
HSHS St. Vincent Hospital

# 2024 Community Health Needs Assessment

An assessment of Brown County, Wisconsin, conducted jointly by HSHS St. Vincent Hospital and the Beyond Health Coalition.

HSHS St. Vincent Hospital is an affiliate of Hospital Sisters Health System, a multi-institutional health care system comprised of 13 hospitals and an integrated physician network serving communities throughout Illinois and Wisconsin.

Provisions in the 2010 Patient Protection and Affordable Care Act (ACA) require charitable hospitals to conduct a triennial community health needs assessment (CHNA) and accompanying implementation plan to address the identified needs. The CHNA asks the community to identify and analyze community health needs, as well as community assets and resources to plan and act upon priority community health needs. This process results in a CHNA report used to develop implementation strategies based on the evidence, assets and resources identified in the CHNA process.

Triennially, HSHS St. Vincent Hospital conducts a CHNA, adopts an implementation plan by an authorized body of the hospital and makes the report widely available to the public. The hospital's previous CHNA report and implementation plan was conducted and adopted in FY2021.

In FY2024 (July 1, 2023 through June 30, 2024), HSHS St. Vincent Hospital conducted a collaborative CHNA in partnership with Beyond Health Brown County. Upon completion, the hospital developed a set of implementation strategies and adopted an implementation plan to address priority community health needs.

After assessing the population of Brown County, the following health priorities were identified:

- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

From this list, HSHS prioritized the following:

- Health Care Access and Quality
    - Specific focus on Chronic Disease and Preventative Care
- Social and Community Context
    - With specific focus on Mental Health/Youth Mental Health and
    - Risk Behaviors; specifically, Substance Use and Overdose Deaths

While we are not including Education Access and Quality and Neighborhood and Built Environment in our top CHNA priorities this cycle, we will continue to partner with workgroups and initiatives developed to address these priority areas.

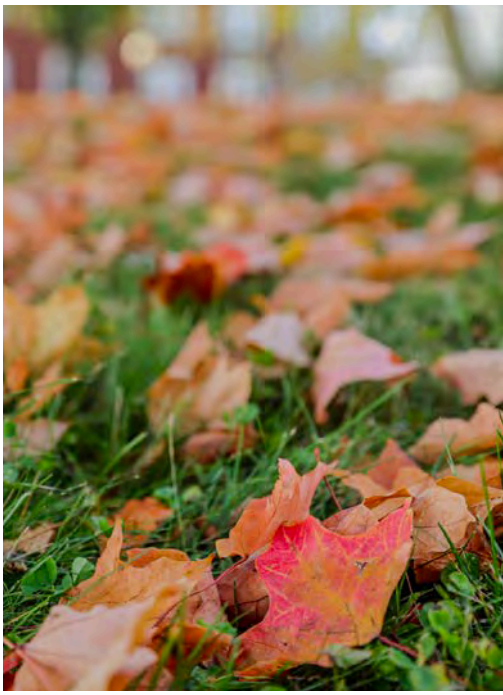
# BROWN COUNTY COMMUNITY HEALTH ASSESSMENT


# 2023–2024

# TABLE OF CONTENTS



*Unless otherwise stated, all data points represent Brown County's population.*



# NOTE FROM BEYOND HEALTH

The Community Health Assessment is a tool for Brown County to develop a deeper understanding of the health of our community. By pulling together information and painting a picture of health and well-being in Brown County, we can begin to understand where and how we should focus our resources, in order to increase overall health at various levels: for individuals, within groups, and as a whole.

Leading these efforts is Beyond Health, a steering committee comprised of leaders from both the public and private sectors: healthcare partners, public health agencies, and non-profit partners who work collaboratively to identify actionable priorities, minimize disparities in health, and adapt as needed to new and emerging health concerns.

We know that gaps exist in health depending on affiliation with certain groups: whether that is race, ethnicity, age, socioeconomic status, or more. Brown County is actively committed to minimizing these inequities, acting upon knowledge gained as a part of this assessment process, and moving our interventions upstream to ensure the most impact possible. This means weaving an intentional focus on the determinants of health - and not just health outcomes - into both our analysis and chosen strategic priorities.

We understand health in our community through a mix of both listening to community members' perspectives, presenting measurable indicators of health, and looking introspectively at public health systems already in place. We would like to thank the Steering Committee and Strategy Leads who have dedicated time and resources to this work over the last three years, and are optimistic that collectively we can continue to build on progress made, moving into this next cycle of community health improvement planning together.

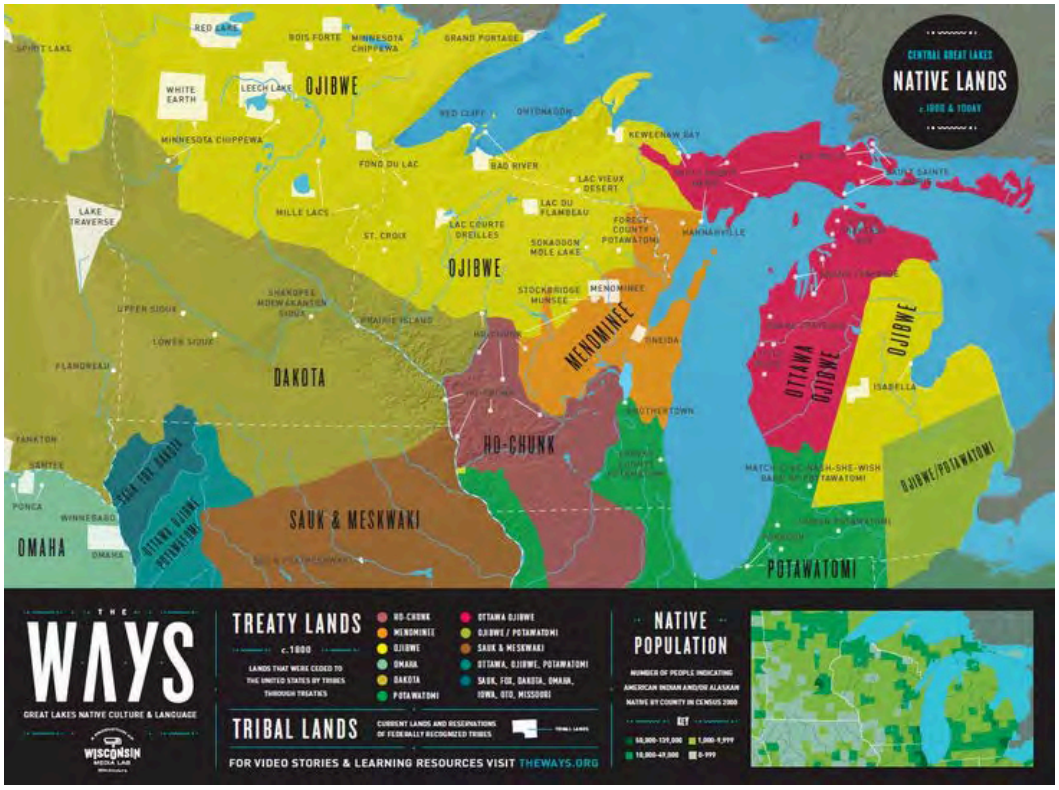
**The Beyond Health Steering Committee**

*CHA approved by Beyond Health Steering Committee on May 17, 2024*

# LAND ACKNOWLEDGEMENT

We want to acknowledge and honor the ancestral homelands and traditional territories of Indigenous people who have been here since time immemorial. It is important to not only honor the original occupiers of this land, but to acknowledge the systems which caused their removal. The First Nations have strong historical and spiritual connections to the land that we now call Brown County.

The area of Brown County has been home to the Menominee and Ho-Chunk tribes who still reside and thrive in Wisconsin. The Menominee and Oneida Nation Reservations are currently the closest tribal lands to where we are located. However, the Oneida Nation did not originally inhabit the area, but rather were forced to relocate to this region from the New York state area.




MAP CREDITS: 2019 Wisconsin Educational Communications Board. "Great Lakes Native Culture & Language: THE WAYS". https://theways.org/map.html. GIS Mapping: Bobby Marshment-Howell, Producer: Finn Ryan, Design: Art & Sons, Development: Alex Kendrick, Essay: Bobbie Malone.

Beyond Health is committed to ongoing collaboration with the First Nations in the area to understand and advance meaningful change in our communities. This means active inclusion of Indigenous voices to develop and implement strategies which address health inequities and move towards optimal health for all.

