



United Hospital System

Community Health Needs Assessment



June, 2013

Introduction

United Hospital System is comprised of two primary medical facilities, the Kenosha Medical Center Campus and the St. Catherine's Medical Center Campus, with a single Tax Payor ID number and the same community definition requiring one shared Community Health Needs Assessment ("CHNA"), community resource inventory, and implementation strategy. United Hospital System is a comprehensive regional healthcare system that has served southeastern Wisconsin and northern Illinois communities for more than 100 years. United Hospital System provides services primarily through the Kenosha Medical Center Campus and the St. Catherine's Medical Center Campus, along with several other clinic locations. In response to its community commitment, United Hospital System contracted with Tripp Umbach to facilitate a CHNA and implementation plan. The community health needs assessment was conducted between April and June 2013. United Hospital System (further referred to as "United Hospital System") collaborated with outside organizations in their shared service area during the community health needs assessment process. The following is a list of organizations and individuals that participated in the CHNA in some way:

- ❑ Kenosha County Public Health Department;
- ❑ Infinity Healthcare Hospitalist Group;
- ❑ The Kenosha Division of Aging and Disabilities Services;
- ❑ Mental Health Professionals;
- ❑ United Way of Kenosha County; and
- ❑ The Kenosha Area Business Alliance.

This report fulfills the requirements of a new federal statute established within the Patient Protection and Affordable Care Act ("PPACA"), and is based on guidelines set forth in IRS Notice 2011-52 requiring that non-profit hospitals conduct community health needs assessments to identify and prioritize community needs and submit a community asset inventory every three years. The community health needs assessment process undertaken by United Hospital System, with project management and consultation by Tripp Umbach, included input from persons who represent the broad interests of the community served by the hospital facility, including those with unique knowledge of public health issues for the population served. Tripp Umbach worked closely with leadership from United Hospital System to accomplish the assessment.

Community Definition

While community can be defined in many ways, for the purposes of this report, the primary United Hospital System Community Definition is defined as five zip code areas in Kenosha County, Wisconsin. (See Figure 1 & Table 1). The needs identified in this report pertain to the five zip code areas in Kenosha County, Wisconsin.

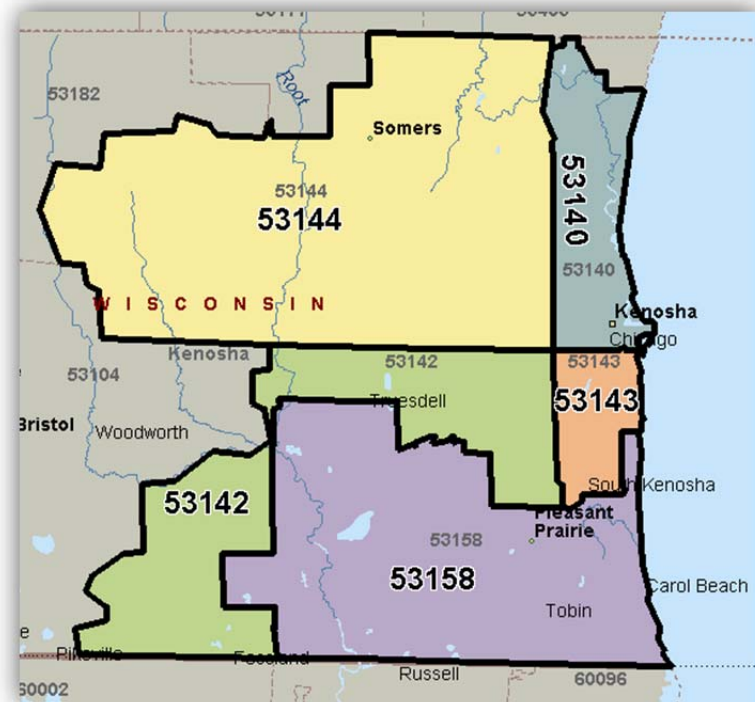
United Hospital System Zip Code Community Definition

Table 1

Zip Code Area	Town	County
53140	Kenosha	Kenosha
53142	Kenosha	Kenosha
53143	Kenosha	Kenosha
53144	Kenosha	Kenosha
53158	Pleasant Prairie	Kenosha

United Hospital System Community Map

Figure 1



Project Mission & Objectives

The mission of the United Hospital System CHNA is to understand and plan for the current and future health needs of the residents in its community. The goal of the process is to identify the health needs of the community served by United Hospital System, while developing a deeper understanding of needs and identifying community health priorities.

The objective of this assessment is to analyze traditional health-related indicators as well as social, demographic, economic, and environmental factors. Although the consulting team brings experience from similar communities, it is clearly understood that each community is unique. This project was developed and implemented to meet the individual project goals as defined by the project oversight committee, which included:

- ❑ Assuring that the view of persons with special knowledge of or expertise in public health; federal, tribal, regional, state, or local health or other departments or agencies with current data or other information relevant to the health needs of the community served by the hospital facility; and leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility are included in the needs assessment process through data collection and key stakeholder interviews.
- ❑ Obtaining statistically valid information on the health status and socio-economic/environmental factors related to health of residents in the community and supplementing the general population data that is readily available.
- ❑ Developing accurate comparisons to baseline mental health measures utilizing the most current validated data.
- ❑ Developing a CHNA document as required by the PPACA for United Hospital System.

Methodology

Tripp Umbach facilitated and managed a community health needs assessment on behalf of United Hospital System resulting in the identification of community health needs. The assessment process included input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge and expertise of public health issues.

Key data sources in the community health needs assessment include:

- ❑ **Community Health Assessment Planning:** Tripp Umbach completed assessment planning and presented the assessment methodology to hospital leadership in the form of a proposal prior to March 25th, 2013.
- ❑ **Secondary Data:** The health of a community is largely related to the characteristics of its residents. An individual's age, race, gender, education, and ethnicity often directly or indirectly impact health status and access to care. Tripp Umbach completed comprehensive analysis of health status and socio-economic environmental factors related to the health of residents of the United Hospital community from existing data sources such as state and county public health agencies, the Centers for Disease Control and Prevention, County Health Rankings, CDC National Cancer Institute, Substance Abuse and Mental Health Services Administration ("SAMHSA"), U.S. Census, and other additional data sources.
- ❑ **Interviews with Key Community Stakeholders:** Tripp Umbach worked closely with United Hospital System leadership to identify leaders from organizations that have special knowledge and/or expertise in public and community health. Such persons were interviewed as part of the needs assessment planning process. A series of six interviews were completed with key stakeholders in the United Hospital System community between April and May 2013 (See appendix B for a complete list of organizations represented).
- ❑ **Community Resource Inventory:** Tripp Umbach completed an environmental scan by collecting information from stakeholders, hospital leaders, secondary data, and internet research to identify the community resources that are striving to meet the needs identified by the CHNA. There were more than 50 resources identified in May 2013 that meet the needs identified by stakeholders and secondary data in the United Hospital System community (See Appendix C for a complete list of community resources).

- ❑ **Identification of top community health needs:** Top community health needs were identified by hospital leaders during a community health needs identification meeting held on May 28th, 2013. Consultants presented the CHNA findings from secondary data and key stakeholder interviews. Hospital leaders discussed the data presented, shared their visions and plans for community health improvement in their communities, and identified the top community health needs in the United Hospital System community by identifying the needs the hospital will work on and those they will not address.
- ❑ **Final Community Health Needs Assessment Report:** A final report was developed that summarizes key findings from the assessment process, prioritizes top community health needs based on the needs the hospital will meet, the needs they will not address, and details the resources available in the community to address all the needs identified by the assessment.
- ❑ **Final Implementation Plan to Meet Community Health Needs:** A final report was developed that provides detailed plans to meet the prioritized needs identified by hospital leadership, including: objectives, population targeted for implementation, a description of the strategies and actions to be implemented, the planned timeframe for implementation, measures of successful implementation, Identification of the role each campus will play in the strategies listed, and potential partners.

Key Community Health Needs

Tripp Umbach’s independent review of existing data along with in-depth interviews with community stakeholders representing a cross-section of agencies resulted in the prioritization of three key community health needs in the United Hospital System community. Community leaders identified the following top community health needs that are supported by secondary and/or primary data: 1) Access to health services (Transportation, senior services, primary, preventive, dental, and mental healthcare); 2) Behaviors that impact health; and 3) Poor health outcomes. A summary of the top needs in the United Hospital System community follows:

KEY COMMUNITY HEALTH NEED #1: ACCESS TO HEALTH SERVICES

Underlying factors identified by secondary data and primary input from community stakeholders: Need to improve access to health services including primary, preventive, dental, mental healthcare, and senior services.

Primary, preventive, dental, and mental healthcare:

✓ Community stakeholders discussed the following issues:

- Not all residents have access to affordable healthcare due to a lack of access to health insurance, limited access to employer benefits, eligibility cutoffs for Medicaid, provider acceptance of Medicaid, Medicaid reimbursement rates, ability to afford uninsured care, and residents’ awareness of available services.
- Under/uninsured dental care is limited with the primary provider being the federally qualified health center in Kenosha. Additionally, the sole provider of uninsured oral health services recently started charging a \$25 co-pay for dental care, which may be unaffordable for some

Measure	Kenosha County	WI
# Dentists	87	3248
Dentist Rate	51	56
Dentist Ratio	1968:1	1798:1

residents.

- There may not be enough providers with higher provider-to-resident ratios in Kenosha county for health services like primary care and dental care.
- Medicaid expansion issues at the state level may have an impact on working adults earning a low income that are at 200% of the poverty level. It is often difficult for residents that earn more than 200% of the poverty level to afford the premiums, co-pays, and deductibles of private pay insurance. However, this population often does not qualify for Medicaid insurance programs, which leaves them uninsured.
- Transportation that is user-friendly for seniors, single parents, and persons with disabilities is not always available to and from medical appointments.

✓ Secondary data shows the following:

- The rate of uninsured individuals in Kenosha county is 11.1%, which is higher than the rate seen for the state (9.2%), but lower than the national rate (15.2%). Additionally, Kenosha County reports higher rates of uninsured individuals across all age ranges than is seen for the state. Similar to the state and the nation, males in Kenosha County are more likely to be uninsured than females. Individuals who report two or more races have the highest uninsured rates across all of the racial categories in Kenosha County, the state, and the nation. After individuals of multiple races, Kenosha County sees high rates of uninsured American Indian and Alaska Native individuals (28.5%), higher than the rate seen across the state (21%).¹
- Kenosha County has fewer Primary Care Physicians (“PCPs”) and dentists per individual than is seen for the state; however, the rates are not drastically out of line.²

Senior services:

¹ U.S. Census, 2011 American Community Survey

² 2013 County Health Rankings

- ✓ Community Stakeholders discussed the following issues:
 - Senior Care (i.e., in-home, long-term acute care services, etc.) often have higher turn-over rates in staff and lower quality care. Stakeholders felt that this issue is the result of the low reimbursement rates of Medicaid, which leads to lower wages and higher re-admittance rates for seniors.
 - Support services for the “sandwich generation” or adult caring for aging parents and raising children at the same time, which allows seniors to remain at home and independent for longer periods. However, without support, adults caring for aging parents may have to chose institutional care.
 - Stakeholders felt that there is a need for senior-centric services in the community (i.e., geriatric mental health services related to dementia and grief, community based services related to developing a living will, dealing with end of life issues, and improving quality of life) due to an aging population.

- ✓ Secondary data show the following:
 - Kenosha County shows a slightly lower percentage of seniors 65+ years old (11%) than the state (14%).³ Additionally, Kenosha County shows higher rates of children aged 5 to 19 years old than is seen for the state or nationally.
 - The largest percentage of the population in Kenosha County (also seen for Wisconsin and the country) is individuals aged 45 to 54 years old. Kenosha County shows lower rates of older individuals than the state or country. The rate of those aged 55 years old and above in Kenosha County is consistently lower for all of the age breakdowns above age 55.⁴

Mental Health:

- ✓ Community stakeholders discussed the following issues:

³ Ibid

⁴ U.S. Census, 2011 American Community Survey

- Access to mental health and substance abuse services are limited due to a limited number of providers (hospital beds for crisis stabilization, psychiatrist, pediatric providers, etc.) and limitations of insurance (i.e., Medicaid has limited access to outpatient services and private-pay insurance carriers have limited access to crisis stabilization), causing lengthy waits for services (i.e., two to three months).
- Residents may resist seeking treatment for substance abuse and/or mental health issues due to the stigma associated with mental health and substance abuse diagnoses in the community.
- Stakeholders felt that residents may be self-medicating with heroin, prescription medications, alcohol, etc., leading to increased poly substance abuse overdosing.
- There are not residential treatment services for substance abuse detoxification, leading to a higher rate of recidivism of patients requiring detoxification at local hospitals due to a lack of therapeutic supports. Stakeholders felt that residents were presenting with substance abuse needs at the hospital and once they return to the community there is a lack of follow up care and support services to maintain sobriety, which leads to higher recidivism.
- There is a limited continuum of mental healthcare in the county for adults and juveniles, including preventive services.

✓ Secondary data show the following:

- The rate of mental health providers in Kenosha County, on the other hand, is drastically lower than the rate seen for the state. There is one mental health provider for every 7,937 residents of Kenosha County, while there is one provider for every 2,714 residents in the state of Wisconsin.⁵

Measure	Kenosha County	WI
# Mental Health Providers	21	2097
Mental Health Provider Rate	13	37
Mental Health Provider Ratio	7937:1	2714:1

⁵ 2013 County Health Rankings

- While the southeastern region of WI, which includes Kenosha County, shows lower rates of all of the mental illness measures (any mental illness, serious mental illness, thoughts of suicide, or major depressive episodes) than is seen across Wisconsin, they display evidence of higher rates than the state for substance use measures for Alcohol Use (65.5% for SE, 62.67% for WI) and Non-Medical Use of Pain Relievers (4.88% for SE, 4.83% for WI). Additionally, the southeastern region of Wisconsin shows a lower rate of binge alcohol use, but a higher rate of general alcohol use as compared with the state of Wisconsin. Fewer residents of the southeastern region of Wisconsin report a perception of risk in having more than five drinks per week (34.37% in SE, 35.16% in WI). However, fewer residents of the southeastern region of WI report needing but not receiving treatment for alcohol use than is seen for the state.⁶
- According to County Health rankings, the 'healthiest' ranking that Kenosha County sees is for Alcohol Use with a ranking of 18 out of 72 counties.⁷
- In Kenosha County, 12% of adult residents of adults who could not see a doctor in the past 12 months because of cost, which is slightly higher than the state average (9%).⁸

⁶ SAMHSA. 2008-2010 NSDUH Substate Estimates of Substance Use and Mental Disorders.

⁷ 2013 County Health Rankings

⁸ Ibid

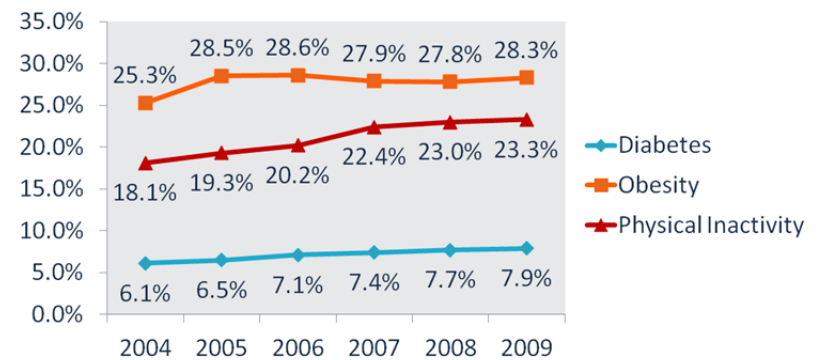
KEY COMMUNITY HEALTH NEED #2: BEHAVIORS THAT IMPACT HEALTH

Underlying factors identified by secondary data and primary input from community stakeholders: There is a prevalence of unhealthy behaviors in the community. Residents do not always have access to healthy options and residents are not always aware of the relationship between behavior and individual health outcomes.

✓ Community stakeholders discussed the following issues:

- Residents may be practicing unhealthy behaviors (i.e., substance abuse, alcohol consumption, smoking, poor nutrition) that may lead to chronic conditions and poor clinical indicators (i.e., overdosing, obesity, asthma, ear infections, etc.).
- Residents do not always have access to healthy options (i.e., grocery stores, built environment, residential treatment for substance abuse, psychiatrist, etc.) to practice healthy behaviors.
- Residents are not always aware of healthy options and practices due to a lack of education, affordable prevention programs, and ineffective information dissemination in the area.

CDC Diabetes Data & Trends



✓ Secondary data show the following:

- From 2004 to 2009, rates of physical inactivity, obesity, and diabetes have gradually risen in Kenosha County, WI. Obesity saw a slight dip in the years 2007 to 2008, but has risen back to pre-2007 levels. For Kenosha County in 2009, 23.3% of the adults

report being physically inactive, 28.3% are obese, and 7.9% have diabetes. The year 2009 (most recent data) shows the highest rates of diabetes and physical inactivity since 2004.⁹

- Kenosha County shows a higher rate of residents that smoke (22%) than the state (19%) and nation (13%).¹⁰
- More than 1 in 4 residents are considered obese in Kenosha County (29%), which is equal to the state and slightly higher than the national average (25%).¹¹
- Kenosha County has a higher percentage of low-income residents that do not live near a grocery store when compared to the state (5%) and national (1%) averages.¹²

KEY COMMUNITY HEALTH NEED #3:

NEED TO IMPROVE HEALTH OUTCOMES AMONG RESIDENTS IN KENOSHA COUNTY

Underlying factors identified by secondary data and primary input from community stakeholders: Need for improved health outcomes among Kenosha County residents.

✓ Community Stakeholders discussed the following:

- Stakeholders felt that there are higher mortality and poorer health outcomes in the community for:
 1. Smoking related to clinical issues such as lung cancer.
 2. Infant mortality with substantially higher rates among African American residents.;

⁹ Department of Health and Human Services, CDC Diabetes Data & Trends.

¹⁰ 2013 County Health Rankings

¹¹ Ibid

¹² Ibid

3. Obesity related to the access that residents have to healthy nutrition, the built environment is not conducive to physical activity (i.e., walking), and the dietary choices of consumers, etc.
4. There is a high rate of overdosing related to substance abuse in the community particularly among males.

