

St. Mary's Janesville Hospital  
3400 E. Racine Street | Janesville, WI 53546



2016-2018

## Community Health Needs Assessment



# Table of Contents



Message to Our Community .....3

Executive Summary .....4

About SSM Health and St. Mary's Janesville Hospital .....5

About Our Community .....6

The Health of Our Community .....7

The Health Needs of Our Community .....8

- Priority #1: Fall Prevention .....9
- Priority #2: Smoking .....10
- Priority #3: Obesity .....11

Going Forward .....12

Appendices .....13

- Additional Demographics .....14
- Healthy Communities Institute scorecard.....15 - 17
- IRS Form 990, Schedule H Requirements.....18 - 23
  - *The tax year the hospital last conducted a Community Health Needs Assessment*
  - *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*
  - *How the data was obtained*
  - *The health needs of the community*
  - *Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*
  - *The process for identifying and prioritizing community health needs and services to meet the community health needs*
  - *Information gaps that limit the hospital facility's ability to assess all of the community's health needs*
  - *How the hospital took into account input from persons who represent the community, and identify the persons with whom the hospital consulted*
  - *Which needs the hospital will not address and the reasons*
  - *Other hospital facilities, participating in the hospital's Community Health Needs Assessment process*
  - *How St. Mary's Janesville Hospital will make its needs assessment widely available to the public*



## Message to Our Community



St. Mary's Janesville Hospital, a member of SSM Health, delivers exceptional, compassionate care to Rock County and surrounding areas. Inspired by our founding Franciscan Sisters of Mary and guided by our Mission – Through our exceptional health care services, we reveal the healing presence of God – we cherish the sacredness and dignity of each person as demonstrated through our Values of compassion, respect, excellence, stewardship and community.

Consistent with our Mission, we will provide these services in collaboration with our medical staff, employees, and organizations within our communities. We rely on these relationships to help us identify and develop plans in order to address high-priority population health needs. We are grateful for the opportunity to partner with local organizations in our efforts to improve the health of our communities.

Over the last 12 months, in collaboration with our community partners, St. Mary's Janesville Hospital conducted a Community Health Needs Assessment (CHNA) by gathering health-related information from Healthy Communities Institute (HCI) specific to Rock County and the surrounding areas. We have interviewed key health officials and conducted community health surveys to identify concerns about the health of these communities, while assessing the number of area-based programs and organizations that exist to address the community's needs. The identified needs were prioritized based on the level of importance to community members and the hospital's ability to make a significant impact.

The priorities we will address over the next three years include:

- Fall Prevention
- Smoking
- Obesity

During this time, St. Mary's Janesville Hospital will further develop its community partnerships and deliver an exceptional experience through high-quality, accessible, and affordable care. Please visit our website at [stmarysjanesville.com](http://stmarysjanesville.com) to learn more about how we will continue to make a difference in our community.

I welcome your thoughts on how we can create a healthier Rock County together.

Sincerely,

A handwritten signature in blue ink that reads "Kerry Swanson".

Kerry Swanson

President

St. Mary's Janesville Hospital



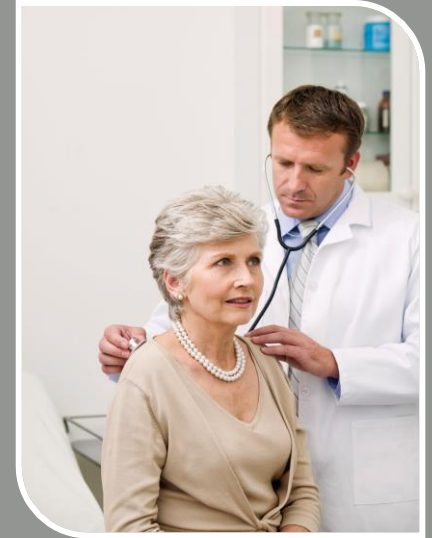
Contact us for more information or to take part in improving the health of our community by calling 608-373-8000 or visit our website at [stmarysjanesville.com](http://stmarysjanesville.com)

## Background

St. Mary's Janesville Hospital is pleased to present the 2016 - 2018 (2016 Tax Year) Community Health Needs Assessment (CHNA). This CHNA report provides an overview of the health needs and priorities associated with our service area. The goal of this report is to provide persons with a deeper understanding of the health needs in their community, as well as help guide the hospital in its community benefit planning efforts and development of an implementation strategy to address evaluated needs. The SSM Health Wisconsin Regional Board approved this CHNA on Nov. 3, 2015.

St. Mary's Janesville Hospital last conducted a CHNA in 2012.

The Affordable Care Act (ACA) requires 501(c)(3), tax-exempt hospitals to conduct a CHNA every three tax years and adopt a strategic implementation plan for addressing identified needs.



## Priorities

St. Mary's Janesville Hospital determined priorities for the 2016-2018 CHNA and strategic implementation plan. Priorities chosen include:

- **Fall prevention:** Resources include Rock County Council on Aging, Home Health United, Aging and Disability Resource Center, Rock County Health Department, Janesville Police Department, Catholic Charities, Wisconsin Council of the Blind and Visually Impaired and Dean Clinic
- **Smoking:** Resources include Wisconsin Women's Health Foundation, Rock County Youth2Youth Tobacco Coalition, Dean Clinic, Wisconsin Quitline and University of Wisconsin Breath Study
- **Obesity:** Resources include Dean Clinic, University of Wisconsin-Whitewater, YMCA of Northern Rock County, Kandu, Best Events, Janesville Farmer's Market, St. Mary's School, Salvation Army and Janesville Senior Center

## Goals

### Fall Prevention

- Decrease the age-adjusted death rate due to falls in Rock County from 17.7 deaths per 100,000 persons in 2015 to 16.5 by 2018 (Healthy Communities Institute)
- Decrease ED visits due to falls at St. Mary's Janesville Hospital from 48.14 persons per 1,000 in 2014 to 47 persons per 1,000 by 2018 (St. Mary's Janesville EPIC data)

### Smoking

- Reduce the percentage of adults who smoke in Rock County from 23.4% in 2015 to 22.5% by 2018 (Healthy Communities Institute)
- Reduce the percentage of pregnant mothers who smoke in Rock County from 17.6% in 2015 to 16.5% by 2018 (Healthy Communities Institute)

### Obesity

- Reduce the percentage of Rock County adult residents who are sedentary from 23.8% in 2015 to 22% by 2018 (Healthy Communities Institute)
- Decrease the percentage of low-income obese preschool children (ages 2-4 years) in Rock County from 16.7% to 16% by 2018 (Healthy Communities Institute)
- Reduce the percentage of adults with a Body Mass Index (BMI) >30 in Rock County from 34% in 2015 to 33% in 2018 (Wisconsin County Health Rankings)

# About SSM Health and St. Mary's Janesville Hospital



## SSM Health

SSM Health is a Catholic, not-for-profit health system that has provided exceptional care to community members regardless of their ability to pay for more than 140 years. Guided by its Mission and Values, SSM Health is one of the largest integrated care delivery systems in the nation, serving the comprehensive health needs of communities across the Midwest.

SSM Health strives to provide a consistently exceptional experience through excellent service and high-quality, accessible and affordable care.

The SSM Health system spans four states, with care delivery sites in Illinois, Missouri, Oklahoma and Wisconsin. SSM Health includes 20 hospitals, more than 60 outpatient care sites, a pharmacy benefit company, an insurance company, two nursing homes, comprehensive home care and hospice services, a telehealth and technology company and two Accountable Care Organizations. With more than 31,000 employees, 1,100 employed physicians and 8,500 medical staff physicians, SSM Health is one of the largest employers in every community it serves.



*Through our exceptional health care services, we reveal the healing presence of God.*

## St. Mary's Janesville Hospital

### Highlight of services

St. Mary's Janesville Hospital offers a comprehensive array of acute inpatient services, along with an ambulatory network consisting of convenient care, primary care, and specialist providers.

The hospital shares a 50-acre campus and electronic health record system with Dean Clinic, providing seamless health care services. Patients requiring a higher level of care are transferred to our sister hospital, St. Mary's Hospital in Madison, when appropriate.