**A special thank you to our community partners who contributed to and supported the development of this statement:**

- **Ho-Chunk Nation**
- **Menominee Nation**
- **Oneida Nation**
- **Brown County Racial Equity Ad Hoc Committee**
- **Brown County United Way**
- **Northeast Wisconsin Technical College**

# OUR APPROACH

Our approach to the Community Health Assessment (CHA) includes combining quantitative data (numbers) and qualitative data (stories) to show how data points affect real people living in our community. Throughout this CHA, you will find stratified data (data that is broken down by race, age, gender, sexual orientation, etc.). We have included stratified data whenever possible, as we recognize that the various factors that impact health do not impact health equally. Additionally, you will find direct quotes and feedback from members of our community, collected through the following methods:

## DOOR-TO-DOOR SURVEYING

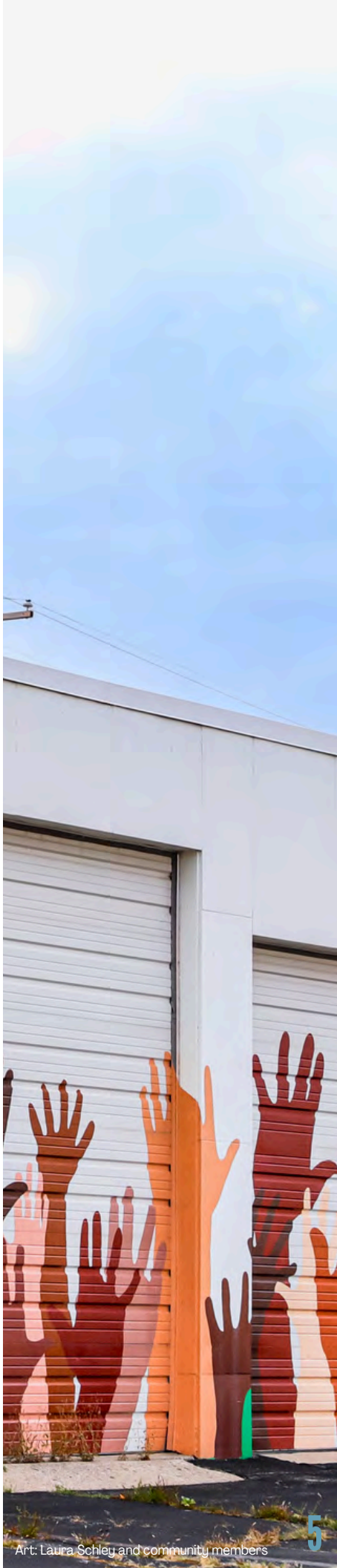
In late 2023, Brown County Public Health carried out a door-to-door survey in the community to learn about the community's emergency preparedness needs. The CDC's "Community Assessment for Public Health Emergency Response" tool, also known as CASPER, was used to plan the survey. This tool includes a set of emergency preparedness questions, as well as a method for randomly selecting clusters of houses to survey. Thirty clusters of houses in Brown County were randomly selected to be surveyed, with 490 houses visited and 142 surveys completed. Surveying was completed with help from partners, including De Pere Health Department, Green Bay Metro Fire Department, and Howard Fire Department.

## COMMUNITY SURVEYS

In order to engage the Brown County community, we shared a brief survey with all residents of Brown County. The survey was promoted on social media, websites, and through community partners and Steering Committee members. The survey questions focused on identifying factors that are obstacles to health and opportunities for community health improvement. We had nearly 60 responses and a summary of the results was cross referenced with other data collection sources and is shared later in this document.

## COMMUNITY CONSULTANTS

Through an analysis of past community surveys, we discovered that certain population segments are less likely to take part in online or door-to-door surveys. To gather a more diverse range of feedback, we collaborated with community partners to engage with aging individuals, residents in rural areas, Black, Indigenous, people of color (BIPOC) individuals, and those facing homelessness within our community. This initiative consisted of a two-part series where consultants were invited to share their health experiences as members of the Brown County community. About 45 people participated, in total. Throughout this document, you will find quotes and feedback paraphrased from these consultants. Our aim is to present a comprehensive view of our community's overall health, focusing on how social determinants are experienced in daily life.



Art: Laura Schley and community members

# WHAT DETERMINES OUR COMMUNITY'S HEALTH?

## SOCIAL DETERMINANTS OF HEALTH

The choices we make are not the only factors that determine how healthy we are. Social Determinants of Health (SDOH) are the conditions in the environments where we are born, live, learn, work, play, worship, and age that affect our health and quality of life. **They include the following:**

- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

The Community Health Assessment examines various factors that influence our well-being and quality of life, linking them through the Social Determinants of Health. Many of these factors are influenced by multiple determinants, which shows the different ways that our environments affect our health. Public health agencies use this information to work towards improving the factors that impact our health through building partnerships, creating and improving policies, and engaging in strategies that improve conditions in our community.

## HEALTH IN ALL POLICIES

Policies are written and enforceable rules, regulations, processes, and/or procedures. How they are written and carried out influence the health and well being of individuals and communities. By considering the Social Determinants of Health and root causes of poor health when creating and carrying out policies, we can improve the overall health of our community.

Health in All Policies (HiAP) is an approach to policymaking that involves looking at the ways that policies impact health. It provides a blueprint on how to integrate health equity and well-being into decision making, planning, and by policy by using a collaborative approach across different sectors in the community (health care, schools, government, public health, policy makers, community members, etc.).

# BROWN COUNTY COMMUNITY PROFILE


Brown County is home to a rich heritage of cultural and community traditions. Located in Wisconsin's Northeast region, Brown County boasts a population of over 250,000 residents. The principal industry in the county is paper-making with several large paper mills, pulp mills, and paper-converting companies. Cheese processing is also a major industry in the county. [1]

**Brown County is made up of the following municipalities:**

## CITIES

Green Bay, De Pere

## VILLAGES

Allouez, Ashwaubenon, Bellevue, Denmark, Hobart, Howard, Pulaski, Suamico, Wrightstown

## TOWNS

Eaton, Glenmore, Green Bay, Holland, Humboldt, Lawrence, Ledgeview, Morrison, New Denmark, Pittsfield, Rockland, Scott, Wrightstown

## TRIBAL NATIONS

Oneida

## OVERALL HEALTH RANKING

22 of 72 Wisconsin counties [3]

## COMMUNITY SNAPSHOT

**271,417**

Total Population [4]

Urban: **86%** [5]

Rural: **14%**

**$74,066**

Median Household Income [6]

Median Age: **37.6** [7]

Median Life Expectancy: **79.5** [8]

ART: *Produce and Pollinators*, Erin Labonte and Don Krumpos

# OUR COMMUNITY

Race and ethnicity are two concepts related to ancestry. "Race" is usually associated with physical characteristics and "ethnicity" is typically linked with cultural expression and identification. It is possible to identify with one or more groups within established concepts of race and ethnicity. [9]

## RACE [10]

**86.9%** White
**3.7%** Asian
**3.5%** American Indian and Alaska Native
**3.2%** Black or African American
**2.6%** Two or more races

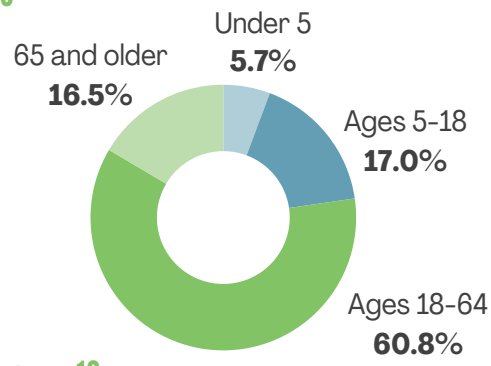
## ETHNICITY [10]

**9.9%** Hispanic or Latino

## LANGUAGE SPOKEN AT HOME [11]

**90.7%** English only
**6.0%** Spanish
**1.7%** Asian and Pacific Islander
**0.9%** Other Indo-European
**0.7%** Other languages
**9.3%** **of households speak a language other than English at home**

## AGE [10]




## LGBTQ+ [12]

LGBTQ+ is an all-encompassing term meant to describe individuals who identify as lesbian, gay, bisexual, transgender, and questioning or queer. This term refers to factors related to sexual identify and/or gender identity.

**3.8%** Adults (18+) in Wisconsin who identify as LGBTQ+ [13]

**29%** LGBTQ+ of adults (25+) in Wisconsin are raising children [13]

## VETERAN STATUS [14]

**6.6%** Veteran population
**86.3%** Male
**13.7%** Female

## DISABILITY STATUS [6]

**8.3%** Population under 65 with a disability

# ECONOMIC STABILITY

In Brown County, about a third of people struggle to afford basic living expenses, like housing, food, and health care. When people cannot afford these things, their overall health and quality of life is affected.[1]

When people have steady employment or income, they are less likely to live in poverty and are more likely to be healthy, but many people have difficulties making ends meet, and/or finding and keeping a job. This includes people with disabilities, injuries, or chronic health conditions. Even with a job or multiple jobs, many people still don't earn enough to afford the things they need.[2]

# ECONOMIC FACTORS

**10%** *of people live below the Federal Poverty Level (FPL)* [1]

**25%** *of people earn above the FPL but below the the basic cost of living* [2]

**43%** *of children are eligible for free or reduced lunch at school* [3]

**27,804** *people participate in SNAP (FoodShare)* [4]

## MEDIAN HOUSEHOLD INCOME [5]

| | |
|---|---|
| **Overall** | **$72,400** |
| **Asian** | **$90,700** |
| **White** | **$75,800** |
| **Hispanic** | **$61,600** |
| **American Indian and Alaska Native** | **$47,300** |
| **Black** | **$38,000** |

The median household income for Black households is about half of the overall median household income. This is caused by a number of things, including discrimination in workplaces.[6]

Brown County Public Health met at House of Hope with a group of teens and young adults to speak about health in our community.

House of Hope, in Green Bay, provides programming, services, and shelter to youth and families experiencing homelessness.

The individuals BCPH met with are members of the Brown County Youth Action Board. The board is made up of young people from ages 16-24 with relevant lived experience who work together to end youth homelessness.