✓ Secondary data show the following:

- While Lung and Bronchus Cancers are the most prevalent across all of the cancer types for Kenosha County Wisconsin, and the U.S., Kenosha County reports a rate of 59.1 deaths per 100,000 for Lung or Bronchus Cancer. This rate is higher than the rates seen for the state (47.6) or the country (50.6). Healthy People 2020 has set a goal of 45.5 deaths per 100,000 pop. by the year 2020.¹³
- Kenosha County is the fourth worst county for the morbidity measure which takes into consideration an individual's number of either physically or mentally unhealthy days as well as low birth weight.¹⁴
- The Wisconsin Department of Health services reports infant mortality data at the county level through the Wisconsin Interactive Statistics on Health (WISH) data system. National data was supplemented from the National Center for Health Statistics report on 'Recent Declines in Infant Mortality in the United States, 2005-2011'. Other than a drastic rise in the infant mortality rate in 2008, Kenosha County consistently reports lower infant mortality rates than are seen for the state of Wisconsin or the nation. In 2010, infant mortality rates were at their lowest rates for the state and nation with the rate declining to 4.9% for Kenosha County, 5.7% for Wisconsin, and 6.15% for the U.S. The trend of declining infant mortality rates is being seen for Kenosha County, and the U.S. (from 2008 to 2010).¹⁵

¹³ www.healthypeople.gov

¹⁴ 2013 County Health Rankings

¹⁵ WISH Data System, NCHS Data Brief

- According to the Kenosha Lifecourse Initiative for Healthy Families, African Americans represent over six percent (6.6%) of Kenosha County and 10 percent (10.0%) of the population in the city of Kenosha. Kenosha has persistently high rates of health disparities among African American(s). Low birth weight and prematurity are leading causes of infant mortality.¹⁶
- Kenosha County is ranked among the top 10 most unhealthy counties in Wisconsin (ranked 66 out of 72 counties in the state).¹⁷
- Kenosha County displays a higher rate of preventable hospital stays (76 per 100,000 pop.) than the state (55 per 100,000 pop.) and the nation (47 per 100,000 pop.).¹⁸

Infant Mortality Rates, 2004-2008

State/County City	White	Black	Hispanic	B/W Ratio
Dane	4.1	7.5	5.5	1.8
Madison	4.1	8.9	5.2	2.2
Kenosha	4.8	15.1	4.6	3.1
Kenosha City	4.3	14.7	5.0	3.4
Milwaukee	5.7	16.0	7.1	2.8
Milwaukee City	6.6	16.0	6.8	2.4
Racine	6.5	22.9	10.1	3.5
Racine City	6.0	22.3	8.6	3.7
Rock	5.1	17.7	4.5	3.5
Beloit	7.5	16.8	4.6	2.2
Wisconsin	5.2	15.9	6.3	3.0

WISH (Wisconsin Interactive Statistics on Health), Infant Mortality Module, accessed 1/30/09

¹⁶ Kenosha Lifecourse Initiative for Healthy Families. Community Action Plan (January, 2012)

¹⁷ 2013 County Health Rankings

¹⁸ Ibid

Key Stakeholder Interviews

INTRODUCTION:

Tripp Umbach worked collaboratively with the United Hospital System leadership to develop a list of community stakeholders. Stakeholders were selected based on their involvement within the community and their participation in overall community health. The following qualitative data were gathered during individual interviews with six stakeholders of the United Hospital System community between April and May 2013. Leaders whom were targeted for interviews encompassed a wide variety of professional backgrounds including persons with special knowledge of or expertise in public health; federal, tribal, regional, state, or local health or other departments or agencies with current data or other information relevant to the health needs of the community served by the hospital facility; and leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility.

DATA COLLECTION:

Each interview was conducted by a Tripp Umbach consultant and lasted approximately 60 minutes. All respondents were asked the same set of questions developed by Tripp Umbach. The purpose of these interviews was to allow stakeholders to identify health issues and concerns affecting residents in the United Hospital System service area, as well as ways to address those concerns. The interviews also offered community leaders an opportunity to provide feedback regarding the needs of the United Hospital System community, secondary data resources, and other information relevant to the study.

This report represents a section of the overall community health needs assessment project completed by Tripp Umbach. The six stakeholders identified the following problems and/or barriers among residents in the United Hospital System community:

PROBLEM IDENTIFICATION:

Community stakeholders discussed two overall health issues and concerns in their communities. In random order these were:

1. Access to Healthcare Services (Primary, Preventive, and Dental)

2. Senior Services (quality, access, and supports)
3. Mental Health and Substance Abuse Services
4. Behaviors that Impact Health
5. Clinical Health Issues

ACCESS TO HEALTHCARE SERVICES (PRIMARY, PREVENTIVE AND DENTAL):

Contributing Factors:

- Not all residents have access to affordable healthcare due to a lack of access to health insurance, limited access to employer benefits, eligibility cutoffs for Medicaid, provider acceptance of Medicaid, Medicaid reimbursement rates, ability to afford uninsured care, and residents' awareness of available services.
- Under/uninsured dental care is limited to the FQHC in Kenosha, which has begun charging a \$25 co-pay for dental care.
- There are not enough providers with higher provider-to-resident ratios in Kenosha county.
- Medicaid expansion issues and the impact on working adults earning a low income that are at 200% of the poverty level.
- Transportation that is user-friendly for seniors, single parents, and persons with disabilities is not always available to and from medical appointments.

SENIOR SERVICES (QUALITY, ACCESS, AND SUPPORTS):

Contributing Factors:

- Senior Care and (i.e., in-home, long-term acute care services, etc.) often have higher turn-over rates in staff and lower quality care due to lower wages resulting from Medicaid dependence, which can lead to higher re-admittance rates.
- A need for support services for the "sandwich generation" to care for seniors so they can remain at home and independent.
- A need for Geriatric mental health services related to dementia and grief.

- Community services related to developing a living will, dealing with end of life issues, and improving quality of life as residents age.

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES:

Contributing Factors:

- Access to mental health and substance abuse services are limited due to a limited number of providers (hospital beds for crisis stabilization, psychiatrist, pediatric providers, etc.); limitations of insurance (i.e., Medicaid has limited access to outpatient services and private-pay insurance carriers have limited access to crisis stabilization) causing lengthy waits for services (i.e., two to three months).
- Residents resist seeking treatment due to the stigma.
- Many residents are self-medicating with heroin, prescription medications, alcohol, etc., leading to increased poly substance abuse overdosing.
- There are not residential treatment services for substance abuse detoxification, leading to a higher rate of recidivism of patients requiring detoxification at local hospitals due to a lack of therapeutic supports.
- There is a limited continuum of care including preventive services in the county for adults and juveniles.

BEHAVIORS THAT IMPACT HEALTH:

Contributing Factors:

- Senior Care and (i.e., in-home, long-term acute care services, etc.) often have higher turn-over rates in staff and lower quality care due to lower wages resulting from Medicaid dependence, which can lead to higher re-admittance rates.
- A need for support services for the “sandwich generation” to care for seniors so they can remain at home and independent.
- A need for Geriatric mental health services related to dementia and grief.

- Community services related to developing a living will, dealing with end of life issues, and improving quality of life as residents age.

CLINICAL HEALTH ISSUES:

Contributing Factors:

- Infant mortality rates among African Americans
- Obesity related to access to healthy nutrition, the built environment, dietary choices, etc.
- Smoking related to clinical issues
- Overdosing related to substance abuse

Secondary Data

Tripp Umbach worked collaboratively with United Hospital System to develop a secondary data process focused on three phases: collection, analysis, and evaluation. Tripp Umbach obtained information on the demographics, mental health status, socio-economic, and environmental factors related to the health and the needs of residents from the United Hospital System community. The process developed accurate comparisons to the state baseline of mental health measures utilizing the most current validated data (See appendix B for a complete secondary data profile):

- ❑ **Demographics** – U.S. Census
- ❑ **County Health Rankings** – Robert Wood Johnson Foundation and the University of Wisconsin
- ❑ **Cancer Profile** – CDC National Cancer Institute, State Cancer Profiles
- ❑ **CDC Health Trends** – CDC Department of Health and Human Services, Diabetes Data & Trends
- ❑ **Substance Abuse and Mental Health** – Substance Abuse and Mental Health Services Administration (SAMHSA)

Secondary Data Key Findings:

- ✓ The rate of uninsured individuals in Kenosha county is 11.1%, which is higher than the rate seen for the state (9.2%), but lower than the national rate (15.2%). Additionally, Kenosha County reports higher rates of uninsured individuals across all age ranges than is seen for the state. Similar to the state and the nation, males in Kenosha County are more likely to be uninsured than females. Individuals who report two or more races have the highest uninsured rates across all of the racial categories in Kenosha County, the state, and the nation. After individuals of multiple races, Kenosha County sees high rates of uninsured American Indian and Alaska Native individuals (28.5%), higher than the rate seen across the state (21%).¹⁹

¹⁹ U.S. Census, 2011 American Community Survey

- ✓ Kenosha County has fewer PCPs and dentists per individual than is seen for the state; however, the rates are not drastically out of line.²⁰
- ✓ Kenosha County shows a slightly lower percentage of Seniors 65+ years old (11%) than the state (14%).²¹ Additionally, Kenosha County shows higher rates of children aged 5 to 19 years old than is seen for the state or nationally.
- ✓ The largest percentage of the population in Kenosha County (also seen for Wisconsin and the country) is individuals aged 45 to 54 years old. Kenosha County shows lower rates of older individuals than the state or country; the rate of those aged 55 years old and above in Kenosha County is consistently lower for all of the age breakdowns above age 55.²²
- ✓ The rate of mental health providers in Kenosha county is drastically lower than the rate seen for the state. There is one mental health provider for every 7,937 residents of Kenosha County, while there is one provider for every 2,714 residents in the state of Wisconsin.²³
- ✓ While the southeastern Region of WI, which includes Kenosha County, shows lower rates of all of the mental illness measures (any mental illness, serious mental illness, thoughts of suicide, or major depressive episodes) than is seen across Wisconsin, they display evidence of higher rates than the state for substance use measures for Alcohol Use (65.5% for SE, 62.67% for WI) and Non-Medical Use of Pain Relievers (4.88% for SE, 4.83% for WI). Additionally, the Southeastern region of Wisconsin shows a lower rate of binge alcohol use, but a higher rate of general alcohol use as compared with the state of Wisconsin. Fewer residents of the Southeastern region of Wisconsin report a perception of risk in having more than five drinks per week (34.37% in SE, 35.16% in WI). However, fewer residents of the Southeastern region of WI report needing but not receiving treatment for alcohol use than is seen for the state.²⁴

²⁰ 2013 County Health Rankings

²¹ Ibid

²² U.S. Census, 2011 American Community Survey

²³ 2013 County Health Rankings

²⁴ SAMHSA. 2008-2010 NSDUH Substate Estimates of Substance Use and Mental Disorders.

- ✓ According to County Health rankings, the ‘healthiest’ ranking that Kenosha County sees is for Alcohol Use with a ranking of 18 out of 72 counties.²⁵
- ✓ In Kenosha County, 12% of adult residents of adults who could not see a doctor in the past 12 months because of cost, which is slightly higher than the state average (9%).²⁶
- ✓ From 2004 to 2009, rates of physical inactivity, obesity, and diabetes have gradually risen in Kenosha County, WI (obesity saw a slight dip in the years 2007 to 2008, but has risen back to pre-2007 levels). For Kenosha County in 2009, 23.3% of the adults report being physically inactive, 28.3% are obese, and 7.9% have diabetes. The year 2009 (most recent data) shows the highest rates of diabetes and physical inactivity since 2004.²⁷
- ✓ Kenosha County shows a higher rate of residents that smoke (22%) than the state (19%) and nation (13%).²⁸
- ✓ More than 1 in 4 residents are considered obese in Kenosha County (29%), which is equal to the state and slightly higher than the national average (25%).²⁹
- ✓ Kenosha County has a higher percentage of low-income residents that do not live near a grocery store when compared to the state (5%) and national (1%) averages.³⁰
- ✓ While Lung and Bronchus Cancers are the most prevalent across all of the cancer types for Kenosha County, Wisconsin, and the U.S., Kenosha County reports a rate of 59.1 deaths per 100,000 for Lung or Bronchus Cancer, this rate is higher than the rates seen for the state (47.6) or the country (50.6). Healthy People 2020 has set a goal of 45.5 deaths per 100,000 pop. by the year 2020.³¹

²⁵ 2013 County Health Rankings

²⁶ Ibid

²⁷ Department of Health and Human Services, CDC Diabetes Data & Trends.

²⁸ 2013 County Health Rankings

²⁹ Ibid

³⁰ Ibid

³¹ www.healthypeople.gov

- ✓ Kenosha County is the fourth worst county for the morbidity measure which takes into consideration an individual's number of either physically or mentally unhealthy days as well as low birth weight.³²
- ✓ The Wisconsin Department of Health services reports infant mortality data at the county level through the Wisconsin Interactive Statistics on Health (WISH) data system. National data was supplemented from the National Center for Health Statistics report on 'Recent Declines in Infant Mortality in the United States, 2005-2011'. Other than a drastic rise in the infant mortality rate in 2008, Kenosha County consistently reports lower infant mortality rates than are seen for the state of Wisconsin or the nation. In 2010, infant mortality rates were at their lowest rates for the state and nation, with the rate declining to 4.9% for Kenosha County, 5.7% for Wisconsin, and 6.15% for the U.S. The trend of declining infant mortality rates is being seen for Kenosha County, Wisconsin, and the U.S. (from 2008 to 2010).³³
- ✓ According to the Kenosha Lifecourse Initiative for Healthy Families, African Americans represent over six percent (6.6%) of Kenosha County and 10 percent (10.0%) of the population in the city of Kenosha. Kenosha has persistently high rates of health disparities among African American(s). Low birth weight and prematurity are leading causes of infant mortality.³⁴
- ✓ Kenosha County is ranked among the top 10 most unhealthy counties in Wisconsin (ranked 66 out of 72 counties in the state).³⁵
- ✓ Kenosha County displays a higher rate of preventable hospital stays (76 per 100,000 pop.) than the state (55 per 100,000 pop.) and the nation (47 per 100,000 pop.).³⁶

For a complete secondary data profile please see Appendix A

³² 2013 County Health Rankings

³³ WISH Data System, NCHS Data Brief

³⁴ Kenosha Lifecourse Initiative for Healthy Families. Community Action Plan (January, 2012)

³⁵ 2013 County Health Rankings

³⁶ Ibid

Community Health Needs Identification, Prioritization and Implementation Planning Meeting

The following qualitative and informational data were presented during a meeting held on May 28, 2013 with United Hospital System leadership held for the purpose of identifying, prioritizing and developing and implementation plan regarding community health needs.

The consultant presented the results from the secondary data analysis and key stakeholder interviews and used these findings to engage the hospital leaders in a group discussion. The hospital leaders were asked to share their vision for the community, discuss a plan for health improvement in their community, and select the needs that they felt the hospital could address and assist the community in resolving and those that they felt the hospital would not be well positioned or qualified to help resolve.

During the process, hospital leaders discussed community health needs that centered around three themes: 1) Access to health services (Transportation, primary, preventive, dental and mental healthcare); 2) Infant mortality; and 3) Senior services.

During the process, hospital leaders were asked to ascertain the needs that were identified through the assessment process that they did not feel they could meet and provide a rationale for the decisions. The following is a list of those needs that were identified as not being met by the hospital during this reporting period, including a rationale for those decisions.

1. Dental Healthcare:

- a. While hospital leaders are interested in this issue, and are interested in further evaluating the barriers that uninsured residents experience when seeking dental healthcare services, there is a local FQHC provider of uninsured dental healthcare. United Hospital System does not offer as one of its existing service lines dental healthcare. Because the primary needs within the community have dictated that financial and human resources within United Hospital System are utilized for diagnostic and therapeutic medical and surgical care, the hospital leaders determined that dental healthcare services could be better met by existing providers, allowing the of available resources to remain focused on the System's existing services. However, the need as identified has increased awareness and may be further evaluated as resources are available.

2. Mental health services:

- a. While hospital leaders are interested in this issue and intend to reevaluate the need, there are 21 organizations offering mental health services in the community. Other than medical stabilization of patients presenting with acute mental health issues, United Hospital System does not currently offer mental health services on site. United Hospital System is interested in continuing to evaluate the need for mental health services in the community and will continue to consider the most sustainable methods that it may offer to address the need for mental health services.

Hospital leaders believe the following health needs are those to which United Hospital System is best positioned to dedicate financial and human resources to address within their community.

1. Barriers to accessing primary health services

- ✓ *Assess and address barriers to Primary Care Practitioner Services and implement strategies that will improve access*

2. Preventive education and screening

- ✓ *Expand and target education program methods and offerings to reach a larger audience in at risk groups*

3. Infant mortality

- ✓ *Actively participate in efforts to reduce infant mortality in the community*

4. Quality of care and preventable readmissions

- ✓ *Decrease the rate of preventable readmissions for patients with congestive heart failure*

5. On-site senior centered services (i.e., end-of life and advanced directives)

- ✓ *Increase the percentage of hospitalized patients who have a completed advance directive*

6. Transportation for medical appointments

- ✓ *Reduce the percent of missed medical appointments at United Hospital System*



APPENDIX A

Secondary Data Profile

UNITED HOSPITAL SYSTEM
April-May 2013

Secondary Data Profile



UNITED HOSPITAL SYSTEM
COMMUNITY HEALTH NEEDS
ASSESSMENT (CHNA)
SECONDARY DATA PROFILE

UNITED
HOSPITAL SYSTEM

TrippUmbach
Research • Strategy • Impact

May, 2013

Secondary Data Profile

Secondary Data Sources

2



- ❑ **Demographics** – U.S. Census
- ❑ **County Health Rankings** – Robert Wood Johnson Foundation and the University of Wisconsin
- ❑ **Cancer Profile** – CDC National Cancer Institute, State Cancer Profiles
- ❑ **CDC Health Trends** – CDC Department of Health and Human Services, Diabetes Data & Trends
- ❑ **Substance Abuse and Mental Health** – Substance Abuse and Mental Health Services Administration (SAMHSA)

Demographics

3



- ❑ Similar to national trends, Wisconsin is projected to see an increase in population (7.4% from 2010 to 2030); however, also similar to national trends, the rates of younger individuals (aged 18 and under) will decline, while the rates of older individuals (aged 65 and older) will continue to rise.
- ❑ When compared to the state and national rates, Kenosha County reports higher rates of younger individuals than older individuals.
- ❑ Kenosha County reports higher rates of many of the minority populations (Black or African-Americans, Asian or Pacific Islanders, other races and mixed-race individuals) than is seen across the state; however, the rates of minorities in Kenosha County and Wisconsin are much lower than are seen across the country.
- ❑ 11.4% of the population in Kenosha County identify as Hispanic or Latino, this rate is higher than is seen for the state, but lower than is seen for the country.
- ❑ In Kenosha County, individuals are most likely to achieve a high school diploma or some college education than a Bachelor's degree or above. However, Kenosha County shows a lower rate of individuals without a high school diploma than is seen across the state or nationally.

Demographics

4



- ❑ Individuals in Kenosha County are most likely to work in management/business/science/arts occupations. Kenosha County also shows a higher rate of individuals in the sales and office occupations than is seen nationally or state-wide.
- ❑ The median household income in Kenosha County is \$54,846; this is higher than is seen for the state or the nation.
- ❑ Kenosha County shows a higher unemployment rate (9.4%) than the state (7.1%) or nation (8.7%).
- ❑ 11.1% of the population of Kenosha County is uninsured. Individuals who report themselves as two or more races see the highest rate of no insurance coverage.
- ❑ Kenosha County shows a higher rate of households receiving food stamps than is seen for the state or the country.
- ❑ Kenosha County shows the lowest poverty rate (11.2%) when compared with the state (11.5%) or the nation (13.4%).

Population

5

	Wisconsin	U.S.
2000 Population	5,363,675	281,421,906
2010 Estimated Population	5,727,426	308,935,581
2030 Projected Population	6,150,764	363,584,435
% change from 2010 to 2030	+ 7.4%	+ 17.7%

- ❑ Wisconsin reports a projected 7.4% increase in overall population between the years of 2010 and 2030.
- ❑ While this rate is impressive, it is not as large as the rate seen across the entire United States (17.7%).