### Community benefit

In 2014, St. Mary's Janesville Hospital provided \$19.5 million in unreimbursed care and \$2.3 million in other community benefits for a total of over \$21.7 million.

### Additional affiliations and partnerships

Dean, which joined the SSM Health system in September 2013, is a for-profit, integrated health care organization based in Madison, Wisconsin. Dean consists of a network of more than 60 clinics in south-central Wisconsin, Davis Duehr Dean eye care, insurance provider Dean Health Plan, and pharmacy benefits company Navitus Health Solutions. Approximately 500 physicians provide primary, specialty and tertiary care in the clinics. The system serves more than 400,000 health plan members.

## 2014

### Hospital at a Glance

Admissions: 2,790

Outpatient Visits: 12,553

ER Visits: 15,181

Births: 441

Beds: 50

Employees: 350

Medical Staff: 180+

Volunteers: 71

# About our Community



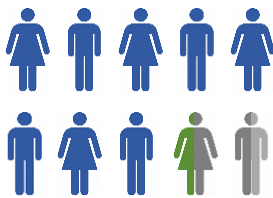
St. Mary's Janesville Hospital is located in Janesville, Wisconsin and defines its community as Rock County and adjacent communities. In 2015, this service area had an estimated population of 160,739 people. The following pages of information include demographic and health indicator statistics specific to this community.



 St. Mary's Janesville Hospital

## Our community by the numbers

### Race/Ethnicity



83.4% White/Non-Hispanic  
 4.8% African American/Non-Hispanic  
 8.4% Hispanic  
 3.4% All Others

### Education Levels

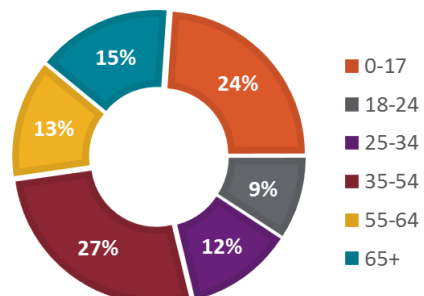


13.1% No High School Degree  
 34.5% High School Degree  
 32.9% Some College/Associates Degree  
 19.5% Bachelor's Degree or Greater

### Income Levels



### Age Groups



## About the data

The data was derived from a variety of sources including the <sup>1</sup> Healthy Communities Institute (HCI) analytics platform. The website includes the most up-to-date publicly available data for approximately 140 community indicators from over 20 sources and covering 20 topics in the areas of population health, determinants of health and quality of life. Additional sources include <sup>2</sup> Wisconsin Department of Health Services and <sup>3</sup> Wisconsin County Health Rankings 2014. Below is a statistical overview of strengths and weaknesses within the community that factored into our discussions with local stakeholders regarding the priority health needs of the community.

### *Our community by the numbers*

	<p><b>Cancer</b></p> <p>Incidence rates and/or death rates is higher than national averages in some cases. Specific areas of concern include lung, breast, colorectal and prostate <sup>1</sup></p>		<p><b>Unintentional Injury and Falls</b></p> <p>Death rates due to unintentional injury and falls in Rock County were higher than state and national averages <sup>1</sup></p>
<p><b>Smoking</b></p> <p>23.3% of adults smoke in Rock County. Additionally, 17.6% of mothers reported smoking while pregnant, which is 9.1% above the national average <sup>1</sup></p>		<p><b>Obesity</b></p> <p>30.1% of adults are obese and 16.7% of low-income preschoolers are obese in Rock County <sup>3</sup></p>	
	<p><b>Mental Health</b></p> <p>Suicide death rate and depression within the Medicare population is higher than state and national averages <sup>1</sup></p>		<p><b>Child Immunizations</b></p> <p>There is 99.7% compliance among school-age children in Rock County, which is 8.7% better than state average <sup>3</sup></p>
<p><b>Perinatal Care</b></p> <p>Preterm births, teen birth and infant mortality rates are all higher than national averages <sup>1</sup></p>		<p><b>Exercise</b></p> <p>88.2% of residents in Rock County reported having adequate access to exercise opportunities <sup>3</sup></p>	
	<p><b>Dental Care</b></p> <p>15.5% of Rock County residents did not have dental visit in the last year. <sup>3</sup> Wisconsin children are more likely to have dental cavities compared to national average <sup>2</sup></p>		<p><b>Unemployment</b></p> <p>The unemployment rate is 7.9% in Rock County, which is higher than state and national averages <sup>3</sup></p>

## Voice of the community

In May 2015, St. Mary's Janesville Hospital distributed a survey to over 70 individuals with a range of expertise including public health officials, educators, public servants and clinicians. All of these individuals are considered key public health informants within the community.

Out of 70 individuals, 38 responded to a four-question survey which inquired about Rock County's greatest health needs, barriers to achieving optimal health as well as what their vision of a healthy Rock County looks like. For a listing of selected informants and their respective areas of expertise, see page 20 of the appendix. For a list of the survey questions, see page 21 of the appendix.

The goal of the survey was to verify the health indicator statistics to ensure they were reflective of the Rock County community perception. Additionally, the hospital attempted to identify any information gaps that may limit Rock County's ability to assess all of the community's health needs, in order to gain a better understanding of the health issues associated with the uninsured, low-income persons and minority groups.

Issues identified and discussed included access to care, adults who smoke, alcohol use, asthma within the Medicare population, dental health, falls, mental health, mothers who smoke during pregnancy, obesity, perinatal care, physical inactivity, preventive health screenings and sexually transmitted infections.

## Key priorities



### Fall Prevention

Fall prevention was a significant issue expressed in the community feedback and was verified by data research.

Falls are the leading cause of unintentional injury and injury-related death. About 1 of every 50 Wisconsin residents age 65 and older was hospitalized for a fall-related injury, and about 1 of every 25 visited the emergency room for a fall-related injury.



### Smoking

Smoking in adults, specifically pregnant women, was a common issue expressed in the community feedback and was verified by data research.

Tobacco is the agent most responsible for avoidable illness and death in America today. Tobacco brings premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others.



### Obesity

Obesity was an issue expressed in the community feedback and was verified by data research.

Throughout the US, the percentage of individuals considered overweight or obese continues to rise. In addition to being costly for the US health care system, obesity also can lead to and/or complicate other health conditions, such as heart disease, stroke, diabetes and certain types of cancer.



# Fall Prevention



Each year, thousands of older Americans fall at home. Falls are a significant cause of injury in all ages of the US population, specifically in older persons. Many of them are seriously injured and some become permanently disabled. One-third of people over the age of 65 years will experience a fall-related injury every year.

Falls can result in bruises, broken bones and even head trauma. All of these can increase the risk of early death and can make it difficult for older adults to live independently.

In 2013, six percent of these falls were serious enough to require hospitalization. Many fall-related costs are paid for through Medicare.

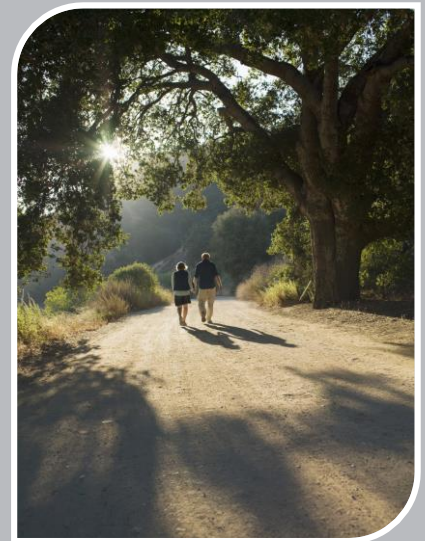
Wisconsin has one of the highest rates of death from unintentional falls in the nation. In fact, the death rate due to unintentional falls in Wisconsin is twice the national average.

The good news is that falls are preventable. Effective prevention strategies create safer environments and reduce risk factors. Examples of these include installing handrails, improving lighting and visibility, removing tripping hazards and exercising regularly to enhance balance.

