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Mercyhealth conducted a Community Health Needs Assessment (CHNA) designed to identify health and quality of life issues in Rock County. This approach identifies issues where there are opportunities for improvement in the healthcare delivery system which could improve patient care, preventative service utilization and the overall health and quality of life in the community.

Results from this study can be used for strategic decision-making purposes as they relate to the health needs of the community and to ensure that programs and services closely match the priorities and needs of Rock County.

In addition, this report has been prepared in compliance with IRS Notice 2011-52 relating to community health needs assessment (CHNA) required by Internal Revenue Code Section 501-r-(3). It includes the following components:

- **About Mercyhealth**: A summary of our organization and the Mercyhealth Janesville Hospital
- **Community Analysis**: A compilation of data from external sources on a wide variety of community health issues and trends
- **Household Survey**: A random survey of residents in Janesville and Beloit; a link to the survey was also distributed by several organizations in Rock County
- **Key Informant Interview**: Selected community leaders in business, government, healthcare, nonprofit, and other community sectors were interviewed as to their views on the health of the community and how it can be improved
- **Key Findings**: A summary of the community analysis, household survey, and key informant interviews identifying trends and important health-related needs in the communities as well as a prioritization of those issues
Key Findings

Community Analysis:

Demographics

- Population in Rock County is growing and increased by 1.7% between 2010 and 2018.
- Rock County is becoming more diverse. Over the past 3 years, the percentage of white residents decreased by 2% while the percentage of black residents and residents of “other” race increased by 1% and 1.5%, respectively.
- The Hispanic population represents 8.9% of the total population in Rock County. Since 2010, the Hispanic population in Rock County has increased by 19.9% while the Non-Hispanic remained flat.
- Rock County is growing older. Since 2010, the percent of the population over 65 increased by 2.2% while the percent of population under 20 decreased by 2%.

Social and Economic Characteristics

- While the median income is lower for Rock County ($57,037) than both Wisconsin ($60,773) and the nation ($61,937), it has increased by 5.4% and 21% from 2015 and 2010, respectively.
- Since 2015, the percentage of Rock County residents living in poverty decreased by 1.4% to 13.6%. This is still higher than the state (11.9%) but lower than the nation (14.1%).
- The percentage of children under age 5 living in poverty decreased by 3.9% since 2015 in Rock County. However, the percentage of children under age 5 living in poverty in Rock County (24.5%) is significantly higher than both the state (18.4%) and the nation (21.5%).
- The largest groups of people living in poverty are Blacks (36.3%), American Indians (32.6%), and Hispanics (31.6%)
- The unemployment rate for Rock County is at a historic low of 3.2% for Rock County
- In Rock County, 16.3% of households receive Supplemental Nutrition Assistance benefits. This is higher than the state (11.5%) and the nation (12.2%).
- The percentage of households in Rock County where housing costs exceed 30% of total household income is 26.8%. This is lower than the state (27.7%) and the nation (31.6%).
- The percentage of households without a motor vehicle is 5.6%.
- The Rock County teen birth rate (19.6%) has decreased over time but it is still higher than the state (13.2%) and the nation (17.4%).

Clinical Care

- Rock County faces a significant shortage of PCPs. Rock County has 48.7 PCPs for every 100,000 residents compared to the state rate of 78.7 and the national rate of 75.7.
- Rock County faces a shortage of dentists. In Rock County, there is 1 dentist per 1,531 residents which is higher than both the state (1,471) and the nation (1,461).
- Rock County has a lack of mental health providers in the community. Rock County has 165.7 mental health providers per 100,000 residents. This is lower than both the state (189.4) and the nation (202.8).
• The Rock County percentage of moms starting prenatal care in the first trimester of pregnancy is 77.7% and is higher than both the state and nation.
• The percentage of children receiving recommended immunizations in Rock County was 64% compared to the state rate of 73%.
• Colorectal cancer screening rates are increasing while breast cancer screening rates are decreasing.

Health Behaviors

• Binge alcohol consumption in both Rock County and the state is significantly higher than the nation.
• ED Visits due to opioid overdose have increased significantly in both Rock County and the state over the past 5 years. The age group most impacted by the opioid epidemic is the residents in the 18-44 age range. Deaths due to opioid overdoses have also increased over the past 5 years for both the state and Rock County.

Health Outcomes

• The percentage of adults who are obese is higher in Rock County (36.1%) than it is for both the state (31%) and the nation (28.8%).
• The breast cancer incident rate per 100,000 population is lower in Rock County (120) than both the state (131) and the nation (125). The incidence rate for blacks is lower than that of other races.
• The lung cancer rate per 100,000 population is significantly higher in Rock County (70.4) than both the state (59.8) and the nation (59.2). The incidence rate for blacks (80.3) is higher than their white (70.1) counterparts.
• Cancer mortality rates per 100,000 population are higher in Rock County (174.1) than the state (159.4) and the nation (158.1). Males (210.3) in Rock County have a significantly higher chance of dying from cancer than their female (149.8) counterparts.
• The percentage of Medicare beneficiaries with high cholesterol has been decreasing since 2015.
• Hospitalizations due to coronary heart disease in Rock County are 3.9 per 1,000 residents while the state rate is 2.8.
• Heart disease mortality rates for Rock County are 159.3 per 100,000 population which is slightly higher than the state (156.5) but significantly lower than the nation (167.1).
• Non-Hispanic blacks are more likely to die from heart disease while Hispanics and Asians are least likely to die from heart disease.
• Males are more likely to die from heart disease than their female counterparts.
• Stroke mortality rates in Rock County (38.6) are higher than both the state (34.6) and nation (37.1). Rates are per 100,000 people. The Healthy People 2020 target is 33.8 or lower.
• Non-Hispanic blacks and Asians in Rock County are more likely to die from stroke than their counterparts associated with other races or a Hispanic ethnicity.
• Of 72 counties in Wisconsin, Rock County ranked 5th and 8th for the highest ED visits and Hospitalizations for asthma related issues.
• COPD ED visits in Rock County have been increasing steadily since 2013 and are significantly higher than the state (84 compared to 50 per 10,000 population).
• COPD related hospitalizations have been increasing since 2013 and are higher than the state (24.4 compared to 19 per 10,000 population).
• Lung disease mortality in Rock County (48.2) is significantly higher than the state (39.1) and the nation (41.1). Age adjusted rates are per 100,000 population.
• Non-Hispanic whites and American Indians (Wisconsin only) are more likely to die from lung disease than their counterparts of other races and Hispanic ethnicity.
• Rock County had a lower percent of low birth weight infants than both the state and nation. Non-Hispanic black women were twice as likely to have a low birth weight infant as their counterparts of other races or Hispanic ethnicity.
• Suicide rates have been increasing since 2004. The Rock County (16.7) suicide rate is higher than the state (14.5) and nation 13.3). Age adjusted rates are per 100,000 population.
• In Rock County, men are 3 times as likely to commit suicide as their female counterparts.
• White Non-Hispanic and American Indians are also more likely to commit suicide than their counterparts of other races and Hispanic ethnicity.
• Sexually transmitted disease rates have increased significantly in Rock County since 2005.

Survey:
• Mercyhealth received 389 survey responses.
• A total of 61.7% of respondents self-reported their health as healthy or very healthy however only 24.4% of respondents rated the overall health of the community as healthy or very healthy.
• When asked “What factors make a healthy community?” the top factor was access to health care which was followed closely by low crime/safe neighborhoods.
• When asked “What are the top health problems in the community?” three of the top four problems related to substance and alcohol abuse. The other problems in the top five were obesity and mental health.
• When asked “What are the top risky behaviors in the community?” the top behaviors revolve around drug and alcohol abuse including drunk driving.
• Unsafe neighborhoods and crime were by far the top environmental issue in the community.
• The top health concerns of survey respondents were weight management, exercising, eating well, stress management, and depression.
• Survey respondents would like to see more mental health and drug and alcohol services offered in the community. They would also like to see more affordable insurance options and more health resources for the underinsured or uninsured.
• Almost all of the survey respondents reported having health insurance and were able to see a provider who accepts their insurance.
• Almost 90% of survey respondents reported that they had seen a provider within the last 12 whom they consider to be their regular provider.
• Survey respondents reporting that they have a regular healthcare provider is 81.7%.
• Over half of respondents reported using the ED or Urgent Care because they or someone in their household could not get in to see a physician.
- Of the 15% of respondents who reported not having dental insurance, the main reason was that the insurance was too expensive.
- Survey respondents reporting that they have a regular dental provider is 80.7%.
- Survey respondents reporting that they or someone in their household needed to see a mental health provider in the last 12 months but could not was 21.1%.
- Survey respondents reporting that in the last 12 months there was a time when they or someone in their household needed medications but could not get them was 14.7%. The main reason reported for this was that they were too expensive.

**Key Informants:**

- A total of 17 key informants completed interviews either in person or via a phone discussion.
- Mental health was ranked as the most pressing health issue in Rock County. This was selected as a top 5 issue by all of the informants.
- Themes around mental health included access issues such as wait times and difficulty navigating the system to receive care. The cost to receive care was also identified as a reason many people do not seek treatment.
- Children, teenagers, young adults, and the elderly were identified as groups having specific mental health needs and issues.
- The other top five issues were drug and alcohol abuse, access to care, chronic disease, oral health, and nutrition.
- Several themes emerged from the interviews regarding alcohol and drug abuse including the prevalence of Vaping and marijuana with students and young adults, the prevalence of opioid abuse, and the lack of an inpatient detox facility in Rock County.
- Several themes emerged from the interviews regarding access to care including lack of PCPs and behavioral health providers, the wait time to get an appointment with a PCP, difficulty in navigating the healthcare system, and lack of communication about available programs.
- Some of the barriers to improve health and quality of life in the community include transportation issues, language barriers, complexity of the health care delivery system, shortage of providers, inability to recruit providers, lack of programs for addictions, financial instability, and cost of health care.
- Key informants provided many valuable ideas on what could be done to improve the health and quality of life for residents in Rock County. A full list of those ideas is included in the report.
Mercyhealth Hospital and Trauma Center – Janesville

Mercyhealth Hospital and Trauma Center – Janesville offers a comprehensive array of acute inpatient services as well as robust outpatient services and a large ambulatory network consisting of primary care, specialty care, and urgent care services. In 1996, Mercyhealth founded the House of Mercy Homeless Shelter to provide short-term emergency shelter to single women and families along with access to housing, job placement, and child care resources. Since that time, the House of Mercy has provided shelter and services to more than 6,600 people. Mercyhealth also supports a robust outpatient behavioral health program including day programs and counseling for mental health and addictions as well as child and adolescent therapies. In FY 2019, the hospital also provided $5.9M in charity care services. We are proud to support many community projects that help to promote positive health outcomes in the community.

<table>
<thead>
<tr>
<th>Hospital at a Glance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
</tr>
<tr>
<td>Outpatient Visits</td>
</tr>
<tr>
<td>ER Visits</td>
</tr>
<tr>
<td>Births</td>
</tr>
<tr>
<td>Beds</td>
</tr>
<tr>
<td>Employees</td>
</tr>
<tr>
<td>Medical Staff</td>
</tr>
<tr>
<td>Volunteers</td>
</tr>
</tbody>
</table>

Based FY2019 data
**Demographics**

**Overall Population**

According to the United States Census Bureau, between 2000 and 2018, the population in Rock County grew by 10,822 persons representing growth of 7.1%. A significant part of this growth occurred between 2000 and 2010 where the population increased by 8,024 persons representing growth of 5.3%. Population continued to grow after 2010 but at a slower rate. Between 2010 and 2018, Rock County grew by 2,798 persons representing growth of 1.7%.

