

2021

Community Health Needs Assessment



SSM Health St. Mary's Hospital – Janesville

3400 E. Racine St., Janesville, WI 53546

President's message to our community

SSM Health St. Mary's Hospital – Janesville is proud to deliver exceptional and compassionate care to the Janesville area.

Our founders, the Franciscan Sisters of Mary, cherished the sacredness and dignity of each person they cared for. We continue this tradition and are inspired by their work as we provide exceptional health care services that reveal the healing presence of God.

The COVID-19 pandemic has been challenging, but the SSM Health St. Mary's Hospital - Janesville team has remained steadfast in our care for the community. We have partnered with residents, charitable causes, local government agencies and businesses to provide COVID-19 education, support, testing and vaccinations, while also caring for those inflicted with the virus or facing other medical emergencies.

I am humbled to be part of this group of brave, committed caregivers.

At SSM Health, our core values of compassion, respect, excellence, stewardship and community guide our daily work. Our commitment to our community can easily be seen with our strong partnerships with local leaders and organizations that are also focused on providing health care services and improving the wellbeing of those we are privileged to serve. Together, we have identified and developed plans to address high-priority community health needs. We are grateful for the continued collaboration.

Over the past year, in tandem with our community partners, we conducted a comprehensive Community Health Needs Assessment (CHNA) by gathering unbiased published data from several sources. We also interviewed key health officials, conducted robust community discussion forums throughout our service area and surveyed our community members to identify concerns about the health of our community. In our data collection activities, we strove to ensure that all those in our community were involved - including diverse and often marginalized populations.

Our CHNA is important and extensive. It provides us areas of focus, but it is only one piece of a broad community health improvement process. Our goal at SSM Health St. Mary's Hospital – Janesville is to continue working with local organizations to truly address our community's health needs and improve the health of residents. Our data collection activities this year identified many areas of needs, which were prioritized on the level of importance to community members and our ability to make an impact.

The community priorities which we will address over the next three years are:

- 1. Mental Health*
- 2. Access to Care*

We will continue to nurture and develop productive relationships and remain steadfast in our commitment to delivering high-quality, accessible and affordable health care services to our community. Please visit ssmhealth.com to learn more about how we will continue to make a difference in Janesville and our surrounding communities.

Sincerely,



Eric Thornton

President - SSM Health St. Mary's Hospital – Janesville



Health Equity Advisors message to our community

This Community Health Assessment (CHA) represents a point-in-time view of the health of Rock County. This document is intended to serve as a guide for the development of the Community Health Improvement Plan (CHIP) and is also intended to inform community understanding of how certain factors, including the social determinants of health (SDOH), impact the health status of some community members more than others.

We know that the differences in health status we see in the data, are unjust and rooted in inequities in the current and historic distribution of resources. To raise awareness of health disparities and inequities, this report includes several “equity considerations” that are intended to bring to light the outcomes of structural barriers to accessing resources. While we are aiming for health equity, we recognize that this document being available only in English represents a challenge to achieving health equity.

This assessment was developed through the Health Equity Alliance of Rock County (HEAR). HEAR is a collection of over 100 individuals, representing diverse sectors of the community, who gather to collectively identify and implement strategies to help Rock County reach its full health potential. We are grateful for the contributions that Rock County residents made to ensure that this assessment reflects the community. These contributions occurred through completion of a community survey, participation in a community conversation, and/or participation in a key informant interview.

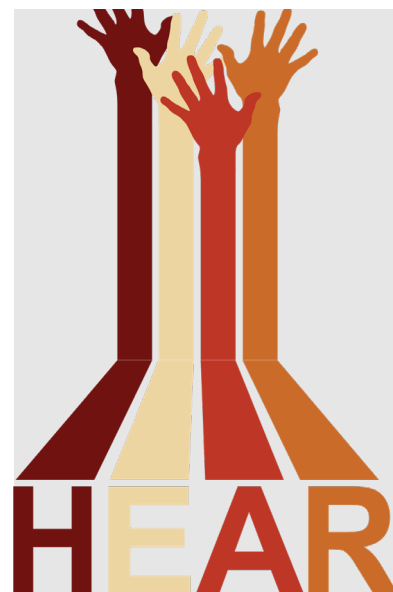
Our sincere hope is that this assessment serves as a tool for organizations serving Rock County to identify how they can influence the health of our community. This effort could be utilizing the data provided to strengthen existing programs and services or working towards addressing policies and systems that contribute to the disparities and sub-optimal health outcomes that we see.

From the assessment and a process of prioritization, Access to Care and Mental Health have been identified as the topics for the Community Health Improvement Plan (CHIP). We know that addressing these topics will require collective action to not just improve access to care and mental health at the individual level, but to improve at the population level through addressing systems, policies, and environments. We look forward to taking actions together.

Sincerely,

Health Equity Alliance of Rock County (HEAR) Advisory Committee

- Katrina Harwood, Health Officer/Director - Rock County Health Department
- Taja Hereford, HEAR Coordinator – Rock County Health Department
- Alison Chouinard, Community Health Coordinator – Rock County Health Department
- Megan Timm, Community Health Manager – SSM Health St. Mary's Hospital – Janesville
- Denise Peters-Kauihou, Vice President – United Way Blackhawk Region
- Michelle Genthe, Health and Nutrition Manager – RWCFS Head Start/Early Head Start
- Cori Tucker, Dental Clinic Manager – HealthNet of Rock County
- Kaelyb Lokrantz, Community Service Coordinator - Community Action, Inc.
- Jill Camber-Davidson, Health and Wellbeing Educator – University of Wisconsin-Division of Extension



Executive summary

Background

SSM Health St. Mary's Hospital – Janesville is pleased to present the 2022-2024 (2022 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 to 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 November 9, 2021.

SSM Health St. Mary's Hospital – Janesville last conducted a CHNA in 2018 for the 2019-2021 CHNA. 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

SSM Health St. Mary's Hospital – Janesville determined priorities for the 2022-2024 Community Health Implementation Plan (CHIP). The priorities chosen include:

- **Mental Health:** Local resources include Rock County Human Services, Beloit Area Community Health Center, Janesville Counseling Center, Jacob's SWAG Foundation, YWCA, NAMI Rock County, Building a Safer Evansville (BASE), Behavioral Health Redesign Steering Committee, Compass Behavioral Health, Janesville Mobilizing 4 Change (JM4C), Rock County Crisis, School district counseling services, and YES! Youth Emotional Stability Coalition.
- **Access to Care:** Local resources include Rock County Health Department, HealthNet of Rock County, Mercyhealth, Beloit Health System, Edgerton Hospital, Beloit Area Community Health Center, Stateline Literacy, Rock County Transit, Aging and Disability Resource Center, Beloit and Janesville Transit, United Way Blackhawk Region, FoodShare (SNAP) Wisconsin, Latino Service Providers, Rock County Economic Support Services, Seal a Smile, and South-Central Area Health Education Center (AHEC).

Strategies

SSM Health St. Mary's Hospital – Janesville will collaborate with its community partners to leverage available resources available in Rock County. Strategies for each priority area will be highlighted in the 2022-2024 Community Health Implementation Plan (CHIP). A preliminary general list of strategies are provided below.

- **Mental Health:** Increase community awareness of methods to improve mental health, reduce stigma in accessing mental health counseling, promote resources available which support community members in accessing mental health services and collaborate with community partners to determine which social determinants of health are most impacting mental health status of Rock County community members.
- **Access to Care:** Enhance skills in health literacy, reduce barriers in accessing healthcare, promote community health workers who support patients, build trust and collaboration with our community members to better understand their needs, ensure health education is offered with a health equity lens and support healthcare practitioners in having more cultural humility to care for all Rock County residents.

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

SSM Health

SSM Health is a Catholic not-for-profit health system serving the comprehensive health needs of communities across the Midwest through a robust and fully integrated health care delivery system. Headquartered in St. Louis, SSM Health has care delivery sites in

Missouri, Illinois, Oklahoma and Wisconsin. The health system includes 24 hospitals, more than 300 physician offices and other outpatient care sites, 10 post-acute facilities, comprehensive home care and hospice services, a pharmacy benefit company, an

insurance company, a technology company and an Accountable Care Organization. With more than 10,000 providers and 40,000 employees in four states, 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.

SSM Health St. Mary's Hospital – Janesville

Highlight of services

SSM Health St. Mary's Hospital-Janesville opened its doors to the public in 2012. The hospital offers talented specialists in women's health, cancer care, pediatrics, general surgery, orthopedics, rehabilitation services and many more medical services. In 2020, SSM Health St. Mary's Hospital-Janesville became designated as Baby Friendly by Baby-Friendly USA, Inc., earned recognition for Patient Safety Excellence, Stroke Care Excellence and Pulmonary Excellence and for the second year in a row received a CMS Five Star rating.

Community benefit

In 2020, SSM Health St. Mary's Hospital – Janesville provided \$4,415,928 in net community benefit, comprised of

\$292,000 in charity care; \$382,928 in community services; and \$3,741,000 in unpaid costs of Medicaid and other public programs. Examples of our community benefit programs include:

- Annual Mini Grant Program
- Community based health education
- Staff time on community coalitions and service to local nonprofits
- Financial sponsorship to local community partners

Additional affiliations

The connection with SSM Health Dean Medical Group offers patients a seamless health care experience. The heritage of healing continues today with a deep-rooted commitment to providing personal and compassionate care.

Hospital at a glance

Admissions | 2,495

Outpatient visits | 56,820

ER visits | 14,240

Births | 463

Beds | 50

Employees | 474

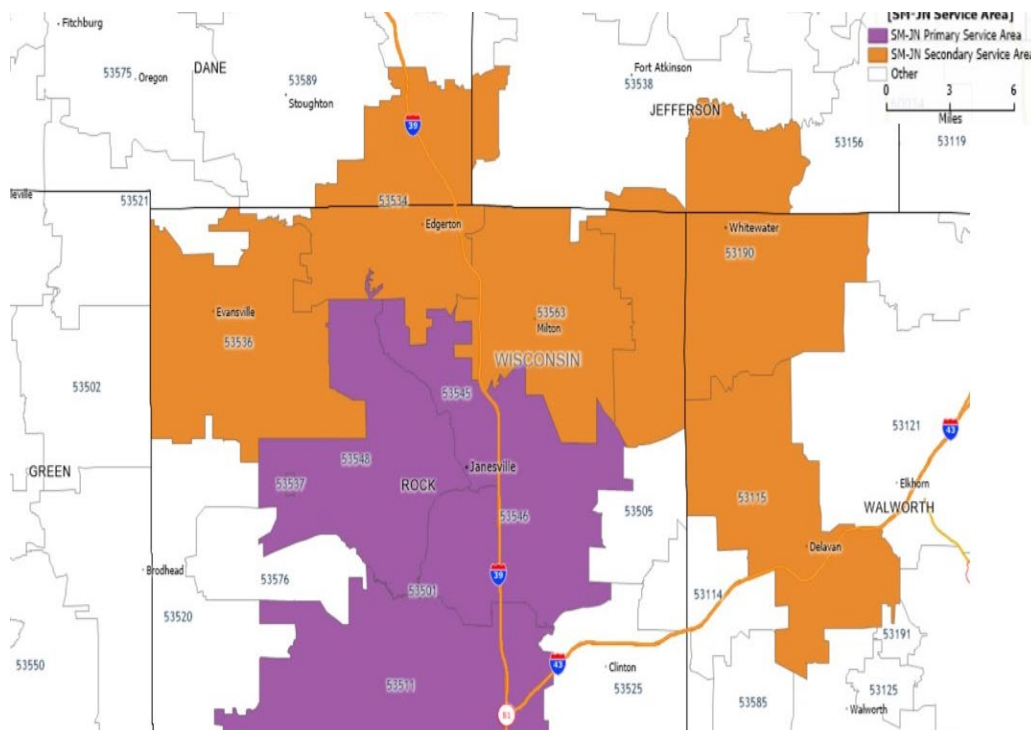
Medical staff | 472

Volunteers | 67

Charity care | 292,000

Definition of Community

For the purpose of this community health needs assessment (CHNA), SSM Health St. Mary's Hospital – Janesville defines its community as Rock County, which covers the hospital's primary service area. This CHNA was done in partnership in the Health Equity Alliance of Rock County (HEAR) which consists of members from each Rock County Health Department, local health systems, free and charitable clinics, substance misuse prevention organizations, and nonprofit partners addressing the Social Determinants of Health (SDoH).



Why Place Matters

Place — where a person lives, works, learns, plays and grows — matters when it comes to health outcomes. Place determines what resources and opportunities are available for good health, including safe streets, good schools, and well-paying jobs. Place can also influence exposure to factors that harm health, including crime and violence, air pollution, and access to healthy foods. Health outcomes are greatly shaped by the opportunity to live in a community that has resources and amenities to support optimal health.

Geography

SSM Health St. Mary's Hospital is located at 3400 E. Racine Street in Janesville, Wisconsin. Janesville is the county seat of Rock County and the county's largest city. According to the U.S. Census in 2019, Janesville has an estimated population of 64,575 and Rock County had an estimated population of 163,354, making it the ninth largest county in Wisconsin. The Rock River bisects the

county from north to south giving it its name. Rock County has extensive park and open space networks, including portions of the Ice Age National Scenic Trail, a statewide trail commemorating the Wisconsin's geologic history. Additionally, the Rock River offers opportunities for recreation, land preservation, and highly-valued residential, commercial, and industrial development. Major industries in Rock County include trade and manufacturing, transportation, utilities, educational services and healthcare.

Service delivery area

Approximately 87% of SSM Health St. Mary's Hospital – Janesville's patient population lives within Rock County. The primary service area is limited to the two larger cities of Rock County: Janesville and Beloit. The secondary service area extends into other communities of Rock County including Milton, Evansville and Edgerton.

About Our Community

Demographics

When compared to Wisconsin and the United States, Rock County's population is slightly less diverse with 82.3% of the population being white. Additional races and ethnicities that make up the population in Rock County include 5.3% Black/African American, 9.1% Hispanic/Latino and 1.3% Asian. Though the percentage of adults with a high school education is comparable to the state of Wisconsin, Rock County has a significantly lower population with college education, at 22.1% compared to 30.1% for the state. The percent of persons living in poverty is nearly 20% higher in Rock County than in both Wisconsin and the United States as a whole.

Vulnerable and/or under-serviced populations

Rock County and SSM Health St. Mary's Hospital – Janesville's community includes people who are at high risk of not receiving adequate medical care due to being uninsured/underinsured, are experiencing health disparities, or facing barriers related to geography, language, financial circumstances, transportation, stigma, accessibility to technology, access to healthy and affordable foods and low-income housing.

Potentially medically-underserved populations include the rural poor and older adults who may be without adequate transportation; Black, Latino and other persons of color (BIPOC) individuals who may be experiencing discrimination and racial or ethnic health disparities; non-English (primarily Spanish) speaking individuals who may also be undocumented; low socio-economic status (SES) and homeless individuals; lesbian, gay, bisexual and queer (LGBTQ) residents; and incarcerated individuals or people engaged in the criminal justice system.

People with disabilities may also be a more vulnerable or under-served population within the community. The following data from the U.S. Census QuickFacts indicates a higher-than-average percentage of people with a disability within Rock County, as compared to the Wisconsin or the United States averages. Persons living with disabilities may be less able to thrive and may face greater challenges in respect to access to health care and other essential services.

The following factors from the U.S. Census Bureau and the U.S. Bureau of Labor Statistics provide useful information regarding the population of Rock County.