## Additional facts and figures

- In 2013, about 1 of every 50 Wisconsin residents age 65 and older was hospitalized for a fall-related injury, and about 1 of every 25 visited the emergency room for a fall-related injury <sup>1</sup>
- In 2013, the total charges associated with fall-related hospital visits were at least \$674 million. That's equivalent to about \$118 for each man, woman and child in Wisconsin <sup>1</sup>
- The age-adjusted death rate due to falls is 18.0 deaths per 100,000 persons in Rock County, compared to rates 15.6 and 8.3 deaths per 100,000 persons in the state and nation, respectively <sup>2</sup>
- In 2014, 43.92 of 1,000 St. Mary's Janesville Hospital emergency department visits were due to falls <sup>3</sup>
- Since 2012, 65% of those who came to St. Mary's Janesville Hospital emergency department due to falls were over the age of 60 <sup>3</sup>

Priority  
#1



Do you have a question about our services?

Visit our website at [stmarysjanesville.com](http://stmarysjanesville.com)

Source: <sup>1</sup> Wisconsin Department of Health Services. <sup>2</sup> Healthy Communities Institute. <sup>3</sup> St. Mary's Janesville Hospital.

Tobacco is the agent most responsible for avoidable illness and death in America today. Tobacco brings premature death to almost half a million Americans each year and it contributes to profound disability in many others. Approximately one-third of all tobacco users in the country will die prematurely because of their dependence.

Areas where smoking is common will subsequently increase exposure to secondhand smoke for non-smokers. This can cause or exacerbate a wide range of adverse health effects including cancer, respiratory infections and asthma.

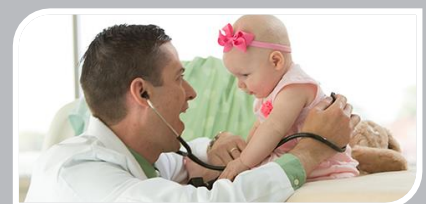
Smoking during pregnancy presents risk for both the mother and fetus. Mothers who smoke during her pregnancy are more likely to give birth to a baby with under-developed lungs, lower birth weight and increase the risk of the baby being born prematurely. It is estimated that smoking during pregnancy causes up to 10% of all infant deaths. Even after a baby is born, secondhand smoking can contribute to SIDS (sudden infant death syndrome), asthma onset and stunted growth. <sup>1</sup>

## Additional facts and figures

- 23.3% of adults reported smoking in Rock County, compared to a rate of 18.3% nationally and a 12% goal for Healthy People 2020 <sup>1</sup>
- 17.6% of Rock County mothers reported smoking during pregnancy, compared to rates of 13.7% and 8.5% in the state and nation, and a 1.4% target goal for Healthy People 2020, respectively <sup>1</sup>
- The Burden of Tobacco is a collaborative report of the University of Wisconsin Tobacco Surveillance and Evaluation Program, the American Cancer Society, and the Wisconsin Division of Public Health's Tobacco Prevention and Control Program. <sup>2</sup> The organization reports that:
  - Smoking was directly related to 17% of deaths in Rock County <sup>2</sup>
  - Approximately 232 individuals die annually of illnesses directly related to smoking in Rock County <sup>2</sup>
  - Each year, approximately 17% of all deaths in Rock County are attributable to smoking. Cigarette smoking causes 80% of all lung cancer deaths and 15% of deaths from cardiovascular disease in Rock County <sup>2</sup>

Source: <sup>1</sup> Healthy Communities Institute. <sup>2</sup> The Burden of Tobacco in Rock County, March 2010.

Priority  
#2



Do you have a question about smoking cessation?

Visit our website at [stmarysjanesville.com](http://stmarysjanesville.com)

# Obesity



Priority  
#3

Obesity is defined as a progressive, life-threatening, genetically-related and costly disease of excess fat storage. This disorder is associated with illnesses directly caused or worsened by significant weight. Morbid obesity (or clinically severe obesity) is defined as being over 200% of ideal weight, more than 100 pounds overweight, or a body mass index (BMI) of 40 or higher, at which serious medical conditions occur as a direct result of the obesity. Obesity and unhealthy weight management can also contribute to the development of other diseases such as diabetes and heart disease.

Childhood obesity has both immediate and long-term health impacts. Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea and are more likely than normal weight peers to be teased and stigmatized, which can lead to poor self-esteem. Moreover, obese youth are more likely to have increased risk factors for cardiovascular disease, such as high cholesterol or high blood pressure.

Lifestyle complications that lead to increased risk of obesity include physical inactivity combined with unhealthy diet and eating habits. In some cases, minorities and those living under financial distress are often segments of the population most affected by factors contributing to obesity.

The Wisconsin Hospital Association honored Fit Families Rock with its 2015 Global Vision Community Partnership Award. Created in 2012 by Angie Sullivan, this community partnership program is designed to eliminate childhood obesity within the community.



## Additional facts and figures

- According to the Wisconsin Department of Health Services, 67.6% of adults in Rock County are overweight or obese, which is significantly higher than national average of 63.6% <sup>1</sup>
- Childhood obesity rates increased from 7% to 18% in children ages 6-11 from 1980 to 2012, and from 5% to 21% in adolescents ages 12-19 <sup>2</sup>
- 16.7% of children ages 2-4 participating in federally-funded health and nutrition programs in Rock County are obese <sup>3</sup>

Do you have a question about obesity services at SSM Health?

Visit our website at [stmarysjanesville.com](http://stmarysjanesville.com)

Source: <sup>1</sup> Wisconsin Department of Health Services. <sup>2</sup> Centers for Disease Control and Prevention. <sup>3</sup> Healthy Communities Institute.

## Achieving our Goals, Now and in the Future

SSM Health is committed to improving the health of our communities through collaborative efforts to address unmet needs.



### SSM Health

St. Mary's Janesville Hospital is pleased to make this source of reliable, current community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement.

Please visit [ssmhealth.com/system](http://ssmhealth.com/system) for more information.



FIND HEALTH DATA



FIND DEMOGRAPHIC DATA



FIND HEALTH DISPARITIES

### Healthy People 2020 Progress Tracker

The Healthy People 2020 progress tracker provides a platform for measuring improvement of population health metrics associated with the US Healthy People 2020 objectives. The health objectives and 2020 goals allow communities to assess their health status through a comprehensive set of key disease indicators and create action plans relative to key priorities.

Indicator	Current and Target	Data	Since Prior Period	Status
<b>Access to Health Services</b>				
Adults with Health Insurance <small>MAP</small>	Current: 78.1 percent Target: 100.0	78.1 100.0 Current Target		TARGET NOT MET
Children with Health Insurance <small>MAP</small>	Current: 93.4 percent Target: 100.0	93.4 100.0 Current Target		TARGET NOT MET
<b>Adolescent Health</b>				
High School Graduation <small>MAP</small>	Current: 62.3 percent Target: 82.4	62.3 82.4 Current Target		TARGET NOT MET

Contact us to learn more at 608-373-8000.

