities: The hospital is not addressing population disparities as it begins its community benefit program because it lacks hospital-specific data at this point.

5. Racial and Ethnic Disparities. The hospital is not addressing population disparities as it begins its community benefit program because it lacks hospital-specific data at this point.

6. Lack of Access to Mental and Behavioral Health Services and Poor Mental Health Status: The hospital does not employ mental health professionals.

7. High Rates of Communicable Diseases: The hospital does not have the outpatient resources necessary to support a program.

8. Financial Hardship, Unemployment, and Basic Needs Insecurity: The hospital provides discounted care, financial assistance, and charitable care based on financial hardship and has created approximately 400 new jobs in the community in 2012, but does not have the resources to address overall community financial distress.

9. High Rates of Violent Crime and Child Abuse: The hospital does not have the expertise or resources and development of such programs would be a duplication of the Safe House program operated by the YWCA of Rock County.

The hospital is exploring ways to address outpatient issues with its Dean Clinic-Janesville East partner as well as Dean Health Plan.

6. Implementation Strategy Development Collaborators

The hospital did not collaborate with other entities in developing this Implementation Strategy. However, the hospital was informed through its existing collaborations with the following:

- Rock County Health Department

- UW-Extension Rock County

- Health Net of Rock County

- Dean Clinic

- Dean Health Plan

- Edgerton Hospital and Health Services

- Home Health United

- YMCA of Rock County

- Janesville Police and Fire Departments

- Janesville Leisure Services Department

- Southern Wisconsin CSA Collaborative

- Janesville Farmer's Market

- Blackhawk Technical College Culinary Arts Program

- KANDU

- ECHO