Demographic Category	Demographic Factor	Rock County	Wisconsin	United States
Age	Persons Under 5 years	6.0%	5.7%	6.0%
	Persons Under 18 years	22.9%	21.8%	22.3%
	Person 65 years and over	17.1%	17.5%	16.5%
Race and Ethnicity	Black or African American	5.3%	6.7%	13.4%
	American Indian or Alaska Native	0.6%	1.2%	1.3%
	Asian	1.3%	3.0%	5.9%
	Two or more races	2.5%	2.0%	2.8%
	Hispanic or Latinx	9.1%	7.1%	18.5%
	White alone, not Hispanic or Latinx	82.3%	80.9%	60.1%
Language	Language other than English in the home	8.1%	8.8%	21.6%
People with Disabilities		13.7%	11.7%	12.6%
Health Insurance	Persons without health insurance, under 65 yrs	7.1%	6.8%	9.5%
Education	High School graduate or higher	90.8%	92.2%	88.0%
	Bachelor's degree or higher	22.1%	30.1%	32.1%
Poverty	Persons in poverty	12.3%	10.4%	10.5%

Community partners

SSM Health St. Mary's Hospital – Janesville worked with the Health Equity Alliance of Rock County (HEAR) to develop the 2021 Rock County Community Health Needs Assessment (CHNA). Community perspectives and data gathered were incorporated into the hospital's Needs Assessment. Members of the Health Equity Alliance of Rock County are listed below.

- Aging and Disability Resource Center of Rock County
- American Heart Association
- Beloit Area Community Health Center
- Beloit Health System
- Beloit Library
- Beloit NAACP
- Building a Safer Evansville (BASE)
- Children's Family Resource Center
- City of Janesville
- Community Action, Inc.
- Edgerton Hospital
- FoodShare (SNAP) Wisconsin
- HealthNet of Rock County
- Hedburg Public Library
- Inclusa, Inc.
- InTouch Outreach Ministries
- Janesville Community Center
- Janesville Mobilizing 4 Change (JM4C)
- Kids Forward
- Mercyhealth
- Nutrition and Health Associates / Women, Infants and Children (WIC)
- Rock County Council on Aging
- Rock County Human Services Department
- Rock County Public Health Department
- Rock County Supervisors and Administration
- Rock-Walworth Comprehensive Family Services Head Start/Early Head Start
- School Districts of Beloit and Janesville
- Second Harvest Food Bank
- South Central Wisconsin Area Health Education Center
- Southwest Wisconsin Workforce Development Board
- SSM Health St. Mary's Hospital – Janesville
- United Way Blackhawk Region
- University of Wisconsin Division of Extension
- Vivent Health
- Wisconsin Nurses Association
- Youth 2 Youth 4 Change (Y2Y)
- YMCA of Northern Rock County
- YWCA of Rock County



Hospital's role in conducting the assessment

SSM Health St. Mary's Hospital – Janesville worked closely with the Health Equity Alliance of Rock County to develop the 2021 Rock County Community Health Assessment (CHA). The hospital was an active member in the Rock County Community Health Assessment workgroup, has a representative serving as an advisor to the Health Equity Alliance of Rock County and assisted in inviting community members to conversations to gather and collect community perspectives from 1,035 survey participants, 22 interviews, and 16 community conversations with over 100 focus group participants. The process benefited from input from several individual community leaders representing diverse constituencies.

Primary Data

SSM Health St. Mary's Hospital – Janesville sought and received input from the Rock County Public Health Department. The hospital also worked closely with the Health Equity Alliance of Rock County to develop the 2021 Rock County Community Health Assessment (CHA). Community perspectives and data gathered during this endeavor were incorporated into the SSM Health St. Mary's Hospital – Janesville's Community Health Needs Assessment. Community perspectives were gathered from multiple activities, including a community survey, key informant interviews, and focus groups (community conversations).

Secondary Data

In addition to a review of demographics, we gathered and reviewed data from broad sources to set the initial direction and priorities of the community health needs assessment. The secondary data was derived from a variety of unbiased sources including the Wisconsin Hospital Association's CHNA Dashboard, County Health Rankings, Youth Behavioral Risk Survey, Community Commons, Area Deprivation Index and Opportunity Atlas, and the Wisconsin Department of Health Services.



Health equity lens

Health equity and empowerment lens

Equity is defined as “the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically” (World Health Organization, 2016). Health is a fundamental human right, therefore, to address health inequities interventions need to be effective and sustainable, focused on empowering those experiencing inequities (WHO, 2016).

A characteristic common to groups that experience health inequities—such as poor or marginalized persons, racial and ethnic minorities, and women—is lack of political, social or economic power. Research indicates a strong relationship between self-reported racism and discrimination with negative mental health outcomes and negative health-related behaviors.



Research also indicates that chronic stress from experiencing discrimination, such as racism, throughout the lifespan can lead to negative health outcomes. These outcomes are seen even after controlling for differences such as socio-economic status and access to adequate health care. The effect can include the following:

- Higher blood pressure
- Lower immune function
- Higher rates of nicotine and alcohol use and poor nutritional intake
- Lower rates of exercise and social support
- Higher rates of infant mortality

Social determinants of health (SDoH)

The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. Examples of these factors include safe and affordable housing, access to quality education, public safety, availability of healthy foods, accessible health care services, and positive social support systems.

Research shows that the social determinants can be more important than health care or lifestyle choices in influencing health. For example, numerous studies suggest that social determinants account for between 30-55% of health outcomes. In addition, estimates show that the contribution of sectors outside health to community health outcomes exceeds the contribution from the health sector. By applying what we know about SDOH, we can not only improve individual and community health but also advance health equity.

The Community Health survey was rooted in questions regarding the social determinants of health. Based on the community feedback, three health priorities, identified as social determinants of health, were further reviewed and analyzed for the HEAR coalitions final decision making. These included: the built environment, economic stability and access to care.

Community input

Community health survey

A community perception survey of individuals who live, work, learn, or play in Rock County, was conducted from February-April 2021 with 1,035 responses received. Demographic information for survey respondents can be found in the table below.

Demographic Category	Demographic Specifics	Survey Respondents	Demographic Category	Demographic Specifics	Survey Respondents
Age	Under 18 years	12	Gender	Male	19.9%
	18-24	41		Female	79.8%
	25-34	150		Transgender	0.3%
	35-44	253		Non-binary	0.6%
	45-54	253	Sexual Orientation	Heterosexual	93.5%
	55-64	199		Gay	1.3%
	65-74	94		Lesbian	0.7%
	75+	16		Bisexual	2.3%
Race and Ethnicity	Black or African American	22	Asexual	1.0%	
	AI/AN	2	Pansexual	1.1%	
	Asian	3	Insurance	Health Insurance	95.2%
	Two or More Races	16		Dental Insurance	85.4%
	Latinx	83	Disability Status	Disability (yes)	105
	Middle Eastern	1	Responses	English Survey	998
	White	896		Spanish Survey	37
	No response	125		Total	1035

Community conversations/focus groups

Seventeen community conversations about health impacts were conducted with over 100 people in from February-June 2021 to assess current health challenges. Participants included:

- | | |
|---|--|
| Beloit Area Community Health Center | House of Mercy |
| Beloit Community | KANDU Caretakers |
| Black and African American Beloit Fathers | Milton Chamber of Commerce |
| Clinton Community | Rock County Child Protective Services |
| Community Action, Inc. Fresh Start Students | Rock & Walworth County Head Start/Early Head Start |
| Council on Aging | YMCA Senior members |
| Edgerton Community (Youth) | Youth 2 Youth Students |
| Health Equity Alliance of Rock County | Youth Justice Program |
| | Youth Services Coordinators |

Key informant interviews

Twenty-two, one-to-one conversations with a diverse group of community stakeholders were conducted from February-June 2021 to identify changing community health needs. Representatives interviewed were from the following sectors: education: early childhood, K-12 and collegiate; faith leaders and members; local business owners; healthcare: hospitals and clinics; elected Leaders: village, city and county; public safety: law enforcement, fire, and EMS; Social service agencies; and finally, community members who have been historically marginalized.

Primary data

Community health survey

The top 10 areas of improvement identified by the community health survey are:

- (1) Access to affordable housing
- (2) Good paying jobs and strong economy
- (3) Access to mental health services
- (4) Racial and ethnic diversity
- (5) Access to affordable healthcare
- (6) Community Safety
- (7) Access to affordable healthy foods
- (8) Clean environment
- (9) Access to affordable transportation
- (10) Sense of community

Community conversations

The top 10 community health needs identified by community conversations are:

- (1) Affordable/quality transportation
- (2) Insurance
- (3) Mental health problems (access/stigma)
- (4) Healthcare affordability/accessibility
- (5) Food accessibility/availability
- (6) Substance misuse
- (7) Poverty
- (8) Health Literacy
- (9) Oral Health
- (10) Physical Health (Chronic disease, STIs)

Key informant interviews

The top 10 community health needs identified by individual interviews are:

- (1) Mental health (substance use/stress)
- (2) Access to healthcare
- (3) Substance Use and Community Safety
- (4) Economy boost (business/development)
- (5) Physical Health (diabetes/chronic disease/STIs)
- (6) Racism
- (7) Poverty
- (8) Access to healthy foods
- (9) COVID-19 and vaccination hesitancy
- (10) Maternal and child health / infant mortality



The health of our community

The Health Equity Alliance of Rock County (HEAR) advisors narrowed the primary and secondary data findings into six priority categories. HEAR members voted for their top two categories in August 2021.

Mental Health

Community Survey
#3 in Areas of Improvement

Community Conversations
#3 in Areas of Improvement

Key Information Interviews
#1 in Areas of Improvement

Economic Stability

Community Survey
50% respondents want better paying jobs and a strong economy

Community Conversations
#7 Poverty in Areas of Improvement
#15 Unemployment in Areas of Improvement

Key Information Interviews
#4 Economic Boost Areas of Improvement
#7 Poverty in Areas of Improvement

Substance Use

Community Survey
Not mentioned

Community Conversations
#6 in Areas of Improvement

Key Information Interviews
#3 in Areas of Improvement

Access to Care

Community Survey
#5 Access to Healthcare in Areas of Improvement
#13 Access to Dental Care in Areas of Improvement

Community Conversations
#2 Insurance Coverage in Areas of Improvement
#4 Access to Healthcare in Areas of Improvement
#8 Health Literacy in Area of Improvement
#9 Access to Dental Care in Areas of Improvement

Key Information Interviews
#2 Access to Healthcare in Areas of Improvement
#13 Access to Dental Care in Areas of Improvement

Built Environment

Community Survey
#1 Access to affordable Housing in Areas of Improvement
#7 Food Access in Areas of Improvement
#9 Access to Transportation in Areas of Improvement

Community Conversations
#1 Affordable Transportation in Areas of Improvement
#5 Food Access in Areas of Improvement
#13 Quality Housing in Areas of Improvement

Key Information Interviews
#8 Food Access in Areas of Improvement
#12 Quality Housing in Areas of Improvement

Chronic Conditions

Community Survey
#7 in Areas of Improvement

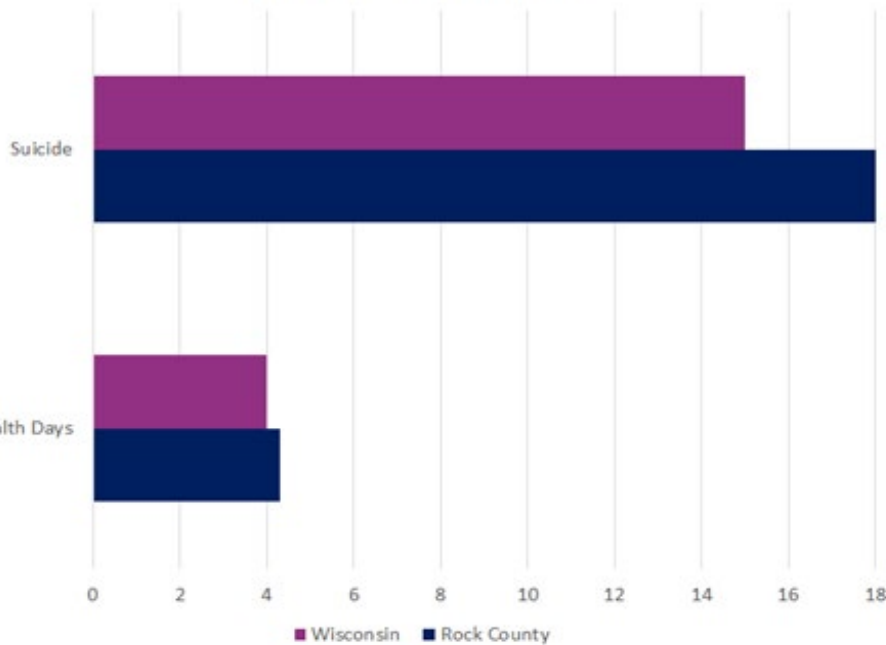
Community Conversations
#5 Food Access in Areas of Improvement
#10 Chronic Disease in Areas of Improvement

Key Information Interviews
#5 Chronic Disease in Areas of Improvement
#8 Food Access in Areas of Improvement

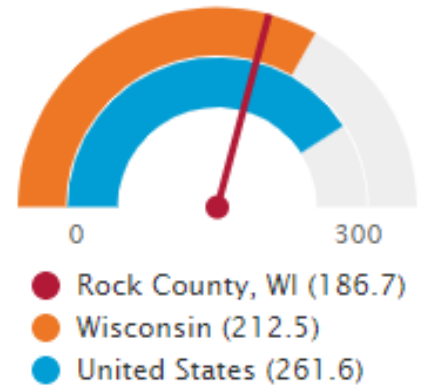
Mental Health: Secondary data

In Rock County, 17.3% of adults aged 18 and older report they receive insufficient social and emotional support. In Rock County, there are 186.7 mental health care providers per 100,000 population. In Rock County, 19.5% of Medicare fee-for-service population have been diagnosed with depression.

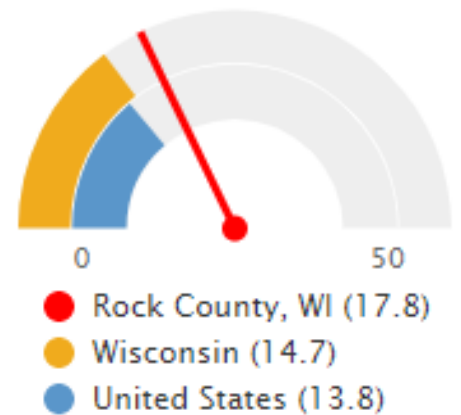
County Health Rankings



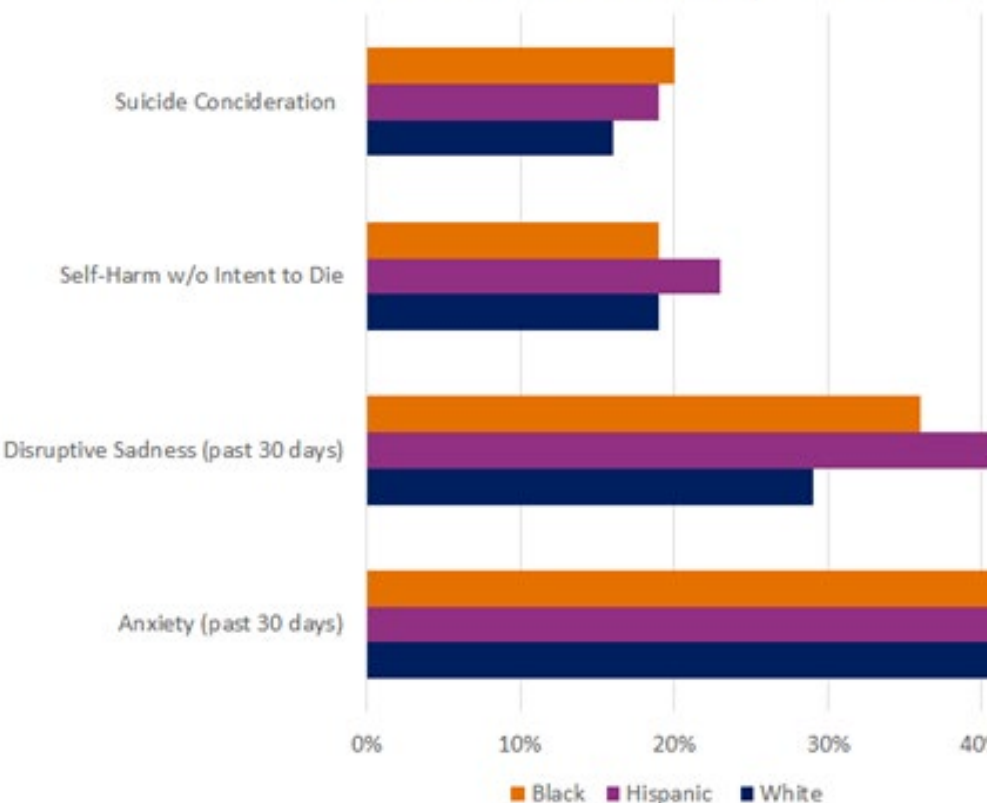
Mental Health Care Provider Rate (Per 100,000 Population)



Suicide, Age-Adjusted Death Rate (Per 100,000 Pop.)