**This is what they had to say:**

*"And it's like, you'll end up in a situation and they're like, 'Oh, why you can't do this? Why you can't do that?' And you don't even want to say why. You try to tiptoe around the fact that you don't want to tell them that you're homeless because of the fear of the judgment that comes behind it."*

*"I tell people, don't ever say it could never be you. Because is there any way you can say that?"*

### BROWN COUNTY HOMELESS AND HOUSING COALITION

*www.bchhcwi.org*
*bchomelesscoalition@gmail.com*

*CRISIS CENTER: 24 HOURS*
*Phone: 920-436-8888*
*Walk-in: 3150 Gershwin Dr*

*Non-Emergency Information:*
*Phone: 2-1-1*
*Text: Txt211 (898211)*

# HOMELESSNESS

**63** *median length of homelessness (days)*[1]

**860** *median number of people served in homeless programs per month* [2]

## UNSHELTERED HOMELESSNESS [3]

**41** in 2021 → **125** in 2023

These numbers come from the Point-in-Time (PIT) count, which is done twice a year and is done from 12am-4am. It counts people sleeping in vehicles, parks, and other places not meant for human habitation. In 2023, an additional 268 were found in emergency shelters, which totals **393 individuals.**

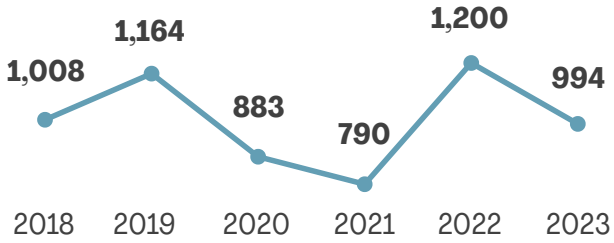
## BROWN COUNTY PRIORITIZATION LIST [4]

The Prioritization List ensures that people with the greatest need and vulnerability receive the supports they need to resolve their housing crisis.

There were **361** households on the priority list. Of those, **123** were households with children, **60** were fleeing domestic violence, **55** were seniors, **36** were youth, **36** were experiencing chronic homelessness, and **4** were veteran households.

*This data represents the median number of houses on the priority list from January 2023 to August 2023.*

## EVICTION FILINGS [5]




*Policies put in place during the COVID-19 pandemic temporarily decreased filings.*

# COST OF LIVING

## LIVING WAGE [1]

The living wage shown below is the hourly rate that an individual living in a Brown County household must make to support themselves or themselves and their family in 2024. If two adults in the household are working, the rate shown represents what each individual would need to make to support the household. **Hourly minimum wage in Wisconsin is currently $7.25.**

| 1 Working Adult | | | | 2 Working Adults | | | |
|---|---|---|---|---|---|---|---|
| 0 Children | 1 Child | 2 Children | 3 Children | 0 Children | 1 Child | 2 Children | 3 Children |
| $20.07 | $36.50 | $48.31 | $63.97 | $13.92 | $20.41 | $26.61 | $31.31 |

***"The amount that we make to live and the amount it costs to live, they outweigh each other by kind of a lot, honestly, and it's really hard for a lot of people to make a living."***

***"Because you work minimum wage, bills are crazy, inflation. And everybody's like, 'Well, where's your money going?' My money is going towards my life. Literally the basic things to live."***

*-House of Hope Community Consultants*

## RENT/HOUSING [2]

**Median rent by bedroom in Green Bay (January 2024)**

| | |
|---|---|
| 1 Bedroom | $842 |
| 2 Bedroom | $1,122 |
| 3 Bedroom | $1,525 |

**$949** ***median rent in Green Bay***

**How do other locations compare?**

| | | | |
|---|---|---|---|
| $912 | Pulaski | $1,250 | Hobart |
| $1,145 | Bellevue | $1,255 | Ashwaubenon |
| $1,195 | De Pere | $1,299 | Allouez |
| $1,224 | Howard | $1,395 | Suamico |

## BURDENED HOUSEHOLDS [3]

**24%** ***of households are burdened by housing costs***

Burdened households are households who spend 30 percent or more of their household income to housing (includes renters and owners). This also includes household costs, such as property insurance, taxes, utilities, and any other necessary fees.

## CHILDCARE [4]

**36%** ***of income is spent on childcare for 2 children by the average household***

However, childcare cost burden is not equal. For those making less than the median household income, the burden is much greater.

## GROCERIES [5]

| Monthly grocery cost | January 2020 | January 2023 |
|---|---|---|
| Adult female | $166.70 | $243.10 |
| Adult male | $188.00 | $303.70 |

These numbers are from the U.S. Department of Agriculture (USDA) Thrifty Food Plans. USDA produces four plans to show how a healthy diet can be achieved at different costs. These plans are updated on a monthly basis. The Thrifty Plan is used to calculate maximum SNAP (formerly Food Stamps) benefits.

*2020 numbers are based on ages 19-50, and 2023 numbers are based on ages 20-50.*

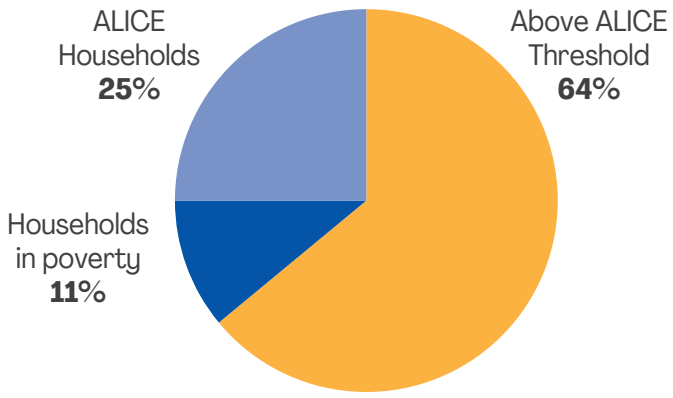
# ALICE [1]

**ALICE is an acronym that stands for Asset Limited, Income Constrained, Employed.**

ALICE households earn incomes above the Federal Poverty Level (FPL), but below the basic cost of living. These families have jobs and often make too much to qualify for social services or support but struggle with paying monthly bills, saving money for emergencies, or investing for the future.

Often, these households are one unexpected expense away from slipping into poverty.

## ALICE IN BROWN COUNTY, 2021 [2]




## DISPARITIES

**36%** of households in Brown County are living below the ALICE Threshold, which includes ALICE Households and Households in Poverty. Looking at communities with rates at or above the county average of 36% shows where disparities exist.

### GROUPS WITH THE MOST ALICE HOUSEHOLDS

- **72%** Single-female headed households with children
- **69%** Black headed households
- **60%** American Indian or Alaska Native headed households
- **57%** Single-male headed households with children
- **54%** Under age 25 headed households
- **49%** Hispanic headed households
- **48%** Age 65 and older headed households
- **43%** Households headed by individuals of two or more races

### MUNICIPALITIES WITH THE MOST ALICE HOUSEHOLDS

- **43%** Green Bay
- **42%** Denmark
- **39%** Ashwaubenon
- **39%** Pulaski
- **36%** Bellevue

To view the most recent ALICE report, visit: UnitedforALICE.org/Wisconsin

# PARTNER PROFILE:

## A RESOURCE FOR NAVIGATING HOUSING, UTILITIES, FOOD, MENTAL HEALTH, AND MORE [1]

2-1-1 is a free statewide resource with eight regional contact centers in Wisconsin.

Expert specialists are available to provide referrals that are specific to individual requests and resource availability in the service area.

The database of more than 12,000 agencies and networks that serve Wisconsin is regularly updated to provide accurate information.

## FOUR WAYS TO CONNECT:

**CALL**
Dial 2-1-1 or 1-800-924-5514
TTY dial 7-1-1
*Available 24/7*

**TEXT**
Text your ZIP code to 898211
Monday through Friday
8:00am to 5:00pm

**CHAT**
Chat online with 2-1-1
Monday through Friday
8:00am-5:00pm

**SEARCH**
Search online directory
*Available 24/7*

Brown County United Way

## BROWN COUNTY COMMUNITY NEEDS, 2023 [2]

***as identified by 2-1-1***

**6,280** referrals made in 2023

**779** housing referrals
*includes rent payment assistance, community shelters, and homeless motel vouchers*

**435** utility assistance referrals
*includes electric, water, gas, internet, and telephone service payment assistance*

**232** food/meals referrals
*includes food pantries, SNAP (food stamps) applications, and community meals*

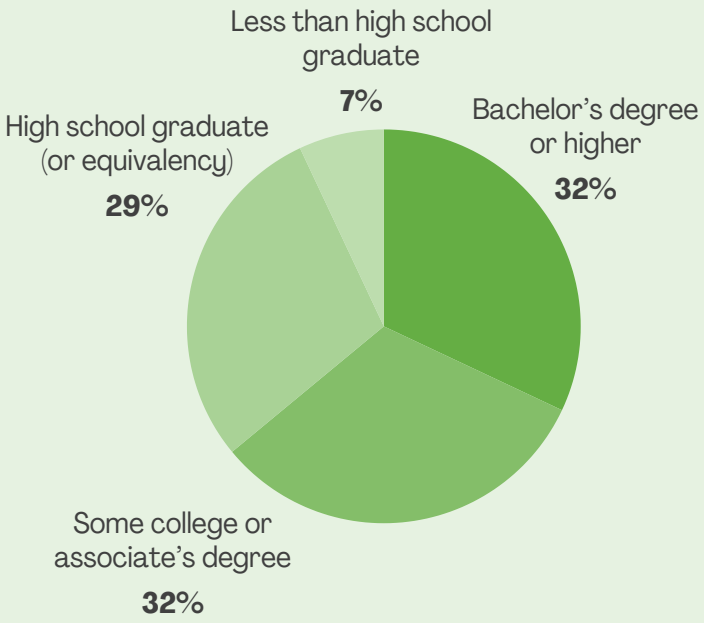
**227** health care referrals
*includes Medicaid applications, Aging and Disability Resource Centers, and at-home COVID-19 tests*