Source: U.S. Census; 2005 Interim State Population Projections

Population

6

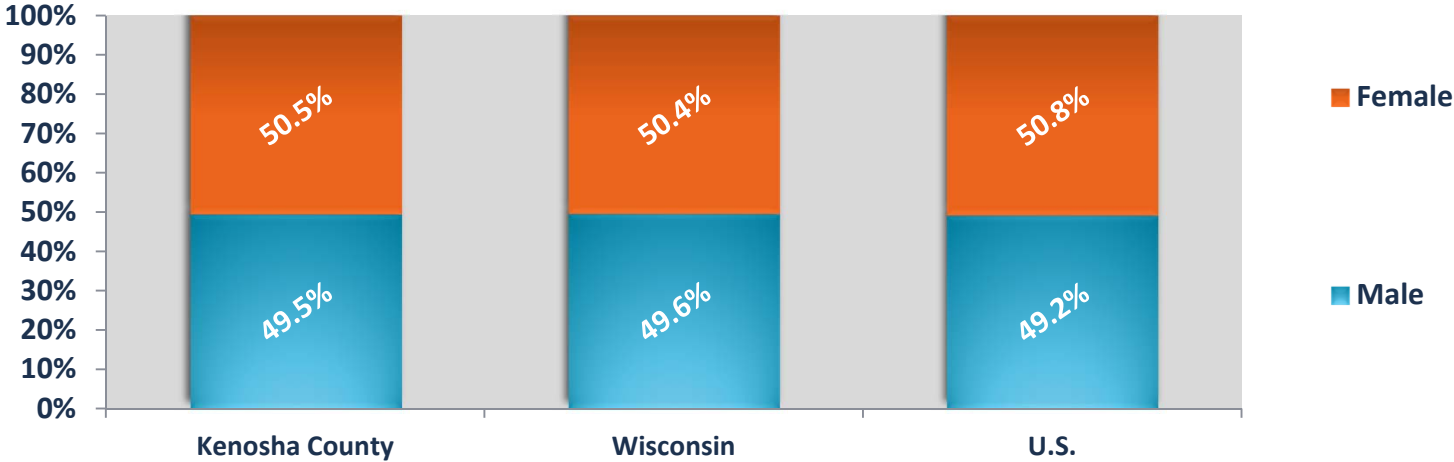
Population 18 and Under	Wisconsin	U.S.
2010 Population 18 and under (%)	23.0%	24.1%
2030 Projected Population 18 and under (%)	22.2%	23.6%
% change from 2010 to 2030	- 0.8%	- 0.5%

Population 65 and Older	Wisconsin	U.S.
2010 Population 65 and older (%)	13.5%	13.0%
2030 Projected Population 65 and older (%)	21.3%	19.7%
% change from 2010 to 2030	+ 7.8%	+ 6.7%

- **Similar to trends seen nationally, Wisconsin shows a projected decline in the population aged 18 and under from 2010 to 2030 (0.8%) and a rise in population aged 65 and older (7.8%); both rates seen for Wisconsin are larger than is projected to occur nationally.**

Source: U.S. Census; 2005 Interim State Population Projections

Gender

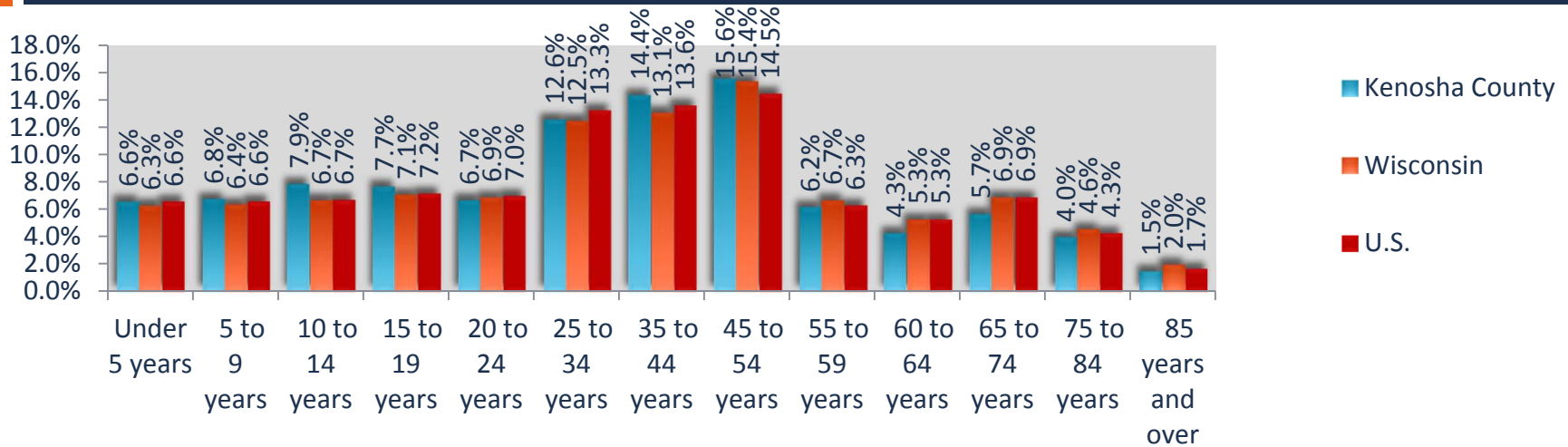


□ The gender divide in Kenosha County is consistent with that of Wisconsin and the United States, showing slightly more women than men.

Source: U.S. Census, 2011
American Community Survey

Age

8

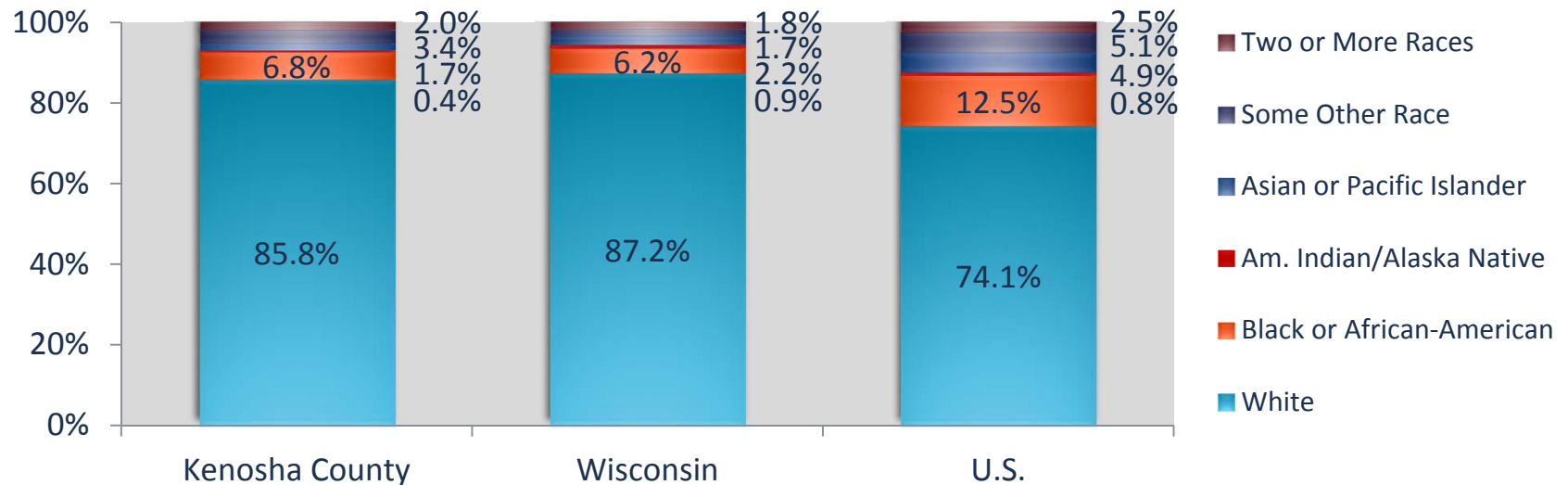


- ❑ Kenosha County shows higher rates of children aged 5 to 19 than is seen for the state or nationally.
- ❑ The largest percentage of the population in Kenosha County (also seen for Wisconsin and the country) is individuals aged 45 to 54 years old.
- ❑ Kenosha County shows lower rates of older individuals than the state or country; the rate of those aged 55 and above in Kenosha County is consistently lower for all of the age breakdowns above age 55.

Source: U.S. Census, 2011
American Community Survey

Race

9

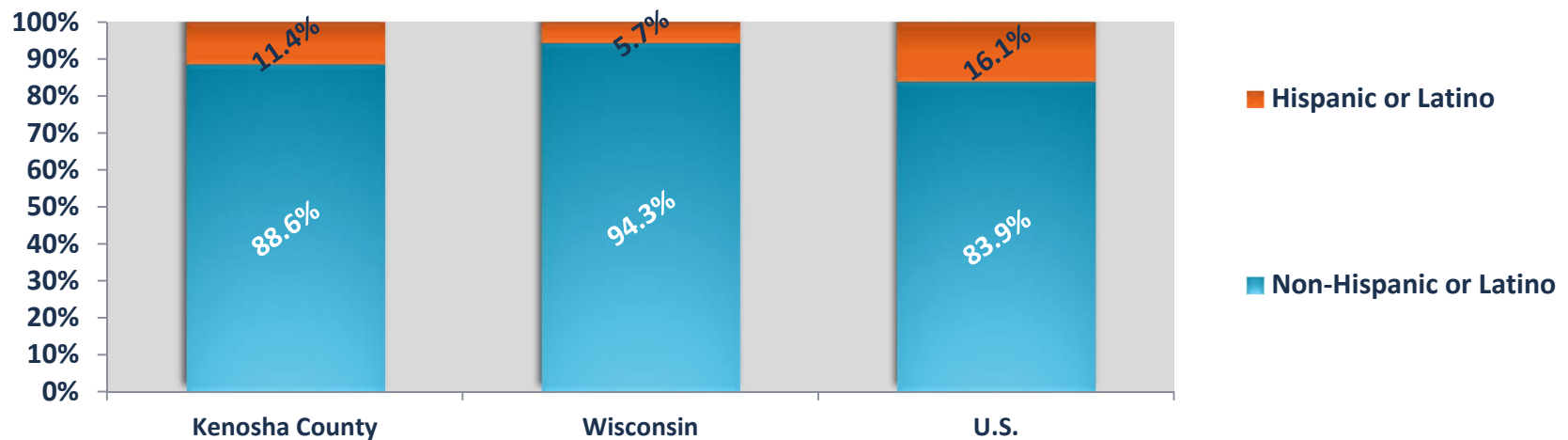


- Kenosha County reports a consistent race breakdown to the state and the U.S. in terms of a majority White population (85.8%).
- Kenosha County shows a higher Black or African-American population than is seen across the state (6.8%).
- Kenosha County reports a much lower rate of American Indian or Alaska Native individuals than is seen statewide or nationally (0.4%).

Source: U.S. Census, 2011
American Community Survey

Ethnicity

10



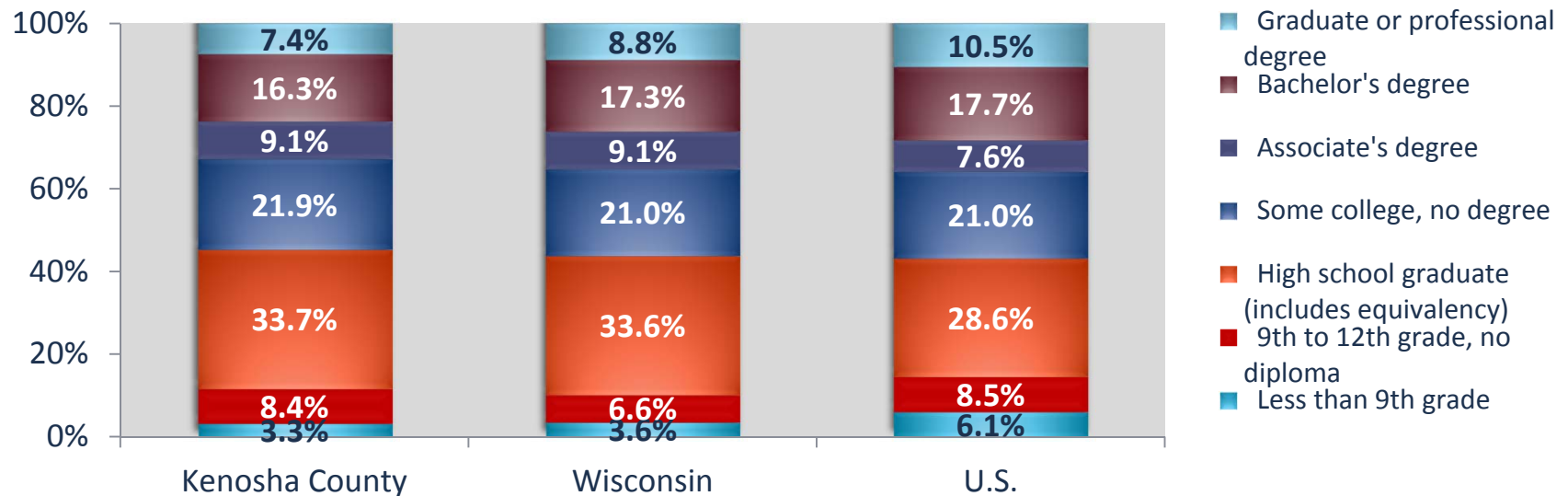
- ❑ The state of Wisconsin reports, on average, a much lower rate of Hispanic or Latino individuals (only 5.7% while the country reports 16.1%).
- ❑ Kenosha County, however, reports a more similar rate of Hispanic or Latino individuals to what is seen nationally (11.4%).

Source: U.S. Census, 2011
American Community Survey

Educational Attainment

(Population aged 25 and older)

11

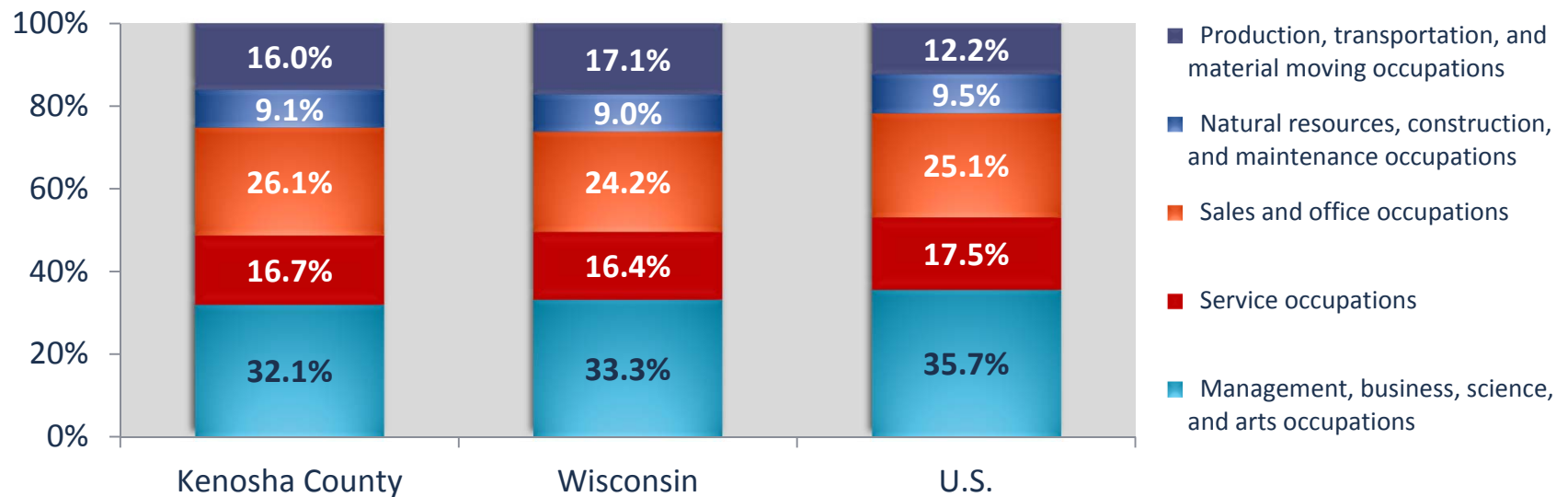


- Kenosha County shows a larger size of their population that has a high school degree than is seen across the state or nationally (33.7%).
- However, Kenosha County shows the lowest rate of individuals who have received a graduate or professional degree compared with the state and country. This equates to a large population with a high school degree and some college, but lower rates of Bachelor's or Graduate degrees.

Source: U.S. Census, 2011
American Community Survey

Occupation

(Civilian employed population 16 years and older)

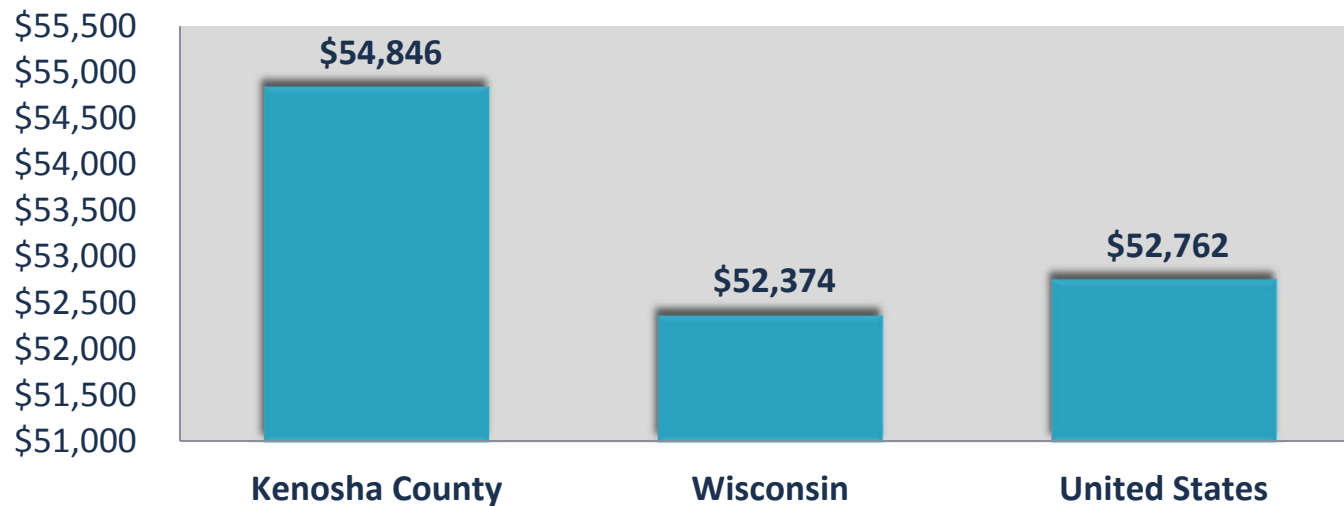


- Kenosha County sees their largest occupation type as Management, business, science, and arts (32.1%); this is consistent with what is seen statewide and nationally.
- Kenosha County sees higher rates of individuals in sales and office occupations than is seen across the state and nationally.

Source: U.S. Census, 2011
American Community Survey

Median Family Household Income

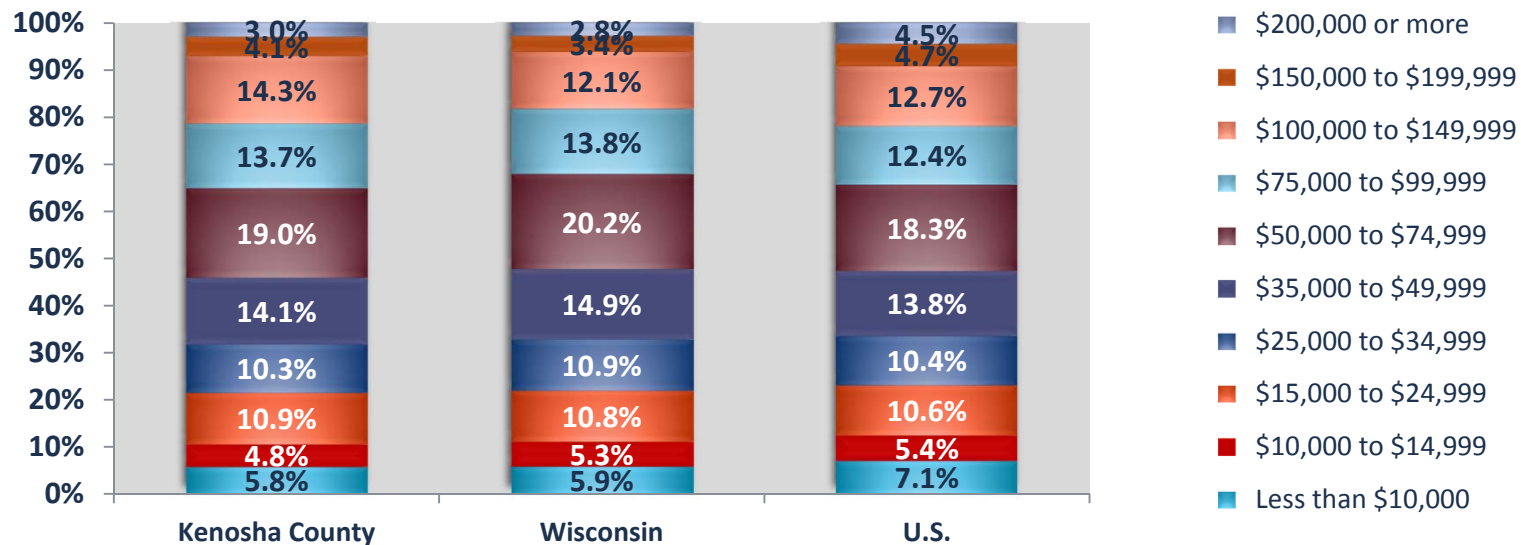
13



- Kenosha County sees a higher median income than is reported for the state or the nation at \$54,846.
- Income is highly related to access to healthcare.