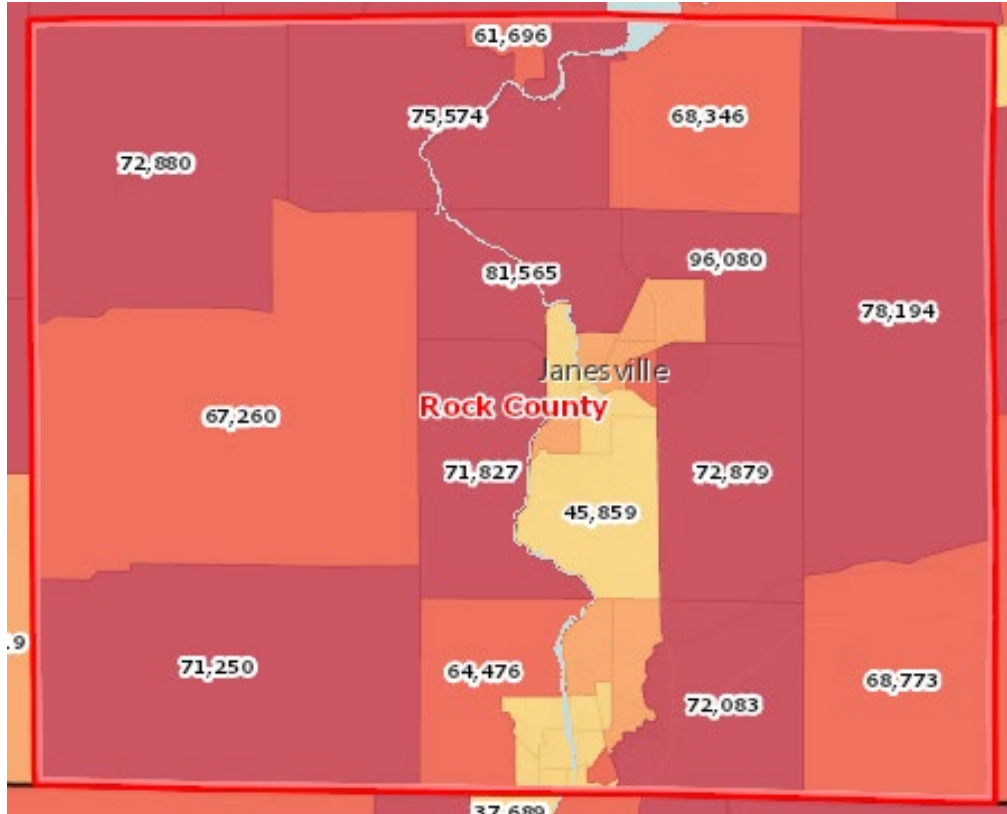
Youth Risk Behavior Survey – High School



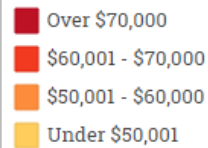
Economic Stability: Secondary data

In Rock County, the median household income is \$57,875.

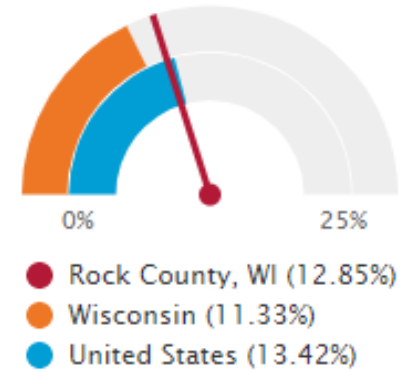
In Rock County, 12.85% of individuals are living in households with income below the Federal Poverty Level (FPL). Poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.



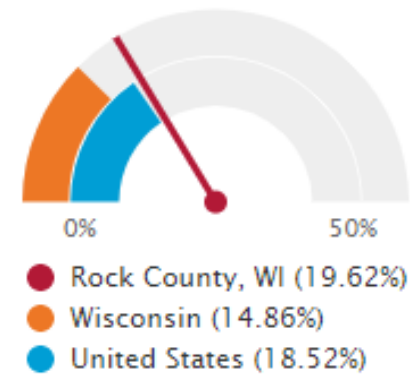
Median Household Income by Tract, ACS 2015-19



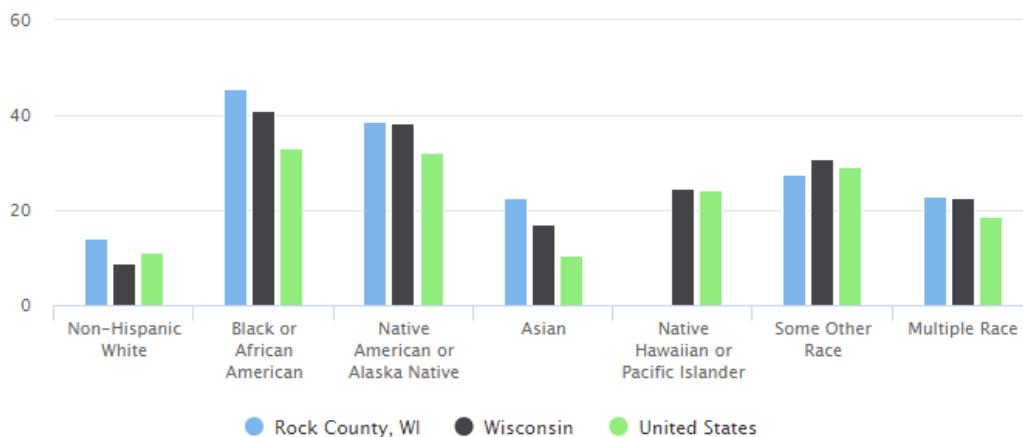
Population in Poverty, Percent



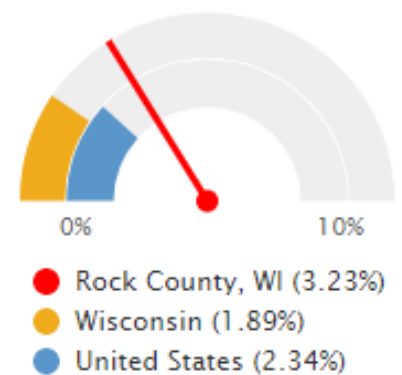
Percent Population Under Age 18 in Poverty



Children in Poverty by Race Alone, Percent



Eviction Rate



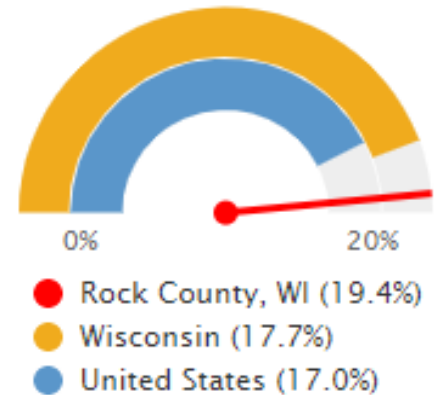
Substance Use: Secondary data

The percentage of adults ages 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. **In Rock County, there are 19.4% adults who have smoked or currently smoke.**

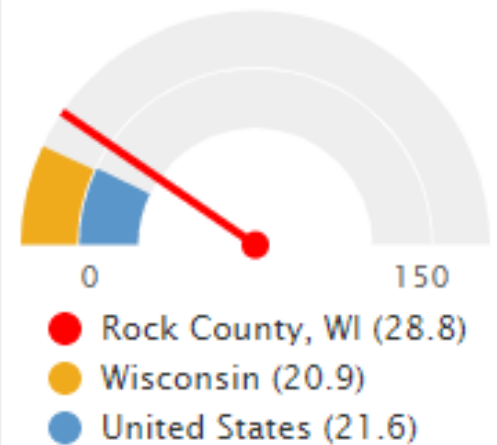
In Rock County, 40,934, or 25.09% adults self-report excessive drinking in the last 30 days, which is less than the state rate of 27.11%. Data for this indicator were based on survey responses to the 2018 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2021 County Health Rankings. Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period.

The 2015-2019 five-year average rate of death due to poisoning (including drug overdose) per 100,000 population. Within Rock County, there are a total of 225 deaths due to poisoning. This represents an age-adjusted death rate of 28.8 per every 100,000 total population.

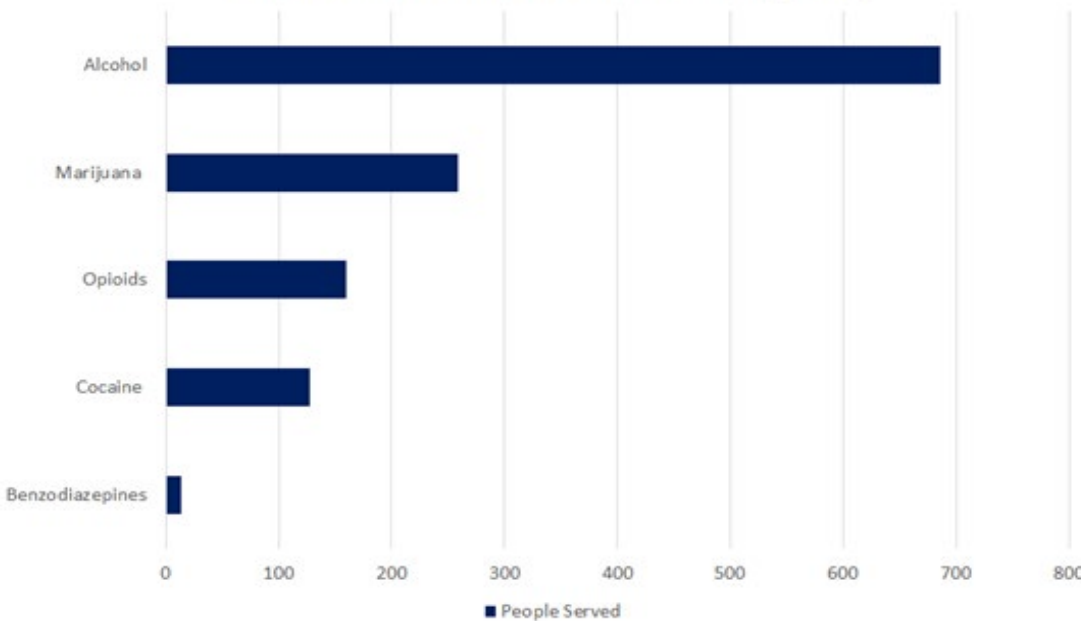
Percentage of Adults who are Current Smokers



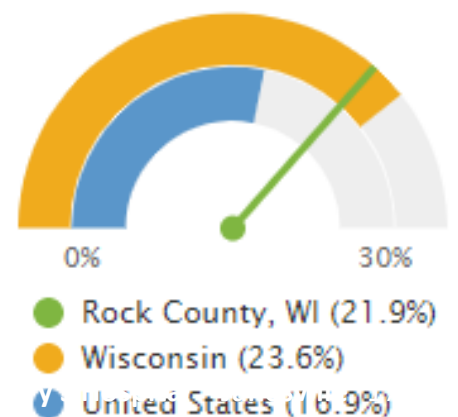
Poisoning Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



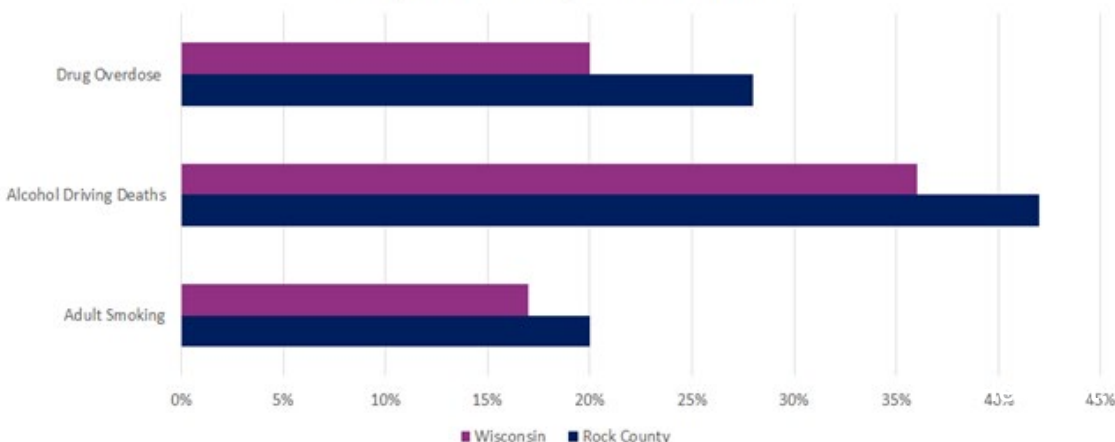
Most Common Substances in Rock County (2020)



Percentage of Adults Binge Drinking in the Past 30 Days



County Health Rankings – Substance Misuse



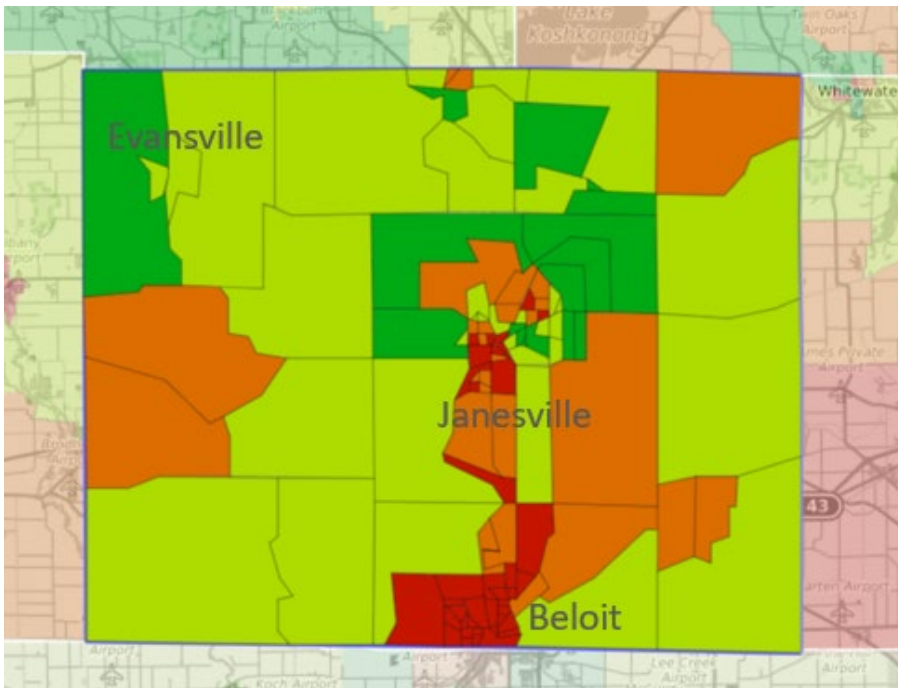
Access to Care: Secondary data

In Rock County, 5.93% of the population is uninsured, however 20.59% of Latino residents are uninsured. In Rock County there are 48.7 primary care physicians, 56.36 dentists and 186.7 mental health providers per 100,000.