**208** transportation referrals
*includes gas money, automobile repair loans, and non-emergency medical transportation*

# EDUCATION ACCESS AND QUALITY


## EDUCATIONAL ATTAINMENT [1]

***Of population ages 25-64***

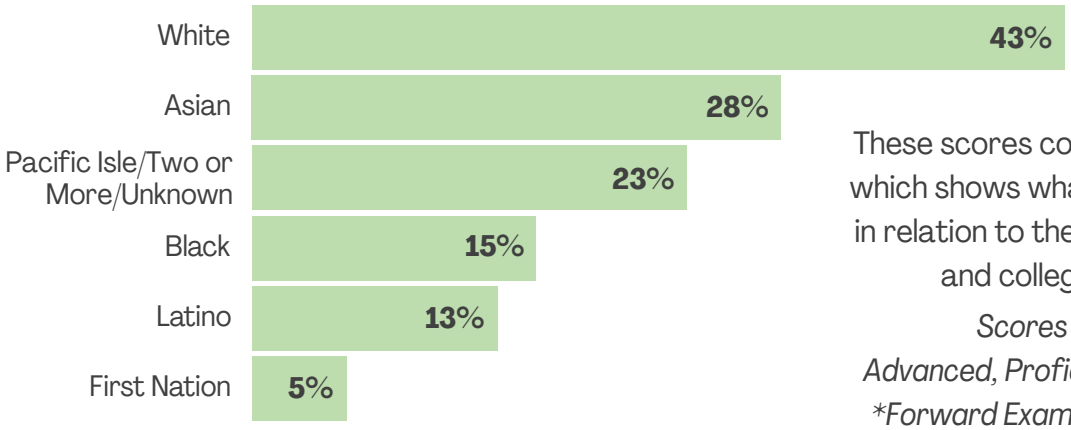



People with higher levels of education are more likely to be healthier and live longer. Children from low-income families, children with disabilities, and children who experience bullying are more likely to struggle with math and reading. They are also less likely to graduate from high school or go to college, which can make it difficult to get a high-paying job and can impact health. [2]

# K-12 INDICATORS

## THIRD GRADE READING SCORES [1]

***Percentage of students who scored advanced and proficient***




These scores come from the Forward Exam, which shows what students know and can do in relation to the Wisconsin State Standards and college-content readiness.

*Scores fall into four levels - Advanced, Proficient, Basic, and Below Basic.*

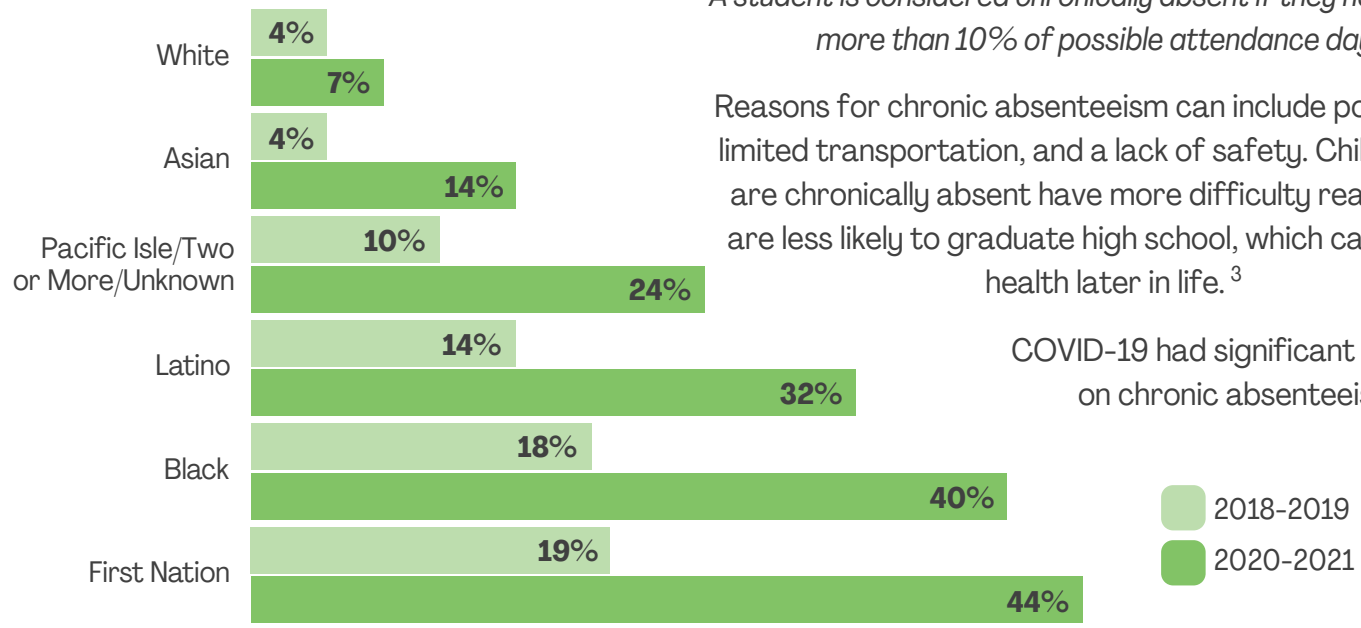
**Forward Exam is a web-based assessment*

## CHRONIC ABSENTEESIM [2]

*A student is considered chronically absent if they have missed more than 10% of possible attendance days.*

Reasons for chronic absenteeism can include poor health, limited transportation, and a lack of safety. Children who are chronically absent have more difficulty reading and are less likely to graduate high school, which can impact health later in life. [3]

COVID-19 had significant impacts on chronic absenteeism.




## HIGH-SCHOOL GRADUATION RATES, 2022 [4]

| | | | |
|---|---|---|---|
| 96% | White | 88% | Pacific Isle/Two or More/Unknown |
| 94% | Asian | 84% | Black |
| 88% | Latino | 81% | First Nation |

# POST-SECONDARY INDICATORS

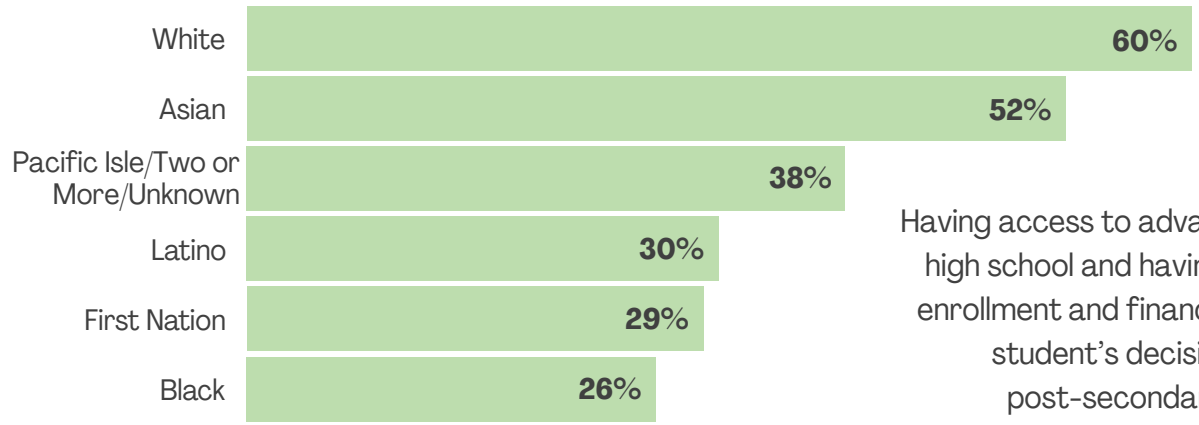
Brown County is home to 4 colleges and universities, Bellin College, Northeast Wisconsin Technical College, Saint Norbert College, and University of Wisconsin - Green Bay, as well as satellite locations for several other institutions.

**6,071 post-secondary degrees were awarded in Brown County in 2021** [1]

## POST-SECONDARY ENROLLMENT [2]

**Enrollment in post-secondary education by the first fall after high-school graduation:**

**51%** Brown County **48%** Wisconsin




Having access to advanced level courses in high school and having help with college enrollment and financial aid can affect a student's decision to enroll in post-secondary education.