Source: U.S. Census, 2011
American Community Survey

Household Income Detail



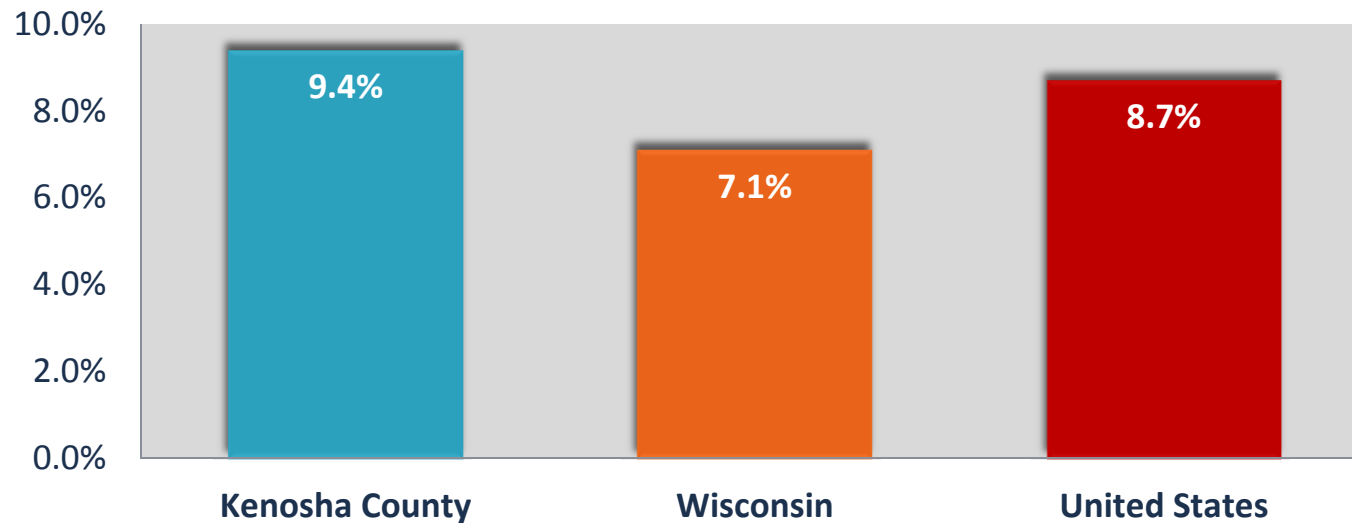
- Kenosha County reports a higher rate of households earning \$100,000 to \$149,999 than is seen for Wisconsin or the U.S. (14.3%).
- At the same time, Kenosha County sees lower rates of household incomes below \$15,000 than is seen for the state or nation.

Source: U.S. Census, 2011
American Community Survey

Unemployment

(In the civilian labor force, not including Armed forces and those not in the labor force, aged 16 and older)

15



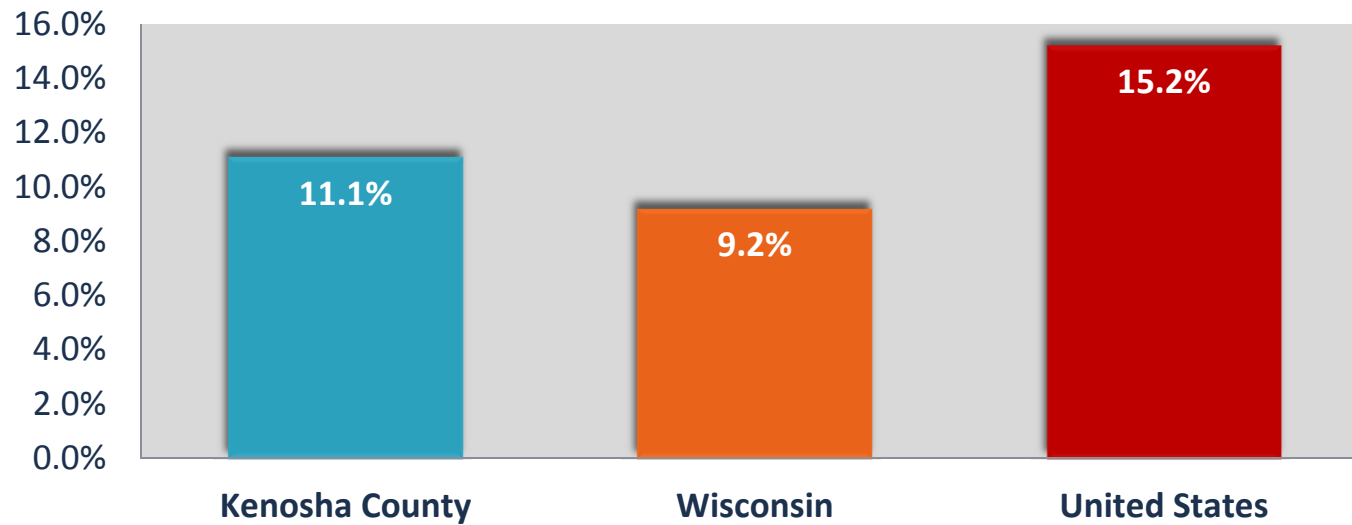
- Unemployment in Kenosha County is close to one in every 10 eligible workers (9.4%). This rate is higher than the state rate (7.1%) and the rate seen across the country (8.7%).

Source: U.S. Census, 2011
American Community Survey

Uninsured

(Total civilian non-institutionalized population)

16



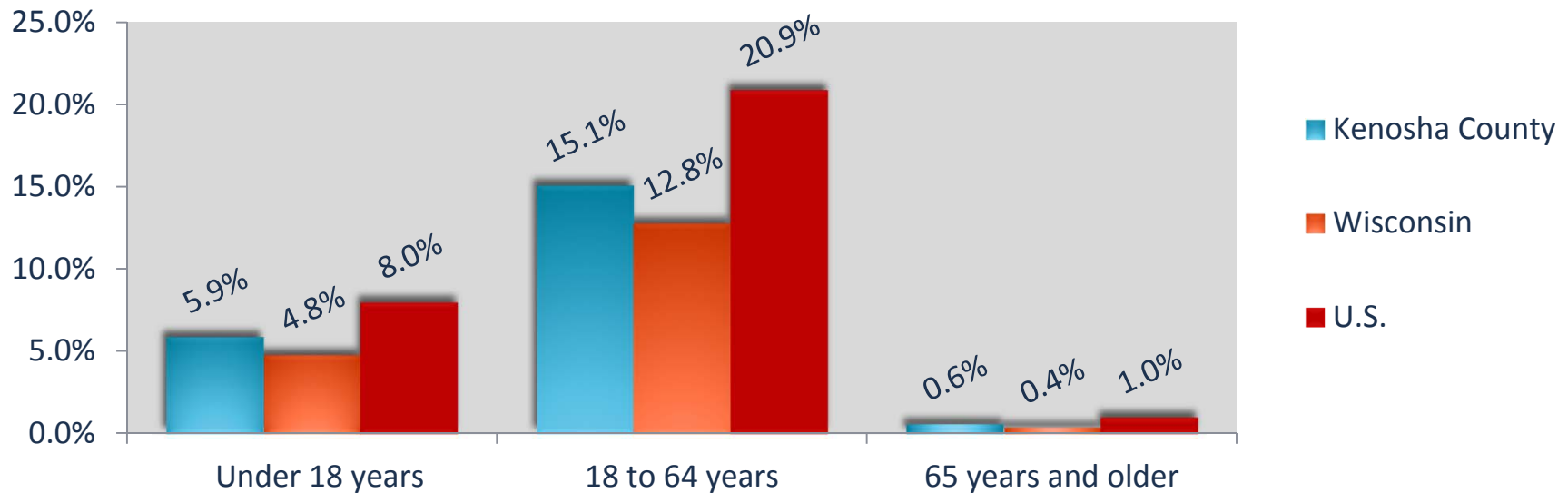
- The rate of uninsured individuals in Kenosha county is 11.1%.
- This rate is higher than the rate seen for the state (9.2%), but lower than the national rate (15.2%).

Source: U.S. Census, 2011
American Community Survey

Uninsured by Age

(Total civilian non-institutionalized population)

17



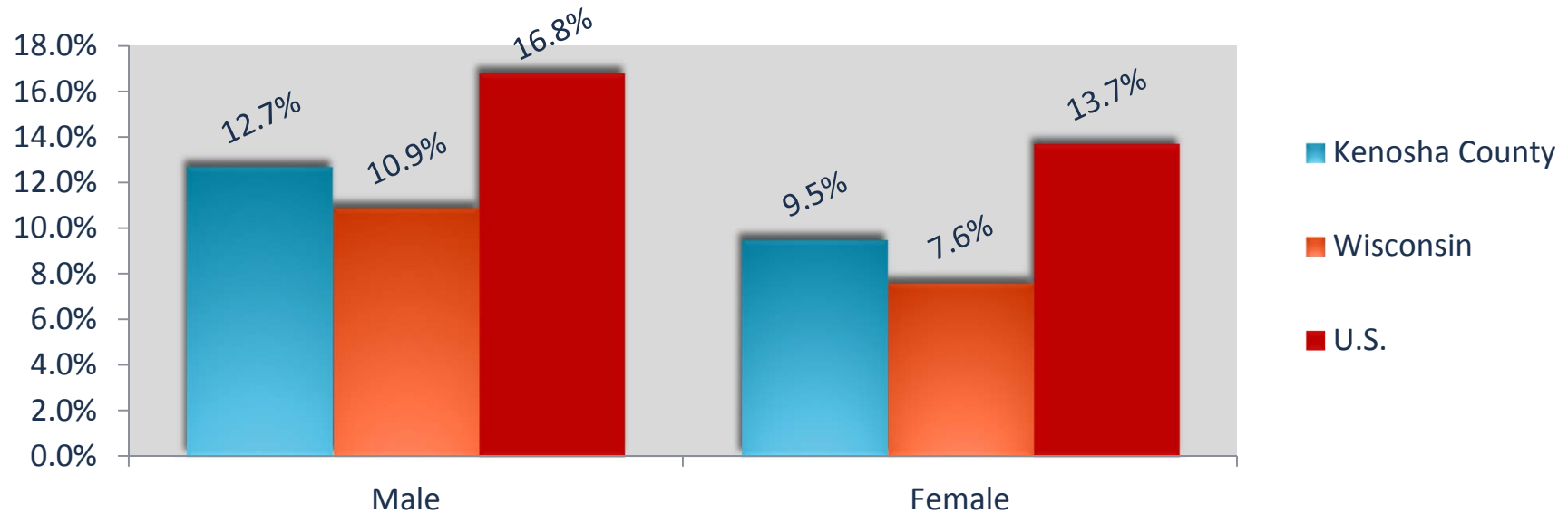
- Kenosha County reports higher rates of uninsured individuals across all age ranges than is seen for the state.
- Of individuals under the age of 18, 5.9% of those in Kenosha County are uninsured.

Source: U.S. Census, 2011
American Community Survey

Uninsured by Gender

(Total civilian non-institutionalized population)

18

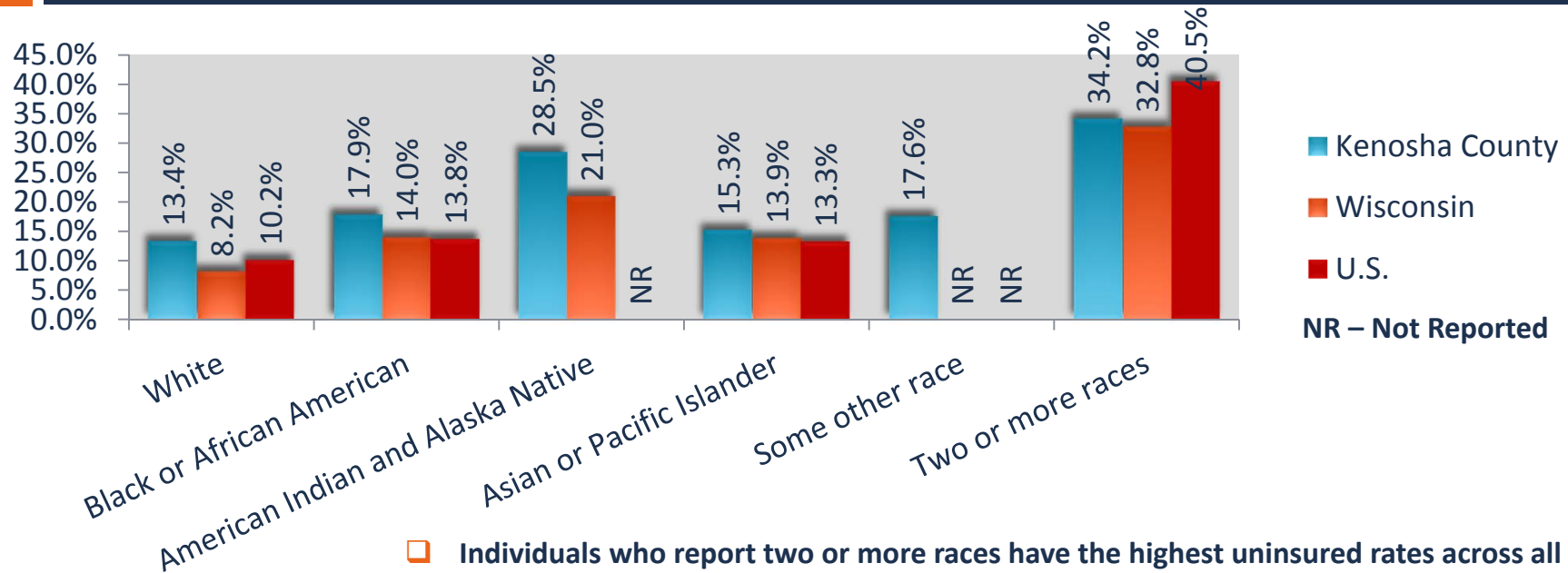


- Males in Kenosha County are more likely to be uninsured than females. This trend is also seen across the state and nation.

Source: U.S. Census, 2011
American Community Survey

Uninsured by Race

(Total civilian non-institutionalized population)



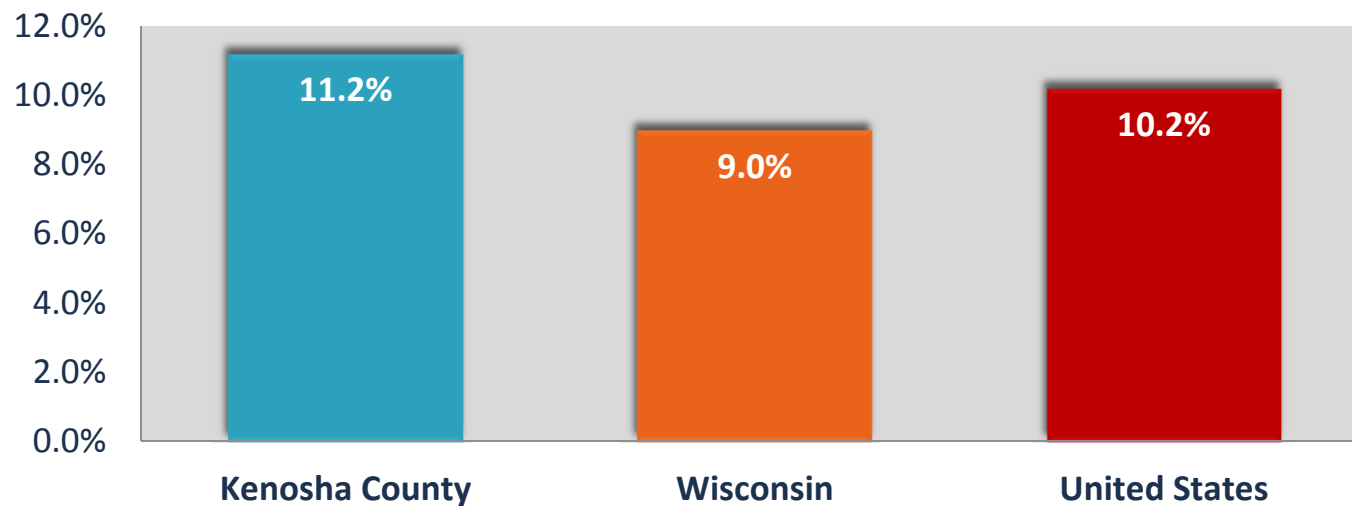
- Individuals who report two or more races have the highest uninsured rates across all of the racial categories in Kenosha County, the state, and the nation.
- After individuals of multiple races, Kenosha County sees high rates of uninsured American Indian and Alaska Native individuals (28.5%), higher than the rate seen across the state (21%).

Source: U.S. Census, 2011
American Community Survey

Public Assistance

(Households receiving food stamps)

20

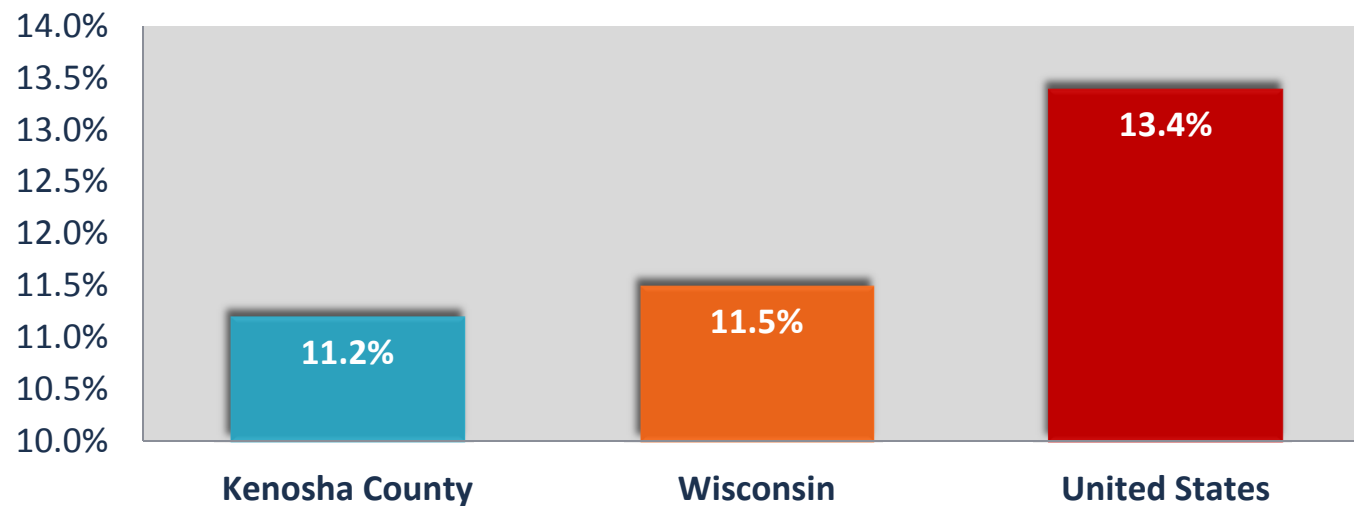


- ❑ Kenosha County reports a higher rate of individuals receiving food stamps than is seen across Wisconsin or the U.S. (11.2%). More than one in every nine individuals living in Kenosha County receives food stamps.
- ❑ Wisconsin overall, reports a lower rate of individuals receiving food stamps than is seen nationally.