The lack of health insurance is considered a key driver of health status. In the report area 5.93% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is greater than the state average of 5.43%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Health literacy is the ability to obtain, process, and understand information needed to make health decisions. Health literacy is not simply a reflection of an individual's skills and abilities, but on how well health systems provide information and services. The health literacy map below helps explain the deficits around locating, interpreting and navigating health information for those living in certain census areas. The city of Beloit ranked in the lowest quartile or Below Basic.

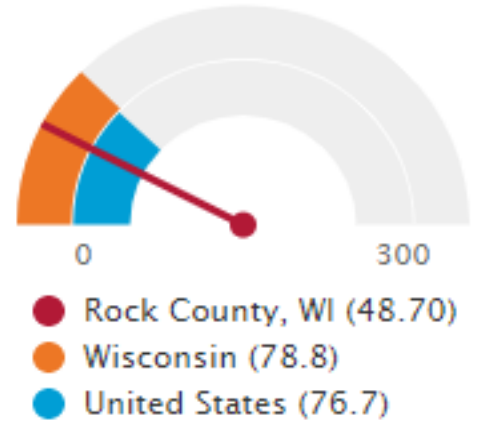
Health Literacy Map – Rock County



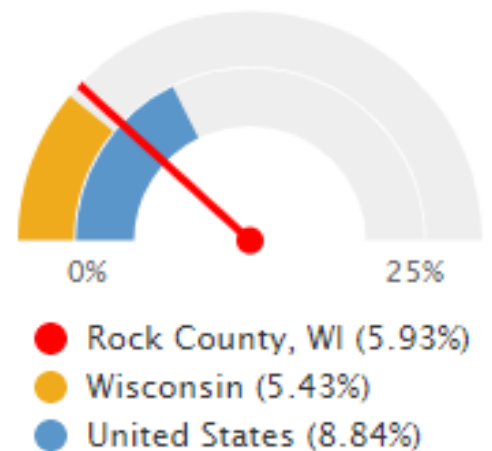
Map Information

Health Literacy Levels	Display Options
Quartile 4 (highest)	<input type="radio"/> Base Map
Quartile 3	<input type="radio"/> NAAL Categories
Quartile 2	<input type="radio"/> National Quartile
Quartile 1 (lowest)	<input checked="" type="radio"/> State Quartile

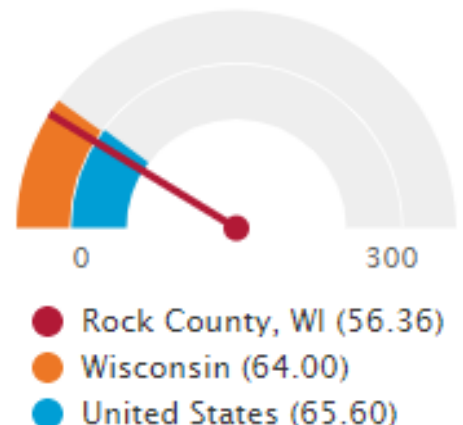
Primary Care Providers, Rate per 100,000 Population



Uninsured Population, Percent



Dentists, Rate per 100,000 Population



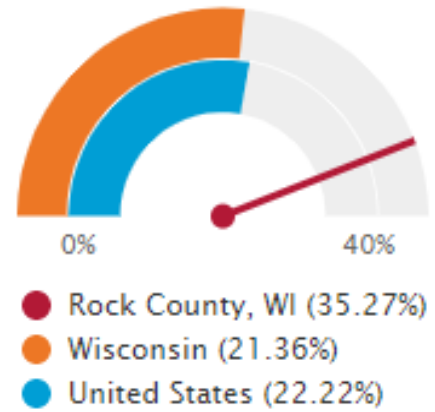
Food Access: Secondary Data

In Rock County, 12 of the census tracts are considered food deserts, meaning 41,768 people in Rock County are living in food deserts.

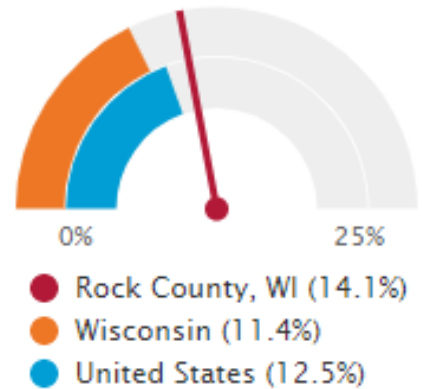
In Rock County, 35.27% of the population has low food access, defined as living more than 1/2 mile from the nearest supermarket, supercenter or large grocery store. In Rock County, 10.40% of households are food insecure (unable to meet food needs during at least 7 months of the year). Among children, 17.90% are food insecure. These indicators provide measures of healthy food access and environmental influences on dietary behaviors.

The Supplemental Nutrition Assistance Program (SNAP), is a federal program that provides nutrition benefits to low-income individuals and families that are used at stores to purchase food. In Wisconsin, the SNAP program is known as FoodShare. SNAP-authorized stores include grocery stores as well as supercenters, specialty food stores and convenience stores that are authorized to accept SNAP benefits. Rock County hosts 126 total SNAP-Authorized Retailers with a rate of 7.86.

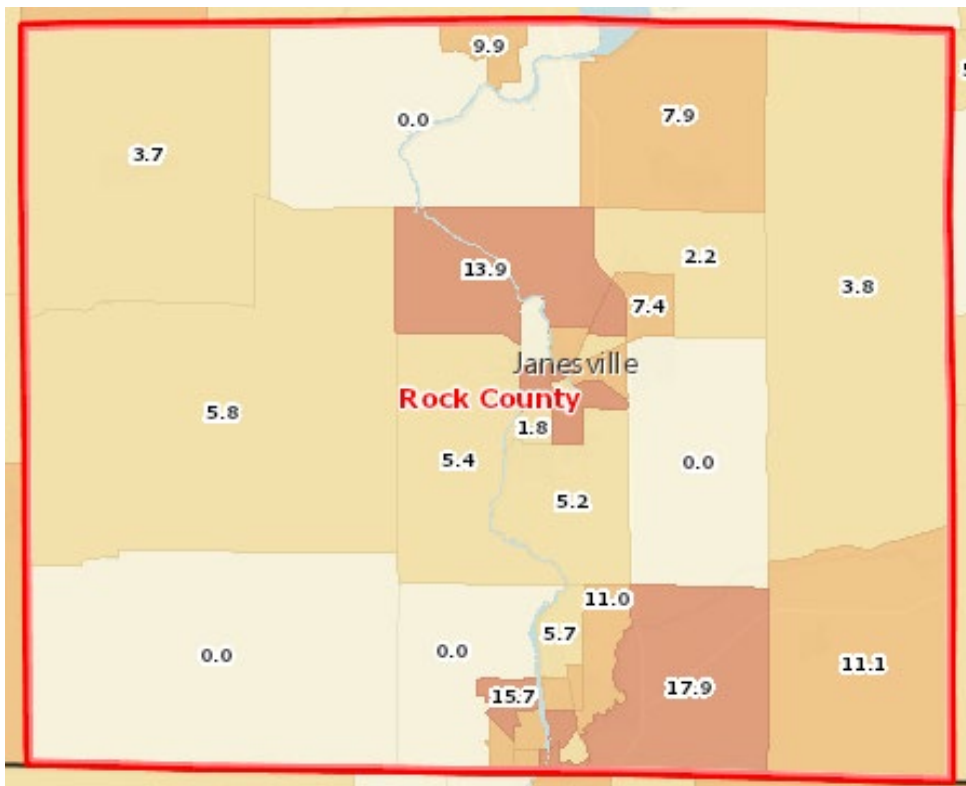
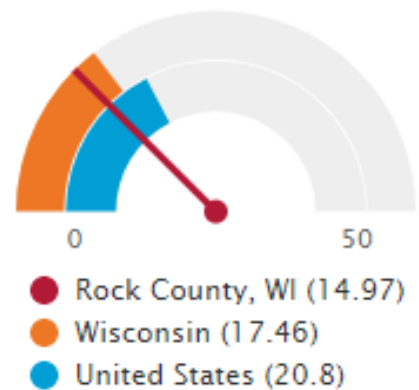
Percent Population with Low Food Access



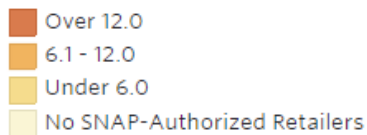
Percentage of Total Population Receiving SNAP Benefits



Grocery Stores, Rate per 100,000 Population



SNAP-Authorized Retailers Access, Rate per 10,000 Population by Tract, USDA 2019

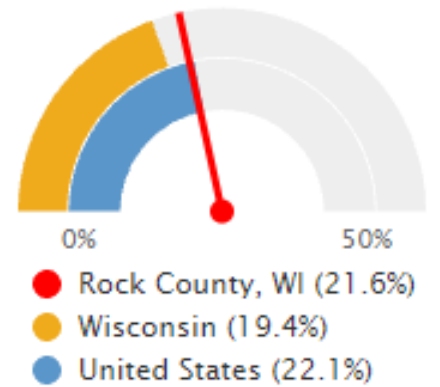


Chronic Conditions:

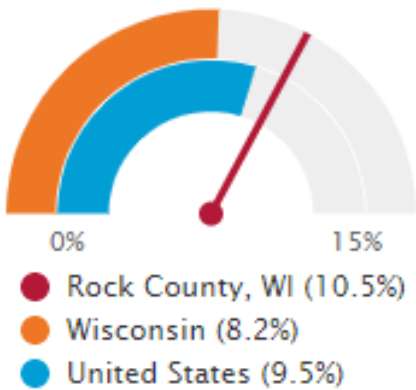
Secondary data

Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationship may emerge, allowing a better understanding of how certain community health needs may be addressed. **Within Rock County, 26,860 or 21.6% of adults aged 20 and older self-report no active leisure time.** This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

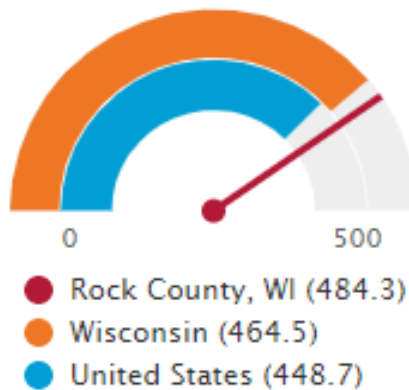
Percentage of Adults with No Leisure-Time Physical Activity, 2017



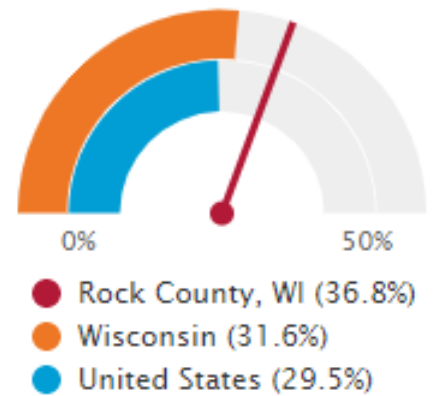
Percentage of Adults with Diagnosed Diabetes (Age-Adjusted), 2017



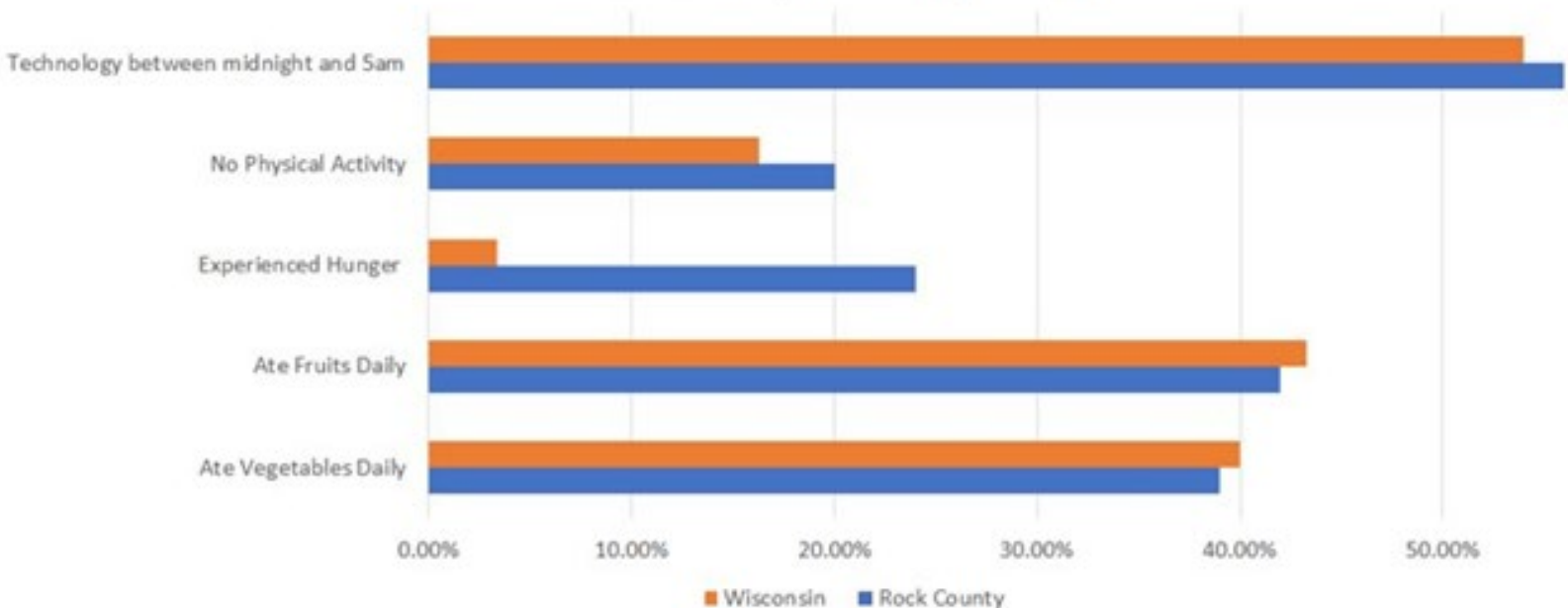
Cancer Incidence Rate (Per 100,000 Pop.)



Percentage of Adults Who Have Obesity (BMI > 30.0), 2017



Rock County YRBS – High School



Built Environment: Secondary data

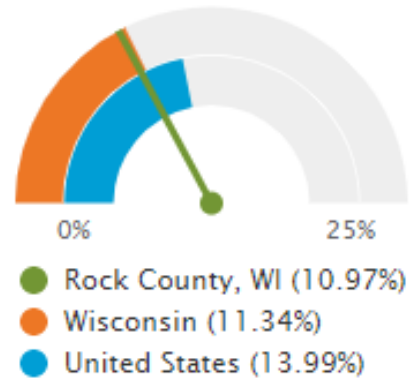
In Rock County, 26.73% of people are disproportionately burdened by higher housing costs (greater than 30% of household income). 31.64% of housing is renter-occupied, of households spending more than 30% of household income on housing costs, and 42.29% are rental households.

In Rock County, 10.97% of people are severely cost-burdened, meaning they pay more than 50% of their annual income on housing. These families have less expendable income for healthy food, transportation, preventative healthcare, childcare, tutoring, higher education, museums, professional development, investing in small business, etc.