St. Mary's Janesville Hospital  
3400 E. Racine Street | Janesville, WI 53546



2016-2018

## Appendices

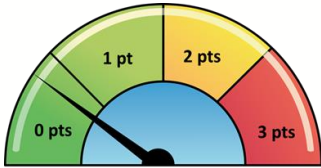


Additional demographic information

DEMOGRAPHIC CHARACTERISTICS										
			Selected Area	USA				2015	2020	% Change
2010 Total Population			159,624	308,745,538		Total Male Population		78,900	79,761	1.1%
2015 Total Population			160,595	319,459,991		Total Female Population		81,695	82,606	1.1%
2020 Total Population			162,367	330,689,365		Females, Child Bearing Age (15-44)		30,422	30,541	0.4%
% Change 2015 - 2020			1.1%	3.5%						
Average Household Income			\$59,477	\$74,165						
POPULATION DISTRIBUTION						HOUSEHOLD INCOME DISTRIBUTION				
Age Distribution						Income Distribution				
Age Group	2015	% of Total	2020	% of Total	USA 2015 % of Total	2015 Household Income	HH Count	% of Total	USA % of Total	
0-14	31,511	19.6%	30,366	18.7%	19.1%	<\$15K	7,782	12.3%	12.7%	
15-17	6,812	4.2%	6,924	4.3%	4.0%	\$15-25K	7,943	12.5%	10.8%	
18-24	14,789	9.2%	16,025	9.9%	9.9%	\$25-50K	18,273	28.8%	23.9%	
25-34	19,300	12.0%	18,726	11.5%	13.3%	\$50-75K	12,291	19.4%	17.8%	
35-54	42,609	26.5%	40,391	24.9%	26.3%	\$75-100K	8,216	13.0%	12.0%	
55-64	21,185	13.2%	22,070	13.6%	12.7%	Over \$100K	8,907	14.0%	22.8%	
65+	24,389	15.2%	27,865	17.2%	14.7%					
<b>Total</b>	<b>160,595</b>	<b>100.0%</b>	<b>162,367</b>	<b>100.0%</b>	<b>100.0%</b>	<b>Total</b>	<b>63,412</b>	<b>100.0%</b>	<b>100.0%</b>	
EDUCATION LEVEL						RACE/ETHNICITY				
Education Level Distribution						Race/Ethnicity Distribution				
2015 Adult Education Level	Pop Age 25+	% of Total	USA % of Total			Race/Ethnicity	2015 Pop	% of Total	USA % of Total	
Less than High School	4,206	3.9%	5.9%			White Non-Hispanic	133,965	83.4%	61.8%	
Some High School	9,849	9.2%	8.0%			Black Non-Hispanic	7,725	4.8%	12.3%	
High School Degree	37,032	34.5%	28.1%			Hispanic	13,421	8.4%	17.6%	
Some College/Assoc. Degree	35,393	32.9%	29.1%			Asian & Pacific Is. Non-Hispanic	1,914	1.2%	5.3%	
Bachelor's Degree or Greater	21,003	19.5%	28.9%			All Others	3,570	2.2%	3.1%	
<b>Total</b>	<b>107,483</b>	<b>100.0%</b>	<b>100.0%</b>			<b>Total</b>	<b>160,595</b>	<b>100.0%</b>	<b>100.0%</b>	

Source: Truven Health Analytics 2015

## Healthy Communities Institute scorecard

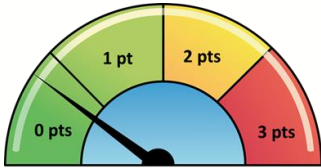


- St. Mary's Janesville Hospital is pleased to make this source of community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement
- Indicators below are pre-sorted in order of decreasing severity
- Indicator HCI score correlates with severity gauge pictured
- Updated data can be found online at [ssmhealth.com/system](http://ssmhealth.com/system)

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
2.83	Asthma: Medicare Population	percent	6.2	4.7	4.9	
2.83	Workers who Walk to Work	percent	2.2	3.3	2.8	3.1
2.67	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/100,000 population	51.5	44.8	39.2	36.4
2.61	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/100,000 population	44.1	36.4	37	34.8
2.53	Age-Adjusted Death Rate due to Falls	deaths/100,000 population	17.7	15.6	8.3	7.2
2.44	Single-Parent Households	percent	36.8	30.7	33.3	
2.42	Persons with Disability Living in Poverty	percent	31.4	26.4	28.2	
2.42	Students Eligible for the Free Lunch Program	percent	44.4	35.3		
2.39	Age-Adjusted Death Rate due to Cancer	deaths/100,000 population	192.4	174.6	173.8	161.4
2.36	Age-Adjusted Death Rate due to Suicide	deaths/100,000 population	15.7	13.2	12.5	10.2
2.36	Mothers who Smoked During Pregnancy	percent	17.6	13.7	8.5	1.4
2.33	Children Living Below Poverty Level	percent	21.7	18.1	21.6	
2.33	Depression: Medicare Population	percent	16.8	15.6	15.4	
2.33	Low-Income Preschool Obesity	percent	16.7			
2.33	Young Children Living Below Poverty Level	percent	24.9	21.6	24.7	
2.28	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/100,000 population	29.9	23.5	24	
2.28	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/100,000 population	17.3	14.7	15.4	
2.28	Unemployed Workers in Civilian Labor Force	percent	6.2	5.4	5.6	
2.25	Preterm Births	percent	11.6	10	11.4	11.4
2.25	Self-Reported General Health Assessment: Poor or Fair	percent	14.6	11.8		
2.22	Lung and Bronchus Cancer Incidence Rate	cases/100,000 population	73.5	62.1	64.9	
2.19	Poor Mental Health Days	days	3.5	3		
2.17	Age-Adjusted Death Rate due to Breast Cancer	deaths/100,000 females	24.5	21	22.2	20.7
2.17	Age-Adjusted Death Rate due to Lung Cancer	deaths/100,000 population	54.9	46.8	48.4	45.5
2.14	Teen Birth Rate	live births/1,000 females aged 15-19	29.7	19.9	26.5	
2.11	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	deaths/100,000 population	48.1	39	42.1	
2.11	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/100,000 population	16.3	14.8	15.9	14.5
2.11	Age-Adjusted Death Rate due to Prostate Cancer	deaths/100,000 males	24.7	24.3	22.3	21.8
2.11	Houses Built Prior to 1950	percent	29.4	26.9	18.9	
2.11	People 25+ with a Bachelor's Degree or Higher	percent	19.4	26.8	28.8	
2.11	Renters Spending 30% or More of Household Income on Rent	percent	52.8	48.4	52.3	
2.08	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/100,000 population	12.6	9.8	10.7	12.4
2.08	Death Rate due to Drug Poisoning	deaths/100,000 population	14.4	11.3		
2.08	Mammography Screening: Medicare Population	percent	64.9	70		
2	Children with Low Access to a Grocery Store	percent	7.8			
2	Diabetes: Medicare Population	percent	25.2	23.4	27	
1.97	Adults who Drink Excessively	percent	25.9	24.4		25.4
1.97	Infant Mortality Rate	deaths/1,000 live births	6.6	5.9	6.1	6
1.97	Poor Physical Health Days	days	3.7	3.2		
1.94	Families Living Below Poverty Level	percent	10.6	8.8	11.3	
1.92	Adults who Smoke	percent	23.3	18.3		12
1.92	Infants Born to Mothers with <12 Years Education	percent	15.4	11.8	15.9	
1.92	Non-Physician Primary Care Provider Rate	providers/100,000 population	41	76		

Source: Healthy Communities Institute

Healthy Communities Institute scorecard (continued)



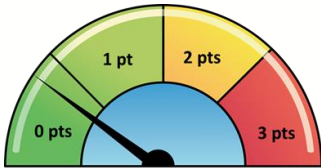
- St. Mary’s Janesville Hospital is pleased to make this source of community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement
- Indicators below are pre-sorted in order of decreasing severity
- Indicator HCI score correlates with severity gauge pictured
- Updated data can be found online at [ssmhealth.com/system](http://ssmhealth.com/system)