Source: U.S. Census, 2011
American Community Survey

Poverty Rate

21



- Kenosha county sees a lower rate of individuals living below the federal poverty level than is seen within Wisconsin or across the nation. However, more than one in every nine individuals in Kenosha County lives in poverty.

Source: U.S. Census, 2011
American Community Survey

County Health Rankings

22

- ❑ The County Health Rankings show that where we live impacts our health status. The health of a community depends on many different factors – from individual health behaviors, education and jobs, to quality of healthcare and the environment. The rankings help community leaders see that where we live, learn, work, and play influences how healthy we are and how long we live.
- ❑ The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH) project. MATCH is the collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The rankings identify the multiple health factors that determine a county's health status. Each county receives a summary rank for its health outcomes and health factors – the four different types of health factors include: health behaviors, clinical care, social and economic factors, and the physical environment. The Rankings are a real “Call-to-Action” for state and local health departments to develop broad-based solutions with others in their community so all residents can be healthy. But efforts will also be made to mobilize community leaders outside the public health sector to take action and invest in programs and policy changes that address barriers to good health and help residents lead healthier lives. Other community leaders may include: educators; elected and appointed officials, including mayors, governors, health commissioners, city/county councils, legislators, and staff; business owners; and the healthcare sector.

Source: 2013 County Health Rankings

A collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

County Health Rankings

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- ❑ Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the Rankings help counties understand what influences how healthy residents are and how long they will live. The Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity, and teen births. The Rankings, based on the latest data publically available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health.

- ❑ Counties in each of the 50 states are ranked according to summaries of the 37 health measures. Those having ranks such as 1 or 2 are considered to be the “healthiest.” Counties are ranked relative to the health of other counties in the same state on the following summary measures:
 - ❑ Health Outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
 - ❑ Health Factors – rankings are based on weighted scores of four types of factors:
 - Health behaviors (six measures)
 - Clinical care (five measures)
 - Social and economic (seven measures)
 - Physical environment (four measures)

Source: 2013 County Health Rankings

A collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

County Health Rankings

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- ❑ Data across 37 various health measures is used to calculate the Health Ranking.
- ❑ The measures include:
 - Mortality
 - Morbidity
 - Tobacco Use
 - Diet and Exercise
 - Alcohol Use
 - Sexual Behavior
 - Access to care
 - Quality of care
 - Education
 - Employment
 - Income
 - Family and Social support
 - Community Safety
 - Environmental quality
 - Built environment
 - Population
 - % below 18 years of age
 - % 65 and older
 - % African American
 - % American Indian and Alaskan Native
 - % Asian
 - % Native Hawaiian/Other Pacific Islander
 - % Hispanic
 - % not proficient in English
 - % female
 - % rural
 - % diabetic
 - HIV rate
 - Binge drinking
 - Physical Inactivity
 - Mental health providers
 - Median household income
 - % with high housing costs
 - % of children eligible for free lunch
 - % illiterate
 - Liquor store density
 - % of labor force that drives alone to work

Source: 2013 County Health Rankings

A collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

County Health Rankings – Health Outcomes

Health Outcomes	Measure	Data Source	Years of Data
Mortality	Premature Death	National Center for Health Statistics	2008-2010
Morbidity	Poor or Fair Health	Behavioral Risk Factor Surveillance System	2005-2011
	Poor Physical Health Days	Behavioral Risk Factor Surveillance System	2005-2011
	Poor Mental Health Days	Behavioral Risk Factor Surveillance System	2005-2011
	Low Birth Weight	National Center for Health Statistics	2004-2010

Source: 2013 County Health Rankings

A collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

County Health Rankings – Health Behavior

Health Behavior	Measure	Data Source	Years of Data
Tobacco Use	Adult Smoking	Behavioral Risk Factor Surveillance System	2005-2011
Diet and Exercise	Adult Obesity Physical Inactivity	National Center for Chronic Disease Prevention and Health Promotion National Center for Chronic Disease Prevention and Health Promotion, calculated from BRFSS	2009
Alcohol Use	Excessive Drinking Motor Vehicle Crash Death Rate	Behavioral Risk Factor Surveillance System National Center for Health Statistics	2005-2011 2004-2010
Sexual Activity	Sexually Transmitted Infections Teen Birth Rate	National Center for Hepatitis, HIV, STD, and TB Prevention National Center for Health Statistics	2010 2004-2010

Source: 2013 County Health Rankings

A collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

County Health Rankings – Clinical Care

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Clinical Care	Measure	Data Source	Years of Data
Access to Care	Uninsured Primary Care Physicians	Small Area Health Insurance Estimates Health Resources & Services Administration	2010 2011-2012
Quality of Care	Preventable Hospital Stays Diabetic Screening Mammography	Medicare/Dartmouth Institute	2010

Source: 2013 County Health Rankings

A collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

County Health Rankings – Social and Economic Factors

Social and Economic Factors	Measure	Data Source	Years of Data
Education	High School Graduation Some College	National Center for Education Statistics and State-Specific Sources American Community Survey	2008-2010 2007-2011
Employment	Unemployment	Bureau of Labor Statistics	2011
Income	Children in Poverty	Small Area Income and Poverty Estimates	2011
Family and Social Support	Inadequate Social Support Children in Single-Parent Household	Behavioral Risk Factor Surveillance System American Community Survey	2005-2010 2007-2011
Community Safety	Violent Crime Rates	Federal Bureau of Investigation	2008-2010

Source: 2013 County Health Rankings

A collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

County Health Rankings – Physical Environment

Physical Environment	Measure	Data Source	Years of Data
Environmental Quality	Daily particulate matter days Drinking water safety	U.S. Environmental Protection Agency	2008
Built Environment	Access to Recreational Facilities Limited Access to Health Foods Fast Food Restaurants	Census County Business Patterns U.S.D.A. Environmental Food Atlas Census County Business Patterns	2010 2012 2010

Source: 2013 County Health Rankings

A collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

County Health Rankings

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□ Key Findings:

- Wisconsin includes 72 ranked counties through the County Health Rankings database. Therefore, a ranking of 1 indicates the healthiest county and a ranking of 72 indicates the unhealthiest county.
- Of the 22 measures, Kenosha County ranks in the top 10 'unhealthiest' counties for six of the measures; health outcomes, morbidity, physical environment, sexual activity, quality of care, and environmental quality.
- Kenosha county shows 18 of the 22 measures above the median for the scale (36 for Wisconsin).
- The 'healthiest' ranking that Kenosha County sees is for Alcohol Use with a ranking of 18.
- Kenosha County is the fourth worst county for the morbidity measure which takes into consideration an individual's number of either physically or mentally unhealthy days as well as low birth weight.
- Kenosha County has similar rates of Dentists as is seen for the state, but fewer PCPs and many fewer mental health providers than is seen across the state.



County Health Rankings Data

County	Health Outcomes	Health Factors	Mortality	Morbidity	Health Behaviors	Clinical Care	Social and Economic Factors	Physical Environment
Kenosha	66	61	56	69	40	62	55	65

County	Tobacco Use	Diet and Exercise	Alcohol Use	Sexual Activity	Access to Care	Quality of Care
Kenosha	56	26	18	67	46	65

County	Education	Employment	Income	Family and Social Support	Community Safety	Environmental Quality	Built Environment
Kenosha	62	53	39	35	62	66	58

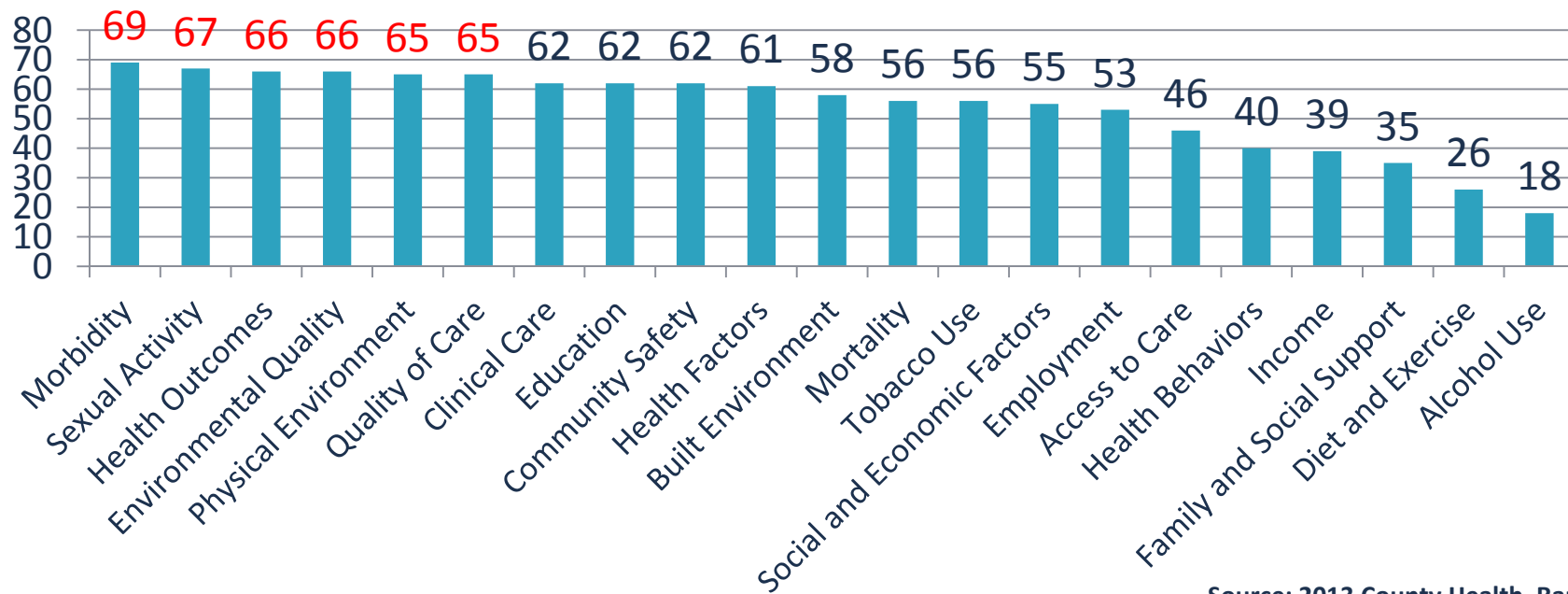
Blue text indicates a rank in the top 10 (good ranking).

Red text indicates a rank in the bottom 10 (poor ranking).

Source: 2013 County Health Rankings

County Health Rankings Data

Kenosha County Rankings



Source: 2013 County Health Rankings

County Health Rankings

Measure	Kenosha County
Poor Physical Health Days	3.4 days per month
Poor Mental Health Days	3.9 days per month
Low Birth Weight	7.9%
Adult Smoking	22% adult smokers
Adult Obesity	29% obese adult
Physical Inactivity	23% physically inactive
Excessive Drinking	24% drink excessively
Motor Vehicle Crash Death Rate	11 MV Mortality Rate
Sexually Transmitted Infections	432 Chlamydia rate
Could not see doctor due to cost	12%

Measure	Kenosha County
Diabetes	8% diabetic
Mammography screening	70.7% screened
High School Graduation	82 Average Freshman Grad Rate
Children in poverty	19%
Inadequate Social Support	13% no social or emo. support
Single Parent Households	33%
Recreational Facilities	19 facilities in the county
Access to Healthy Foods	7% limited access
Fast Food Restaurants	101 restaurants in the county
Children eligible for free lunch	39%

Source: 2013 County Health Rankings

County Health Rankings Data

- ❑ Kenosha County has fewer PCPs and Dentists per individual than is seen for the state; however the rates are not drastically out of line.
- ❑ The rate of mental health providers in Kenosha county, on the other hand, is drastically lower than the rate seen for the state. There is one mental health provider for every 7,937 residents of Kenosha County, while there is one provider for every 2,714 residents in the state of Wisconsin.

Measure	Kenosha County	WI
# PCPs	75	4565
PCP Rate	45	80
PCP Ratio	2222:1	1246:1
# Dentists	87	3248
Dentist Rate	51	56
Dentist Ratio	1968:1	1798:1
# Mental Health Providers	21	2097
Mental Health Provider Rate	13	37
Mental Health Provider Ratio	7937:1	2714:1

Source: 2013 County Health Rankings

Infant Mortality

35

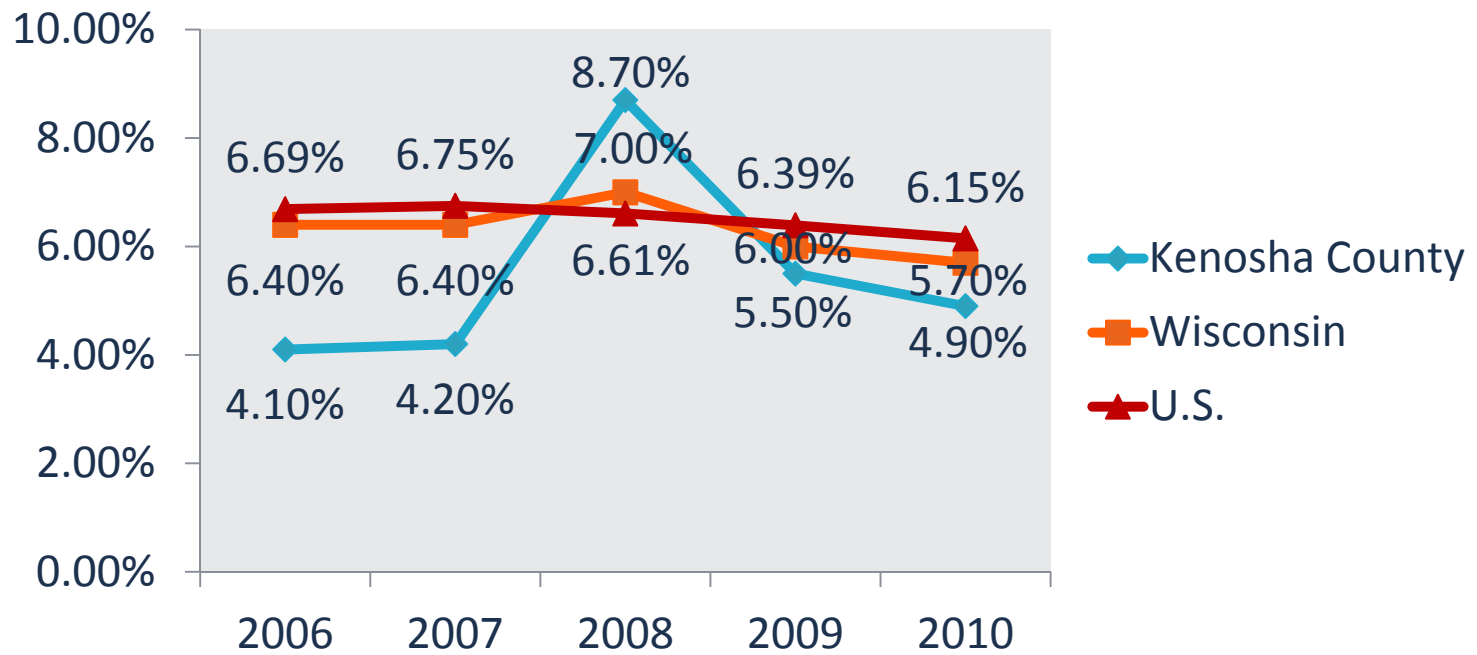


- ❑ The Wisconsin Department of Health services reports infant mortality data at the county level through the Wisconsin Interactive Statistics on Health (WISH) data system. National data was supplemented from the National Center for Health Statistics report on 'Recent Declines in Infant Mortality in the United States, 2005-2011'.
- ❑ Other than a drastic rise in the infant mortality rate in 2008, Kenosha County consistently reports lower infant mortality rates than are seen for the state of Wisconsin or the nation.
- ❑ In 2010, infant mortality rates were at their lowest rates for the state and nation; the rate declining to 4.9% for Kenosha County, 5.7% for Wisconsin and 6.15% for the U.S.
- ❑ The trend of declining infant mortality rates is being seen for Kenosha County, Wisconsin, and the U.S. (from 2008 to 2010).

Source: WISH Data System, NCHS Data Brief

Infant Mortality Data

36



Source: WISH Data System, NCHS Data Brief

National Cancer Institute – State Cancer Profiles

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- ❑ **The Centers for Disease Control (CDC) department of the National Cancer Institute** reports cancer data at the state and county level in the State Cancer Profiles.
- ❑ **The data is reported as death rate; this rate is based upon 100,000 people and is for five years.** Rates are age-adjusted by five-year age groups to the 2000 U.S. standard million population
- ❑ **Data for 19 different cancer types** is reported.

Source: CDC, National Cancer Institute, State Cancer Profiles.

<http://statecancerprofiles.cancer.gov/deathrates/deathrates.html>

National Cancer Institute – State Cancer Profiles

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- ❑ Lung and Bronchus Cancers are the most prevalent across all of the cancer types for Kenosha County, Wisconsin, and the U.S. Kenosha County reports a rate of 59.1 deaths per 100,000 for Lung or Bronchus Cancer, this rate is higher than the rates seen for the state (47.6) or the country (50.6).
- ❑ Breast and Prostate cancers are the next most prevalent cancers for Kenosha County, Wisconsin, and the U.S. Kenosha County reports lower rates of both breast and prostate cancers than is seen across Wisconsin.

Source: CDC, National Cancer Institute, State Cancer Profiles.

<http://statecancerprofiles.cancer.gov/deathrates/deathrates.html>

National Cancer Institute – State Cancer Profiles

39



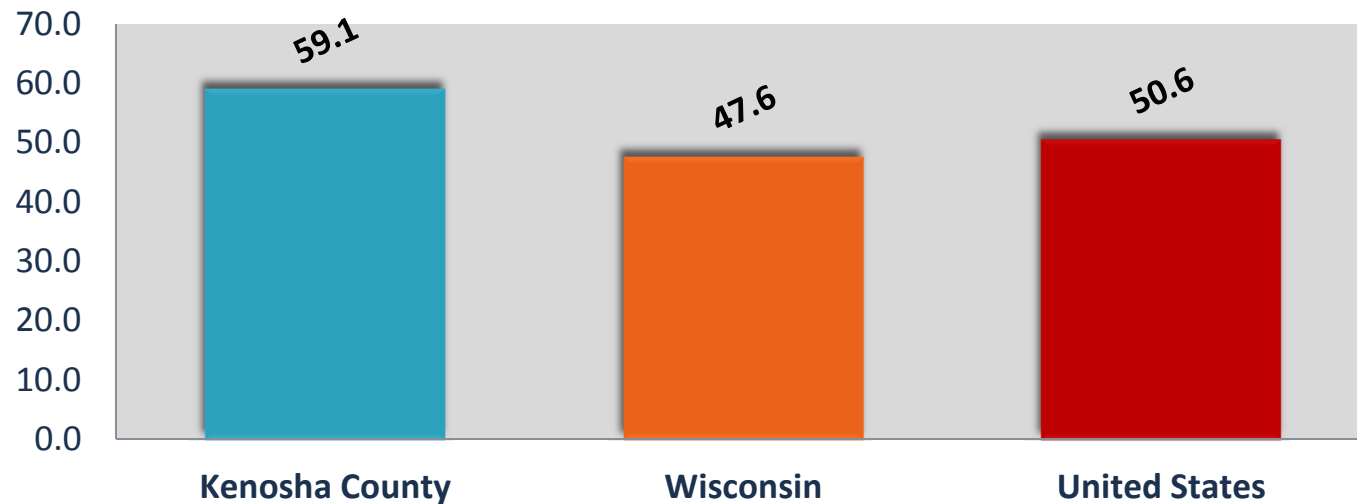
- ❑ Kenosha County reports a higher rate of Bladder cancer than the state or the nation at 5.7 deaths per 100,000.
- ❑ Kenosha County sees a higher rate of Oral cavity or pharynx cancers than the state or the nation (2.7 deaths per 100,000).
- ❑ The state of Wisconsin sees many cancer rates above that of the nation (Leukemia, Non-Hodgkin Lymphoma, Esophageal, Pancreatic, Prostate, and Ovarian), in which Kenosha County shows lower rates than the country.