Rock County’s steady growth is attributed to the county’s close proximity to larger, metropolitan locations such as Madison, Milwaukee, Rockford, and Chicago. Close proximity to the I39/90/43 corridor coupled with a lower cost of living also contribute to the positive growth patterns. A significant positive or negative shift in population impacts healthcare providers and also the utilization of community resources.

**Population by Race**

Racially, Rock County is primarily White Residents (88.2%) with 4.4% Black residents and the remainder spread among other racial groups or some combination. Overtime this racial mix has remained consistent with White Residents representing the majority of the population.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>91.0%</td>
<td>87.7%</td>
<td>90.1%</td>
<td>88.2%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>4.6%</td>
<td>5.0%</td>
<td>3.5%</td>
<td>4.4%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.8%</td>
<td>1.0%</td>
<td>1.2%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Other</td>
<td>1.5%</td>
<td>2.3%</td>
<td>3.8%</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

**Hispanic Population**

Total Hispanic population for Rock County is approximately 14,541. This represents 8.9% of the total population in Rock County and is higher than the state of Wisconsin (6.9%) but lower than the nation (18.3%). There has been significant growth in the Hispanic Community (19.9%) while the Non-Hispanic Community has remained flat. Hispanic ethnicity is different than race. An individual identifying with a Hispanic ethnicity can be White, Black, Asian, or some other combination of race categories. The Hispanic population when viewed by racial categories is predominately White. The majority of Hispanic residents are from Mexico (76%) followed by Puerto Rico (7%).

<table>
<thead>
<tr>
<th>2018 Ethnicity and Change - Rock County, Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>Hispanic</td>
</tr>
<tr>
<td>Non-Hispanic</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, American Community Survey, 2018

**Population by Age**

The median age in Rock County is 39.3. This is comparable to the Wisconsin median age of 39.1 and higher than national median age of 38.2. Between 2010 and 2017, the number of persons over the age of 45 increased by 3.5% at the same time the number of persons under the age of 20 decreased by 2%.

Source: U.S. Census Bureau, American Community Survey, 2000, 2010 and 2017 ACS Estimates
**Population by Age and Race/Ethnicity**

Looking at data from age groups is relevant because each age group has unique health needs which should be considered separately from other age groups. It is particularly important to understand the percentage of infants and children in the community. The United States population is growing more diverse especially in the population under the age of 15. In the under age 15 group, over 50% of the population are minorities with Hispanics accounting for more than 25% of this youth demographic.


New Census Bureau estimates paint a picture of a country with an aging white population and a rising racially diverse youth. The white median age is 43.6 compared to the Hispanic median age of 29.5 and the multiracial median age of 20.7. These demographic trends mean that communities will need to balance these groups’ district needs and interests in areas such as healthcare, education, and community resources.
**Veteran Population**

Veterans in Rock County make up 8.2% of the population aged 18 and older. This is higher than both the state rate 7.2% and the national rate of 7.1%. Over three-quarters are over the age of 55 and more than 60% are over the age of 65.

**Veteran Population by Age Group, Rock County**

Source: US Census Bureau, American Community Survey, 2018

**Population with any Disability**

Disabled persons comprise a unique population that requires targeted community services, specialized healthcare, and outreach by providers. The percentage of total civilian non-institutionalized population with a disability for Rock County is 12.9%. This is consistent with the national rate of 12.6% but slightly higher than the Wisconsin rate of 11.6.

**Population with any Disability by Age Group for Rock County**

Source: US Census Bureau, American Community Survey 2018
Gender

The gender distribution of Rock County residents has remained consistent from 2010 to 2018. This is consistent with both the state and national rates.

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rock County</td>
<td>49.6%</td>
<td>50.4%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>49.7%</td>
<td>50.3%</td>
</tr>
<tr>
<td>US</td>
<td>49.2%</td>
<td>50.8%</td>
</tr>
</tbody>
</table>

Source: US Census Bureau, ACS 2018
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community’s ability to engage in healthy behaviors. Ensuring access to social and economic resources provides a foundation for a healthy community.

**Per Capita Income**

Per Capita Income for Rock County was $28,654 in 2018. This was below both the state ($33,032) and the national ($33,831) values. This includes all reported income from salaries and wages as well as interest, dividends, public assistance, retirement, and other sources. The per capita income in this report is the average (mean) income computed for every man, woman, and child in the specified area. Racially, per capita income for Blacks lagged significantly behind their White and Asian counterparts in Rock County. Also, per capita income for Hispanics ($15,688) was approximately half of their Non-Hispanic counterparts ($31,095).

<table>
<thead>
<tr>
<th>Per Capita Income by Race and Ethnicity</th>
<th>White – Non Hispanic</th>
<th>Black – Non Hispanic</th>
<th>Asian</th>
<th>American Indian or Alaska Native</th>
<th>Some Other Race</th>
<th>Hispanic/Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rock County</td>
<td>$30,313</td>
<td>$22,304</td>
<td>$29,081</td>
<td>$23,992</td>
<td>$18,815</td>
<td>$15,688</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>$35,223</td>
<td>$17,674</td>
<td>$30,687</td>
<td>$22,787</td>
<td>$17,462</td>
<td>$17,898</td>
</tr>
<tr>
<td>U.S.</td>
<td>$36,962</td>
<td>$23,302</td>
<td>$40,878</td>
<td>$20,709</td>
<td>$19,162</td>
<td>$20,590</td>
</tr>
</tbody>
</table>

Source: US Census Bureau, American Community Survey 2018
**Median Family Income**

Median income divides households into two segments, with one-half of households earning more than the median income and the other half earning less. Median income is considered a more reliable factor than average income because it is not significantly impacted by unusually high or low income values.

Median Household Income (HHI) has risen significantly since 2010. Rock County median HHI increased by 5.4% from 2015 to 2018 and by 21% from 2010 to 2018. These increases are lower than both the state and national levels. The Wisconsin Median HHI increased by 9.3% from 2015 to 2018 and by 24.1% from 2010 to 2018. Nationally, the Median HHI increased by 11% from 2015 to 2018 and by 23.8% from 2010 to 2018.

In 2018, median Household income was $57,037 for Rock County. This value is below both the state ($60,773) and the national ($61,937) median Household income values. Married couples with and without children had the highest median incomes while single women with or without children had significantly lower median incomes.

### Median Family Income by Family Type

<table>
<thead>
<tr>
<th></th>
<th>Married-Couple Families</th>
<th>Single Males</th>
<th>Single Females</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Without Children</td>
<td>With Children</td>
<td>Without Children</td>
</tr>
<tr>
<td>Rock County</td>
<td>$82,957</td>
<td>$100,291</td>
<td>$50,485</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>$88,975</td>
<td>$100,609</td>
<td>$53,360</td>
</tr>
<tr>
<td>United States</td>
<td>$91,348</td>
<td>$100,115</td>
<td>$53,149</td>
</tr>
</tbody>
</table>

Source: US Census Bureau, American Community Survey 2018
The breakdown of median income by Race and Ethnicity also shows differences. The Asian population has the highest family median income in Rock County. This is also consistent with family median income at the state and national level. The Black population has the lowest family median income in Rock County. This is also consistent with family median income at the state and national level.

<table>
<thead>
<tr>
<th>Median Family Incomes by Race and Ethnicity</th>
<th>Non-Hispanic White</th>
<th>Non-Hispanic Black</th>
<th>Asian</th>
<th>American Indian or Alaska Native</th>
<th>Some Other Race</th>
<th>Hispanic/Latino (of any race)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rock County</td>
<td>$59,489</td>
<td>$38,836</td>
<td>$78,710</td>
<td>$40,813</td>
<td>$44,960</td>
<td>$45,510</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>$63,906</td>
<td>$30,798</td>
<td>$67,221</td>
<td>$46,633</td>
<td>$42,942</td>
<td>$46,849</td>
</tr>
<tr>
<td>United States</td>
<td>$67,937</td>
<td>$41,511</td>
<td>$87,243</td>
<td>$44,772</td>
<td>$48,983</td>
<td>$51,404</td>
</tr>
</tbody>
</table>

Source: US Census Bureau, American Community Survey 2018

In 2018, 46.2% of families in Rock County reported an annual income of over $75,000 which is 6.3% higher than the percentage of families who reported an annual income of over $75,000 in 2015 (39.9%). This is significantly lower than both the state (51.4%) and the national (51%) rates.

**Public Assistance Income**

The percentage of Households receiving public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). The total does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.

In 2018, 1.8% of all households in Rock County received public assistance income. This is consistent with the state of Wisconsin but is significantly lower than the national rate. Between 2015 and 2018, the National, state of Wisconsin, and Rock County percentages of families receiving public assistance all decreased.
Poverty guidelines are issued each year in the Federal Register by the Department of Health and Human Services (HHS). The income guidelines vary based on household size. The guidelines are used to determine financial eligibility for certain federal programs. The levels can also vary based on public program and can be expressed as a percentage of the federal poverty level. Programs using the guidelines (or percentage multiples of the guidelines — for instance, 125 percent or 185 percent of the guidelines) in determining eligibility include Head Start, the Supplemental Nutrition Assistance Program (SNAP), the National School Lunch Program, the Low-Income Home Energy Assistance Program, and the Children’s Health Insurance Program. Note that in general, cash public assistance programs (Temporary Assistance for Needy Families and Supplemental Security Income) do not use the poverty guidelines in determining eligibility.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>100%</th>
<th>150%</th>
<th>200%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,760</td>
<td>19,140</td>
<td>25,520</td>
</tr>
<tr>
<td>2</td>
<td>$17,240</td>
<td>25,860</td>
<td>34,480</td>
</tr>
<tr>
<td>3</td>
<td>$21,720</td>
<td>32,580</td>
<td>43,440</td>
</tr>
<tr>
<td>4</td>
<td>$26,200</td>
<td>39,300</td>
<td>52,400</td>
</tr>
<tr>
<td>5</td>
<td>$30,680</td>
<td>46,020</td>
<td>61,360</td>
</tr>
<tr>
<td>6</td>
<td>$35,160</td>
<td>52,740</td>
<td>70,320</td>
</tr>
</tbody>
</table>

The percentage of population living in poverty in Rock County is 13.6%. This is significantly higher than the overall state of Wisconsin which is 11.9% but slightly lower than the national level which is 14.1%. Between 2015 and 2018, the poverty levels decreased for the nation, State of Wisconsin, and Rock County. In Rock County, Blacks (36.3%) and Hispanics (31.6%) have the highest percentage of the population living in poverty while both White Non-Hispanic (10.2%) and Asians (9.5%) have the lowest. These Rock County percentages mirror racial/ethnic poverty percentages at the national level.
Research shows that poverty is the single greatest threat to children’s well-being. Poverty can impede children’s ability to learn and can contribute to social, emotional, and behavioral problems. Poverty also can contribute to poor health and mental health. Risks are greatest for children who experience poverty when they are young and/or experience deep and persistent poverty. Fortunately, the fight against childhood poverty has shown robust progress over the last three years. For both children under age 5 and children aged 5 to 17, the poverty rates have decreased nationally, in the state of Wisconsin, and in Rock County. For children under age 5, Rock County still lags behind both the state and national levels. This is also the case for children aged 5 to 17.
At 100% of the Federal Poverty Level, the largest groups in poverty are among Black (36.3%) residents, American Indian and Alaska Natives (32.6%), and Hispanic or Latino (31.6%) residents. The groups with the lowest poverty are Asian alone at 9.5% and White not Hispanic or Latino at 10.2%.