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
1.89	Adults who are Obese	percent	30.1		27	30.5
1.89	Per Capita Income	dollars	24094	27523	28155	
1.83	Child Food Insecurity Rate	percent	22.9	20.4	21.4	
1.83	Low-Income and Low Access to a Grocery Store	percent	9.2			
1.83	People 65+ with Low Access to a Grocery Store	percent	4.4			
1.83	People Living 200% Above Poverty Level	percent	66.3	69.4	65.8	
1.83	People Living Below Poverty Level	percent	14.3	13	15.4	
1.83	Workers Commuting by Public Transportation	percent	0.7	1.8	5	5.5
1.81	Mothers who Received Early Prenatal Care	percent	73.3	75.6	74.2	77.9
1.81	Premature Death	years/100,000 population	6760	5881		
1.78	Adults who are Overweight or Obese	percent	67.6		63.3	
1.78	Adults with Health Insurance	percent	84.4	87.2	79.7	100
1.75	Diabetic Screening: Medicare Population	percent	87.8	90		
1.75	Food Environment Index	(blank)	7.5	8		
1.75	Health Behaviors Ranking	(blank)	67			
1.75	Morbidity Ranking	(blank)	67			
1.75	Mortality Ranking	(blank)	56			
1.75	Physical Environment Ranking	(blank)	60			
1.75	Primary Care Provider Rate	providers/100,000 population	61	82		
1.75	Severe Housing Problems	percent	15.4	15.2		
1.75	Social and Economic Factors Ranking	(blank)	57			
1.69	Annual Ozone Air Quality	(blank)	3			
1.69	Child Abuse Rate	cases/1,000 children	7	3.7	9.1	8.5
1.67	COPD: Medicare Population	percent	9.6	8.8	11.3	
1.67	Fast Food Restaurant Density	restaurants/1,000 population	0.6			
1.67	Mean Travel Time to Work	minutes	22.7	21.7	25.5	
1.67	Violent Crime Rate	crimes/100,000 population	243.8	255.5		
1.61	Age-Adjusted Death Rate due to Diabetes	deaths/100,000 population	19.4	18.4	21.3	
1.61	Median Household Income	dollars	49435	52413	53046	
1.61	PBT Released	pounds	56			
1.61	Recognized Carcinogens Released into Air	pounds	5560			
1.58	Adults with Diabetes	percent	9.6	8.8		
1.58	Clinical Care Ranking	(blank)	45			
1.58	Dentist Rate	dentists/100,000 population	54	61		
1.58	Student-to-Teacher Ratio	students/teacher	14.8	15.3		
1.56	All Cancer Incidence Rate	cases/100,000 population	462	462.1	459.8	
1.56	Chlamydia Incidence Rate	cases/100,000 population	404.6	411.6	446.6	
1.56	Grocery Store Density	stores/1,000 population	0.2			
1.56	People 25+ with a High School Degree or Higher	percent	87.7	90.4	86	
1.56	People 65+ Living Alone	percent	29.1	29.7	27	
1.56	Stroke: Medicare Population	percent	3	2.6	3.8	
1.5	Households with No Car and Low Access to a Grocery Store	percent	2.2			
1.5	Life Expectancy for Females	years	80.7	81.6	80.8	
1.5	SNAP Certified Stores	stores/1,000 population	0.7			
1.5	Workers who Drive Alone to Work	percent	80.8	80.2	76.3	
1.47	Preventable Hospital Stays	discharges/1,000 Medicare enrollees	53	51		
1.44	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/100,000 population	99.8	96.6	105.7	103.4
1.44	Gonorrhea Incidence Rate	cases/100,000 population	51.1	80.3	106.1	

Source: Healthy Communities Institute



## Healthy Communities Institute scorecard (continued)



- St. Mary's Janesville Hospital is pleased to make this source of community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement
- Indicators below are pre-sorted in order of decreasing severity
- Indicator HCI score correlates with severity gauge pictured
- Updated data can be found online at [ssmhealth.com/system](http://ssmhealth.com/system)

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
1.44	People 65+ Living Below Poverty Level	percent	8	7.8	9.4	
1.44	Syphilis Incidence Rate	cases/100,000 population	1.2	1.7	5.5	
1.42	Alcohol-Impaired Driving Deaths	percent	35.4	38.8		
1.42	Babies with Low Birth Weight	percent	7.1	7	8	7.8
1.42	Drinking Water Violations	percent	2	4.9		
1.42	Solo Drivers with a Long Commute	percent	27.5	25.6		
1.36	High School Graduation	percent	88	87.5	80	82.4
1.36	Recreation and Fitness Facilities	facilities/1,000 population	0.1		0.1	
1.33	Cancer: Medicare Population	percent	7	7.4	7.9	
1.33	Food Insecurity Rate	percent	12.5	12.4	15.8	
1.33	Households without a Vehicle	percent	5.5	7.1	9.1	
1.33	Hypertension: Medicare Population	percent	48.2	48.9	55.5	
1.33	Life Expectancy for Males	years	76.2	77	76.1	
1.31	Children Compliant with Immunization Requirements	percent	99.7	97.9		
1.31	Farmers Market Density	markets/1,000 population	0		0	
1.28	Hyperlipidemia: Medicare Population	percent	39.9	40.8	44.8	
1.22	Age-Adjusted Death Rate due to Kidney Disease	deaths/100,000 population	14	14.3	13.3	
1.22	HIV Diagnosis Rate	cases/100,000 population	0.6	4		
1.19	Children with Health Insurance	percent	94.9	95.2		100
1.17	Adults who are Sedentary	percent	23.8			32.6
1.17	Atrial Fibrillation: Medicare Population	percent	7.2	8	7.8	
1.17	Chronic Kidney Disease: Medicare Population	percent	13.9	15.8	15.5	
1.17	Osteoporosis: Medicare Population	percent	5.1	5.4	6.4	
1.06	Breast Cancer Incidence Rate	cases/100,000 females	113.2	124.8	122.7	
1.06	Households with Cash Public Assistance Income	percent	2.2	2.2	2.8	
1.06	Oral Cavity and Pharynx Cancer Incidence Rate	cases/100,000 population	11.1	11.3	11.2	
1	Homeownership	percent	65.9	59.4	56.9	
0.92	Access to Exercise Opportunities	percent	88.2	82.7		
0.89	Colorectal Cancer Incidence Rate	cases/100,000 population	40	41.8	43.3	38.6
0.78	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	23	26.1	29	
0.67	Alzheimer's Disease or Dementia: Medicare Population	percent	7.8	8.8	9.8	
0.67	Babies with Very Low Birth Weight	percent	1.2	1.3	1.4	1.4
0.67	Liquor Store Density	stores/100,000 population	6.2	7.1	10.4	
0.5	Ischemic Heart Disease: Medicare Population	percent	22.7	24	28.6	
0.5	Prostate Cancer Incidence Rate	cases/100,000 males	114.7	139.2	142.3	
0.25	Cervical Cancer Incidence Rate	cases/100,000 females	3.6	5.9	7.8	7.1
0.17	Heart Failure: Medicare Population	percent	10.6	13	14.6	

Source: Healthy Communities Institute

## The tax year the hospital last conducted a needs assessment

---

St. Mary's Janesville Hospital last conducted a CHNA in 2012.

## Existing health care facilities and resources within the community that are available to respond to the health needs of the community

---

St. Mary's Janesville Hospital held a meeting with local, regional, and System members to determine priorities for the 2016-2018 CHNA and strategic implementation plan. Priorities chosen were:

- Fall Prevention: Resources include Rock County Council on Aging, Home Health United, Aging and Disability Resource Center, Rock County Health Department, Janesville Police Department, Catholic Charities, Wisconsin Council of the Blind and Visually Impaired and Dean Clinic
- Smoking: Resources include Wisconsin Women's Health Foundation, Rock County Youth2Youth Tobacco Coalition, Dean Clinic, Wisconsin Quitline and University of Wisconsin Breath Study
- Obesity: Resources include Dean Clinic, University of Wisconsin-Whitewater, YMCA of Northern Rock County, Kandu, Best Events, Janesville Farmer's Market, St. Mary's School, Salvation Army and Janesville Senior Center

## How the data was obtained

---

In May 2015, St. Mary's Janesville Hospital distributed a survey to over 70 individuals with a range of expertise including public health officials, educators, public servants, and clinicians. All of these individuals are considered key community informants in the area of public health.

Out of 70 individuals, 38 responded to the four-question survey which inquired as to what the individual's perception of Rock County's greatest health needs, barriers to achieving optimal health, as well as their vision of what a healthy Rock County looks like.

The goal of the survey was to verify secondary results and make sure the findings were reflective of the experiences of the Rock County community, identify any information gaps that may limit Rock County's ability to assess all of the community's health needs and expand on secondary data findings with the goal of coming to a better understanding of the health issues of uninsured persons, low-income persons and minority groups in the community.

Additional data was derived from a variety of sources including the 2014 Rock County Community Health Needs Assessment and Healthy Communities Institute (HCI), which can be found on SSM Health's homepage at [ssmhealth.com/system](http://ssmhealth.com/system). The website platform includes the most up-to-date publicly available data for approximately 140 community indicators from over 20 sources, covering 20 topics in the areas of health, determinants of health and quality of life. Other sources include Wisconsin Department of Health Services and Wisconsin County Health Rankings.

## The health needs of the community

---

Please see "The Health of Our Community" and "The Health Needs of Our Community" sections for analysis of health indicators specific to the health of our community and the identified priorities to be addressed going forward.