People with post-secondary education are less likely to report conditions like heart disease, high blood pressure, diabetes, anxiety, and depression. [3]

# HEALTH CARE ACCESS AND QUALITY

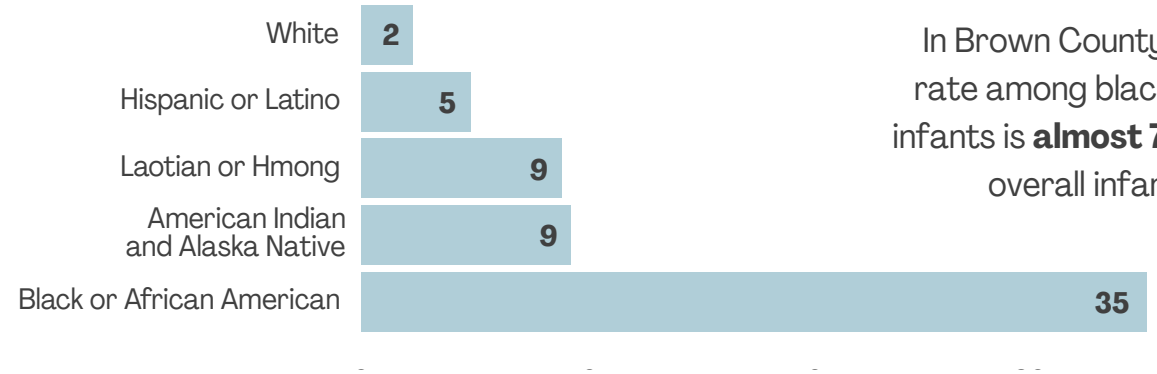
In Brown County, 8%[1] of adults under 65 are uninsured. Without insurance, people are less likely to have a primary care provider and may struggle to afford necessary health care services and medications. Those without insurance are also less likely to be recommended preventative health services, like vaccinations and cancer screenings, which are important to diagnose diseases early and prevent them from becoming more severe.

People who live in rural areas further from health care providers are also less likely to get the care they need. [2]

# HEALTH OUTCOMES

## INFANT MORTALITY [1]

**5.4** **infant deaths (within 1 year of births) per 1,000 live births in 2020**



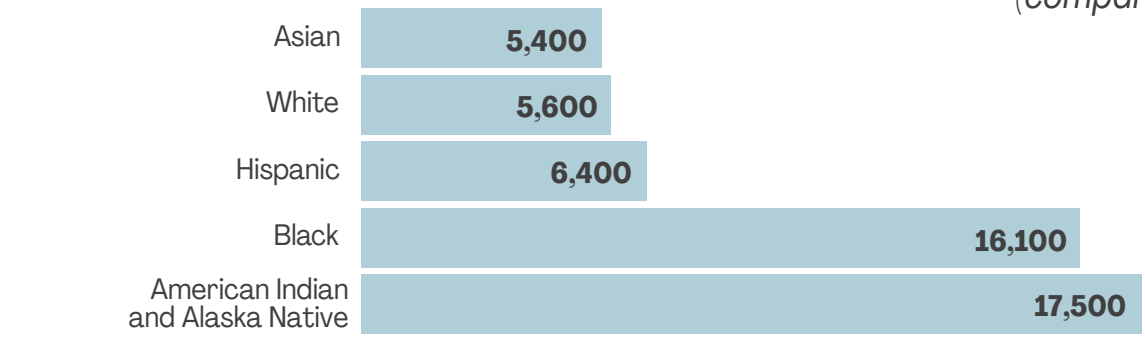

In Brown County, the infant mortality rate among black or African American infants is **almost 7 times higher** than the overall infant mortality rate.

## PREMATURE DEATH [2]

Premature death measures **Years of Potential Life Lost** (**YPLL**). Measuring YPLL tells us how many years of life are lost when people die earlier than they should (before age 75).

**6,200** **Years of Potential Life Lost before age 75 per 100,000 people**

*(compared to 7,100 in WI)*




### Leading Causes of Death under age 75

1. Malignant neoplasms (cancer)
2. Heart disease
3. Accidents
4. COVID-19
5. Intentional self-harm

In the United States, racial and ethnic minorities experience higher rates of illness and death caused by conditions like diabetes, hypertension, obesity, asthma, and heart disease, which decrease life expectancy and increase YPLL.

Disparities in housing, education, and employment for minorities contribute to negative health outcomes. [3]

***"Black young ladies need a lot more healthcare than what they get, especially if they're pregnant and things like that."***

*-We All Rise Community Consultant*

# MEDICAL HOME

## What is a medical home?

The medical home is a model for primary care that is designed to provide comprehensive, coordinated, and patient-centered health care. This means that the patient is at the center of their own care.

Partnership is emphasized in the medical home model. Patients are treated with respect and dignity, which allows them to build trusting relationships with their providers.

The medical home model also reduces health care costs by preventing unnecessary hospitalizations and emergency room visits.[1]


## FEAURES OF A MEDICAL HOME[2]

### Patient-Centered

There is a partnership between providers, patients, and their families to make sure that decisions respect the patient's needs. Patients have the necessary education to make decisions about their own care.

### Comprehensive

A team of care providers is responsible for taking care of a patient's physical and mental health needs, including prevention, wellness, acute care, and chronic care.

### Coordinated

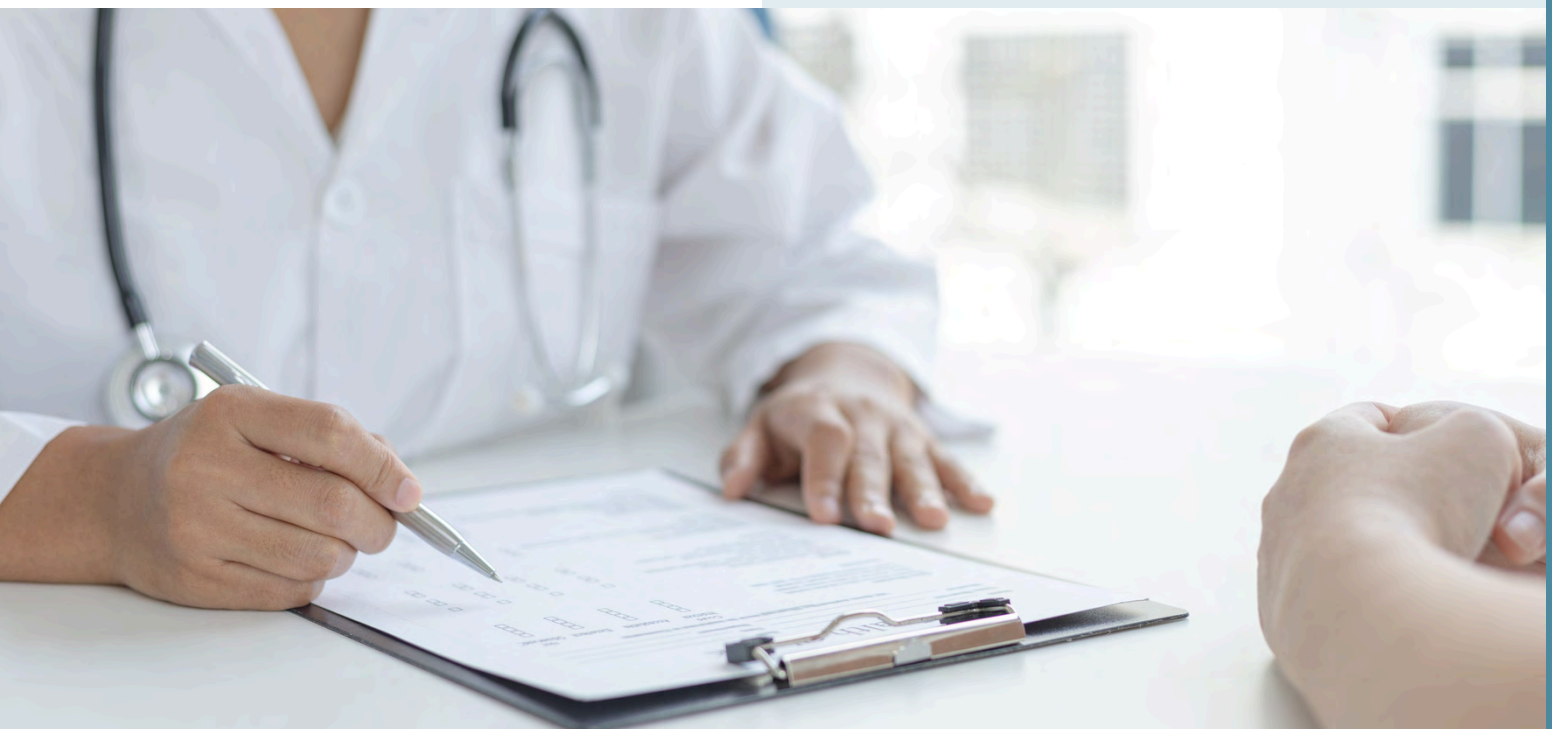
The patient's care is coordinated across all parts of the health care system. This includes any specialty care the patient may need, hospital care, home health care, pharmacy, and community service.

### Accessible

Patients are able to access services with shorter wait times. This often includes ability to message a provider 24/7 through an online patient portal or telephone access.

### Commitment to Quality and Safety

All providers and staff are committed to quality improvement to make sure that patients and their families are able to make informed decisions.