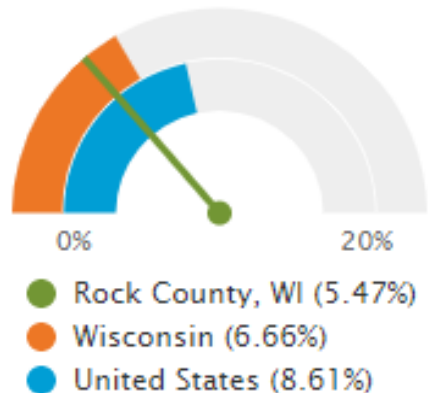
In Rock County, 5.47% of households do not have a motor vehicle. Older populations, Latinos and people of color, and people in low-income communities are disproportionately burdened by lack of safe streets and pedestrian fatalities and serious injuries, which are preventable.

The number of liquor stores per 100,000 population provides a measure of environmental influences on dietary behaviors and the accessibility of healthy foods.

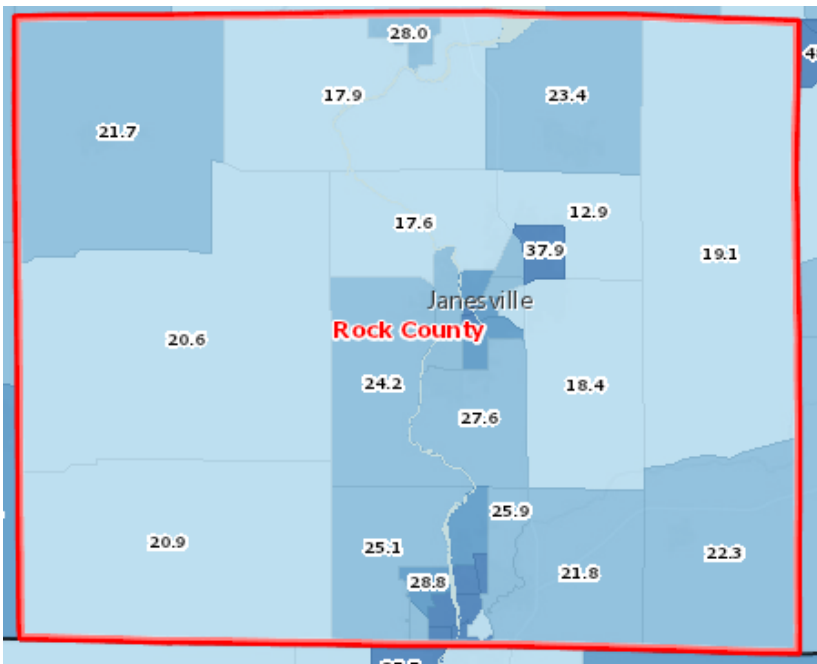
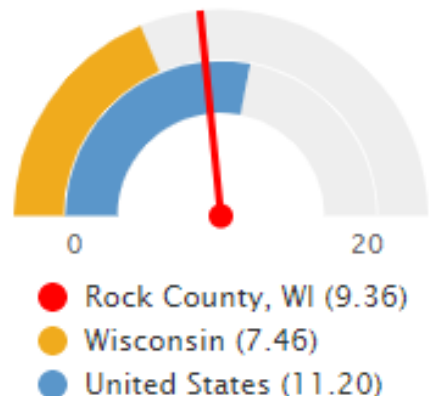
Percentage of Households where Housing Costs Exceed 50% of Income



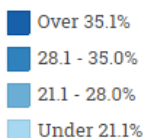
Percentage of Households with No Motor Vehicle



Liquor Stores, Rate per 100,000 Population



Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2015-19



Prioritization of health needs

As part of the CHNA requirement, hospitals are required to evaluate the needs that are identified and validated through the data analysis. In order to do so, hospitals must establish specific criteria that will be used to assess each of the identified community needs. The system has recommended criteria and ratings that each hospital can use during prioritization. The method used to evaluate the needs as well as potential weighting is customizable based on the hospital's approach.

A two-step prioritization process is recommended. Step one of this process focuses on community-specific criteria that are rated by community members to evaluate the identified needs. This step is subjective and measures community member's perceptions of the identified needs using a strongly agree to strongly disagree 5-point Likert scale. Once the community has evaluated their needs based on their perceptions, step two is that this list is sorted in descending order by priority and then reviewed by your internal prioritization team using system feasibility criteria. The internal criteria are more objective and focus on alignment to key strategies, resources, magnitude of issue, and overall capability. Based on internal prioritization, the top-ranking priorities establish the areas of focus for the Strategic Implementation Plan.

The Health Equity Alliance of Rock County (HEAR) considered the Social Determinants of Health (SDoH) when developing the community health survey and identifying priority areas. These social determinants can either contribute to poor health outcomes or support a healthy community including Access to Care, Education, Community Support, Economic Stability and the Built Environment.

Upon completion of primary data collection, the HEAR advisory council met for a two-day strategic planning session to analyze the community health survey, community conversations, and key informant interview responses. The analysis consisted of creating a quantitative method for measuring the qualitative data and applying a healthy equity lens to fully understand each area of improvement identified by Rock County residents. Ultimately, the data was narrowed down to six umbrella priorities for the HEAR general body to vote upon in August 2021.

Prior to HEAR member review of the data and vote on priority areas, 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:

- Ranking of priority areas based on primary data including community perspectives and secondary data including unbiased local, state and national resources.
- Health issues that impact a lot of people or for which disparities exist, and which put a greater burden on some population groups.
- Poor rankings for health issues in Rock County as compared to the State of Wisconsin and Healthy People 2030 national health targets.
- Health issues for which trends are worsening.
- Feasibility and ability to make an impact was considered. Current resources and assets available in Rock County to address the health issues including community partners and funding availability along with barriers and obstacles were weighed.

2022-2024 Priority areas

Priority 1: Mental Health

18%

of Rock County adults have a mental health diagnosis

Ranked #5 in medical diagnosis in Rock County (127.2 diagnosis per 1,000 residents)

According to County Health Rankings, Rock County averaged 4.3 poor mental health days/resident compared to 4.0 for the state of Wisconsin overall.

22% of female and 13% of male high school students in Rock County have considered suicide.

Priority 2: Access to Care

20%

of Hispanic adults without health insurance in Rock County

According to the Community Health Survey responses, the top three reasons healthcare was difficult to access:

1. Too expensive
2. Lack of appointment availability
3. Not enough time spent with medical provider.

There were 991 preventable oral health visits in 2019 in Rock County

According to County Health Rankings, the ratio of primary care providers to Rock County residents is 1 : 1990 with a worsening trend line.

Progress Since Previous Assessment

Priority 1: Obesity

\$20K

In Mini-Grant funds for partners focusing on improving access to healthy foods and chronic disease prevention and management.

Through the annual Community Health Mini-Grant Program, over \$20,000 were awarded to community-based partners including:

- Merrill Community Sharing Garden Outdoor Classroom
- Janesville Community Center Cooking Classes in the Fourth Ward
- Beloit Area Community Health Center's Blood Pressure Program
- Rock County Sheriff's Department RECAP Gardens To-Go.

Sponsored initiatives for Janesville and Beloit Farmers' Markets, with a total of \$20,000 provided over three years to improve access to healthy food and provide health education in our communities. Some of these funds were used to purchase additional produce for community members utilizing SNAP benefits.

Over 150 community members participated in the 10 in 10 Healthy Bodies classes from 2019-2021 which taught mindful eating practice, encouraged physical activity and explored individual behaviors around food.

Priority 2: Tobacco/Vaping

12%

Current rate of tobacco/vaping use for pregnant people in Rock County is 12% in 2020, compared to 16% in 2017.

500+ students in Beloit completed the CATCH my Breath vaping curriculum throughout the Covid-19 pandemic.

13 facilitators were trained to provide the Baby and Me Tobacco Free program available to Rock County residents.

Awarded Janesville Mobilizing for Change (JM4C) \$5,000 to provide more public awareness on the dangers of Vaping.

*No wr

Priority 3: Substance Use

18

Through the annual mini grant program, 18 participants graduated from the Living Well with Chronic Pain course as an alternative to opioid use in partnership with Building a Safer Evansville and local Recovery Coaches.

Funded the "Addictions Education and Counseling Assistance" program for domestic violence victims at the YWCA with a \$5,000 mini grant.

Served on the Substance Use Task Force and supported community-based events Rock for Recovery and the Healthnet Mental Health Conference .



SSMHealth®

2021

Appendices

SSM Health St. Mary's Hospital – Janesville

3400 E. Racine St., Janesville, WI 53546

Appendix A: Primary Data

Community Health Survey Questions

The following questions asked respondents to respond between strongly agree, agree, neither agree nor disagree, disagree, strongly disagree, and not application/not sure.

- I am friendly with most of my neighbors
- There are places for people like me to gather in my community
- I feel safe in my community
- Children in my community have access to high quality education
- There are enough safe and affordable houses and apartments in my community
- I feel like I belong in my community
- I trust the public service providers in my community such as public health, law enforcement, and emergency services
- Decisions for my community are made with resident participation
- My community has enough good-paying jobs
- My community is a good place to raise children

The following questions asked respondents to respond between always, often, sometimes, rarely and never. Additionally, follow up questions depending on respondent selection were asked.

- My household has transportation that we can depend on to meet our daily needs.
- Everyone in my household can get the health services we want and need including physical, mental and dental health services.
 - Which type of health services are difficult for you to obtain (physical, mental, dental)?
 - Why is getting health services difficult for you?
- I can get healthy food for my family.
 - Why is getting healthy food a challenge for you?
- I or someone in my household experiences discrimination in my community.
 - What types of discrimination have you or your household members experienced?
 - In what situations have your or your household members experienced discrimination?

What do you think are the top five STRENGTHS and what are the top five AREAS OF IMPROVEMENT in your community?

- Selections included Ability to continue living in my home or chosen community as I get older, access to dental care, access to mental health services, access to affordable health care, access to affordable healthy foods, access to affordable housing, access to affordable transportation, access to community parks and other recreation locations for physical activity, clean environment, community events, community safety, community spaces such as businesses, parks and schools are inclusive to people of all identities, good paying jobs and strong economy, good places to raise a family, good schools, opportunities to practice spiritual beliefs, racial and ethnic diversity, sense of belonging, and strong family life/relationships.

Appendix A: Primary Data

Community Health Survey Questions

In your opinion, what would make your community a healthier place to live, work and play? (Free space)

The following questions helped us better understand our community members. Respondents had the choice to not to answer any questions and all responses were confidential and anonymous.

- How would you say, in general, your health is?
- How would you rate your mental health?
- Do you currently have health insurance?
- Do you currently have dental insurance?
- What is your gender? (free space)
- What is your sexual orientation? (free space)
- Which racial and ethnic categories do you identify with? (Check all)
- Which languages do you speak at home (free space)
- What is your age group?
- What is the highest grade or year of school completed?
- What is your employment status?
- How would you describe your financial situation?
- Do you consider yourself to be a person with a disability?
 - Please select any type of disabilities that apply to you
- How many adults live in your household?
- How many children (under age 18) live in your household?
- What is your zip code in Rock County?
- Is there anything else you would like to share that was not covered in this survey?

A complete report of the Community Health Survey responses with respondent demographics maybe found at the following link: <https://infogram.com/1pjzr696vy9v95f6d7zw3nz93xum2r2xg75>

Appendix B: Primary Data

Community Conversations & Key Informant Interviews

Questions asked in community conversations are as follows:

- What do you see as the top three health challenges for people in your community? And why?
- What are the barriers to good health in your community?
- What do you think are some of the changes related to health and healthcare that could be made in your community?
- What do you like most about living in your community?

The top five community health needs identified by community conversations are:

- (1) Affordable/quality transportation;
- (2) Insurance
- (3) Mental health problems (access/stigma);
- (4) Healthcare affordability/accessibility;
- (5) Food accessibility/availability.

Questions asked in the key informant interviews are as follows:

- In your time living in Rock County how have you seen it change?
- What are your concerns about health in the community as a Rock County resident?
- Why are you concerned about your responses to Question 2 above?
- Why are these issues important to you?
- What are the assets in the community?

The top five community health needs identified by individual interviews are:

- (1) Mental health (substance use/stress);
- (2) Access to healthcare;
- (3) Drugs/violence/city problems;
- (4) Economy boost (business/development);
- (5) Physical Health (diabetes/chronic disease/STIs).

Appendix C: Secondary Data

Data Source	Description
American Community Survey (US Census Bureau)	The American Community Survey (ACS) helps local officials, community leaders, and businesses understand the changes taking place in their communities. It is the premier source for detailed population and housing information about our nation.
County Health Rankings and Roadmaps	The annual Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play. It provides a starting point for change in communities.
Opportunity Atlas	The Opportunity Atlas answers this question using anonymous data following 20 million Americans from childhood to their mid-30s. See where and for whom opportunity has been missing and develop local solutions to help more children rise out of poverty.
Area Deprivation Index (Neighborhood Atlas)	The Area Deprivation Index (ADI) is based on a measure for primarily county-level use, but refined, adapted, and validated to the Census block group/neighborhood level. It allows for rankings of neighborhoods by socioeconomic status disadvantage in a region of interest.
Youth Risk Behavior Surveillance System (YRBSS)	The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of health-related behaviors that contribute to the leading causes of death and. YRBSS also measures the prevalence of obesity and asthma and other health-related behaviors plus sexual identity and sex of sexual contacts.
Wisconsin Interactive Statistics on Health (WISH)	This site gives you information about health indicators (measures of health) in Wisconsin. WISH allows policy makers, health professionals, and the public to submit questions (requests for data) and receive answers (tables) over the Internet. Most modules contain data for multiple years and geographic areas.
Wisconsin Dept of Health Services – Data and Statistics	Health-related data from over 100 federal and state data tracking and database systems.
Community Commons	Community Commons is a site that holds curated tools, resources, and inspirational stories to drive public health work forward. Data tools, maps, and tables on this site are created to build healthy, equitable, and sustainable communities.
211 Counts	2-1-1- Counts offers data about the top requests- the most important basic needs of callers such as food, shelter, and clothing.
Wisconsin Hospital Association CHNA Dashboard	The Mapping Tool allows hospitals, and community partners, the opportunity to identify areas of need in their community by analyzing clinical conditions and community characteristics. Using data from both the WHA Information Center and American Community Survey, the tool allows for specific analysis down to the census tract level of individual communities.

Special thanks to Community Health Interns through the South-Central Area Health Education Center: Shannon Kehoe and Kastyn Hebbe for their contribution in identifying best practice and analyzing secondary data for an unbiased, inclusive community health needs assessment.