## **Primary and chronic disease needs and other health issues of uninsured persons, low-income persons and minority groups**

---

To be maximally effective, health programs must meet a tangible need of the community. They must be presented to and accessible by the very people who need them most. The previous study of demographics, community health indicators and community feedback is necessary to assist the hospital in the planning, development, implementation and evaluation of population health programs in order to reduce disease burden within the community. St. Mary's Janesville Hospital acknowledges the populations for which disparities exist and the unique burdens associated with their demographic status.

It is SSM Health's Vision that through our participation in the healing ministry of Jesus Christ, communities, especially those that are economically, physically and socially marginalized, will experience improved health in mind, body, spirit and environment within the financial limits of the system.

## **The process for identifying and prioritizing community health needs and services to meet the community health needs**

---

Prior to review of the data, a list of criteria was developed to aid in the selection of priority needs. During the data review process, attention was directed to health issues that met any of these criteria:

- Health issues that impact a lot of people or for which disparities exist, therefore put a greater burden on some population groups
- Poor rankings for health issues in Rock County as compared to other counties in Wisconsin, or Healthy People 2020 national health targets
- Health issues for which trends are worsening

The St. Mary's Janesville Hospital CHNA steering committee also considered indicators that relate to problems the Rock County Health Department CHNA committee had already identified through its own community health needs assessment, such as mental health, underutilization of dental health services, underutilization of preventive health screenings and harmful lifestyle choices (ex: obesity, smoking, and inactivity). The St. Mary's Janesville Hospital health educator was a part of that committee.

In addition, St. Mary's Janesville Hospital created an internal CHNA steering committee to prioritize the needs that were identified and validated through the data analysis. Members consisted of administration, foundation, emergency department, quality, labor and delivery, education and the volunteer coordinator. The group met every other week over the course of four months. The group aligned key strategies, resources, magnitude of the issues and overall capability of the hospital to address the suggested needs. Based on internal prioritization, the top ranking priorities established the priority needs for the strategic implementation plan.

## **Primary and chronic disease needs and other health issues of uninsured persons, low-income persons and minority groups**

---

Please note that insights provided by key community informants are opinions about their observations of the community health needs of Rock County residents. St. Mary's Janesville Hospital observes that, while many health status indicators for its service area might score above average, they may still represent problems that are above the medically preferable prevalence rate, place a heavy burden on our population, are trends that might be worsening and/or fall short of acceptable benchmarks. In addition, aggregate health data for the entire population often masks the unfair, heavy burdens on certain groups within the population. St. Mary's Janesville Hospital made a conscious effort to reveal and acknowledge these disparities when possible.

---

## Persons representing the community with whom the hospital consulted

St. Mary's Janesville Hospital benefited from input derived through consultation of numerous community leaders representing diverse constituencies. The leaders associated with community feedback are listed with their affiliations below. Additionally, St. Mary's Janesville Hospital benefited from guidance and input from individuals with expertise in public/population health.

Date	Solicitation Type	Panel Member Title	Panel Member Organization	Panel Member Name (Optional)
5/12/2015	Key Informant Survey	Executive Director	South Central WI AHEC	Traci Lindsey
5/12/2015	Key Informant Survey	Supervisor	County Board	Kathy Schulz
5/12/2015	Key Informant Survey	Criminal Justice System	Rock County	Elizabeth PohlmanMcQuillen
5/12/2015	Key Informant Survey	Coalition Director	Healthy Edgerton	Megan Farrell
5/12/2015	Key Informant Survey	Health Educator	Div of Public Health	Sheri Siemers
5/12/2014	Key Informant Survey	Health Officer	Rock County Health Dept	Marie-Noel Sandoval
5/12/2015	Key Informant Survey	Marketing Specialist	Mercy Health System	Amy Carey
5/12/2015	Key Informant Survey	Nurse Practitioner	First Choice Women's Health Ctr	Lori Richardson
5/12/2015	Key Informant Survey	Program Operations Mgr	Community Action	Christine Arambula
5/12/2015	Key Informant Survey	Executive Director	HeadStart	Connie Robers
5/12/2015	Key Informant Survey	COO	Edgerton Hospital	Sue Alwin-Popp
5/12/2015	Key Informant Survey	Executive Director	Rock Com Youth Coalition	Shari Faber
5/12/2015	Key Informant Survey	Coalition Director	Janesville Mobilizing for Change	Sarah Johnson
5/12/2015	Key Informant Survey	Project Coordinator	JM4Change	Jane Golberg
5/12/2015	Key Informant Survey	Therapist	LSS	Jessica Box
5/12/2015	Key Informant Survey	School Nurse	Janesville School District	Kristi Coy
5/12/2015	Key Informant Survey	School Nurse	Janesville School District	Diane Campton
5/12/2015	Key Informant Survey	Homebound Teacher	Independent	Paulette Davis
5/12/2015	Key Informant Survey	Supervisor District #20	Rock County	Wes Davis
5/12/2015	Key Informant Survey	Unit Director	Stateline Boys & Girls Club	David Wilson
5/12/2015	Key Informant Survey	Manager Affordable Care	Mercy Health System	Ladd Udy
5/12/2015	Key Informant Survey	Admin Fellow	Mercy Health System	Andrew Stonehocker
5/12/2015	Key Informant Survey	Nursing Supervisor	Rock County Health Dept	Deb Erickson
5/12/2015	Key Informant Survey	Mental Health Spec	Beloit School District	Stacy Struessel
5/12/2015	Key Informant Survey	Homeless Liaison	Beloit Project 16:49	Robin Stunht
5/12/2015	Key Informant Survey	Safe Schools	Beloit School District	Shawn Fredricks
5/12/2015	Key Informant Survey	4H Youth Develop	UW-Extension	Megan Rebout
5/12/2015	Key Informant Survey	Executive Director	Youth 2 Youth	Debbie Fisher



## Focus group questions

---

State of Rock County Health  
Tuesday, May 12, 2015

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Email: (Optional): \_\_\_\_\_

What do you feel are the 3 biggest health concerns of Rock County Residents?

What do you feel is the biggest obstacle to achieve optimal health amongst Rock County residents?

What is your vision for a healthy community?

Would you be interested in meeting more about this topic?

Yes     No

## Information gaps that limit the hospital facility's ability to assess all of the community's health needs

---

St. Mary's Janesville Hospital observes that, while many health status indicators for its service area might score above average, they may still represent problems that are above the medically preferable prevalence rate (i.e. nonexistent), place a heavy burden on our population, are trends might be worsening and/or fall short of acceptable benchmarks. In addition, aggregate health data for the entire population often masks the unfair, heavy burdens on certain groups within the population. St. Mary's Janesville Hospital made a conscious effort to reveal and acknowledge these disparities when possible.

## Needs the hospital will not address and the reasons why

---

Because St. Mary's Janesville Hospital has limited resources, not every health indicator which has an identified need for improvement could be addressed. Those community needs identified but not "prioritized" for improvement included the following:

- Access to care is an ongoing priority at SSM Health and Dean. SSM Health, Dean and St. Mary's Janesville Hospital are constantly assessing areas of physician need within our service areas and developing recruitment plans to increase access to primary care and other specialist providers in the region.
- Alcohol use: The hospital does not employ the professionals necessary to implement a substance abuse program. There is an organization called Janesville Mobilizing for Change whose goal is to prevent and reduce substance use among all youth through Advocacy, Awareness and Action. Dean and St. Mary's Janesville Hospital have a team member as part of their coalition, which meets monthly.
- Dental health services: The hospital does not employ the professionals necessary to implement a dental health program.
- Mental health services: The hospital does not have the resources to fully support a mental health program. Rock County has a behavioral health redesign steering committee which is working towards several goals and objectives as it relates to mental health in Rock County. Dean and St. Mary's Janesville Hospital have representation on that group. National Alliance on Mental Illness has a very active chapter in Rock County as well.
- Sexually transmitted infections (STI): The hospital supports the local STI Coalition in Rock County. The coalition has been in existence for three years and continues to work through their implementation strategies.
- Preventive screenings: The Rock County CHNA committee has chosen preventative screenings as one of their identified priority areas. The committee has designed outcome measurements such as increasing awareness and access to key preventative screenings in Rock County.
- Asthma in Medicare population: In 2015, Dean Clinic hired care managers to treat high risk Medicare patients with co-morbid chronic conditions including asthma.
- Perinatal care (teen birth rate, preterm births, babies with low birth rate, infant mortality rate): Rock County currently has several organizations working towards improving perinatal care, including the Rock County Health Department.