# HEALTH CARE ACCESS

An individual's ability to access high-quality health care can by affected by several things, including insurance coverage, physician availability, reliable transportation, health literacy, and cultural and linguistic barriers.[1]

## RATIO OF PEOPLE TO PROVIDERS

| | BROWN COUNTY | WISCONSIN |
|---|---|---|
| Primary care providers[2] | 1,440 to 1 | 1,250 to 1 |
| Dental care providers[3] | 1,220 to 1 | 1,360 to 1 |

## INSURANCE COVERAGE[2]

**8%** *of adults under 65 are uninsured*

**5%** *of children under 19 are uninsured*

## HEALTH CARE NEEDS

**7%** *of adults have unmet medical needs*[4]

### PRIMARY CARE

**73%** *of adults have an annual check-up with a primary care provider*[5]

**88%** *of Medicare enrollees saw a primary care provider*[6]

### PRENATAL CARE[7]

**84%** *of mothers received prenatal care in the first trimester*

**Mothers who received prenatal care in the first trimester by race/ethnicity:**

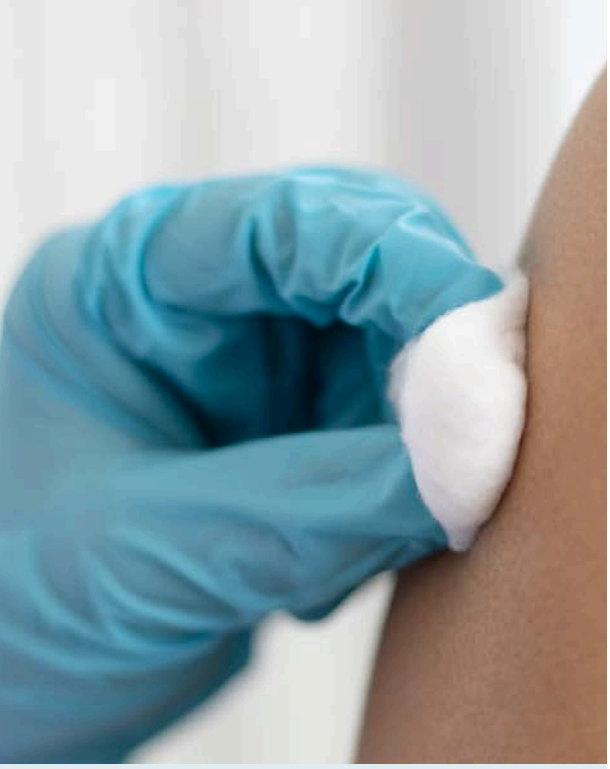
- **89%** White
- **77%** Laotian and Hmong
- **76%** Black or African American
- **74%** Two or more races
- **71%** American Indian or Alaska Native
- **70%** Hispanic


***"But with young children, the urgent care closes at 8:00 and it's not open on the weekends. And that's really frustrating, because kids are always hurt or sick on the weekends and at night. We're always driving to the emergency rooms in Green Bay and urgent cares out there."***

*-Pulaski Community Consultant*

***"I've always thought I would love to stay here my whole life, but the opportunities for finding healthcare when I am 80 years old, and I have to drive anywhere is going to be tough."***

*-Wrightstown Community Consultant*



# PREVENTIVE CARE SNAPSHOT

## PREVENTIVE SERVICES:

Include routine care like vaccinations, screenings, check-ups, and counseling aimed to prevent illness, disease or other health problems.

In addition to visiting a primary care provider when an illness occurs, routine visits with your provider allow them to monitor your health and watch for changes. Routine tests and screenings check for chronic diseases, such as cancer, diabetes, and heart disease.

Routine vaccinations are recommended. Vaccines stimulate the immune system to produce immune responses that protect against infection. Vaccines provide a safe, cost-effective, and efficient means of preventing illness, disability, and death from infectious diseases.[1]

There is evidence that screening for unmet social needs by asking questions about difficulties, like housing food, utilities, transportation, and affording medication, are beneficial when providing interventions and are important in improving a patient's health.[2]

## SCREENINGS [3]

**75%** of women ages 50-74 have had a mammogram in the past 2 years *(compared to 78% in WI)*

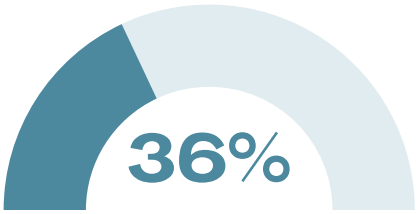
**85%** of women ages 21-64 were up to date on cervical cancer screening *(compared to 78% in WI)*

**60%** of adults ages 50-75 were up to date on recommended colorectal screening *(compared to 67% in WI)*

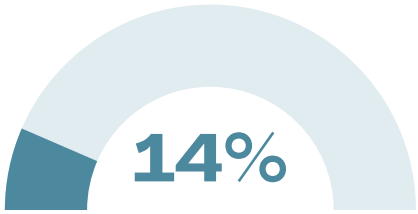
## VACCINATIONS

**46%** of youth ages 9-18 completed the HPV series [4]

**77%** of children received the recommended routine childhood vaccinations (DTaP, polio, MMR, Hib, hepatitis B, varicella, & pneumococcal) by 24 months of age [4]




of people received a flu vaccine during the 2023-2024 flu season *(compared to 35% in WI)* [5]




of people received an updated (bivalent) COVID-19 booster *(compared to 17% in WI)* [6]

# CHRONIC DISEASES

Chronic diseases are usually defined as conditions that last a year or more and require ongoing medical care, limit daily activities, or both. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability.[1]

**36%** *of adults have high cholesterol* [2]

**29%** *of adults have high blood pressure* [2]

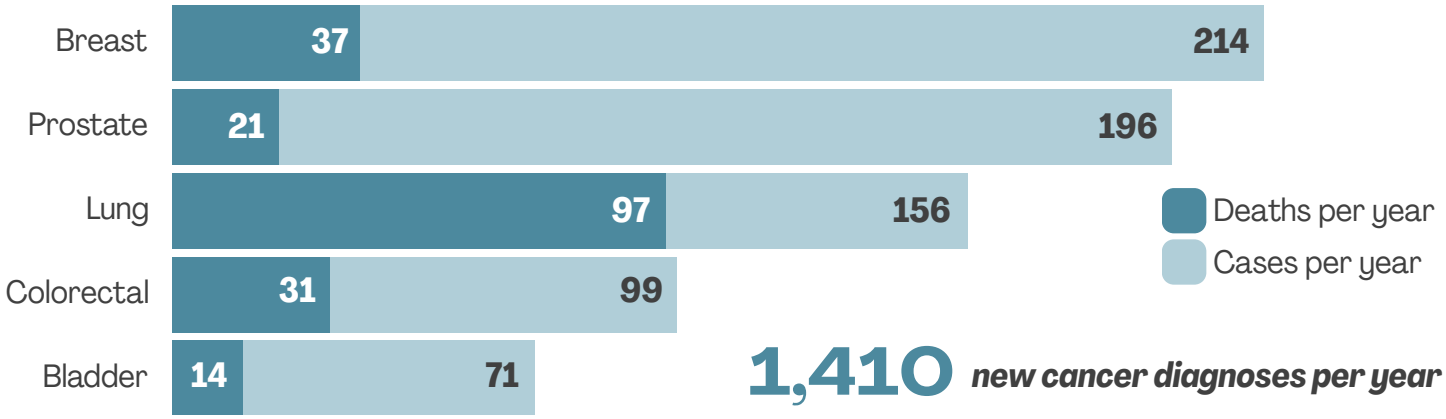
**9%** *of adults have diabetes* [2]

**6%** *of adults have heart disease* [2]

**In Quarter 4 of 2023, cardiovascular disease, diabetes, and obesity were the most commonly diagnosed conditions upon discharge at Aurora Bay Care Medical Center, Bellin Hospital, St. Mary's Hospital Medical Center, and St. Vincent Hospital, according to hospital claims data.** [3]

## CANCER [4]

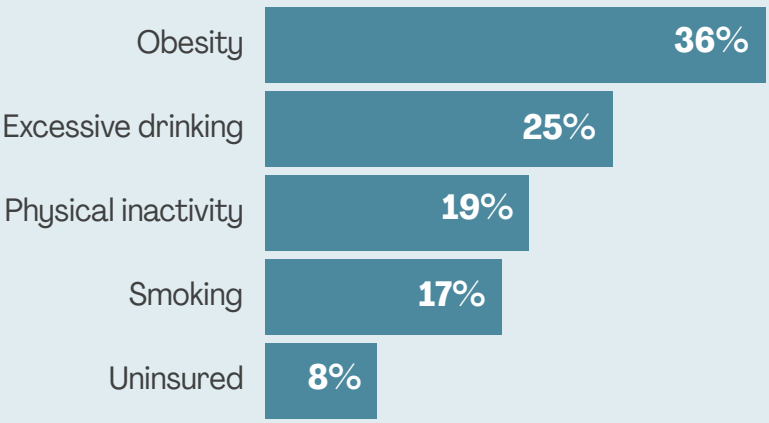
**5 most common types of cancer in Brown County**




**1,410** ***new cancer diagnoses per year***

## RISK FACTORS [4]

**How prevalent are common risk factors for chronic diseases in Brown County (adults)?**




These factors are influenced by our environment, not just personal choices.

For example, having access to trails and parks makes it easier to be active. Having access to grocery stores with affordable and healthy options makes it easier to eat healthy. Being surrounded by smoking and drinking makes it more difficult to avoid those risk factors.