### Percent of Population in Poverty by Race/Ethnicity (100% FPL)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black or African American alone</td>
<td>36.30%</td>
<td>36.30%</td>
</tr>
<tr>
<td>Hispanic or Latino origin (of any race)</td>
<td>31.60%</td>
<td>31.60%</td>
</tr>
<tr>
<td>American Indian and Alaska Native alone</td>
<td>32.90%</td>
<td>32.90%</td>
</tr>
<tr>
<td>Some other race alone</td>
<td>20.20%</td>
<td>20.20%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>28.60%</td>
<td>28.60%</td>
</tr>
<tr>
<td>Asian alone</td>
<td>9.50%</td>
<td>9.50%</td>
</tr>
<tr>
<td>White alone, not Hispanic or Latino</td>
<td>10.20%</td>
<td>10.20%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, ACS 2018 5 Year Estimates

### Uninsured Population

The percentage of the total civilian non-institutionalized population that lack health insurance is a primary barrier to healthcare including access to primary care and preventative services, specialty services, and other health services leading to a less healthy life.

In 2018, 5.6% of the total population in Rock County did not have health insurance. Reasons people cite for not having insurance include the inability to afford medical insurance premiums or the inability to qualify for medical assistance programs.

### Uninsured Population

<table>
<thead>
<tr>
<th></th>
<th>Total Population</th>
<th>Total Uninsured Population</th>
<th>Percent Uninsured Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rock County</td>
<td>161,937</td>
<td>9,048</td>
<td>5.6%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>5,740,669</td>
<td>313,158</td>
<td>5.5%</td>
</tr>
<tr>
<td>US</td>
<td>322,249,485</td>
<td>28,565,542</td>
<td>8.9%</td>
</tr>
</tbody>
</table>

Source: US Census Bureau, ACS Selected Characteristics of Health Insurance Coverage in the US, 2018
The Affordable Care Act has generated significant improvements in reducing the uninsured population. The chart below shows the significant improvements for the nation, state, and Rock County.

Looking at the uninsured population of children is important as this population has unique health needs. Lack of insurance for children is a barrier to receiving primary care services including necessary immunizations, specialty care, and other health services. This potential lack of healthcare can impact children in all areas of life and can also have lasting effects as children grow into adulthood. A similar pattern can be seen for children as for the total population which a significant drop starting 2012. In 2019, the uninsured population percentage for children under age 19 is 2%. This is significantly lower than the state and national percentages of 3.8% and 5.2%, respectively.

Source: US Census Bureau, ACS - Selected Characteristics of Health Insurance Coverage in the US, 2010-2018
Unemployment affects the unemployed individual and his or her family, not only with respect to income, but also with respect to health and mortality. Unemployment creates barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor quality of health.

Over the past 8 years, unemployment rates have decreased significantly. In 2018, both the state (3%) and the Janesville/Beloit (3.2%) area were lower than that of the national average (3.9%).

When economists talk about full employment, they don’t mean everybody has a job. And they don’t mean that even the rosiest economic health can cut unemployment to zero. If unemployment falls too much, inflation will rise as employers compete to hire workers and push up wages too fast. To economists, full employment means that unemployment has fallen to the lowest possible level that won’t cause inflation. U.S. Federal Reserve economists currently put this natural rate of unemployment at between 4.1 percent and 4.7 percent. All of the unemployment rates are better than 4 percent.
**Access to Food**

**Children Eligible for Free/Reduced Cost Lunch:** Within the report area, 12,660 public school students or 45.49% are eligible for Free/Reduced Price lunch out of 27,829 total students enrolled. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. While Rock County (45.5%) is higher than the state (37.4%), it is lower than the national (49.2%). Source: National Center for Education Statistics, NCES - Common Core of Data, 2016-17, Source geography (published by Community Commons).

**Food Insecurity:** The food insecurity rate reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. Both Rock County (10.4%) and the state (10%) are lower than the national (12.6%). The food insecurity rates for children under the age of 18 in Rock County is 17.9% which is slightly lower than the nation (18.2%) but higher than the state (15.4%). Source: Feeding America, 2017 (published by Community Commons).

**Supplemental Nutrition Assistance Program (SNAP):** In Rock County, 16.3% households receive SNAP benefits. This is higher than the state (11.5%) and the nation (12.2). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. When combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. Source: US Census Bureau, American Community Survey. 2014-18. Source geography: Tract (published by Community Commons).
**Housing Burden**

This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Rock County (26.8%) is lower than both the state (27.7%) and the nation (31.6%). Source: US Census Bureau, American Community Survey. 2014-18. Source geography: Tract (published by Community Commons).

**Households with No Motor Vehicle**

This indicator reports the number and percentage of households with no motor vehicle. The Rock County (5.9%) percent is lower than both the state (6.8%) and the nation (8.7%). Source: US Census Bureau, American Community Survey. 2014-18. Source geography: Tract (published by Community Commons).
**Education**

**Educational Attainment:** Educational attainment has been linked to positive health outcomes and the greater likelihood of selecting healthy lifestyle choices. Educational attainment is strongly related to higher salaries, more employment options and the ability to earn a livable wage.

The population of Rock County over age 25 without a diploma or GED is 8.7% which represents a decrease of 1.5% from 2015. This is slightly higher than the state (7.9%) but significantly lower than the national (11.7%) rate. The largest proportions of the population in Rock County are those with a high school diploma (37.2%). The largest proportions of the population for both the national (26.9%) and state (30.6%) are also those with a high school diploma. However, the percentages at both the national and state levels are not as high as those in Rock County.

The 60 by 25 benchmark challenge issued by the Obama Administration and also supported by the Trump Administration is to have at least 60% of the population to have a credential or degree by 2025. It is difficult to quantify credentials held by the population. However, when adding the residents that have had some college but no degree as a proxy, assuming that every person completed a credential, the estimated percentage for Rock County would be 54.2%. In 2018, the percentage of Rock County residents having a degree is 33.3%. This lags behind both the national and state percentages of 41.2% and 41%, respectively.

<table>
<thead>
<tr>
<th>Educational Attainment for Persons over Age 25 - Rock County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2015</strong></td>
</tr>
<tr>
<td>No Diploma or GED (includes equivalency)</td>
</tr>
<tr>
<td>High school graduate (includes equivalency)</td>
</tr>
<tr>
<td>Some college, no degree</td>
</tr>
<tr>
<td>Associate’s degree</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
</tr>
<tr>
<td>Graduate or professional degree</td>
</tr>
</tbody>
</table>

Source: US Census Bureau, ACS Educational Attainment, 2018 & 2015
The White Non-Hispanic adult population has the highest high school graduation rates. Black Non-Hispanic and Hispanics have the lowest rate. The high school graduation rates for Asians are lower than both White Non-Hispanic and Black Non-Hispanic adults. However, Asians have the highest rate of Bachelor Degrees or higher. As with the high school rates, Black Non-Hispanic and Hispanics have the lower percentage of bachelor degrees or higher.

### Educational Attainment by Race/Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>White Alone</th>
<th>Black Alone</th>
<th>Asian Alone</th>
<th>Hispanic Any Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rock County</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School Graduate</td>
<td>100%</td>
<td>70%</td>
<td>80%</td>
<td>90%</td>
</tr>
<tr>
<td>Bachelor's Degree or Higher</td>
<td>90%</td>
<td>60%</td>
<td>70%</td>
<td>80%</td>
</tr>
</tbody>
</table>

Wisconsin

<table>
<thead>
<tr>
<th></th>
<th>White Alone</th>
<th>Black Alone</th>
<th>Asian Alone</th>
<th>Hispanic Any Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Graduate</td>
<td>100%</td>
<td>70%</td>
<td>80%</td>
<td>90%</td>
</tr>
<tr>
<td>Bachelor's Degree or Higher</td>
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<td>60%</td>
<td>70%</td>
<td>80%</td>
</tr>
</tbody>
</table>

US

<table>
<thead>
<tr>
<th></th>
<th>White Alone</th>
<th>Black Alone</th>
<th>Asian Alone</th>
<th>Hispanic Any Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Graduate</td>
<td>100%</td>
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</tr>
<tr>
<td>Bachelor's Degree or Higher</td>
<td>90%</td>
<td>60%</td>
<td>70%</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Head Start Program:** Head Start is a program designed to help children from birth to age five who come from families with poverty level and below incomes, with the goal to help children become ready for kindergarten while also providing needed requirements like health care and food support. This indicator reports the number and rate of Head Start program facilities per 10,000 children under age 5. There are 4 Head Start programs in Rock County. Rock County lags behind both the state and the nation. Source: US Department of Health & Human Services, Administration for Children and Families. 2019. Source geography: Point.
Fourth Grade Reading Proficiency: This indicator reports the percentage of children in grade 4 whose reading skills tested below the "proficient" level for the English Language Arts portion of the state-specific standardized test. This indicator is relevant because an inability to read English well is linked to poverty, unemployment, and barriers to healthcare access, provider communications, and health literacy/education. Rock County (55.2) has a higher rate of Not Proficient than both the state (52.4%) and the nation (46.4). Source: US Department of Education, EDFacts. Accessed via DATA.GOV. 2016-17. Source geography: School District (published by Community Commons).

High School Graduation Rates: Within the report area 91.50% of students are receiving their high school diploma within four years. Data represents the 2016-17 school year. This indicator is relevant because research suggests education is one the strongest predictors of health. Rock County (91.5%) graduation rates are higher than both the state (88.1%) and nation (86.8%). Since 2010-2011 when the rate was first measured to the 2016-2017, graduation rates have been steadily improving. In the 2016-2017 school year, graduation rates for Rock County, the state, and nation reached an all-time high. Asian/Pacific Islander students had the highest ACGR (91 percent), followed by White (89 percent), Hispanic (80 percent), Black (78 percent), and American Indian/Alaska Native (72 percent) students. Source: US Department of Education, EDFacts, 2016-17. Source geography: School District, Published by Community Commons.
**Teen Births**

Teen Births is the number of births to females ages 15-19 per 1,000 females. Evidence suggests teen pregnancy significantly increases the risk of repeat pregnancy and of contracting a sexually transmitted infection (STI), both of which can result in adverse health outcomes for mothers, children, families, and communities. Pregnant teens are more likely than older women to receive late or no prenatal care, have eclampsia, puerperal endometritis, systemic infections, low birthweight, preterm delivery, and severe neonatal conditions. Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Child Health USA 2011.

The Rock County (19.6%) teen birth rate is significantly higher than the state of Wisconsin (13.2%). The Rock County rate is also higher than the national rate (17.4%). From 2014 through 2018, rates for all areas have been steadily decreasing. Rates by race and ethnicity are not readily available at the state and county levels but at the national level even though rates are decreasing for all races and ethnicities, the rates are still high for Hispanics (28.9%) and Black Non-Hispanic (27.6%) compared to their White Non-Hispanic (13.4%) counterparts.