Appendix D: Secondary Data

County Health Rankings

Out of 72 total counties in Wisconsin, the overall County Health Ranking for Rock County is

62



Health Outcomes

Rock (RO) is ranked among the least healthy counties in Wisconsin (Lowest 0%-25%)



Health Factors

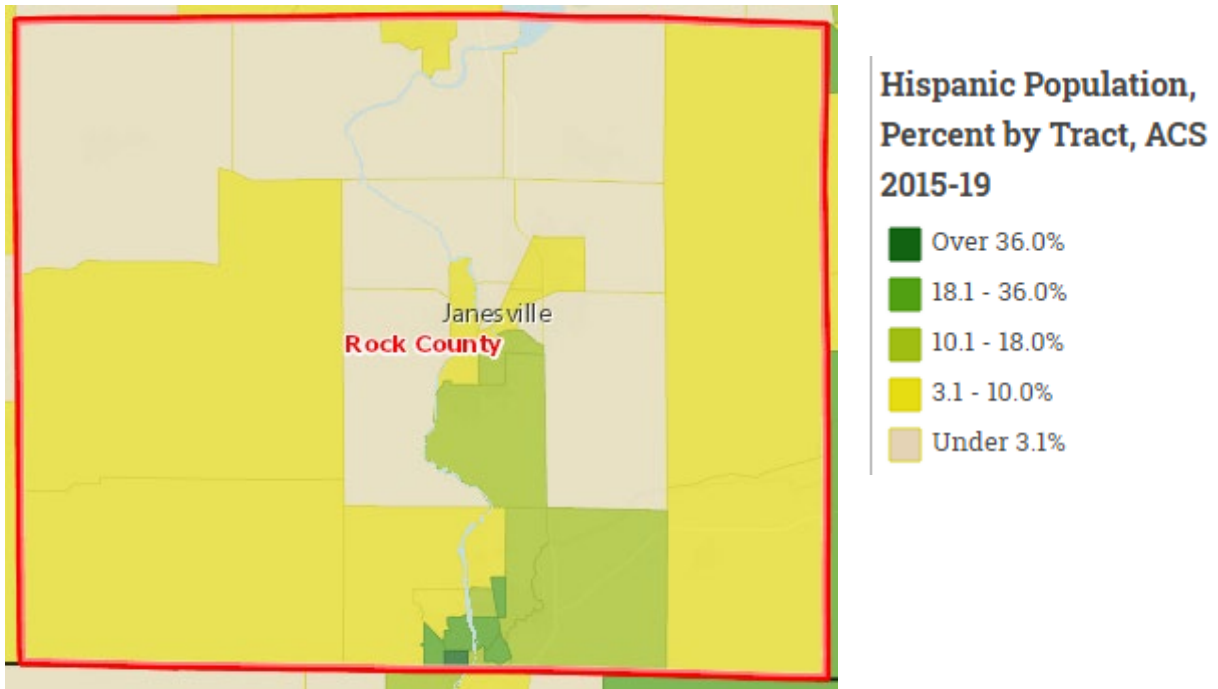
Rock (RO) is ranked among the least healthy counties in Wisconsin (Lowest 0%-25%)

Health Outcome	Rock County	Trend	Wisconsin	Top US Performers
Premature Death	7,400	Neutral	6,300	5,400
Poor/Fair Health	17%		15%	14%
Poor Physical Health Days	4.0		3.7	3.4
Poor Mental Health Days	4.3		4.0	3.8
Low Birthweight	8%		7%	6%
Diabetes Prevalence	12%		11%	10%
Adult smoking	20%		17%	15%
Adult Obesity	37%	Worsening	32%	26%
Physical Inactivity	22%	Neutral	20%	19%
Excessive Drinking	25%		27%	15%
Alcohol Impaired Driving Deaths	42%	Neutral	36%	11%
Sexually Transmitted Infections (STIs)	534.8	Worsening	483.5	161.2
Teen Births	24		15	12
Limited Access to Healthy Food	11%		9%	9%
Drug Overdose Deaths	28		20	11
Preventable Hospital Stays	5,302		3,747	2,565
Injury Deaths	101		84	59
Residential Segregation Black/White	56		76	23
Suicides	18		15	11
Air Pollution	9.1	Improving	7.0	5.2

Appendix E: Marginalized Populations

Latinx: In Rock County, 1 in 7 children and 1 in 15 adults are Latinx

Latinx communities vary in their access to quality childcare and education, affordable housing, transportation options, green space, healthy food options, and healthcare - all of which are necessary to stay healthy and thrive. These differences in opportunity result in health inequities that are evident between different populations and geographic areas. Latinos in Rock County face more socio-economic barriers and poor health outcomes than non-Latino Whites.

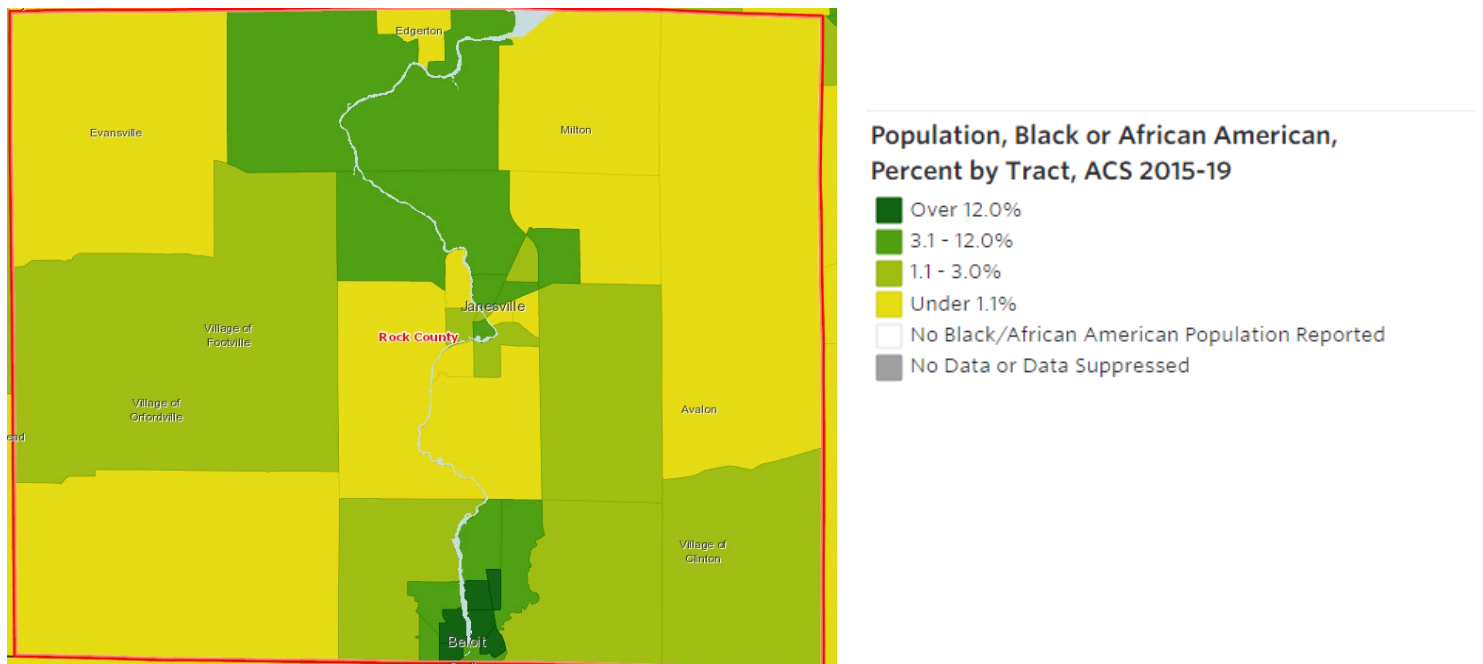


	Latinx	Non Latinx White
Children in Poverty	35.77%	14.16%
Median Household Income	\$46,295	\$60,385
No High School Diploma	33.16%	7.81%
Uninsured Population	20.59%	4.29%
Teen Birth Rates (per 1,000 births)	66.10	30.30
Cancer Mortality (per 100,000)	73.6	166.8
Youth Obesity	8%	15%

Appendix E: Marginalized Populations

Black and African American:

Due to historical redlining, Black and African American communities vary in their access to quality childcare and education, affordable housing, transportation options, green space, healthy food options, and healthcare - all of which are necessary to stay healthy and thrive. These differences in opportunity result in health inequities that are evident between different populations and geographic areas. Black and African American residents in Rock County face more socio-economic barriers and poor health outcomes than Whites.

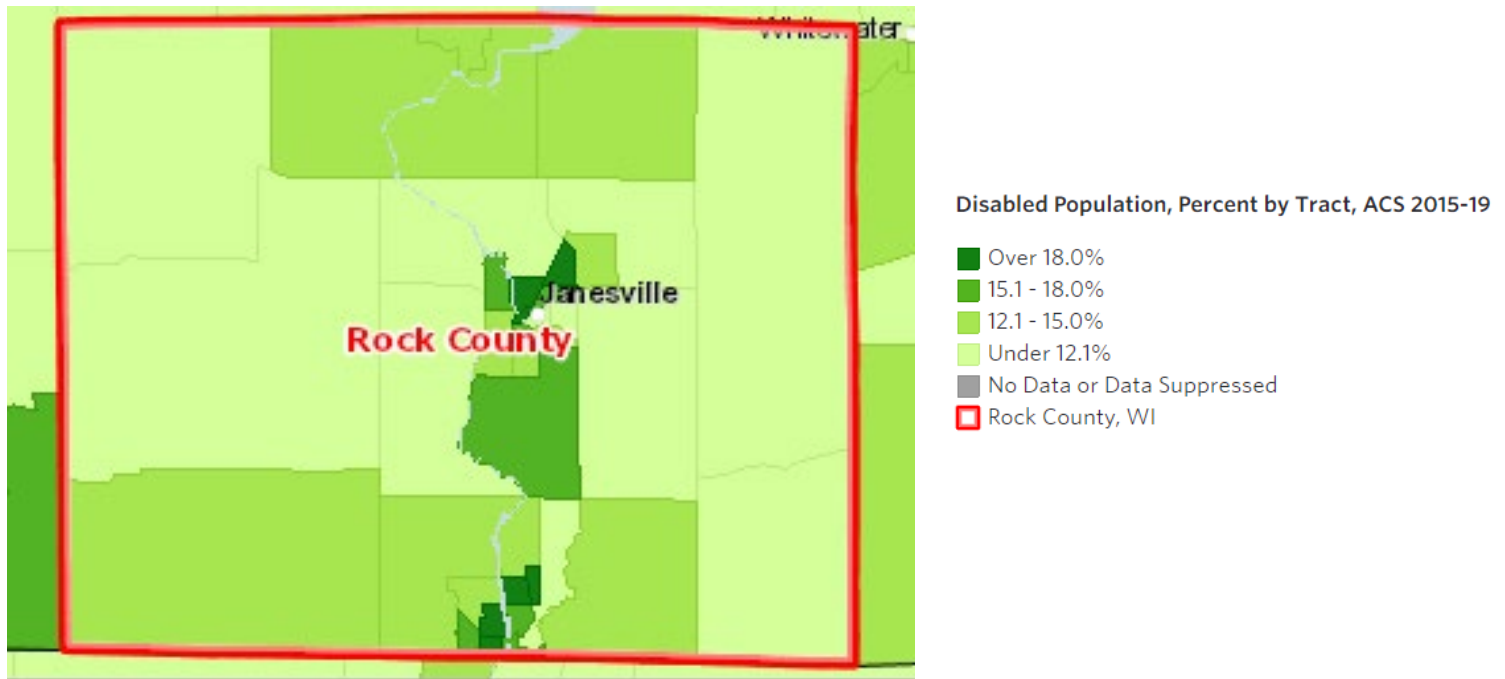


	Black / African American	Non Latinx White
Children in Poverty	45.42%	14.16%
Median Household Income	\$29,375	\$60,385
No High School Diploma	16.11%	7.81%
Uninsured Population	6.24%	4.29%
Cancer Mortality (per 100,000)	203.4	166.8
Coronary Heart Disease Mortality	146.2	98.5
Teen Birth Rate (per 1,000 female population)	54.5	18.3
Low Birth Weight	14.2%	7.2%
Infant Mortality	14.8	6.0

Appendix E: Marginalized Populations

Population with Any Disability

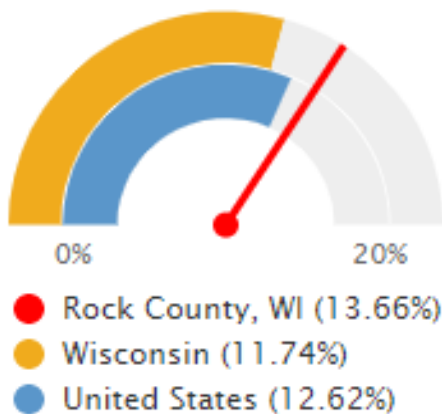
Rock County has a total population of 160,864 for whom disability status has been determined, of which 21,976 or 13.66% have any disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.



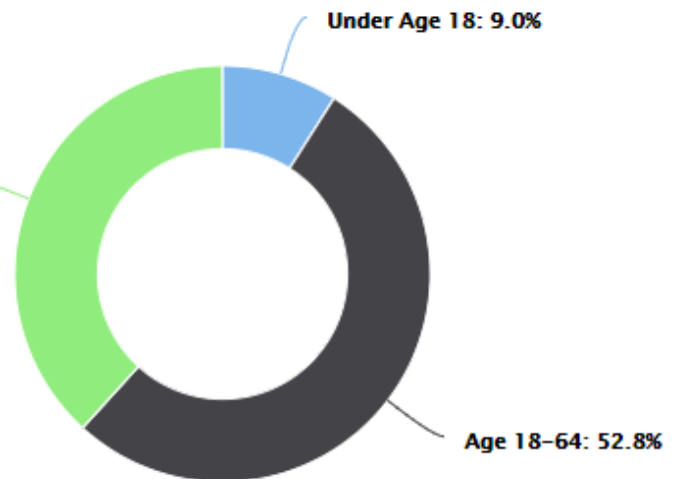
Population with Any Disability by Age Group, Total

Rock County, WI

Population with a Disability, Percent



Age 65+: 38.2%

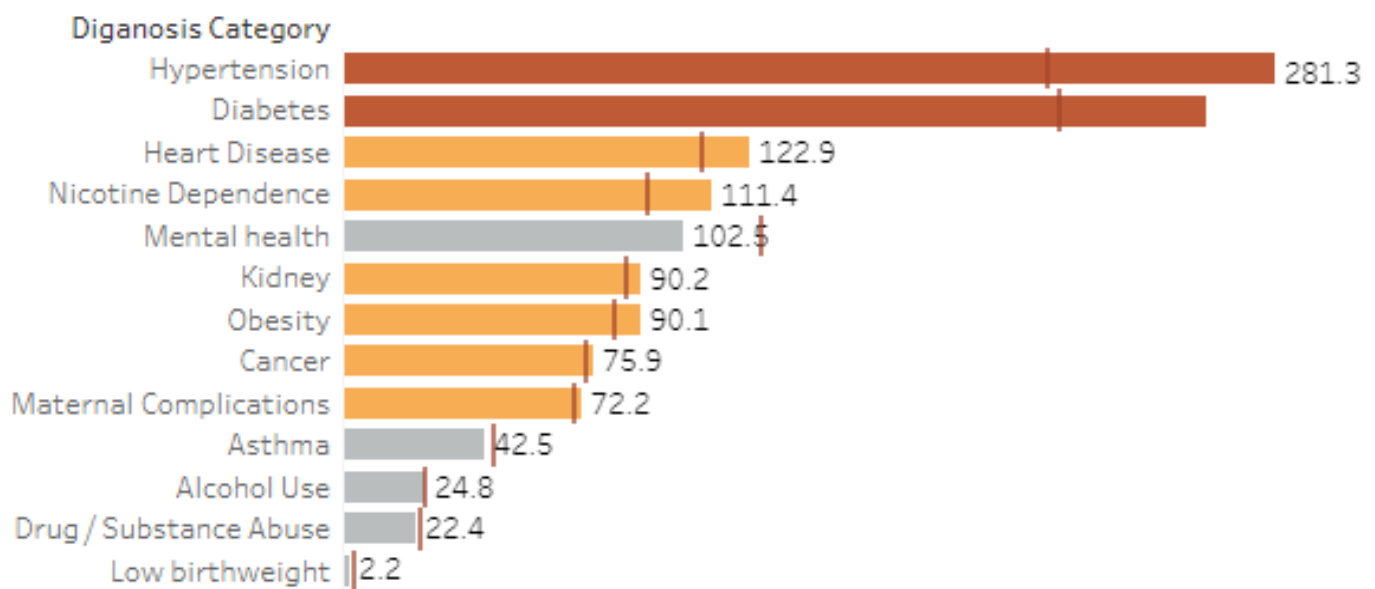


Appendix F: Secondary Data

Wisconsin Hospital Association CHNA Dashboard

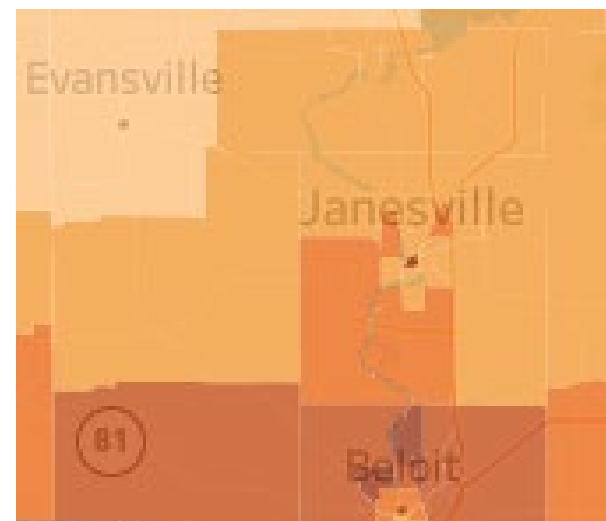
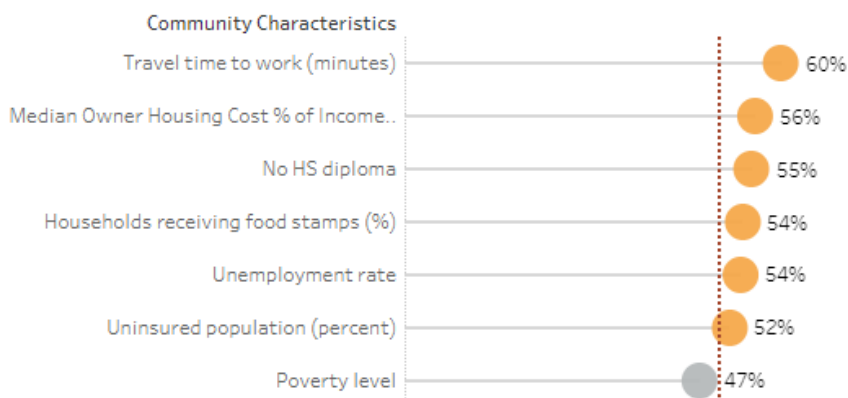
The Wisconsin Hospital Association Information Center created a Community Health Needs Assessment (CHNA) Mapping Tool to allow hospitals, and community partners, the opportunity to identify areas of need in their community by analyzing clinical conditions and community characteristics. Using data from both the WHA Information Center and American Community Survey, the tool allows for specific analysis down to the census tract level of individual communities.