Source: CDC, National Cancer Institute, State Cancer Profiles.

<http://statecancerprofiles.cancer.gov/deathrates/deathrates.html>

Lung and Bronchus Cancer

40

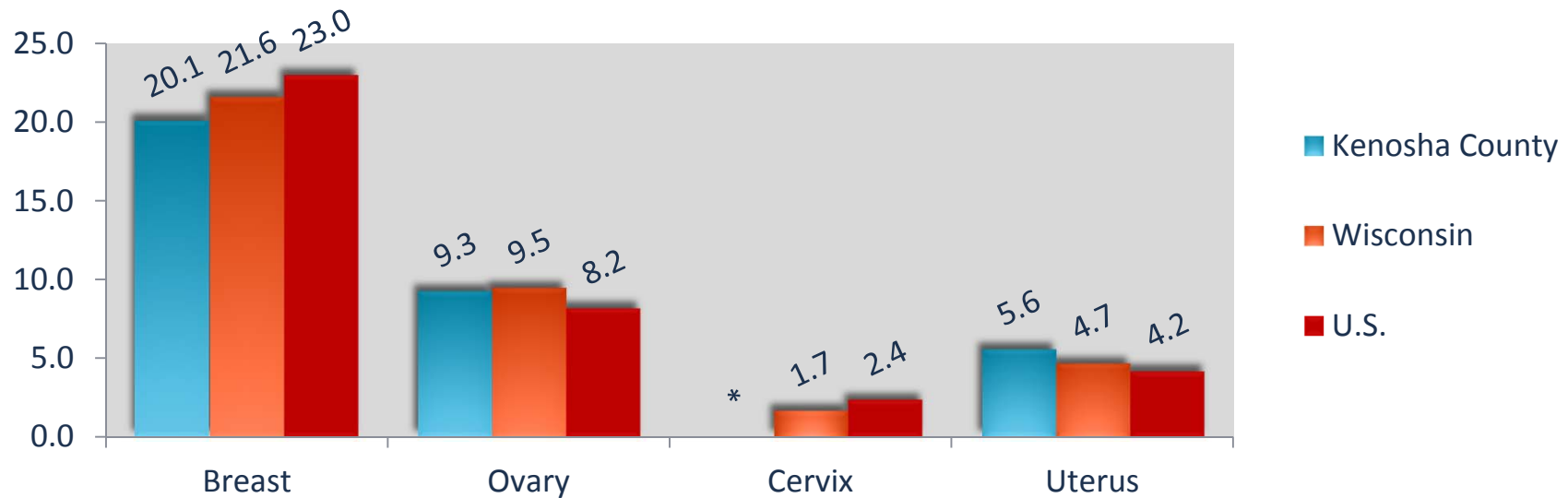


- ❑ Kenosha County reports a higher rate of Lung and Bronchus Cancers than the state and the nation (59.1 deaths per 100,000).
- ❑ Lung and Bronchus cancers are the most common across all of the cancer types.

Source: CDC, National Cancer Institute, State Cancer Profiles.

Female-Related Cancers

41



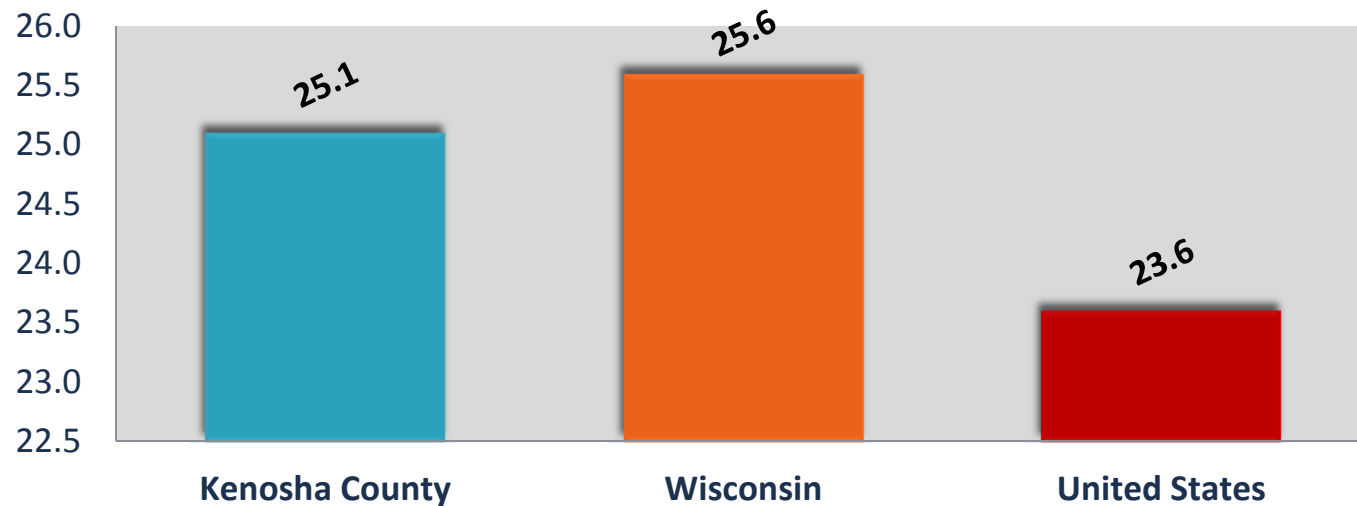
Source: CDC, National Cancer Institute, State Cancer Profiles.

* Data has been suppressed to ensure confidentiality and stability of rate estimates; fewer than three deaths.

- Of the female-related cancers, breast cancer is the most prevalent; however, we see that Kenosha County reports lower rates of breast cancer than the state and the nation.
- Conversely, Kenosha County reports a higher rate of cancer of the uterus than the state or nation.

Male-Related Cancer (Prostate Cancer)

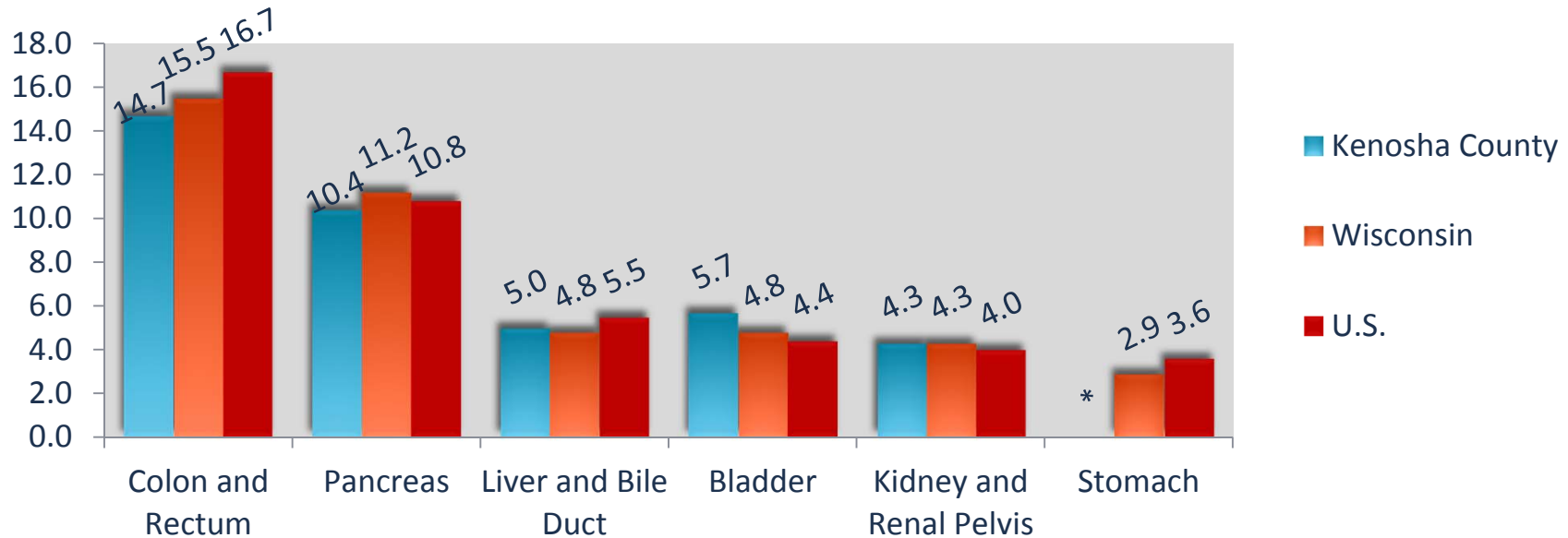
42



- Kenosha County sees a lower rate of Prostate cancer than is seen across Wisconsin (25.1 for Kenosha County, 25.6 for WI); however, both rates are higher than the average seen across the country (23.6 deaths per 100,000).

Source: CDC, National Cancer Institute, State Cancer Profiles.

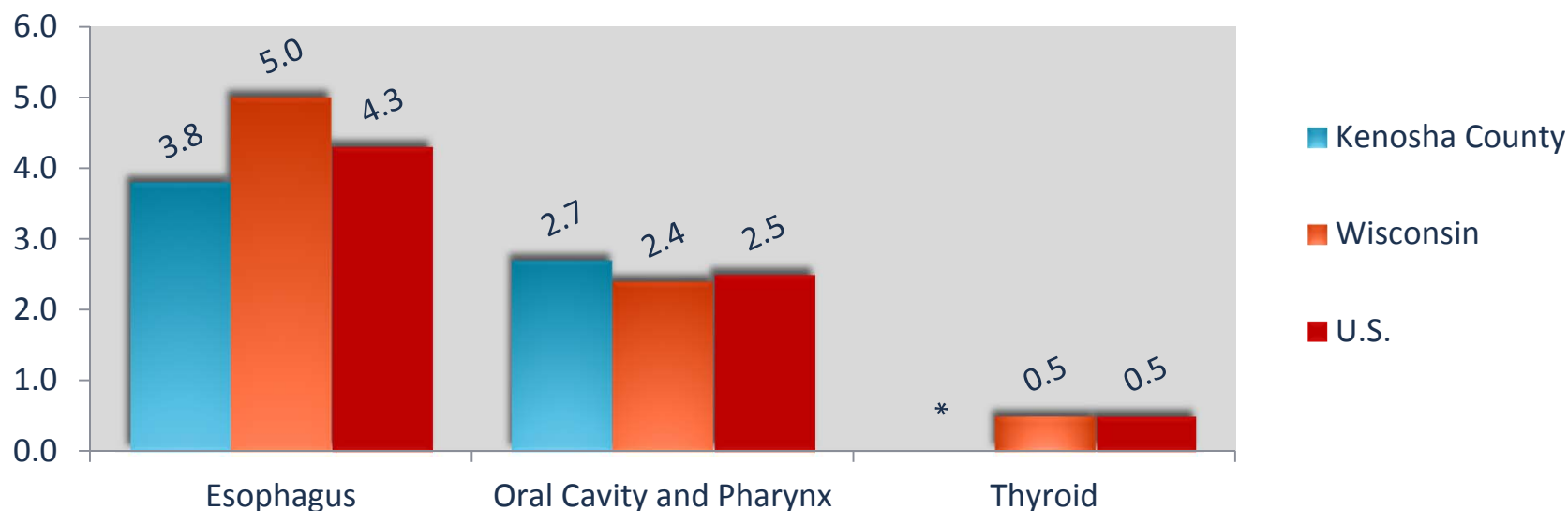
Gastro-Related Cancers



Source: CDC, National Cancer Institute, State Cancer Profiles.
 * Data has been suppressed to ensure confidentiality and stability of rate estimates; fewer than three deaths.

- ❑ Of the gastro-related cancers, Kenosha County shows a higher rate of Bladder cancer than the state or country (5.7 deaths per 100,000).
- ❑ On the other hand, Kenosha County shows a lower rate of the most common gastro-related cancer, colon and rectal cancer.

Throat-Related Cancers



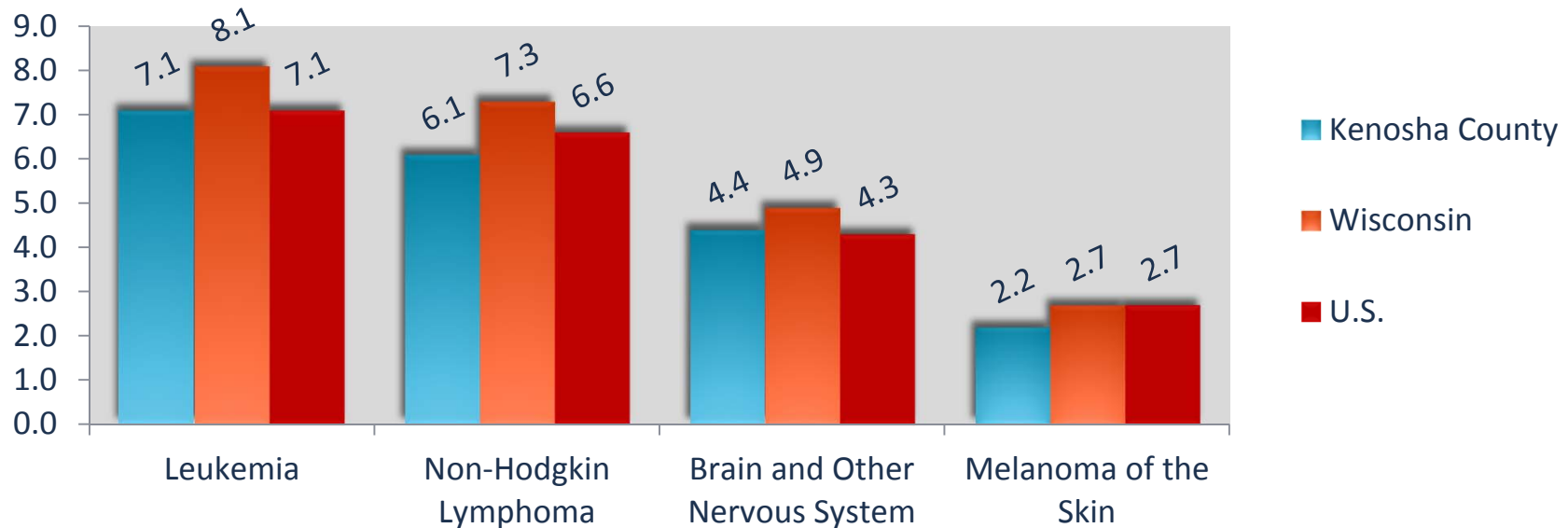
Source: CDC, National Cancer Institute, State Cancer Profiles.

* Data has been suppressed to ensure confidentiality and stability of rate estimates; fewer than three deaths.

- Of the throat-related cancers, Kenosha County sees a lower rate of esophageal cancer but a higher rate of oral cavity and pharynx cancer than is seen for the state and the country.

Other Cancers

45



- ❑ Wisconsin reports higher rates of many of the 'Other' cancers (Leukemia, Non-Hodgkin Lymphoma, Brain, and ONS) than is seen nationally.
- ❑ Kenosha County, however, reports relatively similar rates of these cancers to the country, and therefore, lower than the state.

Source: CDC, National Cancer Institute, State Cancer Profiles.

CDC Health Trends

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- ❑ The Centers for Disease Control and Prevention (CDC) reports data related to Diabetes, Obesity, and Physical Inactivity over a number of years (2004-2009). Using this data, we are able to see trends over time at the county level.
- ❑ The number and percentage of individuals by age, as well as the age-adjusted percentage of individuals by age for each of the measures is reported on the CDC website. As diabetes and obesity data can be skewed by age, we have chosen to report the age-adjusted results here (Ages ≥ 20).

Source: Department of Health and Human Services, CDC Diabetes Data & Trends.

http://apps.nccd.cdc.gov/DDT_STRS2/CountyPrevalenceData.aspx

CDC Health Trends

47



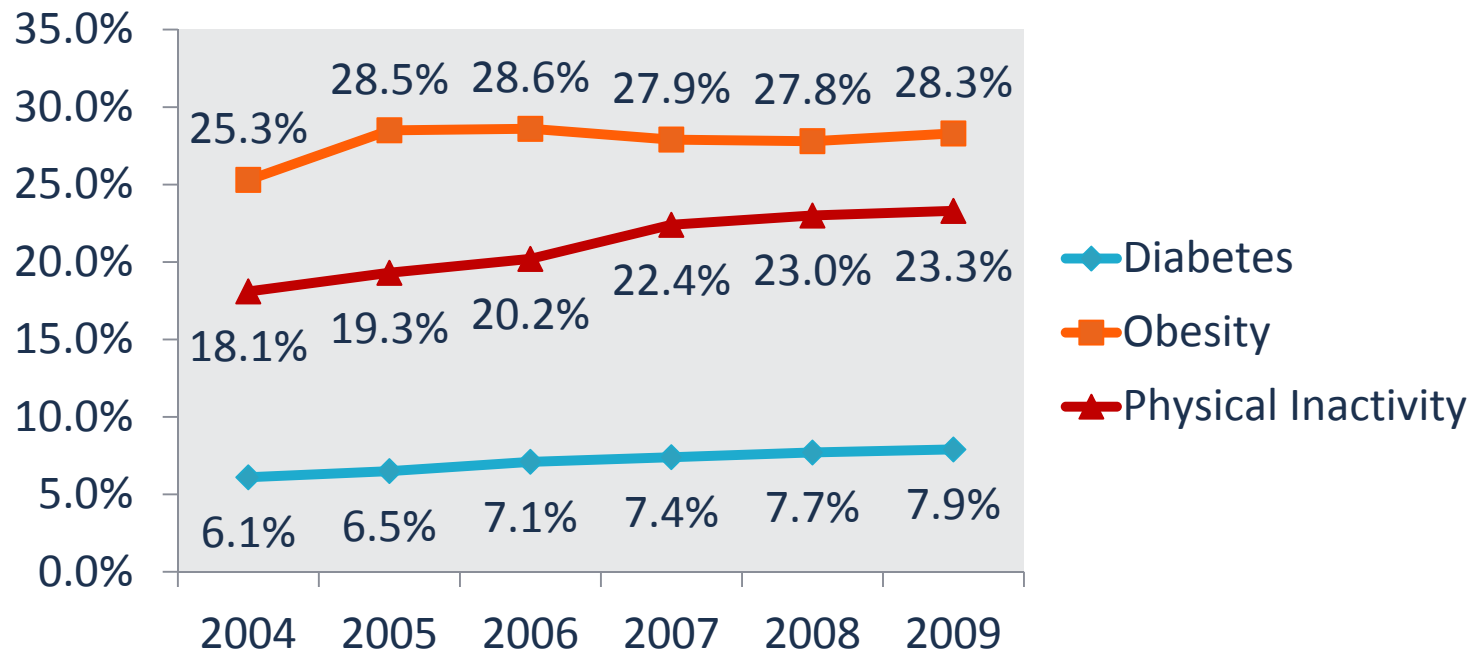
- ❑ While the following data does not prove a link between the three health trend data measures (diabetes, obesity, and physical inactivity), one can see the positive correlation between the measures.
- ❑ From 2004 to 2009, rates of physical inactivity, obesity, and diabetes have gradually risen in Kenosha County, WI (obesity saw a slight dip in the years 2007 to 2008, but has risen back to pre-2007 levels).
- ❑ For Kenosha County in 2009, 23.3% of the adults report being physically inactive, 28.3% are obese, and 7.9% have diabetes. The year 2009 (most recent data) shows the highest rates of diabetes and physical inactivity since 2004.