![Teen Birth Rate - Females Ages 15-19](image)

**Violent Crimes**

This indicator reports information about violent crime offenses reported by law enforcement. Violent crime includes homicide, rape, robbery, and aggravated assault.

The Rock County rate of violent crimes per 100,000 people of 230.5 is significantly lower than both the state (296.8) and the national (384.8). Source: Federal Bureau of Investigation, FBI Uniform Crime Reports, Additional analysis by the National Archive of Criminal Justice Data, 2019, published by Community Commons.
Access to Primary Care

Doctors classified as "primary care physicians (PCPs)" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. Why exactly is primary care important? Through routine check-ups, primary care can head potentially serious problems off at the pass. A PCP provides preventive care, teaches healthy lifestyle choices, identifies and treats common medical conditions, and makes referrals to medical specialists, when needed. A shortage of health professionals contributes to access and health status issues.

As of 2017, Rock County had 48.7 PCPs for every 100,000 residents. Compared to the state rate of 78.7 and the national rate of 75.7, Rock County had a significantly lower number of PCPs. Over the last 3 years, the national rate has remained consistent while the rate for the state has decreased slightly. However Rock County rates have decreased significantly since 2015 and are lower than both the national and state rates.

Lack of a Consistent Source of Primary Care

The percentage of adults aged 18 and older who self-reported that they do not have at least one person who they think of as their personal doctor or health care provider is important to monitor to prevent major health issues and emergency department visits.

In 2018, 22.3% of adults nationally reported not having a health care provider. This is higher than the state percentage of 17.4%. In the state, the percentage of blacks (non-Hispanic) not having a health care provider is 12.9% while the percentage of whites (non-Hispanic) is 16.3%. The percentage of Hispanics not having a health care provider is 36%. Current data is not available for Rock County. (Source: Centers for Disease Control & Prevention, Behavioral Risk Factor Surveillance System, 2018)
Access to Dental Care

Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss and can impact overall systemic health and quality of life. Although lack of sufficient providers is only one barrier to accessing oral health care, much of the country suffers from shortages. According to the Wisconsin Office of Rural Health, Rock County is considered to be a Health Professional Shortage Area (HPSA) for Dental Services. Access to a dentist is based on the ratio of the population to dentists. The ratio represents the population served by one dentist if the entire population of a county was distributed equally across all practicing dentists in the County. A dentist is defined as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who is licensed by the state to practice dentistry and who is practicing within the scope of that license. In 2017, Rock County had 1 dentist for every 1531 residents. This is higher than both the state (1,471) and the nation (1,461). The population per dentist has improved significantly in Rock County over the past five years. While the Rock County population per dentist is still higher than both the state and nation, the gap has narrowed significantly from prior years.

Free or Low Cost Clinics

Federally Qualified Health Centers (FQHCs): FQHCs are community-based organizations that provide comprehensive primary care and preventive care, including health, oral, and mental health and substance abuse services to people of all ages, regardless of their ability to pay. They charge for services on a community board approved sliding-fee scale that is based on patients' family income and size. They receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved. There is 1 FQHC in Rock County: Beloit Area Community Health Center located at 74 Eclipse BLVD, Beloit. (Source: Wisconsin Department of Health Services).
Other Free or Low Cost Clinics: Health Net is Rock County’s only free and charitable clinic, giving away prescriptions annually worth $1.5MM and staffed with volunteer physicians, nurses, and dentists, as well as 21 employees serving 6,400 patients. The Clinic addresses potential issues by providing vision, dental, and other medical services at an affordable rate to the Rock County community.

Access to Mental Health Providers

Access to mental health providers is calculated as the number of mental health providers for every 100,000 residents. Mental Health providers included in the calculation include psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care. This measure is important as a persons’ mental and emotional well-being can impact health outcomes. In 2017, Rock County had 165.7 mental health providers for every 100,000 residents. The rate was lower than both the state (189.4) and national (202.8) rates, indicating that there is a lack of mental health support in Rock County. (Source: University of Wisconsin Population Health Institute, County Health Rankings, 2017)

Access to Prenatal Care

A healthy pregnancy is one of the best ways to promote a healthy birth. Access to early and regular prenatal care improves the chances of a healthy pregnancy. The Rock County percent of moms starting prenatal care in the first trimester of pregnancy was 77.7%. This is higher than both the state (75.8%) and the nation (77.1%).

Sources: WI Dept. of Health Services, Division of Public Health, Office of Health Informatics and CDC, National Vital Statistics Reports
Preventable Hospital Stays

Preventable Hospital Stays (PHS) measures the number of hospital stays for ambulatory-care sensitive (ACS) conditions per 100,000 Medicare enrollees. Hospitalizations for any of the following reasons are included in PHS: diabetes with short or long-term complications, uncontrolled diabetes without complications and diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, dehydration, bacterial pneumonia, or urinary tract infection. Hospitalization for ambulatory-care sensitive conditions, which are diagnoses treatable in outpatient settings, suggests that the quality and/or access of care provided in the outpatient setting were less than ideal. This measure may also represent a tendency to overuse hospitals as a main source of care. Rock County had significantly higher PHS than both the state and the nation. In Rock County, PHS were highest for Blacks (6,751), followed by Whites (5,607), and Hispanics had the lowest rate at 4,282.

Childhood Immunizations:

Protecting children early in life through vaccination is important because it helps prevent many debilitating and life-threatening diseases both in the child and the population. Childhood Immunizations measures the percentage of children aged 19 to 35 months who received the recommended doses of DTaP, polio, MMR, HIB, hepatitis B, varicella, and pneumococcal conjugate. In 2017, the percentage of children aged 19 to 35 months receiving the recommended immunizations was 64%. This was significantly lower than the state rate of 73%.
**Cancer Screenings**

**Colorectal Cancer Screening:** Of the types of cancer that affect both men and women, colorectal (colon) cancer is the second leading cause of cancer-related deaths in the United States. Screening tests can help prevent colorectal cancer, but many people have not been screened. The United States Preventive Services Task Force recommends that all adults who are 50 to 75 years old be screened for colorectal cancer. The percentage of adults aged 50 to 75 who reported being up to date with CRC screening in the United States increased from 65.5% in 2012 to 67.3% in 2016. In the state of Wisconsin, the percentage of adults aged 50 to 75 who reported being up to date with CRC screening increased from 71.6% in 2012 to 73.4 in 2016. Screening occurred more frequently in women (75%) than men (71.7%). People aged 65 to 75 years (82.6%) were screened more frequently than people aged 50 to 64 (68.5%). (Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2016). Specific data for Rock County is not available.

**Breast Cancer Screening:** Mammography is the most common type of breast cancer screening. Research by the American Cancer Institute suggests that mammography screening can reduce breast cancer deaths especially in women aged 50 to 69. In 2018, nationally 77.9% of women aged 50 to 74 reported receiving a mammogram within the past two years and in the state 77.3% of women aged 50 to 74 reported receiving a mammogram within the past two years. Since 2012, the mammogram rate has dropped in the state and remained consistent in the nation.

![Mammography Screening Rates for Women Aged 50-74 Years](image)

Source: Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention & Health Promotion, Behavioral Risk Surveillance Survey, 2012-2018
Cervical Cancer Screening: According to the American College of Obstetricians and Gynecologists, approximately 40%–60% of cervical cancer deaths can be prevented by increased use of the Pap test (especially among women never screened) and effective, timely treatment. The dramatic decrease in cervical cancer incidence and mortality during the past 50 years is mainly the result of the widespread use of the Pap test. In 2018, nationally 80.2% of women aged 21 to 65 reported receiving a Pap test within the past three years and in the state 84% of women aged 21 to 65 reported receiving a Pap test within the past three years. Since 2012, the Pap test rate has dropped for both state and nation.

![Pap Test Screening Rates for Women Aged 21 - 65 Years](chart.png)

Source: Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention & Health Promotion, Behavioral Risk Surveillance Survey, 2012-2018
Alcohol Consumption

Binge alcohol consumption includes adults, aged 18 and older, who self-reported binge or heavy alcohol consumption (defined as males having five or more drinks on one occasion and females having four or more drinks on one occasion within the past 30 days). Excessive drinking is a risk factor for a number of adverse health outcomes including cirrhosis, cancers, hypertension, and untreated mental and behavioral health issues. Rock County’s population over 18 reported 21.6% who binge drink which is lower than the state of Wisconsin (26%) but higher than the national average of 17.4%.

Approximately 80,000 deaths are attributed annually to excessive drinking, and it is the third leading lifestyle-related cause of death in the United States (CDC, Alcohol & Public Health). Drivers between the ages of 21 and 24 cause 27% of all alcohol-impaired deaths (National Center for Statistics and Analysis 2018). The chart below shows the percentage of driving deaths that were due to Alcohol Impairment.

Source: 2019 County Health Rankings using data from 2013-2017-Fatality Analysis Reporting System
**Tobacco Usage**

Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs. Adult Smoking is the percentage of the adult population in a county who both report that they currently smoke every day or most days and have smoked at least 100 cigarettes in their lifetime. The Rock County smoking rate is higher than both the state and national average.

![Percentage of Adult Population Smoking Cigarettes](image)

*Source: Centers for Disease Control & Prevention, Published by County Health Rankings (2019 Using 2016 Data)*
Opioid Drug Abuse

The opioid epidemic specifically refers to the growing number of deaths and hospitalizations from opioids, including prescriptions and illicit drugs. In recent years, death rates from these drugs have ramped up to over 40,000 a year, or 115 a day, across the US. Drug overdose is now the leading cause of accidental death in the United States, largely due to the opioid epidemic.

Opioid Drug abuse is a concern as it impacts the development of a quality workforce, stable communities, crime rates, and health status. In Rock County, the number of ED visits related to Opioid Drug overdose per 100,000 people has increased significantly over the past five years.

Since 2016, Rock County ED Visits due to Opioid Drug overdose per 100,000 people has been significantly higher than the state of Wisconsin. In both 2017 and 2018, the Rock County rates were twice as high as the state rates. The figures below represent the 2018 ED Visits due to opioid overdose per 100,000 residents by race and age group. Blacks and American Indians have the highest rate of ED utilization while Whites and Asians were lower. The age group most impacted by the opioid epidemic is the residents in the 18 – 44 age range.

### 2018 ED Visits due to Opioid Overdose per 100,000 Residents by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>12.3</td>
</tr>
<tr>
<td>White</td>
<td>38.6</td>
</tr>
<tr>
<td>Black</td>
<td>63.8</td>
</tr>
<tr>
<td>American Indian</td>
<td>96.8</td>
</tr>
</tbody>
</table>

Source: Wisconsin Department of Health Services, Data Direct, Opioid

### 2018 ED Visits due to Opioid Overdose per 100,000 Residents by Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 65 and Over</td>
<td>8.9</td>
</tr>
<tr>
<td>Ages 45 - 64</td>
<td>26.8</td>
</tr>
<tr>
<td>Ages 18 - 44</td>
<td>93.8</td>
</tr>
<tr>
<td>Ages 1 - 17</td>
<td>5.4</td>
</tr>
</tbody>
</table>

Source: Wisconsin Department of Health Services, Data Direct, Opioid Hospitalization Module
Deaths due to Opioid overdoses have increased for both the state and Rock County. Deaths due to Opioid overdose per 100,000 residents are higher in Rock County than the state of Wisconsin.