How much more than the statewide average have people in your service area been given diagnoses in these categories?



Dx Per 1,000 People

How far above 50% is the average percentile rank of your service area for these community characteristics?



Appendix G: Secondary Data

Youth Risk Behavior Survey

Wisconsin YBRS Rock County High Schools 2019 Data	Gender			Grade			
	Overall	Female	Male	9th Grade	10th Grade	11th Grade	12th Grade
School Safety							
Students who most of the time or always feel safe at school	78%	78%	77%	74%	77%	79%	81%
Students who think violence is a problem at their school	22%	26%	18%	29%	20%	22%	17%
Students who were in a fight or threatened with a weapon at school	14%	10%	19%	20%	15%	12%	10%
Offered, sold, or given drugs on school property (past 12 months)	14%	12%	15%	16%	14%	14%	11%
Attended school under the influence of alcohol or drugs	11%	10%	12%	9%	10%	13%	12%
School Climate							
Students who experienced bullying at school (past 12 months)	22%	25%	19%	26%	24%	20%	18%
Students who were electronically bullied (past 12 months)	18%	23%	13%	20%	18%	18%	16%
Students who agree that bullying is a problem at their school	42%	52%	31%	45%	38%	43%	40%
Students who feel like they belong at school	62%	59%	65%	61%	60%	60%	66%
Students who have at least one teacher/adult at school to talk to	72%	76%	68%	67%	69%	72%	79%
Students who participate in school activities, teams, or clubs	67%	69%	65%	69%	67%	65%	67%
Mental Health and Wellbeing							
Students who experienced significant problems with anxiety (past 12 mo)	50%	64%	37%	53%	50%	51%	47%
Students who experienced prolonged, disruptive sadness (past 12 mo)	32%	41%	23%	33%	32%	34%	30%
Students who intentionally self-harmed w/o intending to die (past 12 mo)	20%	26%	13%	24%	20%	19%	16%
Students who seriously considered suicide (past 12 months)	17%	22%	13%	20%	17%	19%	14%
Students who made a plan for a suicide attempt (past 12 months)	14%	17%	11%	16%	14%	13%	11%
Students who most of the time/always get emotional help when needed	21%	21%	21%	23%	21%	20%	21%
Students who could turn to at least one adult besides parents	83%	85%	80%	81%	84%	81%	85%
Sexual Behavior							
Percent of students who have ever had sexual intercourse	36%	36%	36%	17%	29%	44%	52%
Percent of students who had sexual intercourse in the past 3 months	26%	27%	25%	11%	21%	32%	40%
Trauma and Adversity							
Students who experienced rape, sexual assault, or intimate partner violence	25%	36%	14%	23%	22%	25%	29%
Students who most of the time or always feel safe in their neighborhood	87%	86%	88%	84%	87%	87%	88%
Students who have lived in four or more residents	36%	38%	34%	36%	36%	36%	35%
Students who experienced hunger due to lack of food at home (past 30 days)	24%	25%	26%	28%	25%	25%	25%

Tobacco	Overall	Female	Male	9th Grade	10th Grade	11th Grade	12th Grade
Students who used vaping products (past 30 days)	20%	19%	20%	11%	17%	20%	30%
Students who have ever tried vaping	45%	46%	45%	34%	42%	48%	56%
Students who have used cigarettes, chew, cigars, or cigarillos (past 30 days)	9%	7%	11%	5%	8%	10%	14%
Percentage of vapers or other tobacco users who tried to quit (past 12 mo)	43%	50%	37%	46%	35%	49%	42%
Alcohol							
Students who had at least one drink (past 30 days)	27%	29%	25%	21%	23%	28%	36%
Students who have ever had an alcoholic beverage	58%	62%	55%	51%	55%	60%	66%
Students who binge drank in the past 30 days	12%	12%	11%	5%	10%	13%	18%
Drug Use							
Students who have used marijuana in the past 30 days	19%	18%	20%	13%	16%	22%	24%
Students who have ever used marijuana	32%	32%	32%	21%	27%	37%	41%
Students who misused over-the-counter and/or prescription pain meds	14%	15%	13%	14%	13%	15%	14%
Technology Use and Online Behavior							
Students who spent 3+ hours/day on phone, Xbox, or other devices	44%	41%	47%	48%	45%	40%	43%
Students who use technology between midnight & 5am on school nights	56%	56%	57%	55%	53%	57%	59%
Students who sent, received, or shared nude photos or sexual images	23%	23%	22%	21%	22%	23%	24%
Physical Health and Nutrition							
Students reporting 8+ hours of sleep per night	24%	22%	25%	32%	24%	19%	18%
Students reporting 5 or fewer hours of sleep per night	21%	22%	21%	20%	20%	24%	22%
Students who exercised zero days in the past week	20%	23%	17%	17%	18%	21%	23%
Students who exercised 4-7 days in the past week	52%	44%	61%	57%	57%	52%	44%
Students who ate fruit every day (past 7 days)	42%	40%	43%	44%	40%	42%	40%
Students who ate vegetables every day (past 7 days)	39%	38%	39%	38%	39%	40%	38%
Students who drank plain water every day (past 7 days)	76%	77%	75%	75%	77%	77%	77%
Students who ate breakfast every day (past 7 days)	31%	28%	33%	33%	33%	28%	28%
Students experiencing sports-induced concussions (past 12 months)	16%	13%	19%	16%	16%	17%	15%
Students reporting current or former asthma diagnosis	20%	21%	18%	19%	18%	20%	23%
Students reporting a physical disability or chronic health condition	12%	14%	10%	11%	11%	13%	14%

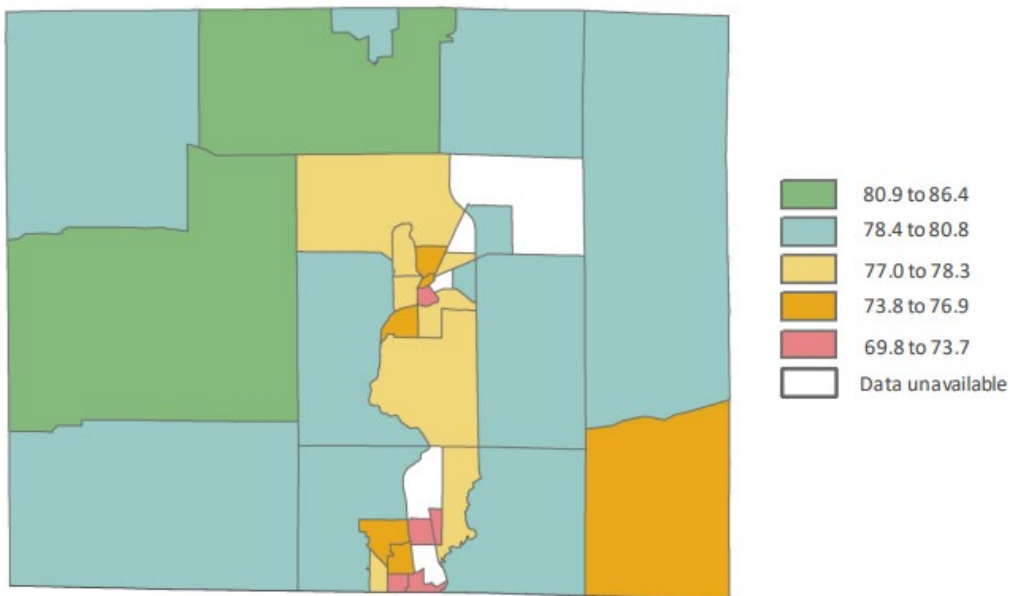
Appendix H: WI Department of Health Services

Rock County Social Determinants Profile

Life Expectancy

Where you live can influence how long you live. Large gaps in life expectancy exist in Wisconsin, even within a single county. In Rock County, average life expectancy varies from 70 to 86 years across census tracts.

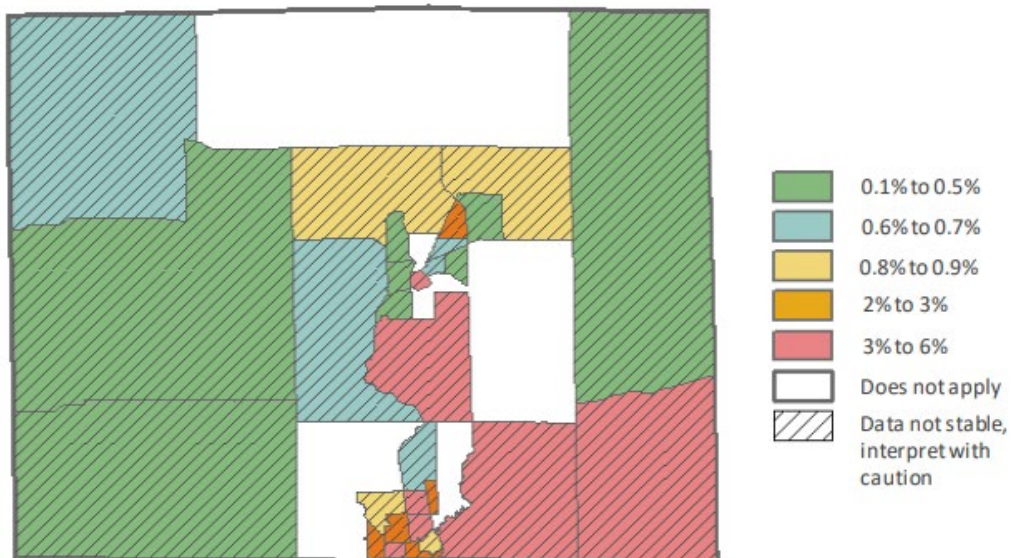
Average life expectancy in years (average number of years a person can expect to live) by census tract, Rock County.



Linguistic Isolation

Households that experience linguistic isolation often have both cultural and language barriers to accessing important services from health care and social services, to financial services, voting and education.

Percentage of households in which no one age 14 and over speaks English only or speaks a language other than English at home by census tract, Rock County.



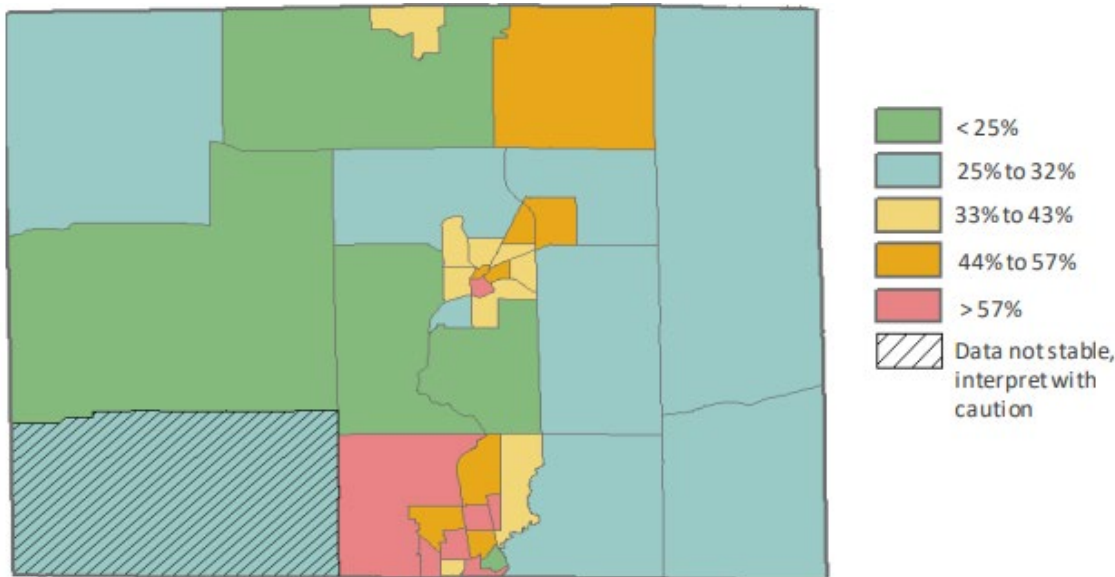
Appendix H: WI Department of Health Services

Rock County Social Determinants Profile

Affordable Housing

Housing is typically the largest, single expense in a family’s budget. As housing consumes larger proportions of household income, families have less to spend on nutrition, health care, transportation and education. Housing is commonly considered affordable when a family spends less than 30% of its income to rent or buy a residence. Low-income families and minority communities are disproportionately affected by the lack of affordable housing.

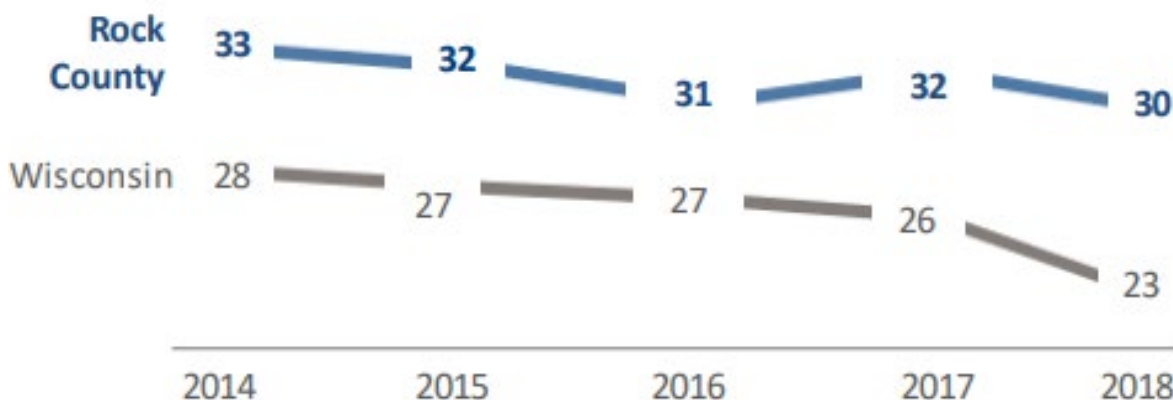
Percentages of households paying greater than 30% of income on rent by census tract, Rock County.