Source: Department of Health and Human Services, CDC Diabetes Data & Trends.

http://apps.nccd.cdc.gov/DDT_STRS2/CountyPrevalenceData.aspx

Health Trends – Kenosha County, WI

48



Source: CDC Diabetes Data & Trends.

Substance Abuse and Mental Health

49



- ❑ The Substance Abuse and Mental Health Services Administration (SAMHSA) gathers region-specific data from the entire United States in relation to Substance use (alcohol and illicit drugs) and mental health.
- ❑ Every state is parceled into regions defined by SAMHSA. The regions are defined in the 'Substate Estimates from the 2008-2010 National Surveys on Drug Use and Health'.
- ❑ Data concerning alcohol use, illicit drug use, and psychological distress for the various regions of the study area are shown here.
- ❑ Kenosha County falls under the 'Southeastern' region definition in the SAMHSA substate regions. Southeastern includes: Jefferson, Kenosha, Ozaukee, Racine, Walworth, Washington, Waukesha counties.

Source: SAMHSA. 2008-2010 NSDUH Substate Estimates of Substance Use and Mental Disorders. <http://www.samhsa.gov/data/NSDUH/substate2k10/toc.aspx>

Substance Abuse and Mental Health

50

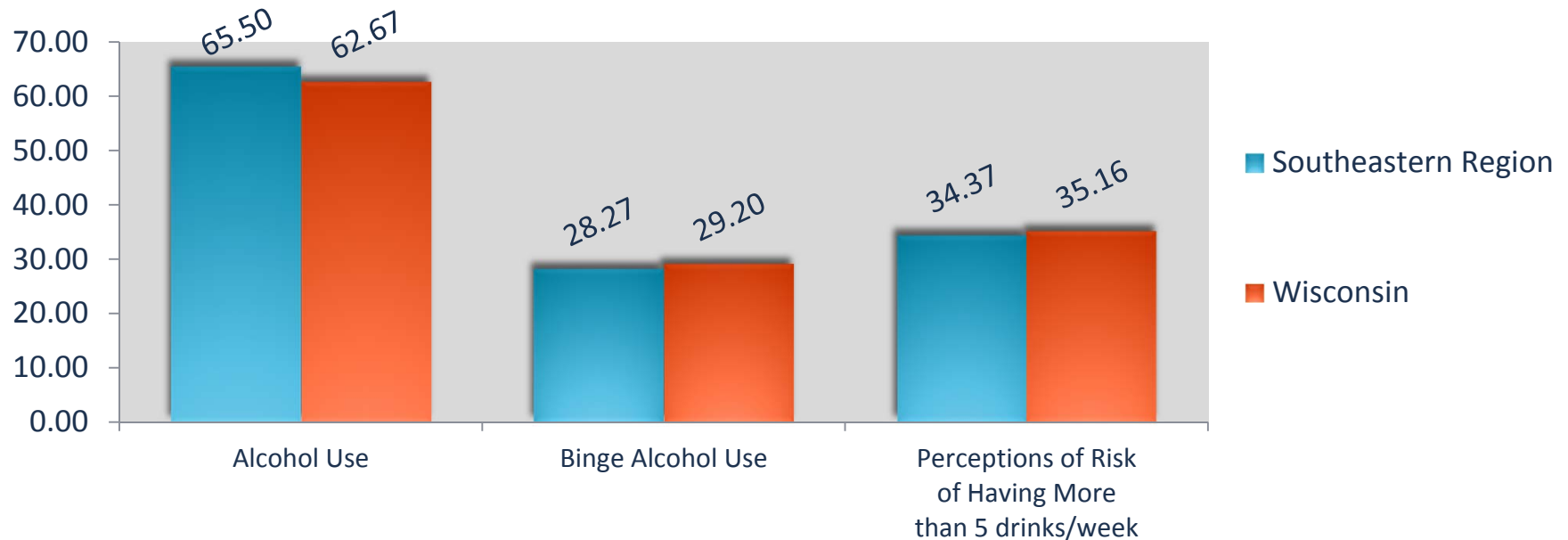


Key Findings:

- ❑ The Southeastern Region of WI sees lower rates than the state for many of the measures in the SAMHSA system (binge alcohol use, cigarette use, illicit drug use, marijuana use, and cocaine use).
- ❑ The Southeastern Region shows a higher rate than the state for the following substance use measures:
 - ❑ Alcohol Use (65.5% for SE, 62.67% for WI)
 - ❑ Non-Medical Use of Pain Relievers (4.88% for SE, 4.83% for WI)
- ❑ The Southeastern region also shows lower rates of all of the mental illness measures (any mental illness, serious mental illness, thoughts of suicide, or major depressive episodes) than is seen across Wisconsin.

Source: SAMHSA. 2008-2010 NSDUH Substate Estimates of Substance Use and Mental Disorders. <http://www.samhsa.gov/data/NSDUH/substate2k10/toc.aspx>

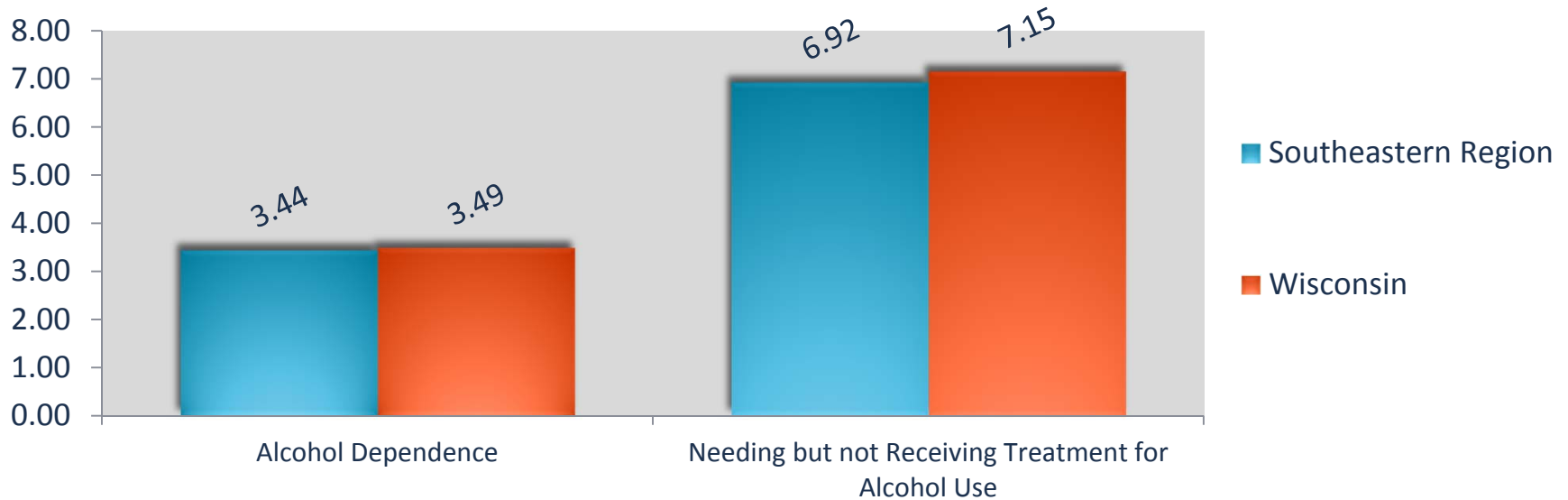
Alcohol Use in the Past Month (% Aged 12+)



- ❑ The Southeastern region of Wisconsin shows a lower rate of binge alcohol use, but a higher rate of general alcohol use as compared with the state of Wisconsin.
- ❑ Fewer residents of the Southeastern region of Wisconsin report a perception of risk in having more than five drinks per week (34.37% in SE, 35.16% in WI).

Source: SAMHSA

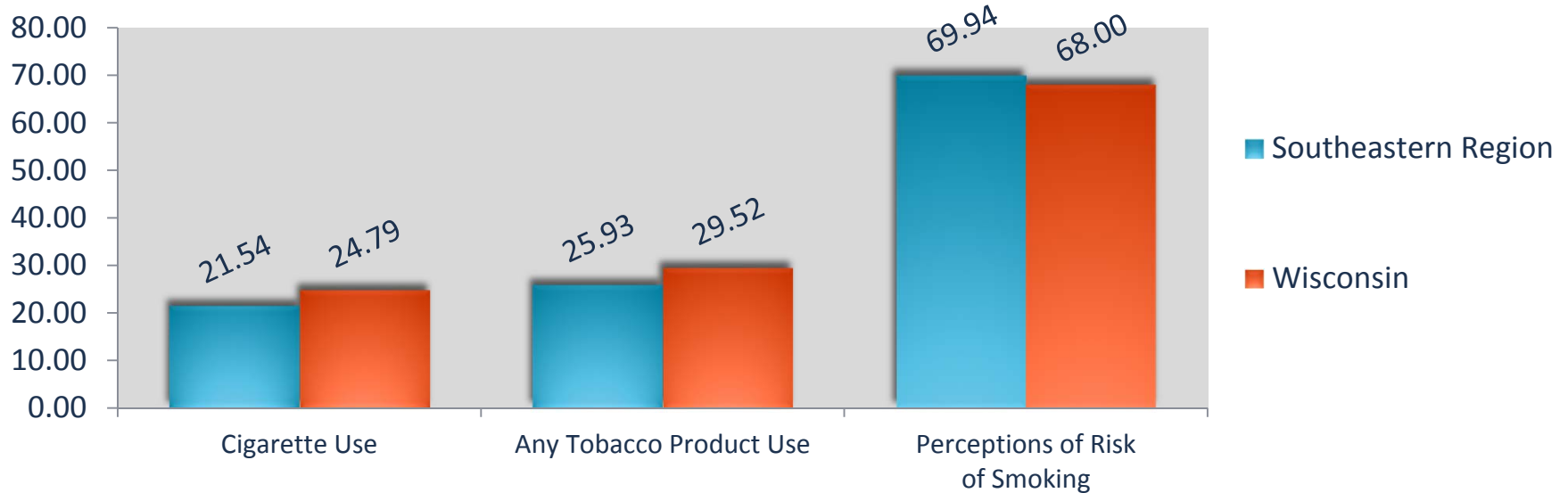
Alcohol Use in the Past Year (% Aged 12+)



- ❑ Fewer residents of the Southeastern region of WI report being dependent on alcohol than is seen across the state (3.44% for SE, 3.49 for WI).
- ❑ Also, fewer residents of the Southeastern region of WI report needing but not receiving treatment for alcohol use than is seen for the state.

Source: SAMHSA

Tobacco Use in the Past Month (% Aged 12+)

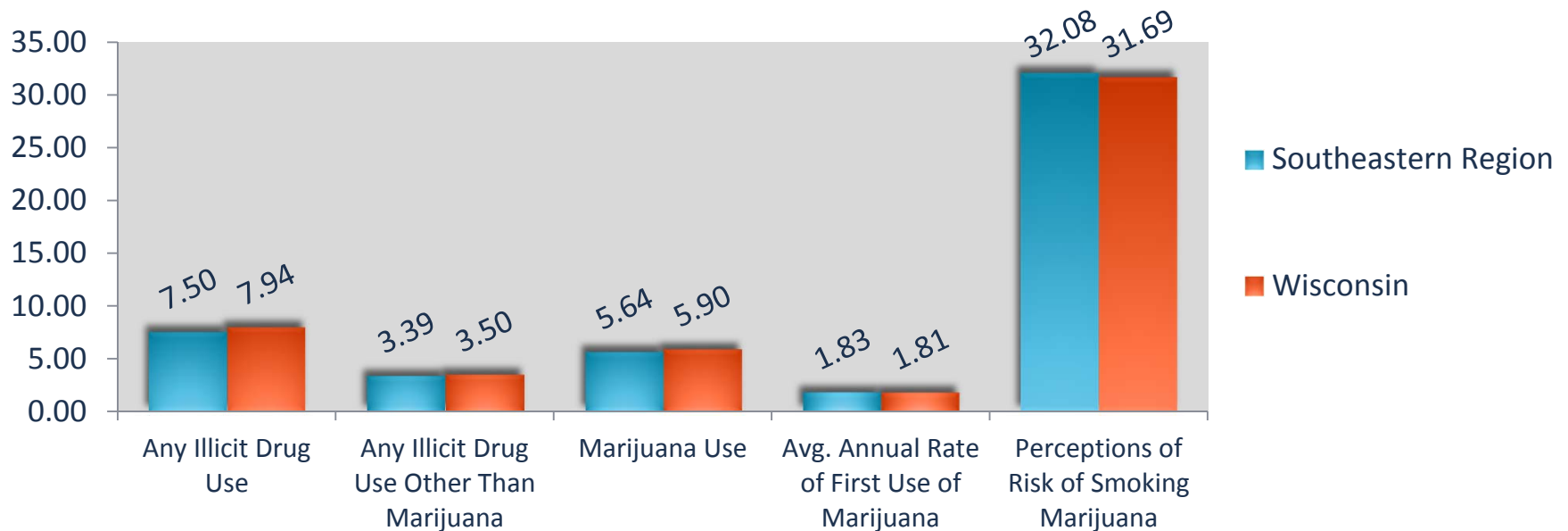


- Residents of the Southeastern region of Wisconsin report lower cigarette or other tobacco product use as well as higher perceptions of risk associated with engaging in such activities than is seen for the state.

Source: SAMHSA

Illicit Drug Use in the Past Month (% Aged 12+)

54

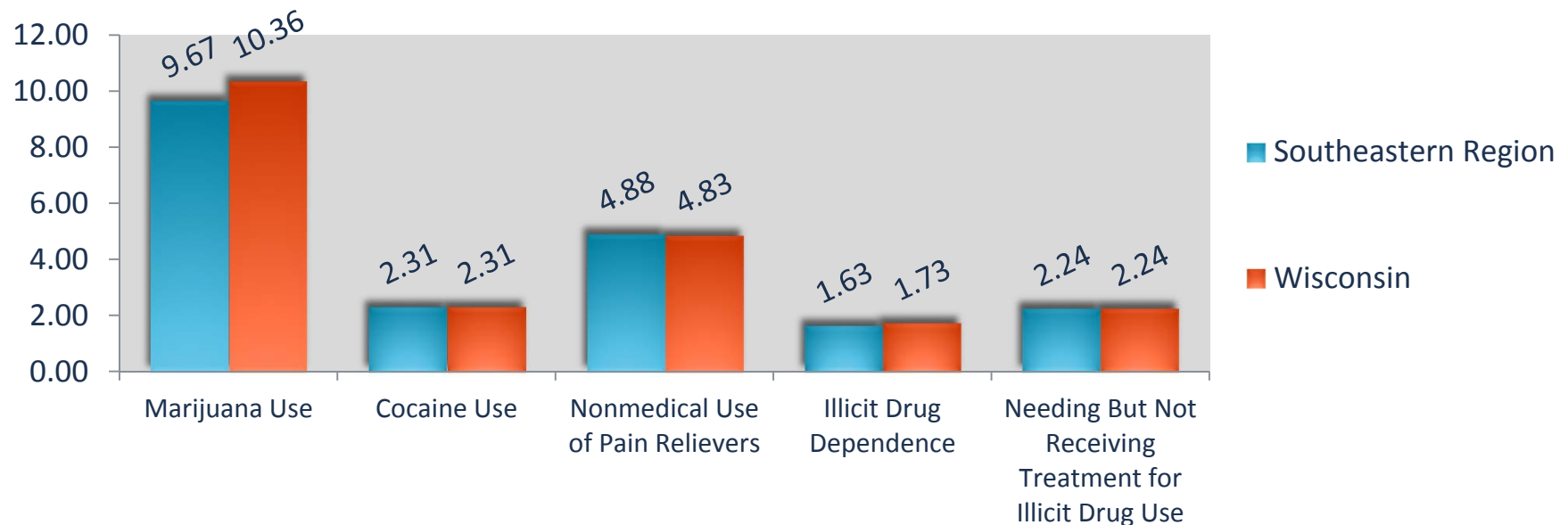


□ Similar to tobacco products, residents of Southeastern Wisconsin report lower rates of usage of illicit drugs or marijuana and higher rates of the perception of the risk of smoking marijuana than the state.

Source: SAMHSA

Illicit Drug Use in the Past Year (% Aged 12+)

55

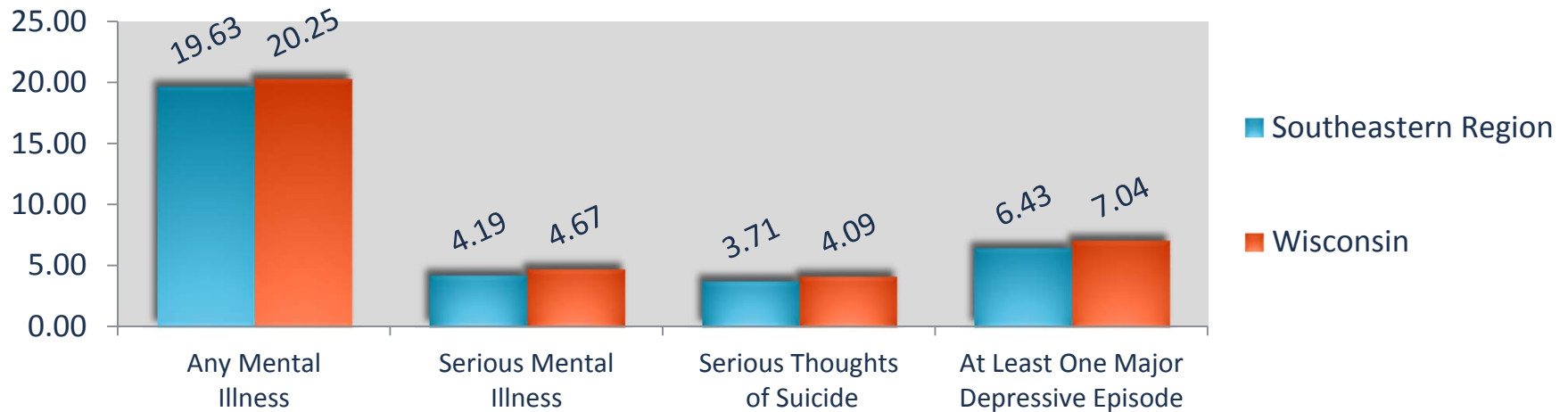


- The Southeastern region sees a higher rate of non-medical use of pain relievers than is seen for the state (4.88% for SE, 4.83 for WI).
- The Southeastern Wisconsin region shows the same rate of cocaine use as the state (2.31%).

Source: SAMHSA

Mental Illness in the Past Year (% Aged 12+)

56



- ❑ The SE region reports lower rates across all of the mental health indicators of the SAMHSA system; however, it is important to note that approximately 20% of the population of both The SE region and Wisconsin, report having had any mental illness in the past year.
- ❑ Concerning are the rates of serious thoughts of suicide, approximately one in every 27 residents of the Southeastern region had a serious thoughts of suicide in the 12 months prior to the survey (for Wisconsin the rate is approximately one in every 25 residents).

Source: SAMHSA

The consultant team has identified the following data trends and their potential impact:

United Hospital
System
Community –
Initial Reactions
to Secondary
Data

Demographics: Kenosha county is a more diverse, primary-school educated, higher income earning population than is average for the state.

Insurance coverage: 11.1% of the population of Kenosha County is uninsured. Individuals who report themselves as two or more races see the highest rate of no insurance coverage.