## **Other hospital facilities who participated in St. Mary's Janesville's CHNA process**

---

The CHNA was conducted in partnership with Beloit Health System, Mercy Health System and HealthNet of Rock County.

## **How St. Mary's Janesville makes its needs assessment widely available to the public**

---

St. Mary's Janesville Hospital 2016-2018 CHNA is available online at [stmarysjanesville.com](http://stmarysjanesville.com) and upon request from the hospital facility at 608-373-8000.

See section on "Going Forward" for more information.

St. Mary's Janesville Hospital  
3400 E. Racine Street | Janesville, WI 53546



2016-2018

## Strategic Implementation Plan





Prior to review of the data, a list of criteria was developed to aid in the selection of priority areas. During the data review process, attention was directed to health issues that met any of these criteria:

- Health issues that impact many people or for which disparities exist, therefore put a greater burden on some population groups
- Poor rankings for health issues in Rock County as compared to other counties in Wisconsin, or Healthy People 2020 national health goals
- Health issues for which trends are worsening

The St. Mary's Janesville Hospital CHNA steering committee also considered indicators that relate to problems the Rock County Health Department CHNA committee had already identified through its own CHNA, such as mental health, underutilization of dental health services, underutilization of preventive health screenings and harmful lifestyle choices (ex: obesity, smoking and inactivity). The St. Mary's Janesville Hospital health educator was a part of that committee.

In addition, St. Mary's Janesville Hospital created an internal CHNA steering committee to prioritize the needs that were identified and validated through the data analysis. Members consisted of representation from administration, foundation, emergency department, quality, birthing suites, education and the volunteer coordinator. The group met over the course of four months every other week. The group focused on the alignment to key strategies, resources, magnitude of issue and overall capability. Based on internal prioritization, the top ranking priorities established the areas of focus for the strategic implementation plan.

## Priority #1 Fall Prevention

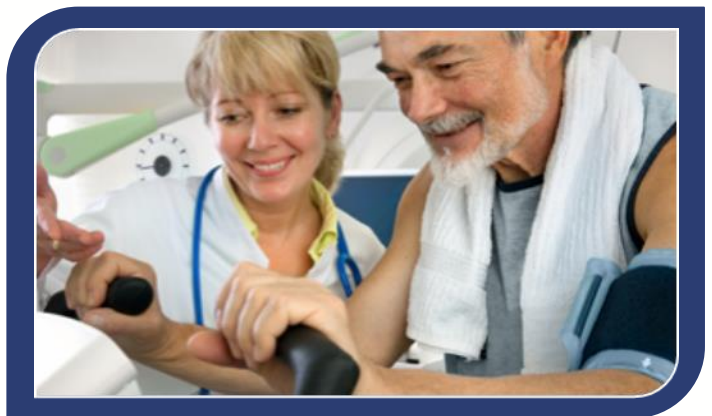
---

## Priority #2 Smoking

---

## Priority #3 Obesity

---



# Fall Prevention



Each year, thousands of older Americans fall at home. Falls are a significant cause of injury in all ages of the US population, specifically in older persons. Many of them are seriously injured and some become permanently disabled. One-third of people over the age of 65 years will experience a fall-related injury every year.

Falls can result in bruises, broken bones and even head trauma. All of these can increase the risk of early death and can make it difficult for older adults to live independently.

In 2013, six percent of these falls were serious enough to require hospitalization. Many fall-related costs are paid for through Medicare.

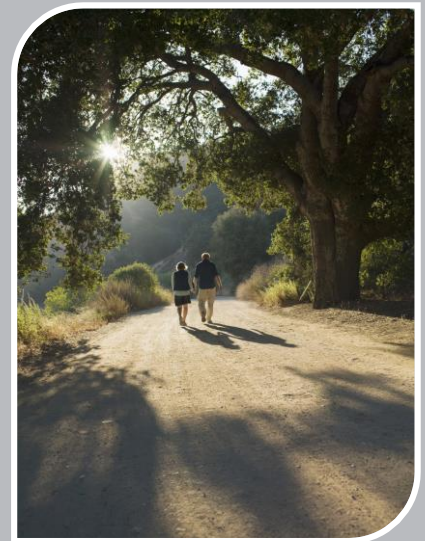
Wisconsin has one of the highest rates of death from unintentional falls in the nation. In fact, the death rate due to unintentional falls in Wisconsin is twice the national average.

The good news is that falls are preventable. Effective prevention strategies create safer environments and reduce risk factors. Examples of these include installing handrails, improving lighting and visibility, removing tripping hazards and exercising regularly to enhance balance.

## Additional facts and figures

- In 2013, about 1 of every 50 Wisconsin residents age 65 and older was hospitalized for a fall-related injury, and about 1 of every 25 visited the emergency room for a fall-related injury <sup>1</sup>
- In 2013, the total charges associated with fall-related hospital visits were at least \$674 million. That's equivalent to about \$118 for each man, woman and child in Wisconsin <sup>1</sup>
- The age-adjusted death rate due to falls is 18.0 deaths per 100,000 persons in Rock County, compared to rates 15.6 and 8.3 deaths per 100,000 persons in the state and nation, respectively <sup>2</sup>
- In 2014, 43.92 of 1,000 St. Mary's Janesville Hospital emergency department visits were due to falls <sup>3</sup>
- Since 2012, 65% of those who came to St. Mary's Janesville Hospital emergency department due to falls were over the age of 60 <sup>3</sup>

Priority  
#1



Do you have a question about our services?

Visit our website at [stmarysjanesville.com](http://stmarysjanesville.com)

Source: <sup>1</sup> Wisconsin Department of Health Services. <sup>2</sup> Healthy Communities Institute. <sup>3</sup> St. Mary's Janesville Hospital.

# Strategic Implementation Plan

## Fall Prevention



### Goals

The goals of St. Mary's Janesville Hospital include:

- Decrease the age-adjusted death rate due to falls in Rock County from 17.7 deaths per 100,000 persons in 2015 to 16.5 by 2018 (Healthy Communities Institute)
- Decrease ED visits due to falls at St. Mary's Janesville Hospital from 48.14 persons per 1,000 in 2014 to 47 persons per 1,000 by 2018 (St. Mary's Janesville EPIC data)



### Action plan

- Continue collaboration with Rock County Council on Aging to facilitate Stepping On Classes at Dean and St. Mary's Janesville Hospital
- Create and distribute a fall prevention resource list to be distributed to all ER patients as well as inpatients age 65 and older who are treated and released due to a fall
- Create community awareness of fall prevention by participating in Dean and St. Mary's Janesville Hospital's radio program
- Collaborate with current St. Mary's Janesville Hospital fall prevention work group to align goals and activities

### Community partners and supporting resources

- Rock County Council on Aging
- Home Health United
- Aging and Disability Resource Center
- Rock County Health Department
- Janesville Police Department
- Catholic Charities
- Wisconsin Council of the Blind & Visually Impaired

Tobacco is the agent most responsible for avoidable illness and death in America today. Tobacco brings premature death to almost half a million Americans each year and it contributes to profound disability in many others. Approximately one-third of all tobacco users in the country will die prematurely because of their dependence.

Areas where smoking is common will subsequently increase exposure to secondhand smoke for non-smokers. This can cause or exacerbate a wide range of adverse health effects including cancer, respiratory infections and asthma.