**Physical Inactivity**

Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. Rock County residents, 26,724 or 21.6% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This is slightly higher than the state percentage of 20% and lower than the national average of 22.8%. 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. Females tend to lack time for leisure activities at a slightly greater rate than their male counterparts.
**Walking or Biking to Work**

The percentage of the population age 16 or older that commutes to work either by walking or riding a bicycle in Rock County is 2.31% or 1,810 people. This percentage is lower than both the national (3.26%) and state (3.26%) rates. Source: US Census Bureau, *American Community Survey*, 2014-18. Source geography: Tract
Obesity
People who have obesity, compared to those with a normal or healthy weight, are at increased risk for many serious diseases and health conditions. Overweight is defined as a body mass index (BMI) of 25 or higher; obesity is defined as a BMI of 30 or higher. In Rock County, the percentage of the population age 20 or older considered to be obese is 36.1%. This is significantly higher than both the national (28.8%) and state (31%). In Rock County, the percentage of females considered to be obese is slightly higher than their male counterparts. At both the national and state levels, the percentage of males considered to be obese is slightly higher than their female counterparts.
Cancer

Breast Cancer Incident Rate: The incidence of breast in Rock County is substantially lower than both the state and national averages. The incident rate for the Black population (103) is significantly lower than the White population (124.4) in Rock County. Source: State Cancer Profiles. 2012-16. Source geography: County – Published by Community Commons

Colon and Rectum Cancer Incidence Rate: This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). The incidence of colon and rectum cancer in Rock County is consistent with the national and state averages. The incidence rates for Black people in Rock County has been suppressed however at the state level, the incident rate for Blacks (51) is significantly higher than their White (36.2) counterparts. Source: State Cancer Profiles. 2012-16. Source geography: County – Published by Community Commons

Lung Cancer Incidence Rate: This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). The Rock County incident rate is significantly higher than both the national and state rates. In Rock County, the incidence rates for Blacks (80.3) are higher than their White (70.1) counterparts. Source: State Cancer Profiles. 2012-16. Source geography: County – Published by Community Commons
Prostate Cancer Incidence Rate: This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of males with prostate cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, …, 80-84, 85 and older). The incidence rate in Rock County is lower than both the Nation and State. In Rock County, the incident rate for Blacks (191.7) is almost twice as high as their white (100) counterparts. Source: State Cancer Profiles. 2012-16. Source geography: County – Published by Community Commons

Cancer Mortality: The age adjusted incidence rate for cancer deaths in Rock County is substantially higher than both the national and state rates. Data is not readily available for the county over time, but Wisconsin and national data shows a continual decrease in cancer mortality from 2004 through 2016. The Health Progress benchmark for 2020 is less than or equal to 160.6. Data is not readily available for the county by race and/or ethnicity however, the cancer mortality rate for the Black Non-Hispanic population is substantially higher than for all races and or ethnicities.

Males have a greater chance of dying from cancer than females. The female incident rates in Rock County, state of Wisconsin and nationally are all lower than the benchmark at 149.81, 136.75, and 135.7, respectively. The incident rate for males in all locations is significantly higher than the benchmark.

Diabetes

**Percent Adults with Diabetes:** This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

The percentage in Rock County (10.1%) is high compared to the state (8%) and the national (9.3%) percentages. The percentage of population diagnosed with diabetes shows a continual increase from 2004 through 2016 for Rock County, the state of Wisconsin, and the Nation. Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2016. Source geography: County, Published by Community Commons.

Males have a higher likelihood of being diagnosed with diabetes for Rock County, the state of Wisconsin, and the Nation.

![Adults with Diagnosed Diabetes by Gender, 2016](image)

**Diabetes Diagnosis – Medicare Population:** This indicator reports the percentage of the Medicare fee-for-service population with diabetes. Rock County (24.3%) is slightly higher than the state (23.2%) but better than the nation (27.2%). Data Source: Centers for Medicare and Medicaid Services. 2017. Source geography: County, Published by Community Commons.
Looking at the Medicare population as opposed to the whole adult population over 20, there are signs of improvement in Rock County and the State of Wisconsin. Nationwide, rates have remained constant.

**Chronic Disease – Cardiovascular Health**

**High Blood Pressure – Medicare Population:** This indicator reports the percentage of the Medicare fee-for-service population with hypertension (high blood pressure). Rock County (52.3%) is higher than the state (50.1%) but significantly lower than the nation (57.1%). In Rock County, the percentage of Medicare population with high blood pressure shows a continual increase from 2011 (48.5%) through 2017 (52.3%) for Rock County. The rates for the state and nation from 2011 through 2017 have remained consistent. Source: Centers for Medicare and Medicaid Services. 2017. Source geography: County.
High Cholesterol – Medicare Population: This indicator reports the prevalence of high cholesterol among Medicare beneficiaries by age. Rock County (36.6%) is slightly higher than the state (35.4%) but lower than the nation (40.7%). After several years of constant rates, it appears that rates are improving with 2017 showing significant improvements for Rock County, the state and nation.

Heart Disease – Adult Population: The adult population that has been told by a health professional that they have angina or coronary heart disease is relevant since coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks. Recent rates are not readily available for Rock County; however for the past two year’s the percentage of adults reporting that they have heart disease or angina is lower for the state when compared to the nation. Males have a higher likelihood of having heart disease or angina for both the state and the nation. For the State, the percentage of males and females reporting heart disease was 4.7% and 2.9%, respectively. For the nation, the percentage of males and females reporting heart disease is 5.2% and 3.4%, respectively.
Heart Disease – Medicare Population: The percentage of Medicare fee-for-service population with ischemic heart disease in Rock County (22.1%) is lower than both the state (23%) and national (26.9%) averages. The percentage of Medicare population diagnosed with heart disease shows a continual improvement from 2011 through 2017 for Rock County, the state of Wisconsin, and the Nation.

Cerebrovascular Disease Hospitalizations: The Cerebrovascular Disease Hospitalizations rate represents the number of individuals hospitalized during the past year due to events such as ischemic stroke or hypertension per 1,000 populations. In 2015, Rock County had 432 hospitalizations due to Cerebrovascular Disease. The Rock County rate of 2.7 is slightly higher than the state rate of 2.5. In 2015, Rock County had 432 hospitalizations due to Cerebrovascular Disease with residents age 65 and older representing 73% or 313 of these hospitalizations. Source: Wisconsin Public Health Profiles 2017 and County Health Rankings – 2019 using 2015 Data.
**Coronary Heart Disease Hospitalizations**: The Coronary Heart Disease Hospitalizations rate represents the number of individuals hospitalized during the past year due to events such as coronary heart disease incident such as coronary artery disease or a cardiac arrest per 1,000 populations. In 2015, Rock County had 630 hospitalizations due to Coronary Heart Disease. The Rock County rate of 3.9 is higher than the state rate of 2.8. As the state rate has decreased from 2013 through 2015, the Rock County rate has risen significantly. Source: Wisconsin Public Health Profiles 2017 and County Health Rankings – 2019 using 2015 Data.

**Heart Disease Mortality**: The Rock County rate of death due to heart disease (ICD10 Codes I00-I09, I11, I13, I20-I151) per 100,000 population is 159.3. This rate is slightly higher than the state (156.5) but lower than the nation (167.1). Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because heart disease is a leading cause of death in the United States. While data is not readily available over time for Rock County, rates have been improving for both the state and the nation since 2004 and are significantly lower in 2016 for both the nation (165.5) and the state (145.9) than they were for the nation (221.6) and state (195.4) in 2004.
While the overall rates for Heart Disease mortality have been decreasing, there are still some disparities in race and gender. Non-Hispanic Black people are more likely to die from Heart Disease than their counterparts associated with other races or a Hispanic ethnicity. Hispanics and Asians are least likely to die from Heart Disease.

Males are more likely to die from Heart Disease than their female counterparts. The rates are significantly higher for males for Rock County, the state, and the nation.
Coronary Heart Disease Mortality: The Rock County rate of death due to coronary heart disease (ICD10 Codes I20-I25) per 100,000 population is 90.2. This rate is consistent with the state rate (89.6) and better than the nation (97.1). All of the rates are also better than the Healthy People 2020 target of less than or equal to 103.4. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because heart disease is a leading cause of death in the United States. While data is not readily available over time for Rock County, rates have been improving for both the state and the nation between 2012 and 2016.

While the overall rates for Coronary Heart Disease mortality have been decreasing, there are still some disparities in race and gender. Non-Hispanic Black people are more likely to die from Coronary Heart Disease than their counterparts associated with other races or a Hispanic ethnicity. This rate for Non-Hispanic Blacks is especially high in Rock County at 138.6. Hispanics and Asians are least likely to die from Coronary Heart Disease.

Source: Centers for Disease Control & Prevention, National Vital Statistics System, Accessed via CDC Wonder, Published by Community Commons
Males are more likely to die from Heart Disease than their female counterparts. The rates are significantly higher for males for Rock County, the state, and the nation.

**Coronary Heart Disease Mortality, Age-Adjusted Rate (per 100,000 Pop.) by Gender**

<table>
<thead>
<tr>
<th>Gender</th>
<th>United States</th>
<th>Wisconsin</th>
<th>Rock County, WI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td>70.04</td>
</tr>
<tr>
<td></td>
<td>59.98</td>
<td>60.78</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td>131.45</td>
</tr>
<tr>
<td></td>
<td>127.15</td>
<td>129.04</td>
<td></td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control & Prevention, National Vital Statistics System, Accessed via CDC Wonder, Published by Community Commons

**Stroke Mortality**: The Rock County rate of death due to stroke per 100,000 population is 38.6. This is higher than both the state (34.6) and the nation (37.1). This is greater than the Healthy People 2020 target of less than or equal to 33.8. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because stroke is a leading cause of death in the United States. While data is not readily available over time for Rock County, rates have been improving for both the state and the nation since 2004. Rates for the state and nation closely mirror each other between 2004 and 2013; but since 2014, rate are better for the state.

**Stroke Mortality, Age-Adjusted Rate (per 100,000 Pop.)**

Source: Centers for Disease Control & Prevention, National Vital Statistics System, Accessed CDC Wonder, Published by Community Commons
While the overall rates for Stroke mortality have been decreasing, there are still some disparities in race. Similar to Heart Disease and Coronary Heart Disease, Non-Hispanic Black people are more likely to die from Stroke than their counterparts associated with other races or a Hispanic ethnicity. The stroke rate for Asians is Rock County (47) is high compared to the nation (29.7). Hispanics, Non-Hispanic Whites, Asians for the nation have the lowest rates. The are no significant disparancies in gender.

### Stroke Disease Mortality, Age-Adjusted Rate (per 100,000 Pop.) by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>United States</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>24.07</td>
<td>31.28</td>
</tr>
<tr>
<td>Asian or Pacific...</td>
<td>29.72</td>
<td>46.99</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>35.86</td>
<td>51.62</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>33.61</td>
<td>50.73</td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control & Prevention, National Vital Statistics System, Accessed via CDC Wonder, Published by Community Commons

### Chronic Lower Respiratory Disease

#### Asthma:
Asthma is a chronic disease that is often exacerbated by poor environmental conditions. Between the years of 2016 and 2018, the age adjusted rate of ED Visits for Asthma per 10,000 people was significantly higher in Rock County (48.2) compared to the state (34.8). Of the 72 counties in Wisconsin, Rock County ranked 5th for the highest ED Visits for Asthma related issues.