County Health Rankings: Kenosha county shows 18 of the 22 measures above the median for the scale (36 for Wisconsin).

- The 'healthiest' ranking that Kenosha County sees is for Alcohol Use with a ranking of 18.
- Kenosha County has similar rates of Dentists (1798:1) as is seen for the state, but many fewer mental health providers (7937:1) and primary care physicians (2222:1) than is seen across the state.

United Hospital System Community – Initial Reactions to Secondary Data

Cancer: The state of Wisconsin sees many cancer rates above that of the nation (Leukemia, Non-Hodgkin Lymphoma, Esophageal, Pancreatic, Prostate and Ovarian), in which Kenosha County shows lower rates than the country.

- ❑ Lung and Bronchus Cancers are the most prevalent across all of the cancer types for Kenosha County, Wisconsin, and the U.S. Kenosha County reports a rate of 59.1 deaths per 100,000 for Lung or Bronchus Cancer, this rate is higher than the rates seen for the state (47.6) or the country (50.6).
- ❑ Kenosha County reports a higher rate of Bladder cancer than the state or the nation at 5.7 deaths per 100,000.
- ❑ Kenosha County sees a higher rate of Oral cavity or pharynx cancers than the state or the nation (2.7 deaths per 100,000).

Center for Disease Control and Prevention: For Kenosha County in 2009, 23.3% of the adults report being physically inactive, 28.3% are obese, and 7.9% have diabetes. The year 2009 (most recent data) shows the highest rates of diabetes and physical inactivity since 2004.

United Hospital System Community – Initial Reactions to Secondary Data

The Substance Abuse and Mental Health Services Administration (SAMHSA): The Southeastern Region (Jefferson, Kenosha, Ozaukee, Racine, Walworth, Washington, Waukesha counties) shows lower rates than the state for many of the measures in the SAMHSA system (binge alcohol use, cigarette use, illicit drug use, marijuana use, and cocaine use) and higher rates than the state for the following substance use measures:

- Alcohol Use (65.5% for SE, 62.67% for WI).
- Non-Medical Use of Pain Relievers (4.88% for SE, 4.83% for WI).
- Approximately 20% of the population of both The SE region and Wisconsin, report having had any mental illness in the past year.
- Approximately one in every 27 residents of the Southeastern region had serious thoughts of suicide in the 12 months prior to the survey (for Wisconsin the rate is approximately one in every 25 residents).

APPENDIX B

Organizations that Participated in the Community Health Needs Assessment

UNITED HOSPITAL SYSTEM

PARTICIPATING ORGANIZATIONS/INDIVIDUALS:

- Kenosha County Public Health Department
- Infinity Healthcare Hospitalist Group
- The Kenosha Division of Aging and Disabilities Services
- Mental Health Professional
- United Way of Kenosha County
- Director of a Kenosha Business Community Organization

APPENDIX C

Community Resource Inventory

UNITED HOSPITAL SYSTEM
April-May 2013

Tripp Umbach completed an inventory of community resources available in the United Hospital System's service area using resources identified by the Hospital and online research. Using statewide information, more than 50 community resources were identified with the capacity to meet the three community health needs identified in the United Hospital System's CHNA. (Please refer to the Community Health Needs Assessment Report to review the detailed community needs.)

An inventory of the resources in the United Hospital System's community found that there is at least one and often multiple resources available to meet each identified community health need. The following table meets CHNA community inventory requirements set forth in IRS Notice 2011-52. (See Table)

INVENTORY OF COMMUNITY RESOURCES AVAILABLE TO ADDRESS COMMUNITY HEALTH NEEDS IDENTIFIED IN THE UNITED HOSPITAL SYSTEM CHNA

Organization/ Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	Access to Primary, Preventative, Mental, and Dental Healthcare	Uninsured Care	Low-income Medical Insurance	Transportation for Medical Appointments	Senior Services	Mental Health Providers
AALTO ENHANCEMENT CENTER, S.C.	Kenosha	8503 75th Street Suite A Kenosha, Wisconsin 53142 262.358.4603	53142	More information	Un/Under-insured Population	Federally Qualified Health Center (FQHC); Provides outpatient mental health and substance abuse services.	X	*	*			*
ACCESS	Statewide	1 West Wilson Street Madison, WI 53703 608.266.1865	Statewide	More information	Un/Under-insured Population	Provides tools to determine eligibility for health and nutrition assistance programs.	X	*	*			
AIDS RESOURCE CENTER OF WISCONSIN, INC.	Kenosha	1212 57th Street PO Box 0173 Kenosha WI 53140 262.657.6644	53140	More information	Un/Under-insured Population- General & HIV-diagnosed	Federally Qualified Health Center (FQHC); Provides primary medical services and mental health services for HIV-diagnosed as well as preventative services for the general population.	X	*	*			*
AMER-A-CARE	Kenosha	355 East Rosedale Avenue Milwaukee, WI 53207 414.482.3113	53140, 53142, 53143, 53144		Not specified	Provides transportation services.	X			*		
AURORA MEDICAL CENTER	Kenosha	10400 75th Street Kenosha, WI 53142 262.948.5600	53142	More information	Un/Under-insured Population	Non-profit hospital; Services include primary care, behavioral health, urgent care and walk-in, end of life/hospice care, visiting nurse services, and women's health care.	X	*	*		*	*

Organization/ Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	Access to Primary, Preventative, Mental, and Dental Healthcare	Uninsured Care	Low-income Medical Insurance	Transportation for Medical Appointments	Senior Services	Mental Health Providers
BADGERCARE PLUS	Statewide	1.800.362-3002	Statewide	More information	Children; Also, pregnant women, parents and caretakers, young adults leaving foster care, farmers, self-employed individuals, and low-income adults with no dependent children	Health insurance program.	X	*	*			
BELL THERAPY COMMUNITY SUPPORT PROGRAM	Kenosha	5500 8th Avenue Kenosha, WI 262.564.0067	53140, 53142, 53144, 53158	More information	Adults 18 years and older who are seriously mentally ill	Provides mental health care services, including psychotherapy and substance abuse counseling.	X					*
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC.	Kenosha	2224 45th Street Kenosha, WI 53140 262.658.2088	53140	More information	Un/Under-insured Population	Provides behavior health/counseling services, referral services, and medical transportation assistance.	X	*	*	*		*
CHILDREN'S SERVICE SOCIETY OF WISCONSIN	Kenosha	8207 - 22nd Avenue, Suite 150 Kenosha, WI 53143 262.652.5522	53140, 53142, 53143, 53144, 53158	More information	Children with mental health issues	Provides mental health outpatient services.	X					*
CLAIRIDGE HOUSE	Kenosha	1519 60th Street Kenosha, WI 53140 262.656.7500	53140		Individuals with Alzheimer's disease and other forms of dementia	Provides Alzheimer's and Dementia care	X				*	
CLARE BRIDGE OF KENOSHA	Kenosha	10108 74th Street Kenosha, WI 53142 855.308.7001	53142	More information	Individuals with Alzheimer's disease and other forms of dementia	Provides Alzheimer's and Dementia care	X				*	
COMPASSIONATE CARE COUNSELING CENTER	Kenosha	3624 17th Avenue Kenosha, WI 53140 262.652.6311	53140		Not specified	Provides substance abuse rehabilitation services.	X					*

Organization/ Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	Access to Primary, Preventative, Mental, and Dental Healthcare	Uninsured Care	Low-income Medical Insurance	Transportation for Medical Appointments	Senior Services	Mental Health Providers
COVENANT COUNSELING ASSOCIATES, INC.	Kenosha	5255 5th Avenue Kenosha, WI 53144 262.497.3533	53144		Un/Under-insured Population	Federally Qualified Health Center (FQHC); Provides outpatient mental health services.	X	*	*			*
DISABLED AMERICAN VETERANS	Kenosha	414.313.5068	53140, 53142, 53143, 53144		Veterans	Provides transportation services to Milwaukee Veteran's Hospital.	X			*		
FAMILY PEDIATRICS, INC.	Kenosha	3601 30th Avenue, Suite 101 Kenosha, WI 53144 262.564.0611	53144	More information	Un/Under-insured Population	Federally Qualified Health Center (FQHC); Provides pediatric primary health services.	X	*	*			
FORWARDHEALTH: WISCONSIN MEDICAID	Statewide	1.800.362.3002	Statewide	More information	Residents who are 65 or older or blind or disabled	Provides resources for locating medical services.	X	*	*		*	
GENESIS BEHAVIORAL SERVICES OPTIONS RESIDENTIAL PROGRAM	Kenosha	6755 14th Avenue Kenosha, WI 53140 262.654.0638	53140, 53142, 53143, 53144, 53158		Not specified	Provides outpatient, residential and correctional mental health, substance abuse and reintegration treatment services.	X					*
GRAND PRAIRIE HEALTH AND REHABILITATION	Kenosha	10330 Prairie Ridge Boulevard Pleasant Prairie, WI 53158 262.612.800	53158		Senior citizens	Provides Alzheimer's and Dementia care	X				*	
GREAT LAKES FAMILY MEDICAL CENTER INC	Kenosha	6123 Green Bay Road, Suite 120 Kenosha, WI 53142 262.764.4390	53142	More information	Un/Under-insured Population	Federally Qualified Health Center (FQHC)	X	*	*			
HOME HELPERS	Kenosha	1100 56th Street Kenosha, WI 53140 262.997.0711	53140	More information	Senior citizens	Provides in-home care for seniors.	X				*	
HOPE COUNCIL ON ALCOHOL & OTHER DRUG ABUSE, Inc.	Kenosha	5942 6th Avenue Kenosha, WI 53140 262.658.8166	53140	More information	Not specified	Provides assessment and referral services.	X					*

Organization/ Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	Access to Primary, Preventative, Mental, and Dental Healthcare	Uninsured Care	Low-income Medical Insurance	Transportation for Medical Appointments	Senior Services	Mental Health Providers
HORIZONS BEHAVIORIAL HEALTH SOLUTIONS, INC	Kenosha	6127 Green Bay Road Suite 100 Kenosha, WI 53142 262.948.1000	53142	More information	Un/Under-insured Population	Federally Qualified Health Center (FQHC); Provides outpatient mental health services.	X	*	*			
HOSPICE ALLIANCE	Kenosha	10220 Prairie Ridge Boulevard Pleasant Prairie, WI 53158 262.652.4400	53158	More information	Those in need of hospice care	Provides hospice care services.	X				*	
INTERCONNECTIONS, S.C.	Kenosha	920 60th Street Kenosha, WI 53140 262.654.5333	53140	More information	Not specified	Provides outpatient mental health services.	X					*
K & S MEDICAL TRANSPORT	Kenosha	PO Box 734 Sturtevant, WI 53177 262.884.8755	53140, 53142, 53143, 53144		Not specified	Provides transportation services.	X			*		
KENOSHA AREA FAMILY AND AGING SERVICES VOLUNTEER ESCORT SERVICE	Kenosha	7730 Sheridan Road Kenosha, WI 53143 262.658.3508	53143	More information	Senior citizens and persons with disabilities	Provides transportation services.	X			*		
KENOSHA COMMUNITY HEALTH CENTER, INC	Kenosha	4536 22nd Avenue Kenosha, Wisconsin 53140 262.656.0044	53143	More information	Un/Under-insured Population	Federally Qualified Health Center (FQHC) Offers dental, mental health, outreach (Badger Care enrollment for uninsured patients and bus transportation), and medical (pediatrics, women's health, immunizations, HIV testing, pharmacy services, urgent medical care),	X	*	*	*		*
KENOSHA COMMUNITY HEALTH CENTER, INC.	Kenosha	6226 14th Avenue Kenosha, Wisconsin 53143 262.656.0044	53140	More information	Un/Under-insured Population	Federally Qualified Health Center (FQHC) Offers dental, mental health, outreach (Badger Care enrollment for uninsured patients and bus transportation), and medical (pediatrics, women's health, immunizations, HIV testing, pharmacy services, urgent medical care),	X	*	*	*		*

Organization/ Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	Access to Primary, Preventative, Mental, and Dental Healthcare	Uninsured Care	Low-income Medical Insurance	Transportation for Medical Appointments	Senior Services	Mental Health Providers
KENOSHA COUNTY AGING AND DISABILITY RESOURCE CENTER	Kenosha	8600 Sheridan Road Suite 500 Kenosha WI, 53143 262.605.6646	53140, 53142, 53143, 53144, 53158	More information	Senior citizens	Provides information and assistance for senior services including in-home service.	X				*	
KENOSHA FAMILY PRACTICE, S.C.	Kenosha	5923 Green Bay Road Kenosha, WI 53144 262.652.0500	53140	More information	Un/Under-insured Population	Federally Qualified Health Center (FQHC); Provides primary health care services.	X	*	*			
KENOSHA HUMAN DEVELOPMENT SERVICES, INC COMMUNITY SUPPORT PROGRAM	Kenosha	5407 8th Avenue Kenosha, WI 53140 262.657.7188	53140	More information	Not specified	Provides outpatient mental health services.	X					*
KENOSHA VISITING NURSE ASSOCIATION	Kenosha	600 52nd Street, Suite 300 Kenosha, WI 53140 262.656.8400	53140	More information	Not specified	Provides preventative services such as health screenings (cholesterol, blood sugar, blood pressure, Cholestech Lipid Profile) and in-home care.	X	*	*		*	
KENOSHA-RACINE SENIOR CARE SERVICES	Kenosha	6044 8th Avenue Kenosha, WI 53143 262.654.5410	53143	More information	Senior citizens	Provides in-home care for seniors.	X				*	
MATHEW MCCARTHY, MD, SC	Kenosha	712 55th Street Kenosha, WI, 53140 262.842.0538	53140		Un/Under-insured Population	Federally Qualified Health Center (FQHC); Provides outpatient mental health services.	X	*	*			
MEDICAID TRANSPORTATION	Kenosha	1.866.907.1493		More information	Medicaid recipients	Medicaid recipients, without transportation resources of their own, have access to transportation resources in order to obtain Medicaid covered services.	X			*		
MEDIX	Kenosha	701 Blackhawk Drive Unit G Burlington, WI 53105 262.637.1331	53140, 53142, 53143, 53144		Not specified	Provides transportation services.	X			*		

Organization/ Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	Access to Primary, Preventative, Mental, and Dental Healthcare	Uninsured Care	Low-income Medical Insurance	Transportation for Medical Appointments	Senior Services	Mental Health Providers
MOORE AND ASSOCIATES/BIRDS OF A FEATHER, INC.	Kenosha	6530 Sheridan Road, #3 Kenosha, WI 53143 262.605.1444	53143	More information	Not specified	Provides outpatient mental health services.	X					*
OAKWOOD CLINICAL ASSOCIATES, LTD.	Kenosha	4109 - 67th Street Kenosha, WI 53142 262.652.9830	53142	More information	Children, Adolescents, and adults	Provides outpatient mental health and substance abuse services.	X					*
PATHWAYS CONSULTING	Kenosha	6121 Green Bay Road, #220 Kenosha, WI 53142 262.652.7222	53142	More information	Adults, children, couples and families	Federally Qualified Health Center (FQHC); Provides outpatient mental health services.	X					*
PERSONAL INSIGHTS COUNSELING SERVICES	Kenosha	6530 Sheridan Road., Suite 7 Kenosha, WI 53143 262.857.8707	53143	More information	Not specified	Provides outpatient mental health and substance abuse services.	X					*
PLANNED PARENTHOOD OF WISCONSIN	Kenosha	3601 Roosevelt Road Kenosha WI 53142 262-654-0491	53142	More information	Un/Under-insured Population	Federally Qualified Health Center (FQHC); Women's Health Services, Men's Health Services, Family Planning Services, Sexually Transmitted Diseases (STD) Testing, HIV/AIDS Testing, Pregnancy Services, Sexually Transmitted Diseases (STD) Treatment	X	*	*			
PROFESSIONAL SERVICES GROUP, INC.	Kenosha	2108 - 63rd Street Kenosha, WI 53143 262.652.2406	53143	More information	At-risk youth and their families	Provides outpatient mental health and substance abuse services.	X					*
PSYCHIATRIC AND PSYCHOTHERAPY CLINIC	Kenosha	3601 - 30th Avenue #102 Kenosha, WI 53144 262.654.0487	53140, 53142, 53143, 53144, 53158	More information	Not specified	Provides outpatient mental health and substance abuse services.	X					*
RECOVERY TRANSPORT	Kenosha	2500 Pinehurst Avenue Racine, WI 53403 262.939.5542	53140, 53142, 53143, 53144		Not specified	Provides transportation services.	X			*		

Organization/ Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	Access to Primary, Preventative, Mental, and Dental Healthcare	Uninsured Care	Low-income Medical Insurance	Transportation for Medical Appointments	Senior Services	Mental Health Providers
SOUTHPORT TRANSPORTATION	Kenosha	5911 57th Avenue Kenosha, WI 53144 262.564.8354	53140, 53142, 53143, 53144		Medicaid recipients	Medicaid recipients, without transportation resources of their own, have access to transportation resources in order to obtain Medicaid covered services.	X			*		
STABLE STRIDES	Kenosha	8959 Cooper Road Pleasant Prairie, WI 53158 262.930.2663	53158	More information	Not specified	Provides outpatient mental health services.	X				*	
SUE PANGER & ASSOCIATES, SC	Kenosha	811 60th Street, 2E Kenosha, WI 53140 262.652.9599	53140	More information	Un/Under-insured Population	Federally Qualified Health Center (FQHC); Provides outpatient mental health services.	X	*	*			
TERRY W HUFF DDS SC	Kenosha	6402 Sheridan Road Kenosha, WI 53143 262.654.2261	53140, 53142, 53143, 53144, 53158	More information	Un/Under-insured Population	Federally Qualified Health Center (FQHC); Provides dental services.	X	*	*			
THE CARING HEART	Kenosha	7201 Green Bay Road Kenosha, WI 53142 262.835.2887	53142	More information	Senior citizens	Provides in-home care for seniors.	X				*	
TRANSTAR MEDICAL TRANSPORT	Kenosha	120 West Main Street, P.O. Box 509 Campbellsport, WI 53010 920.533.3800	53140, 53142, 53143, 53144, 53158	More information	Wheelchair bound and ambulatory individuals	Provides transportation services.	X			*		
UNITED HOSPITAL SYSTEM- KENOSHA MEDICAL CENTER CAMPUS	Kenosha	6308 Eighth Avenue Kenosha, Wisconsin 53143 262.656.2011	53143	More information	Un/Under-insured Population	Federally Qualified Health Center (FQHC); Non-profit hospital; Services include walk- in services, emergency services, women's health care, and blood pressure screenings.	X	*	*			

Organization/ Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	Access to Primary, Preventative, Mental, and Dental Healthcare	Uninsured Care	Low-income Medical Insurance	Transportation for Medical Appointments	Senior Services	Mental Health Providers
UNITED HOSPITAL SYSTEM- ST. CATHERINE'S MEDICAL CENTER CAMPUS	Kenosha	9555 76th Street Pleasant Prairie, WI 53158 262.577.8000	53158	More information	Un/Under-insured Population	Non-profit hospital; Services include walk-in services, emergency services, women's health care, and blood pressure screenings.	X	*	*		*	
VISITING NURSE COMMUNITY CARE, INC.	Kenosha	600 52nd Street, Suite 300 Kenosha, WI 53140 262.656.8400	53140		Un/Under-insured Population	Federally Qualified Health Center (FQHC)	X	*	*			
WELLSPRING COUNSELING CENTER, INC.	Kenosha	310 Old Green Bay Road Kenosha, WI 53144 262.883.9400	53144	More information	Not specified	Provides outpatient mental health and substance abuse services.	X					*
WHEATON FRANCISCAN HEALTHCARE COUNSELING CENTER KENOSHA	Kenosha	10117 - 74th Street #100 Kenosha, WI 53142 262.687.7650	53142	More information	Not specified	Provides outpatient mental health and substance abuse services.	X					*