Violent Crime

Violent crime contributes to and exacerbates chronic diseases by inducing fear and stress. It evokes unhealthy physical responses (e.g., high blood pressure), confines residents to their homes, thereby eliminating the health benefits of physical activity. It prohibits commuting via active transportation to jobs, goods, and services. Violent crime affects everyone’s health and is significantly associated with educational attainment and poverty. Upstream policies and programs that reduce poverty and increase educational attainment and other social determinants can also impact violent crime.

Annual violent crime* rate per 1,000 persons, Rock County and Wisconsin.



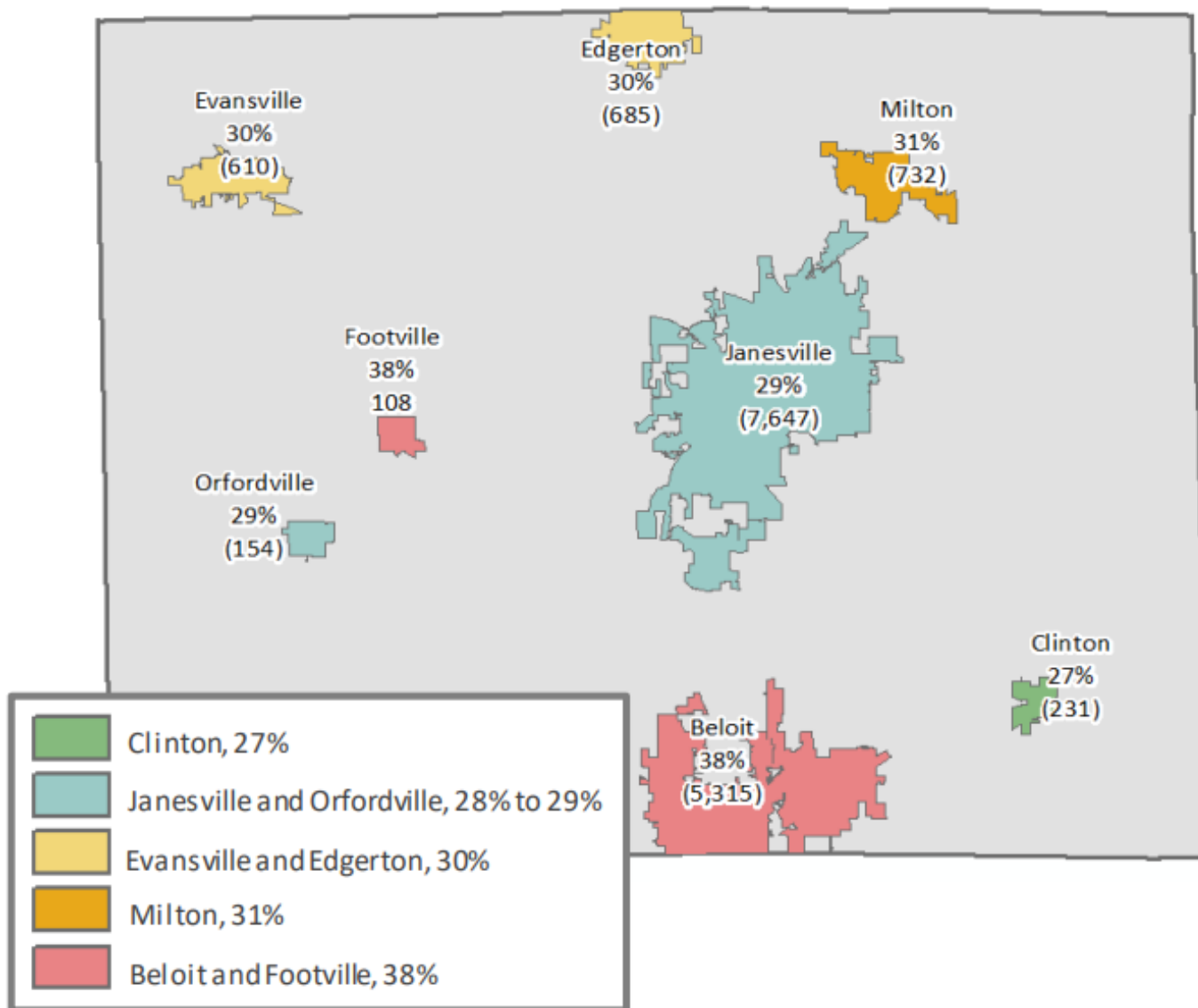
Appendix H: WI Department of Health Services

Rock County Social Determinants Profile

ALICE Households (Asset-Limited, Income-Constrained, and Employed)

Since 1965, the Federal Poverty Level (FPL) has provided a standard for determining the number of people living in poverty in the United States. However, the FPL's shortcomings are many and well-documented. The FPL is not based on the current cost of basic household necessities and is not adjusted to reflect geographic differences in cost of living. In fact, many agencies use multiples of the FPL to determine eligibility for assistance programs because the measure is too modest (e.g., 200% or 300% FPL). Considering these limitations, researchers at the United Way developed the ALICE (asset-limited, income constrained, and employed) threshold to identify and assess financial hardship at the county-level. The ALICE threshold represents the minimum income level necessary based on the household survival budget. The household survival budget includes an estimate of the total cost of household essentials: housing, childcare, food, transportation, technology, and health care, plus taxes and a 10 percent contingency (see page 4 for a detailed budget).

Percent (and number) of households living below the ALICE threshold (below household survival budget), Rock County municipalities.



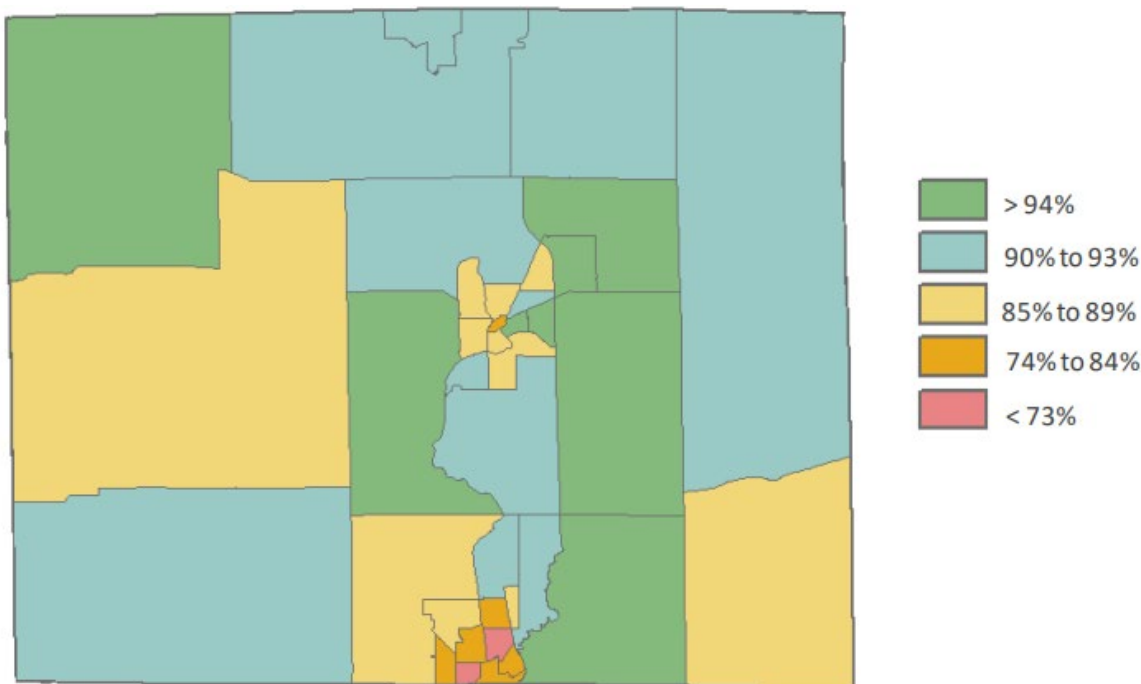
Appendix H: WI Department of Health Services

Rock County Social Determinants Profile

Educational Attainment

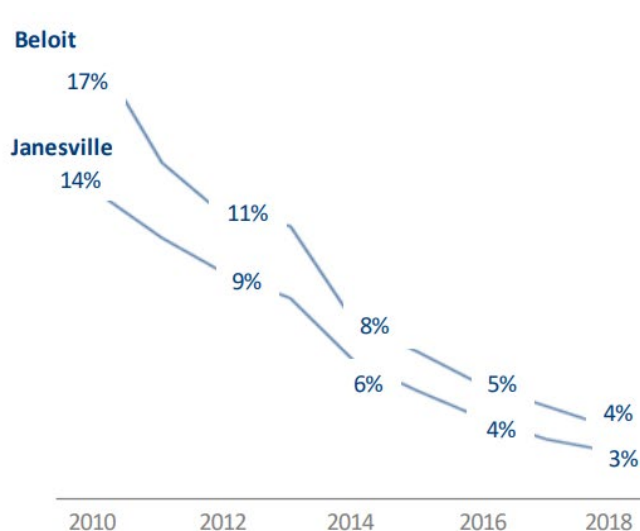
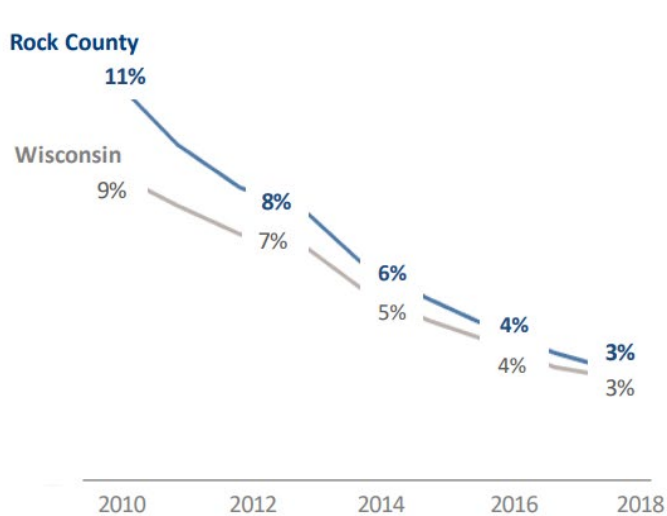
Staying in school to graduate is one of the strongest predictors of health. Education is linked to health in a multitude of ways, from its connections to employment and higher income opportunities, to social and psychological benefits.

Percentage of adults (25+) with a high school diploma by census tract, Rock County



Unemployment

Unemployment is associated with higher rates of self-reported poor health, long-term illness and increased mortality. County-level studies demonstrate a positive association between higher unemployment and overall mortality and death due to cardiovascular disease and suicide.

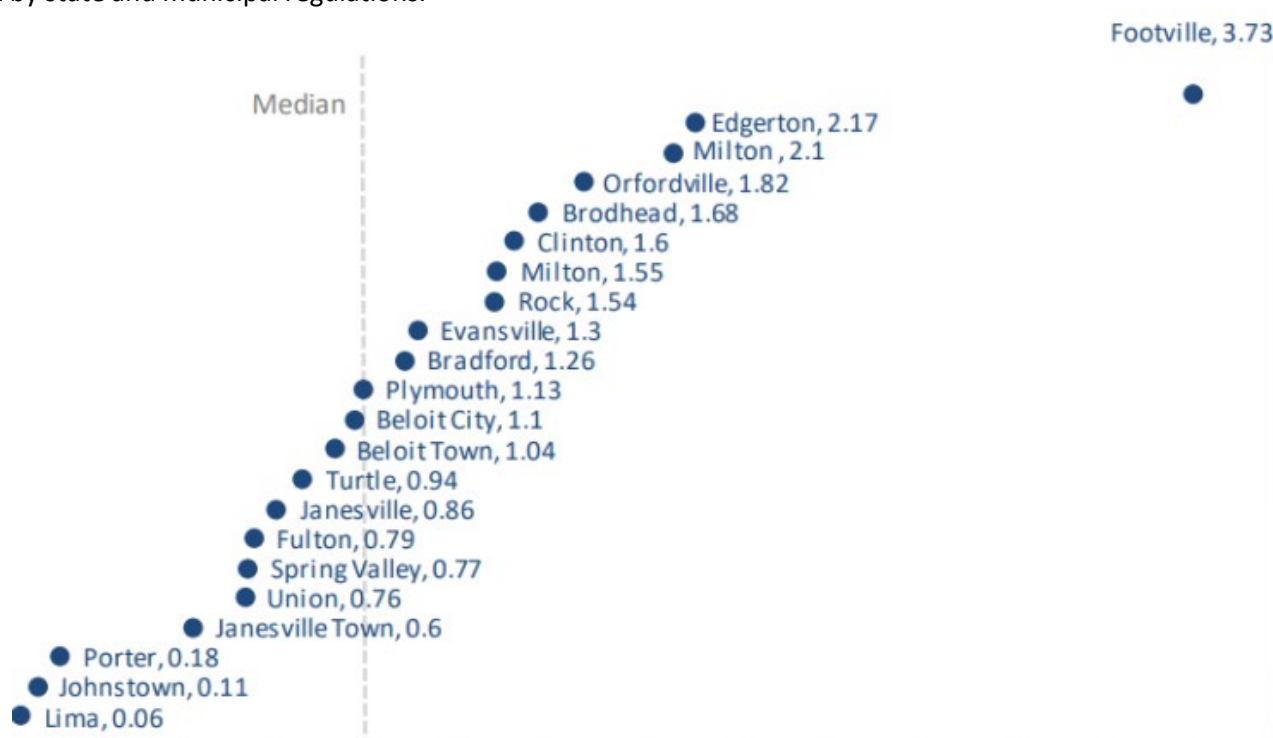


Appendix H: WI Department of Health Services

Rock County Social Determinants Profile

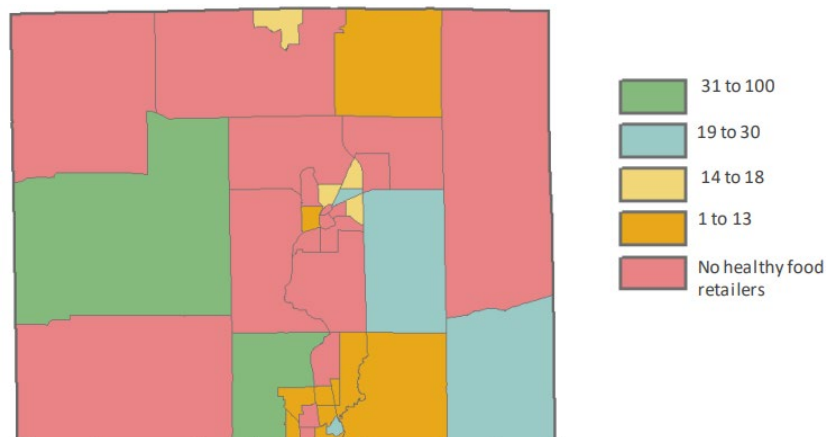
Access to Alcohol

Excessive alcohol consumption is the fourth leading preventable cause of death in the United States. High density and proximity to alcohol outlets in neighborhoods is associated with higher rates of binge drinking and associated harms. Alcohol outlet density is controlled by state and municipal regulations.



Food Environment

Modified retail food environment index (mRFEI) is a measure of the retail food environment calculated from the number of healthy food retailers (supermarkets, larger grocery stores, supercenters and produce stores) and the number of less healthy food retailers (convenience stores, fast food restaurants and small grocery stores). The mRFEI ranges from 0 (lowest with no healthy food retailers present) to 100 (only healthy food retailers present).



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