Between the years of 2016 and 2018, the age adjusted rate of Hospitalizations for Asthma per 10,000 people was higher in Rock County (4.5) compared to the state (3.6). Of the 72 counties in Wisconsin, Rock County ranked 8th for the highest Hospitalizations for Asthma.

### Asthma Age-Adjusted ED Visit Rate for 10,000 Pop.

- **Rock County**: 48.2
- **Wisconsin**: 34.8

Source: 2016-2018 WI Hospitalizations Discharge Files, Office of Health Informatics, Prepared by the WI Asthma Bureau

### Asthma Age-Adjusted Hospitalization Rate for 10,000 Pop.

- **Rock County**: 4.5
- **Wisconsin**: 3.6

Source: 2016-2018 WI Hospitalizations Discharge Files, Office of Health Informatics, Prepared by the WI Asthma Bureau
**Chronic Obstructive Pulmonary Disease:** Chronic Obstructive Pulmonary Disease (COPD) is a lung disease that causes airflow blockage and breathing-related problems. Tobacco use is the primary cause of COPD in the United States, but air pollutants at home (such as secondhand smoke and some heating fuels) and at work (such as dusts, gases, and fumes), and genetic predisposition also can also cause COPD. COPD related ED Visits per 10,000 population have continually increased since 2011 in both Rock County and the state. Rock County has significantly higher rates than the state.

![COPD related ED Visits (Crude Rate per 10,000 Population)](chart1.png)

Source: WI Environmental Public Health Tracking Program, Note: ICD 10 Coding went into effect Oct 2015

COPD Hospitalizations per 10,000 population have also increased since 2011 for both Rock County and the state. Rock County has significantly higher rates than the state; however in 2017, Rock County experienced a decrease in the hospitalization rate narrowing the gap between Rock County (24.4) and the state (19). In October 2015, there was a change in how hospital and ED Visits are coded as ICD 10 went into effect.

![COPD related Hospitalizations (Crude Rate per 10,000 Population)](chart2.png)

Source: WI Environmental Public Health Tracking Program, Note: ICD 10 Coding went into effect Oct 2015
Lung Disease Mortality: This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because lung disease is a leading cause of death in the United States. The lung disease mortality rate is substantially higher in Rock County (48.2) than both the state (39) and the nation (41.1). American Indians (51.1) in Wisconsin have the highest mortality rate followed by Non-Hispanic Whites (49.7) in Rock County. Hispanics and Asians have the lowest mortality rates.

Lung Disease Mortality, Age-Adjusted Rate (per 100,000 Pop.) by Race/Ethnicity

Source: Centers for Disease Control & Prevention, National Vital Statistics System, Accessed via CDC Wonder 2013-17, Published by Community Commons
Maternal/Prenatal/Childhood

Infant Low Birth Weight: Low birth weight infants (less than 2,500 kg) are at high risk for health problems. Rock County had the lowest percent of low weight births at 7.5% but only slightly lower than Wisconsin at 7.7%. The nation had the highest rate at 8.3%. While data by race and ethnicity is not readily available for Rock County, there are some disparities in low birth weight infants by race and ethnicity in the state of Wisconsin. Black Non-Hispanic (15.4) women are more likely to have a low birth weight baby while White Non-Hispanic (6.4%) women are least likely to have a low birth weight baby.

Infant Very Low Birth Weight: Very low birth weight infants (less than 1,500 kg) are at high risk for long term health problems and infant death. Rock County had the lowest percent of very low weight births at 0.63% which was lower than the state (1.26%) and the nation (1.38%).
Infant Mortality: Infant mortality represents the health of the most vulnerable age group. Infant Mortality measures the number of deaths among children less than one year of age per 1,000 live births. The infant mortality rate in Rock County is 4.2 per 1,000 live births. This is lower than both the state (6.4) and the nation (5.8). While data by race and ethnicity is not readily available for Rock County, there are some disparities in infant mortality by race and ethnicity in the state of Wisconsin. Black Non-Hispanic (15.4) and American Indian (13.8) infants are more likely to die than their counterparts of other races and ethnicities. White Non-Hispanic (4.6) infants have the lowest infant mortality rate.

### Three-Year Infant Death Rate by Race or Ethnicity, Wisconsin (2015 - 2017)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Asian/...</td>
<td>7.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laotian or Hmong</td>
<td>7.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>5.7</td>
<td>5.8</td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td></td>
<td>5.8</td>
<td></td>
</tr>
<tr>
<td>Black Non-Hispanic</td>
<td>13.8</td>
<td>15.0</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>4.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White - Non Hispanic</td>
<td>6.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>13.0</td>
<td>16.0</td>
<td>19.0</td>
</tr>
</tbody>
</table>

Source: WI Department of Health Services, Division of Public Health, Office of Health Informatics

Behavioral Health

Depression – Medicare Population: In Rock County, the percentage of the Medicare fee-for-service population experiencing depression is 19.5%. This percentage is slightly higher than both the state (18%) and national (17.9%) rates. The Medicare population experiencing depression has gradually increased since 2011. Throughout the years, the percentage of Medicare patients with depression has been consistently higher in Rock County than in both the state and nation.

### Percentage of Medicare Population with Depression

- **Rock county**: Blue line
- **Wisconsin**: Red line
- **United States**: Green line

Source: Centers for Medicare & Medicaid Services, 2017, Source Geography, Published by Community Commons
Suicide Mortality: Suicide Mortality reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because suicide is an indicator of poor mental health.

The Healthy 2020 target for suicide deaths is 10.2 suicide deaths per 100,000 in population or less. Unfortunately, Rock County, the state, and the national are all substantially higher than the target. The Rock County (16.7) rate is higher than both the state (14.5) and the nation (13.3). Men are about three times more likely to commit suicide than women (24.5 for men vs 9.3 for women in Rock County). White Non-Hispanics and American Indians also have a significantly higher rate of suicide than their Black Non-Hispanic, Asian, and Hispanic counterparts.

Suicide Mortality, Age-Adjusted Rate (per 100,000 Pop.)

Source: Centers for Disease Control and Prevention, National Vital Statistics System, CDC Wonder. 2013-2017, Published by Community Commons
Sexually Transmitted Disease
This indicator reports incidence rate of chlamydia cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices. The Rock County (517.8) incidence rate is higher than both Wisconsin (466) and the nation (497.3). Over the past 11 years the incidence rate of Chlamydia has increased significantly. Non-Hispanic Blacks have a significantly higher incident rate than their counterparts of other races and Hispanics.
A four page community based survey was developed to examine perceptions of the community health issues, unhealthy behaviors, quality of life issues, healthy behaviors and access to healthcare. To properly assess the perceived health needs of the community, the survey asked specific questions related to:

- Health issues in the community
- Unhealthy behaviors in the community
- Well-being
- Accessibility to healthcare
- Healthy behaviors

A total of 34 questions were included in the survey. The survey was translated into Spanish. See appendix A for the questionnaire.

**Sample Size:** The sample size was calculated by using a standard formula based on the population size, margin of error, confidence level and standard of deviation. The calculation encompasses a 95% confidence level, a +.5 margin of error and a standard deviation of .5.

\[
\text{Necessary Sample Size} = (Z-score)^2 \times \text{StdDev} \times (1-\text{StdDev}) / (\text{margin of error})^2
\]

For this survey, the minimum sample size was 383 surveys. The data collection for this community health needs assessment yielded a total of 389 responses, exceeding the confidence interval threshold.

**Data Collection:** On October 21, 2019, a print version of the survey was mailed to 2,550 random households asking them to complete the survey. The mailing included a postage paid envelope to return the survey. The survey also included a bar-code so that the survey could be accessed electronically via Survey Monkey. A link to the survey in both Spanish and English was also included in the Mercyhealth Health News on-line newsletter, the Mercyhealth Rock County Facebook page, and the Mercyhealth Wire. The survey closed on January 31, 2020. Of the 389 survey responses received, 252 surveys were submitted via Survey Monkey and 135 surveys were returned via mail.
**Findings**

**Self-Reported Health Status**: A total of 61.7% of adults rate their health as very healthy or healthy. Another 34.4% of adults rate their health as somewhat healthy. However, 3.9% of adults rate their health as unhealthy or very unhealthy.

**Overall Health of the Community**: A total of 24.4% of adults rate the overall health of the community as very healthy or healthy. Another 55.4% of adults rate the health of the community as somewhat healthy. However, 20.2% of adults rate the health of the community as unhealthy or very unhealthy.
What Factors Make a Healthy Community?: Survey respondents were asked to choose the top five factors that make a healthy community. The top factor was access to health care. Other factors in the top five were low crime/safe neighborhoods, good jobs and a healthy economy, good schools, and healthy behaviors and lifestyles. The table below reflects the factors that the survey respondents selected from most to least important.

<table>
<thead>
<tr>
<th>What Makes a Healthy Community?</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to health care</td>
<td>257</td>
</tr>
<tr>
<td>Low crime/safe neighborhoods</td>
<td>242</td>
</tr>
<tr>
<td>Good jobs and a healthy economy</td>
<td>210</td>
</tr>
<tr>
<td>Good schools</td>
<td>193</td>
</tr>
<tr>
<td>Healthy behaviors and lifestyles</td>
<td>172</td>
</tr>
<tr>
<td>Good place to raise children</td>
<td>136</td>
</tr>
<tr>
<td>Clean environment</td>
<td>132</td>
</tr>
<tr>
<td>Affordable housing</td>
<td>129</td>
</tr>
<tr>
<td>Access to dental care</td>
<td>114</td>
</tr>
<tr>
<td>Strong family life</td>
<td>97</td>
</tr>
<tr>
<td>Parks and recreation</td>
<td>82</td>
</tr>
<tr>
<td>Religious or spiritual values/support</td>
<td>60</td>
</tr>
<tr>
<td>Low level of child abuse</td>
<td>35</td>
</tr>
<tr>
<td>Low death and disease rates</td>
<td>31</td>
</tr>
</tbody>
</table>
What are the Top Health Problems in the Community?:  Survey respondents were asked to choose the top five health problems in the community. Substance Abuse Disorders, Alcohol Abuse, and Drug Abuse were all identified in the top five health problems. Obesity and Mental Health were also identified as top five health problems in the community. The table below reflects the problems identified by survey respondents from highest to lowest.