# NEIGHBORHOOD AND BUILT ENVIRONMENT

The environment of a community can impact health in many ways. From safe drinking water to clean air and being able to access healthy foods, every part of the environment plays a role in health. When a community is able to provide a safe and equitable environment to its members, the community will be healthier. [1]

**Neighborhoods** are the places where community members live and interact with others.

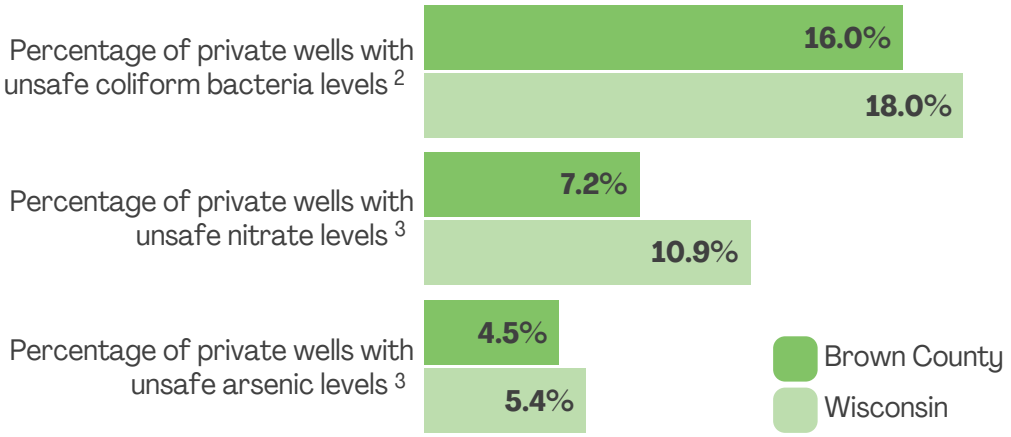
**The built environment** is all of the physical parts of where we are born, live, learn, work, play, worship, and age. These places include our homes, streets, green spaces, buildings, and infrastructure. [2]

# HEALTHY & SAFE HOMES

## PRIVATE WELL WATER [1]

Residents in our community who rely on private wells (rather than municipal water) often need to test their water for contaminants such as:

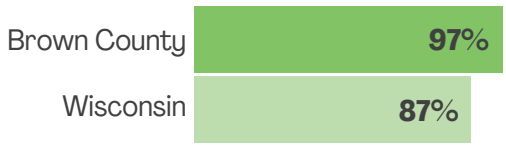
- **Coliform bacteria:** Elevated bacteria in drinking water can make people sick.
- **Nitrates:** Elevated nitrates in drinking water can cause birth defects, miscarriage, and "blue baby syndrome".
- **Arsenic:** Elevated arsenic in drinking water can increase the risk of diabetes and some cancers.




## WATER FLUORIDATION

Fluoride is a mineral that helps prevent tooth decay. Water fluoridation benefits everyone in Brown County that uses city water, no matter a person's age, income, or access to dental care. It provides a broad approach to improving oral health. [4]

**Percentage of community members with access to water fluoridation [5,6]**




## RADON IN HOMES

Radon is an odorless, tasteless, colorless natural gas that can cause lung cancer. Radon leaks into houses through the ground, and can exist in any house. Testing your home regularly and mitigating the radon can reduce risk of exposure. [7]

**35%** **of housing units in Brown County have unsafe radon levels** *(compared to 41% in WI)* [3]

Radon is the second leading cause of lung cancer in the U.S. and is the number one cause of lung cancer among non-smokers. [7]

**Zip codes in Brown County with the most unsafe radon levels: [8]**

| | |
|---|---|
| 54180 | 70% |
| 54229 | 65% |
| 54311 | 57% |
| 54301 | 55% |
| 54217 | 55% |

# HEALTHY & SAFE HOMES

## LEAD IN HOMES

Lead poisoning can cause many health issues for children that can last their lifetime. Lead can damage their brain and other body systems leading to growth and developmental delays, learning disabilities, reduced IQ and attention span, and a range of other health and behavioral effects. [9]

**1%** **of housing units in Brown County have unsafe lead levels** *(compared to 2.8% in WI)* [3]

Homes with elevated lead levels were predominantly located in zip codes **54303, 54302,** and **54301.** [10]

**More than half of homes with unsafe lead levels were built before 1950.** At that time, lead based paint was popular because it lasted a long time and kept its color well. In 1978, once the health effects of lead were better understood, lead based house paint was banned. [9]

MAP CREDITS: WI DHS. (2018-2021). *Childhood Lead Poisoning Data Explorer.* https://dhsgis.wi.gov/dhs/clpde/


*Map of Children with Lead Poisoning*

Higher % of children with lead poisoning

Lower % of children with lead poisoning

**Lead poisoned children by race/ethnicity:** [11]

| | |
|---|---|
| **33%** | *Hispanic or Latino* |
| **15%** | *Black or African American* |
| **13%** | *Asian* |
| **28%** | *White* |

**Overall race/ethnicity in Brown County:** [12]

| | |
|---|---|
| **10%** | *Hispanic or Latino* |
| **3%** | *Black or African American* |
| **4%** | *Asian* |
| **87%** | *White* |

**The largest proportions of children with lead poisoning in Brown County are Hispanic, Black, and Asian, even though these groups make up a smaller portion of the population.**

# HEALTHY & SAFE NEIGHBORHOODS

## PARK ACCESS

Living near a park can improve your quality of life, boost physical and mental well-being, encourage community involvement, and help create a more sustainable and lively neighborhood. [1]

**69%** **of people live within a half mile from a park** *(compared to 60% in WI)* [2]

*Map of Brown County parks*

MAP CREDITS: Brown County Parks Department. (n.d.). *Parks, Public Natural Areas, Trails, and Points of Interest in Brown County WI.* https://browncounty.maps.arcgis.com/apps/OnePane/basicviewer/index.html?appid=e77ecd45a31d48738ba60371d67d8bb0

***"We have good clean air, clean water, clean nature. We still have great access to nature where in some of the bigger cities they don't have those things."***

*-Wrightstown Community Consultant*

## ACCESS TO EXERCISE OPPORTUNITIES [5]

When individuals are more physically active, their risk of type two diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature death decreases. When our built environment has more sidewalks, parks, and gyms nearby, it is easier for individuals to be more active.

**92%** **of community members have access to exercise opportunities** *(compared to 84% in WI)*

## URBAN TREE CANOPY

An urban tree canopy is the layer of trees covering the ground when viewed from above in urban areas.

It provides health benefits like shade, improved air quality, reduced heat, and aesthetic enhancement in cities. [3]

**Percentage of land covered by tree canopy** [4]

**32%** Brown County

**26%** Wisconsin

# HEALTHY & SAFE NEIGHBORHOODS

## LIQUOR LICENSES

There are 1.2 liquor licenses per 1000 people in Brown County compared to 1.5 per 1000 people in Wisconsin.[2]

While Brown County's liquor license rate may be slightly lower than Wisconsin's as a whole, research shows us that an over-concentration of alcohol outlets will result in higher rates of alcohol-related disorders. When there are a lot of places selling alcohol in one area, local law enforcement costs will usually increase.[6]

## ASTHMA

Asthma is a persistent or long-lasting disease that makes it harder to breathe and limits the ability to get air into the lungs. Symptoms of asthma often happen when a person comes in contact with triggers like air pollution and pollen.[7]

**3.0** **asthma hospitalizations per 10,000 youth** *(compared to 2.4 in WI)*[2]

In Wisconsin, asthma rates are higher among black individuals compared to other racial/ethnic groups.[2]

## FLOOD ZONES

When an area experiences flooding, there are threats for public safety, property, and the environment. For example, private wells and public waters can be negatively affected by a flooding event.[8]

**7%** **of Brown County is in an EPA designated flood hazard area** *(compared to 12% in WI)*[2]

Climate change leads to increased flooding, which can have significant financial and human costs.[9]

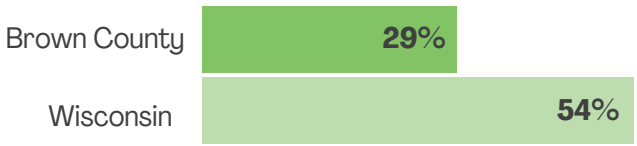
# TRANSPORTATION

Transportation plays an important role in public health. Motorized vehicles can lead to higher air pollution, traffic crashes, and less physical activity. Having a variety of different methods of transportation can improve the health of the community. [1]

## PUBLIC TRANSIT

Public transportation is relied on by many community members to get to work, school, run errands, or to visit the doctor's office. When public transit is not easily accessible, it makes it very hard to fulfill basic needs of the community. [2]

**Percent of community members with access to public transportation [3]**




## LONG COMMUTES [4]

**15%** **of people in Brown County drive more than 30 minutes to work**

People who drive more than 30 minutes to get to work have an increased risk of high blood pressure, high body mass index, poor mental health, and a decrease in physical activity. Each extra hour spent in a car every day increases the risk of obesity by 6%.

***Community Consultants in Denmark described the need for transportation and awareness of options.***

## WALKABILITY

When places in a community are close to each other, like schools, work, parks, and clinics, a neighborhood is more walkable. A walkable neighborhood promotes more physical activity and interaction with community members.