Smoking during pregnancy presents risk for both the mother and fetus. Mothers who smoke during her pregnancy are more likely to give birth to a baby with under-developed lungs, lower birth weight and increase the risk of the baby being born prematurely. It is estimated that smoking during pregnancy causes up to 10% of all infant deaths. Even after a baby is born, secondhand smoking can contribute to SIDS (sudden infant death syndrome), asthma onset and stunted growth. <sup>1</sup>

## Additional facts and figures

- 23.3% of adults reported smoking in Rock County, compared to a rate of 18.3% nationally and a 12% goal for Healthy People 2020 <sup>1</sup>
- 17.6% of Rock County mothers reported smoking during pregnancy, compared to rates of 13.7% and 8.5% in the state and nation, and a 1.4% target goal for Healthy People 2020, respectively <sup>1</sup>
- The Burden of Tobacco is a collaborative report of the University of Wisconsin Tobacco Surveillance and Evaluation Program, the American Cancer Society, and the Wisconsin Division of Public Health's Tobacco Prevention and Control Program. <sup>2</sup> The organization reports that:
  - Smoking was directly related to 17% of deaths in Rock County <sup>2</sup>
  - Approximately 232 individuals die annually of illnesses directly related to smoking in Rock County <sup>2</sup>
  - Each year, approximately 17% of all deaths in Rock County are attributable to smoking. Cigarette smoking causes 80% of all lung cancer deaths and 15% of deaths from cardiovascular disease in Rock County <sup>2</sup>

Source: <sup>1</sup> Healthy Communities Institute. <sup>2</sup> The Burden of Tobacco in Rock County, March 2010.

Priority  
#2



Do you have a question about smoking cessation?

Visit our website at [stmarysjanesville.com](http://stmarysjanesville.com)

# Strategic Implementation Plan

## Smoking



### Goals

The goals of St. Mary's Janesville Hospital include:

- Reduce the percentage of adults who smoke in Rock County from 23.4% in 2015 to 22.5% by 2018 (Healthy Communities Institute)
- Reduce the percentage of pregnant mothers who smoke in Rock County from 17.6% in 2015 to 16.5% by 2018 (Healthy Communities Institute)
- **Reduce the percentage of Dean Health Plan participants who smoke from \_\_\_% in 2015 to \_\_\_% in 2018 (DHP)**



### Action plan

- Enhance collaboration with Wisconsin Women's Health Foundation to help implement the First Breath Program (evidence-based smoking cessation program for pregnant mothers) at Dean Clinic by 2017
- Create method to track referrals made through the Dean Clinic Family Practice and Internal Medicine Department into the Breathe Study (evidence-based smoking cessation counseling) conducted by University of Wisconsin-Madison by 2018
- Create "quit smoking" survival kits and distribute at the Great American SmokeOut for those self-identified as smokers. These kits will include Wisconsin Quitline information
- Provide "quit smoking" survival kits to patients/visitors who smoke in the Dean and St. Mary's Janesville Hospital parking lot
- Create a smoking cessation work group with clinic, hospital and community representation
- Create community awareness of the dangers of smoking through the Dean and St. Mary's Janesville Hospital radio show
- Provide prevention education to school-age children through various outreach efforts
- Explore coordination efforts with Dean Clinic and the Breathe Study to provide smoking cessation to inpatients who qualify

### Community partners and supporting resources

- Wisconsin Women's Health Foundation
- Rock County Youth2Youth Tobacco Coalition
- Dean Clinic - Family Practice and Internal Medicine
- Wisconsin Quitline
- University of Wisconsin-"Wisconsin Breathe"

# Obesity



Priority  
#3

Obesity is defined as a progressive, life-threatening, genetically-related and costly disease of excess fat storage. This disorder is associated with illnesses directly caused or worsened by significant weight. Morbid obesity (or clinically severe obesity) is defined as being over 200% of ideal weight, more than 100 pounds overweight, or a body mass index (BMI) of 40 or higher, at which serious medical conditions occur as a direct result of the obesity. Obesity and unhealthy weight management can also contribute to the development of other diseases such as diabetes and heart disease.

Childhood obesity has both immediate and long-term health impacts. Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea and are more likely than normal weight peers to be teased and stigmatized, which can lead to poor self-esteem. Moreover, obese youth are more likely to have increased risk factors for cardiovascular disease, such as high cholesterol or high blood pressure.

Lifestyle complications that lead to increased risk of obesity include physical inactivity combined with unhealthy diet and eating habits. In some cases, minorities and those living under financial distress are often segments of the population most affected by factors contributing to obesity.

The Wisconsin Hospital Association honored Fit Families Rock with its 2015 Global Vision Community Partnership Award. Created in 2012 by Angie Sullivan, this community partnership program is designed to eliminate childhood obesity within the community.



## Additional facts and figures

- According to the Wisconsin Department of Health Services, 67.6% of adults in Rock County are overweight or obese, which is significantly higher than national average of 63.6% <sup>1</sup>
- Childhood obesity rates increased from 7% to 18% in children ages 6-11 from 1980 to 2012, and from 5% to 21% in adolescents ages 12-19 <sup>2</sup>
- 16.7% of children ages 2-4 participating in federally-funded health and nutrition programs in Rock County are obese <sup>3</sup>

Do you have a question about obesity services at SSM Health?

Visit our website at [stmarysjanesville.com](http://stmarysjanesville.com)

Source: <sup>1</sup> Wisconsin Department of Health Services. <sup>2</sup> Centers for Disease Control and Prevention. <sup>3</sup> Healthy Communities Institute.

# Strategic Implementation Plan

## Obesity



### Goals

The goals of St. Mary's Janesville Hospital include:

- Reduce the percentage of Rock County adult residents who are sedentary from 23.8% in 2015 to 22% by 2018 (Healthy Communities Institute)
- Decrease the percentage of low-income obese preschool children (ages 2-4 years) in Rock County from 16.7% to 16% by 2018 (Healthy Communities Institute)
- Reduce the percentage of adults with a Body Mass Index (BMI) >30 in Rock County from 34% in 2015 to 33% in 2018 (Wisconsin County Health Rankings)



### Action plan

- Provide a minimum of 15 educational outreach opportunities to various community agencies on an annual basis
- Implement employee wellness activities for St. Mary's Janesville Hospital employees by 2018
- Continue to promote the Fit Families Rock Program to Rock County residents
- Support local walks and other activities which promote fitness with sponsorship funds
- Participate in the Janesville Farmer's Market with healthy recipes and nutrition education from May - October annually
- Honor requests from community organizations for speakers at healthy lifestyle presentations
- Partner with Kandu to provide a Smart Lunch Room Assessment and create goals and objectives based on the assessment
- Continue to offer the Strong Women program three times per year (11-week sessions)
- Create community awareness of Rock County's overweight/obesity program through Dean/St. Mary's Janesville Hospital radio show
- Provide Mediterranean Diet Plan to all inpatients being observed with chest pain
- Work closely with hospital cafe to offer a healthy variety of options

### Community partners and supporting resources

- Dean
- University of Wisconsin - Extension Rock County
- University of Wisconsin - Whitewater Psychology Department
- YMCA of Northern Rock County
- Kandu
- Best Events
- Janesville Farmer's Market
- St. Mary's School
- Salvation Army
- Janesville Senior Center

## Achieving our Goals, Now and in the Future

SSM Health is committed to improving the health of our communities through collaborative efforts to address unmet needs.



### SSM Health

St. Mary's Janesville Hospital is pleased to make this source of reliable, current community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement.

Please visit [ssmhealth.com/system](http://ssmhealth.com/system) for more information.



FIND HEALTH DATA



FIND DEMOGRAPHIC DATA



FIND HEALTH DISPARITIES

### Healthy People 2020 Progress Tracker

The Healthy People 2020 progress tracker provides a platform for measuring improvement of population health metrics associated with the US Healthy People 2020 objectives. The health objectives and 2020 goals allow communities to assess their health status through a comprehensive set of key disease indicators and create action plans relative to key priorities.

Indicator	Current and Target	Data	Since Prior Period	Status
<b>Access to Health Services</b>				
Adults with Health Insurance <small>MAP</small>	Current: 78.1 percent Target: 100.0	78.1 100.0 Current Target	↓	TARGET NOT MET
Children with Health Insurance <small>MAP</small>	Current: 93.4 percent Target: 100.0	93.4 100.0 Current Target	↓	TARGET NOT MET
<b>Adolescent Health</b>				
High School Graduation <small>MAP</small>	Current: 62.3 percent Target: 82.4	62.3 82.4 Current Target	↑	TARGET NOT MET

Contact us to learn more at 608-373-8000.