<table>
<thead>
<tr>
<th>Health Problems in the Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance abuse disorders</td>
</tr>
<tr>
<td>Alcohol abuse</td>
</tr>
<tr>
<td>Obesity</td>
</tr>
<tr>
<td>Drug abuse</td>
</tr>
<tr>
<td>Mental health</td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Cancers</td>
</tr>
<tr>
<td>Heart disease and stroke</td>
</tr>
<tr>
<td>High blood pressure</td>
</tr>
<tr>
<td>Aging problems</td>
</tr>
<tr>
<td>Domestic violence</td>
</tr>
<tr>
<td>Violence</td>
</tr>
<tr>
<td>Suicide</td>
</tr>
<tr>
<td>Dementia</td>
</tr>
<tr>
<td>Gun injuries</td>
</tr>
<tr>
<td>Dental problems</td>
</tr>
<tr>
<td>Lung disease</td>
</tr>
<tr>
<td>Sexually transmitted diseases (STDs)</td>
</tr>
<tr>
<td>Teen pregnancy</td>
</tr>
<tr>
<td>Rape/sexual assault</td>
</tr>
</tbody>
</table>
What are the top Concerning Risky Behaviors in the Community?: Survey respondents were asked to choose the top five concerning risky behaviors in the community. The top two risky behaviors were drug and alcohol abuse. Drunk driving, poor eating habits, and lack of exercise were also in the top five. The table below reflects the behaviors identified by survey respondents from highest to lowest.
What are the top Environmental Issues in the Community?: Survey respondents were asked to choose the top five environment issues in the community. The top issue concerning survey respondents was unsafe neighborhoods/Crime. The other top five issues were unsafe roads, trash in public places, unsafe/unclean river, creek or lake water, and unsafe/unsanitary housing. The table below reflects the environmental issues identified by survey respondents from highest to lowest.

<table>
<thead>
<tr>
<th>Environmental Issue</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsafe neighborhoods/crime</td>
<td>230</td>
</tr>
<tr>
<td>Unsafe roads/highways</td>
<td>135</td>
</tr>
<tr>
<td>Trash or litter in public areas</td>
<td>135</td>
</tr>
<tr>
<td>Unsafe/unclean river, creek and lake water</td>
<td>116</td>
</tr>
<tr>
<td>Unsafe/unsanitary housing</td>
<td>98</td>
</tr>
<tr>
<td>Secondhand smoke</td>
<td>96</td>
</tr>
<tr>
<td>Mosquito/tick carried diseases</td>
<td>94</td>
</tr>
<tr>
<td>Unsafe/abandoned buildings</td>
<td>93</td>
</tr>
<tr>
<td>Groundwater pollution from agriculture</td>
<td>78</td>
</tr>
<tr>
<td>Lack of sidewalks/walking paths</td>
<td>73</td>
</tr>
<tr>
<td>Lack of safe places for recreation/parks</td>
<td>59</td>
</tr>
<tr>
<td>Unsafe/unclean drinking water</td>
<td>56</td>
</tr>
<tr>
<td>Lack of handicapped accessible community resources</td>
<td>53</td>
</tr>
<tr>
<td>Overdevelopment/too much new development</td>
<td>52</td>
</tr>
<tr>
<td>Lack of safe swimming beaches</td>
<td>51</td>
</tr>
<tr>
<td>Radon</td>
<td>50</td>
</tr>
<tr>
<td>Household hazardous waste disposal</td>
<td>47</td>
</tr>
<tr>
<td>Lack of bike lanes/bike paths</td>
<td>43</td>
</tr>
<tr>
<td>Unsafe food</td>
<td>31</td>
</tr>
<tr>
<td>Other</td>
<td>28</td>
</tr>
<tr>
<td>Lead paint hazards</td>
<td>27</td>
</tr>
<tr>
<td>Septic systems not working</td>
<td>9</td>
</tr>
</tbody>
</table>
Health Concerns or Problems for You or Someone in Your Household: Survey respondents were asked to identify all health concerns or problems for either themselves or someone in their household. The respondents were instructed to choose all concerns that were applicable. The top concerns were managing weight, exercising/fitness, eating well/nutrition, stress management, and depression or other mental health concerns. The table below reflects the health problems or concerns identified by survey respondents from highest to lowest.

<table>
<thead>
<tr>
<th>Health Problems or Concerns for You or Someone in Your Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managing weight</td>
</tr>
<tr>
<td>Exercising/fitness</td>
</tr>
<tr>
<td>Eating well/nutrition</td>
</tr>
<tr>
<td>Stress management</td>
</tr>
<tr>
<td>Depression or other mental health concerns</td>
</tr>
<tr>
<td>Access to affordable health care</td>
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<tr>
<td>Access to safe, affordable places to exercise</td>
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<tr>
<td>Access to affordable dental care</td>
</tr>
<tr>
<td>Access to mental health treatment</td>
</tr>
<tr>
<td>Access to healthy, affordable food</td>
</tr>
<tr>
<td>Caring for family members with disabilities</td>
</tr>
<tr>
<td>Quitting smoking</td>
</tr>
<tr>
<td>Anger management</td>
</tr>
<tr>
<td>Access to affordable, safe elder care</td>
</tr>
<tr>
<td>Preparing for an emergency disaster</td>
</tr>
<tr>
<td>Alcohol use/abuse</td>
</tr>
<tr>
<td>Access to affordable, safe child care</td>
</tr>
<tr>
<td>Bullying</td>
</tr>
<tr>
<td>Secondhand smoke</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Access to medical equipment &amp; supplies</td>
</tr>
<tr>
<td>Getting flu shots and other vaccines</td>
</tr>
<tr>
<td>Access to alcohol and other drug treatment</td>
</tr>
<tr>
<td>Access to home health services</td>
</tr>
<tr>
<td>Domestic violence</td>
</tr>
<tr>
<td>Preventing pregnancy</td>
</tr>
<tr>
<td>Rape/sexual abuse</td>
</tr>
<tr>
<td>Preventing sexually transmitted diseases (STDs)</td>
</tr>
</tbody>
</table>
Services or Programs Respondents Would Like to See Offered: Survey respondents were asked what healthcare, health education, health services or programs would you like to see offered in your community? The respondents were instructed to choose all that were applicable. The top services respondents would like to see offered related to mental health including drug and alcohol abuse services, affordable insurance and healthcare resources for the uninsured/underinsured. The table below reflects the programs and services identified by survey respondents from highest to lowest.

<table>
<thead>
<tr>
<th>Services or Programs Respondents would like to See Offered</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health services</td>
<td>228</td>
</tr>
<tr>
<td>Affordable insurance options</td>
<td>221</td>
</tr>
<tr>
<td>Healthcare resources for the uninsured/underinsured</td>
<td>208</td>
</tr>
<tr>
<td>Alcohol and drug abuse services</td>
<td>192</td>
</tr>
<tr>
<td>Health education to prevent chronic conditions (e.g., health education)</td>
<td>178</td>
</tr>
<tr>
<td>Wellness programs</td>
<td>150</td>
</tr>
<tr>
<td>Nutrition education</td>
<td>128</td>
</tr>
<tr>
<td>Senior services</td>
<td>124</td>
</tr>
<tr>
<td>Parenting services</td>
<td>115</td>
</tr>
<tr>
<td>Exercise resources</td>
<td>113</td>
</tr>
<tr>
<td>Dental services</td>
<td>100</td>
</tr>
<tr>
<td>Don’t know</td>
<td>36</td>
</tr>
<tr>
<td>Other</td>
<td>23</td>
</tr>
<tr>
<td>None- we have everything we need</td>
<td>11</td>
</tr>
</tbody>
</table>
Health Insurance: Survey respondents were asked whether or not they had health insurance. Almost all (99.2%) of the respondents reported having health insurance. A small percentage of respondents (0.8%) reported not having health insurance. For those reporting they did not have health insurance, the main reasons why were:

- It is too expensive
- Do not qualify for medical assistance
- Place of employment does offer it
- Do not qualify for the plan at place of employment

Survey respondents with medical insurance were asked whether they were able to see a healthcare provider that accepts their insurance. Almost all (98.9%) of the respondents were able to see a healthcare provider that accepted their insurance. A small percentage of respondents (1.1%) were not able to connect with a provider that accepted their insurance.
Access to Medical Care: Survey respondents were asked if in the past 12 months they had seen a healthcare provider whom they considered to be their regular provider. Of the total respondents, 89.8% reported yes and 10.2% reported no.

Survey respondents were asked if they had a regular healthcare provider. Of the respondents, 81.7% reported yes they did have a regular healthcare provider and 18.3% reported they did not have a regular provider. Those who reported not having a regular healthcare provider were asked to identify the reasons why. There were instructed to select all of the reasons. The chart below includes the reasons why by number of respondents that did not have a regular health care provider.

Reasons why survey respondents did not have a regular healthcare provider

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-pay/deductible too high</td>
<td>18</td>
</tr>
<tr>
<td>Can’t afford to pay for a doctor’s visit</td>
<td>11</td>
</tr>
<tr>
<td>Feel like I don’t need one</td>
<td>10</td>
</tr>
<tr>
<td>Hard to find a doctor who is a good fit</td>
<td>9</td>
</tr>
<tr>
<td>Can’t get an appointment</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
<tr>
<td>Don’t know how to find a healthcare provider</td>
<td>2</td>
</tr>
<tr>
<td>No healthcare provider is close to where I live</td>
<td>1</td>
</tr>
</tbody>
</table>
Over half of survey respondents reported using an Emergency Department or Urgent Care because they or someone in their household could not see a physician.

**Dental Insurance**: Survey respondents were asked whether or not they had dental insurance. Of all of the respondents, 85% reported having dental insurance. For those reporting they did not have dental insurance, the main reasons why were:

- Too expensive
- Don’t need dental insurance (dentist offers a discount for paying cash and it is cheaper to pay cash for the six month cleanings)
- Place of employment does not offer it

Survey respondents with dental insurance were asked whether they were able to see a dental provider that accepts their insurance. Most of the respondents (95.2%) were able to see a dental provider that accepted their insurance while 4.8% of respondents were not able to connect with a dental provider that accepted their insurance.
Access to Dental Care: Survey respondents were asked if they had a regular dental provider. Of the respondents, 80.7% reported yes they did have a regular dental provider and 19.3% reported they did not have a regular provider. Those who reported not having a regular dental provider were asked to identify the reasons why. There were instructed to select all of the reasons that were applicable. The chart below includes the reasons why by number of respondents that did not have a regular dental provider.

Reasons why survey respondents did not have a regular dental provider

- Can’t afford to pay for a dental visit: 38
- Feel like I don’t need one: 12
- Other: 5
- No dental provider is close to where I live: 4
- Can’t get an appointment: 3
- Don’t know how to find a dental provider: 3
- No dental providers accept my insurance: 3
Mental Health:  Survey respondents were asked if they or someone in their household needed to see a mental health provider but could not. This question was answered yes by 21.1% of respondents that they or someone in their household needed to see a mental health provider but could not.

Survey respondents were asked if they or someone in their household needed alcohol or drug treatment but could not access it. This question was answered yes by 6% of respondents that they or someone in their household needed alcohol or drug treatment but could not access it.
Access to Medications: Survey respondents were asked if in the past 12 months, there was a time when they or someone in their household needed medications but could not get them. This question was answered yes by 14.7% of respondents.

Those who reported that there was a time within the last 12 when they or someone in their household need medications but could not get them were asked to identify the reasons why. There were instructed to select all of the reasons that were applicable. The chart below includes the reasons why respondents could not get the medications they or someone is their household needed.

### Reasons why respondents could not get medications they needed

- Too expensive: 37
- Could not get a prescription from a physician: 15
- Specific medication I needed was not available: 10
- No Insurance: 9
- Inconvenient pharmacy hours: 5
- Other: 3
- Lack of ride to pharmacy: 2
- Language/cultural barriers: 1
The purpose of key informant interviews is to collect information from a wide range of people—including community leaders, professionals, or residents—who have first-hand knowledge about the community. These community experts, with their particular knowledge and understanding, can provide insight on the nature of problems and give recommendations for solutions.

In Rock County, there were 34 community experts invited to participate in the key informant interviews. Participants were selected based on their expertise in a specific condition, age group, and/or population. More specifically, individuals who were invited to participate had knowledge in at least one of the following areas: childhood/adolescent issues, senior health, homeless, veterans, alcohol and drug addiction, behavioral health, diabetes, obesity and other chronic diseases, and food insecurity. In addition, there was representation across multiple agencies and organizations, local schools, youth programs, community clinics, and community-based organizations. A total of 17 key informants completed an interview either via phone-call or an in-person meeting.
Findings

Key informants were asked to rank the five most pressing health issues in the community from a list of 13 focus areas. The issues of Mental Health, Drug and Alcohol Abuse, Access to Care, Chronic Disease, Oral Health, and Nutrition were all ranked as the top five health issues with Oral Health and Nutrition tying for number 5. The chart below depicts the weighted ranking by order of the most pressing for the top five issues.

The chart below summarizes the number of times an issue was selected regardless of order of importance. All of the key informants selected Mental Health as a top issue. It is important to note that the results reflect the perceptions of community leaders are based on area of expertise, but may not represent all community perspectives.
Mental Health: Mental health was identified as the most pressing issue in the community. All of the 17 respondents selected mental health as a top 5 issue. Several themes emerged from the interviews including access and financial issues, and issues specific to children, teens, young adults and the elderly. Below is a summary of the comments made by the key informants regarding mental health:

Access:

- Wait time to see a mental health provider is about 4 weeks or longer; that is a long time when you are in a crisis
- There is a long wait list for Medicaid patients to receive mental health care
- A person typically needs 3 visits with a therapist before they can see a psychiatrist to be prescribed medication. With wait times, this can 3 to 4 months.
- People are not aware of the programs and/or services that are available
- There are not enough mental providers
- It is difficult to navigate the system and some people give up

Financial

- People do not have the ability to pay for services
- High out of pocket expense for those with insurance
- Insurance companies have cut what they will cover or have high copays

Children/Teenagers/Young Adults

- Students have a lot of pressure to meet parents expectations and that causes anxiety
- Peer pressure and social media put a lot of pressure on students and young adults
- Kids need help learning coping mechanisms, how to de-stress
- There is a lot of confusion for students around LBGT and pangender issue
- No inpatient care for children or adolescents in Rock County
- Schools are seeing more self-harm students and more students with anger who do not know how to handle it effectively
- Sometimes it’s hard for parents to get off of work to take child to appointments

Other

- The community has not prioritized mental health
- Even though mental health awareness is more prevalent, there is still a stigma which may result in people not getting the treatment they need
- There is a lot of social isolation for older people; some just want someone to talk with
- Environmental issues, such as financial, affordable housing, homelessness can cause significant stress
- More people are talking a mental health which is making it more acceptable to seek care
- We get a lot of calls for suicide attempts, welfare checks, and mental health issues
**Alcohol and Drug Abuse:** Alcohol and drug abuse was identified as the second most pressing issue in the community. Several themes emerged from the interviews including vaping and marijuana use among middle and high school students and young adults, opioid drug abuse, and lack of treatment options. This issue was selected by 88% of key informants as a top 5 issue. Below is a summary of the comments made by the key informants regarding alcohol and drug abuse:

### Vaping and Marijuana
- Vaping is very prevalent in schools (both middle and high schools)
- Vaping is contributing to the addiction issue
- Marijuana is very prevalent in schools (both middle and high schools)
- There is concern about the legalization of marijuana in Illinois and the impact it will have on Rock County

### Opioids/Other Drugs
- Access to drugs is more mainstream
- There is a heroin/opioid epidemic in Rock County
- Heroin is very prevalent with parents
- Kids see their parents doing drugs and think it is okay
- We get a lot of calls for drug overdoses

### Lack of Treatment Options
- There is no detox facility in Rock County
- There are very few drug/alcohol treatment options for people to receive treatment/help
- When people are ready to get treatment, there are no options available – especially inpatient options
- When patients are out of treatment, there is no support to help them from relapse
- There are very few support groups for people with drug/alcohol problems
- There is no place that will take homeless drug addicts or alcoholics so it is a cycle that there is no solution for...there is no place for these people to get help...the homeless shelters in the area only take “dry” people
- Alcohol and drug abuse is a specific health need and there are not enough providers to meet those needs

### Other
- Kids need help learning coping mechanisms, how to de-stress without drugs or alcohol
- Addiction issues have gotten worse in Rock County
- Home ownership has increased which has decreased the number of drug houses to a few neighborhoods
- The cost of treatment is prohibitive and often times insurance does not cover the cost or only a portion of the cost
Access to Care: Access to Care was identified as the third most pressing issue in the community. Several themes emerged from the interviews including the lack of PCPs and behavioral health workers, the wait time to get an appointment with a PCP, difficulty in navigating the healthcare system, and lack of communication about available programs. This issue was selected by 76% of key informants as a top 5 issue. Below is a summary of the comments made by the key informants regarding access to care:

**Lack of Access to Providers/Facilities**
- There are not enough providers in the community especially pertaining to primary care physicians, mental health professionals, and drug and alcohol rehabilitation
- There are not enough diverse providers and people of color or anyone who is not Caucasian may feel excluded or uncomfortable
- Access to women’s healthcare has declined in the past few years since the First Choice Women’s Clinic closed
- Many PCPs are not taking new patients or if they are, they are scheduling far in advance for appointments like 2 to 3 months in advance
- Even for established patients, it is difficult to see a PCP when you are not feeling well; they are scheduling a week out so we go to urgent care
- Veterans have to travel for care
- Residents are used to traveling to Rockford or Madison for specialty care
- There is a lack of preventative care for the homeless population
- There is no detox center in Rock County, no local access to care

**Navigation/Communication/Education**
- It can be difficult for people to know where to even start to receive care
- Many people don’t know what options are available. For example, do I quality for Medicaid and if so, how do I apply.
- There is a lack of understanding as to what services or programs are available and how to access those services or programs
- There is a lack of understanding as to what insurance will cover
- People have difficulty navigating the process of getting care set-up

**Other**
- The undocumented population often doesn’t seek care due to a fear of immigration services coming to arrest and deport them
- In the African American community, there is low participation within the workforce which decreases access to care
- An influx of immigrant workers has created an increase in the uninsured population
Other Health Issues: Several other themes emerged in the conversations with the key informants including the lack of fresh, healthy food for people in poverty, the elderly or people in certain geographic locations, the prevalence of diabetes and obesity, lack of dental services for people in poverty and the elderly, and the lack of affordable and safe housing. Below is a summary of some of the other comments made by the key informants regarding other health related issues:

**Chronic Disease**

- Diabetes is a big issue in the community. Many children are struggling with diabetes as a result of poor nutrition.
- The community has not prioritized health and wellness

**Physical Activity**

- More older adults are exercising and taking classes
- Beloit has become a more walkable city especially downtown and by the River due to walking paths, pedestrian bridges, robust dining and shopping and many refurbished buildings. People have a place to walk in an attractive area.
- There are a high percentage of students participating in sports and other physical activities especially in the more rural areas of Rock County
- There are many opportunities to be active but there is a lack of commitment to be healthy and active
- Many people don’t want to change…it is the culture

**Nutrition**

- There is a robust farmer’s market in downtown Beloit and it recently expanded later into the season
- Obesity is a big problem in Rock County
- Many Janesville residents in the Downtown and Southside experience food deserts
- Many individuals get their groceries for convenience stores or gas stations
- Fresh, healthy foods are not available to low income residents
- There are many people with food insecurities and it is difficult to find fresh, health food
- There are a lack of healthy restaurants in the area
- There are many people with food insecurities in Rock County
- There is access to many fast food restaurants
- Many families eat out on regular basis as opposed to cooking at home
Oral Health

- People in poverty have little access to dental care
- Oral Health for the Medicaid population continues to be a problem
- Demand for free or reduced fee dental services is more than 10 times the space available
- Many people can’t afford dental care
- There may be a misconception that care is more expensive than it really is
- Some dentists in private practice are unwilling to work with patients to offer affordable services

Groups of People in the Community whose Health or Quality of Life may not be as good as others: The answers to this question were very similar by all of the informants and include:

- Lower income residents
- Spanish speaking residents
- Underserved population including low income, LBGT community, and all racial groups except for Caucasian
- Elderly - may be at risk for social isolation or have financial issues
- People of color
- Homeless
- Unemployed
- Young families
- Working people in poverty
- People with no insurance or are under insured
- Undocumented residents
- Children living in poverty
- Veterans
What Barriers exist to improving health and quality of life in the community?

- Transportation issues for older people who don’t drive any more or for people who don’t have access to a car (poor, homeless, teenagers) – many people can’t get to appointments
- Language barriers
- Communication issues – how can we effectively let people know about programs and services
- Difficult to navigate and understand complex health care (what is the next step in the progression of healthcare and what do I need to do?)
- Cost of hearing aids
- No Medicare for dental care including teeth cleaning
- Lack of diverse healthcare employees may cause some people not to seek care
- Cost of healthcare
- People may not be able to take time off of work for healthcare
- Shortage of providers (dentists, PCPs, mental health professionals)
- Lack of affordable housing
- Lack of dentists who accept Medicaid
- Lack of programs to support drug/alcohol addictions
- People don’t like to ask for help even though it is available
- Inability to recruit PCPs, dentists, and mental health care providers to the area
- Low financial reimbursement for mental health professionals making it hard to expand services.
- People don’t have any access to healthy food
- Lack of financial stability impacts all aspects of a person’s life
What can be done to improve the health and quality of life in the community?

- Develop more partnerships within the community (for example, make sure pediatricians know about programs for children at the YMCA, etc.)
- Set-up mobile health clinics to reach vulnerable population
- Set-up dental clinics to reach vulnerable population
- Utilize Ronald McDonald care mobile
- Continued economic growth
- Make sure everyone has a permanent home
- Develop more affordable housing
- Lobby for state and federal funding for elderly oral health care
- Create a more inclusive environment so that African Americans feel more comfortable about seeking healthcare
- Participate in more events such as National Night Out, farmers markets, etc.
- Sponsor a health fair at the House of Mercy Health System
- Sponsor educational sessions at the House of Mercy such as talks on Diabetes, nutrition, etc.
- Take healthcare to where people are gathering such as YMCA, schools, senior centers
- Offer mental health connections at a place where kids gather
- Provide mental health counselors at schools where they are easily accessible to students and parents don’t have to miss work for appointments
- Utilize more certified peer specialists to provide additional support for mental health patients
- Utilize recovery coaches for people recovering from addictions
- Offer people a support coach or a navigator to help them navigate the healthcare process and keep their health on track
- Streamline the referral process
- Add intense community social workers at the schools and through county services such as senior centers
- Expand school based provider care – where a social worker is located at the school
- Provide emotional screening for youth in pediatric offices
- Develop an integrated behavioral health model where a social worker is part of the PCP practice and sees patients on a short term basis.
- Provide places for homeless addicts to rehab and help
- Provide public education about drug and alcohol abuse including what really is in some of the drugs people are putting in their body
- Provide more mental health counseling services
- Continue to work on the public school system including test scores, graduation and retention rates.
- Improve communications about services or programs that are available to members of the community
- Establish an inpatient detox center in Rock County