Walkability measures how easy and enjoyable it is to walk in a particular area. It considers factors like proximity to amenities, street design, safety, connectivity, aesthetics, and traffic. [5]

**48** **pedestrian and bicycle related injuries in Brown County (2021)** [6]

# BROADBAND INTERNET ACCESS

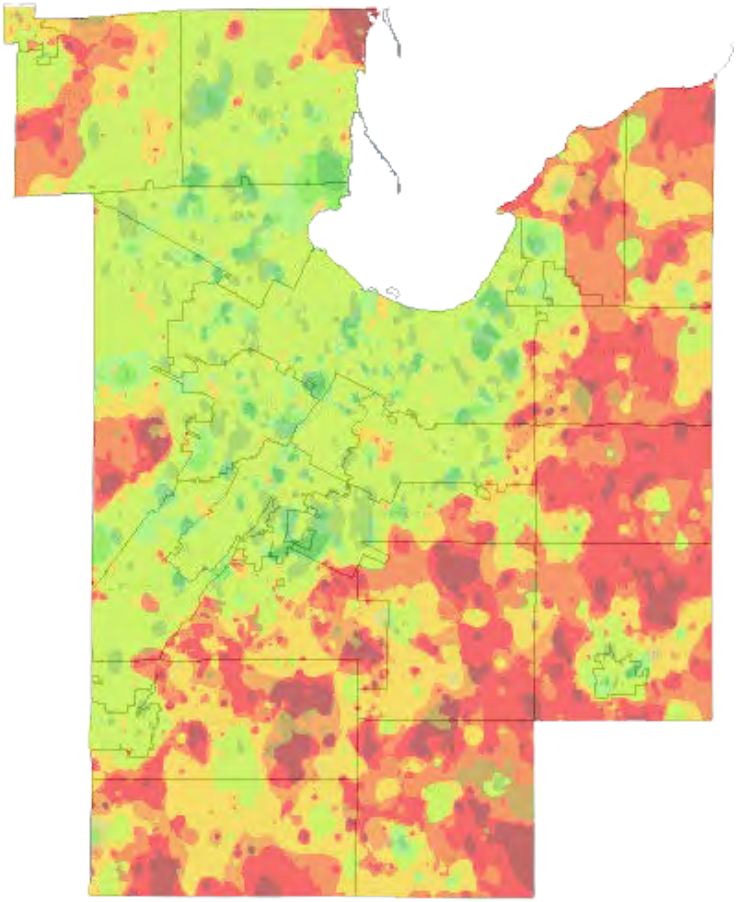
## HIGH-SPEED INTERNET ACCESS [1]

Having access to fast and reliable internet affects the overall health and wellbeing of people in our community in many ways. In rural areas, especially, there is a need for expanded internet access.

**Education:** Internet access allows students to access course materials at home. It also provides people looking to gain additional skills, certifications, and degrees with the flexibility to do so at home and on their own time.

**Employment:** Internet access allows people to search and apply for jobs online. Having internet access gives employees the ability to work from home, which saves time and money on commuting costs and helps with an employee's work/life balance.

**Healthcare:** Internet access allows people to use telehealth services and access their medical information online. It also helps people find credible sources for information on health matters.



Fastest internet speed — Slowest internet speed

MAP CREDITS: Brown County, Wisconsin. (n.d.). Brown Conty Interactive Broadband Map. https://browncounty.maps.arcgis.com/apps/webappviewer/index.html?id=ae44a0c299554f7ea4e2561d82700451

**9%** of households have no internet access [2]

**29%** of households with an income of less than $20,000 do not have an internet subscription [2]

**7%** of households have a smartphone but no other device [2]

***This data has been collected through the Brown County Crowd-Sourced Broadband Project, which collects results for speed tests taken by individuals throughout the county.***

***The map can be used to show need for broadband support.***

# SOCIAL AND COMMUNITY CONTEXT


People's relationships and interactions with the people around them - family, friends, co-workers, and neighbors - have a big impact on their overall health and well-being.

Some people, like youth who are bullied and those with disabilities, may not receive enough support from the people around them. This can negatively impact health.[1]

In 2023, the U.S. Surgeon General released an advisory calling attention to the public health crisis of loneliness, isolation, and lack of connection in the country.

A Surgeon General's Advisory is a public statement that calls the American people's attention to an urgent public health issue.[2]

# ADVERSE CHILDHOOD EXPERIENCES

Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs can affect a child's sense of safety, stability, and ability to bond with others.

The toxic stress that ACEs cause can negatively affect a child's brain development, immune system, and stress-response system, which have impacts on attention, decision-making, and learning. Effects of ACEs can affect a person through adulthood and are linked to chronic health problems, mental illness, and substance use. [1]

## ACEs ARE MORE COMMON THAN YOU MIGHT THINK . . . [2]

**60%** of adults in Wisconsin have experienced at least one ACE

**19%** of adults in Wisconsin have experienced four or more ACEs

## ACEs IN BROWN COUNTY [2]

**34%** Adults who were verbally abused in childhood

**27%** Parents were divorced or separated

**26%** Adults who were physically abused in childhood

**23%** Member of the household had mental health problems

**15%** Adults in the household physically abused each other

**9%** Adults who were sexually abused in childhood

**8%** Member of the household went to prison

At all five Community Consultant sessions, participants were asked the following question:

**What do you feel like you need to belong in Brown County?**

*"Safety. Sense of purpose. Connections."*
*-Pulaski Community Consultants*

*"Black owned clinics. Black professionals. Recognition of its growth in diversity. Affordable safe housing for low-income families. Not being overlooked."*
*-We All Rise Community Consultants*

*"Well, I can say just having a business here, I've tried very hard to just get to events to meet the community members, but I didn't grow up here. I wasn't raised here and it's very guarded and so it's hard for me to meet people."*
*-Wrightstown Community Consultant*

Community Consultants in Denmark reported that the following impact their community's ability to experience social connectedness:

- Lack of communication around activities
- Consistency
- Fear of COVID-19

# SOCIAL CONNECTEDNESS

Social connectedness is the degree that we feel connected to the people around us and the communities that we belong to. This includes relationships and interactions with family, friends, co-workers, and neighbors. Social isolation is when people have few social relationships, group memberships, and social roles.[1]

Many people lack social connections, which can lead to poor health impacts. Social isolation is associated with an increased risk of early death from all causes.[2]

**Lacking social connections has the same health impacts as smoking 15 cigarettes per day.[3]**

## Number of member associations:

| Brown County | Wisconsin |
|---|---|
| 8 | 11 |

*Number of member associations (including civic, political, religious, sports, and professional organizations) per 10,000 people* [4]

## BELONGING AS A PROTECTIVE FACTOR

Social connectedness can have protective effects for many health outcomes, including mental health, violence, sexual behavior, and substance use. Increasing social connectedness in adolescence can improve overall health in adulthood.[5]

**Students who reported mental health concerns by sense of belonging[6]**

Of students who reported having mental health concerns, **43%** said they **do belong.**

Of students who reported having mental health concerns, **82%** said they **do not belong.**

# SOCIAL CONNECTEDNESS

Wello's Community Health and Well-Being Survey is a community-wide survey conducted bi-annually and seeks to collect data to build an overall picture of well-being in Brown County. [7]

**I see myself as a member of the community in which I live.** [7]

| 4% | 18% | 55% | 23% |
|---|---|---|---|
| Strongly disagree | Disagree | Agree | Strongly agree |

**I feel like I belong.** [7]

| 4% | 10% | 28% | 43% | 15% |
|---|---|---|---|---|
| Strongly disagree | Disagree | Neither agree or disagree | Agree | Strongly agree |

There are many factors that shape how socially connected we are. These include things like household size, community spaces, technology use, and discrimination.

Discrimination plays a big role in social connectedness. When people do not feel accepted by their communities and the people around them, they feel less connected. Lack of social connectedness has an impact on health, which can lead to minority populations having worse health outcomes. [8]

## DISCRIMINATION [7]

Wello also asked "Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your ____."

**52%** of respondents answered "Yes" based on at least one factor.

***"That's one of our big problems because I'm laying on the sidewalk, the white lady across the street laying on the sidewalk. The paramedic go pick her up first. I'm still laying there. Things like that. That's our problem."***

*-We All Rise Community Consultant*

**ART:** *Vote*, Claire Kat Erickson

## CIVIC PARTICIPATION

Civic participation includes different activities done for the benefit of society, including voting, volunteering, and participating in various group activities. People who participate in these activities are usually more involved in their communities, and therefore more socially connected. [9]

**75%** **of adults voted in the 2020 presidential election** [10]

# BREAST/ CHESTFEEDING

The term chestfeeding means providing human milk from the chest. Individuals use it because the words breastfeeding or nursing are not the right fit for them. The reasons for using it can vary depending on the individual. Breast/chestfeeding is associated with numerous short-term and long-term benefits for both the infant and birthing parent. [1]

## INITIATION RATES [2]

**78%** *of parents initiated breastfeeding at birth in 2022*

**Parents who initiated breastfeeding at birth by race/ethnicity**

- **82%** White
- **82%** Two or more races
- **76%** Hispanic
- **66%** Black or African American
- **59%** American Indian or Alaska Native
- **43%** Laotian or Hmong

## INFANT FEEDING SURVEY [3]

Brown County Public Health has partnered with the St. Norbert College Strategic Research Institute for the "Building a Bridge of Support: Brown County Infant Feeding Survey 2024." As of the creation of this document, the survey is still open and collecting responses. Therefore, the results below are preliminary and based on the 324 responses collected from February 2024 to April 2024.

**Top reasons for not breast/chestfeeding your child or stopping breast/chestfeeding:**

1. Child self-weaned/child no longer interested (22%)
2. I experienced pain while breast/chestfeeding (20%)
3. I did not make enough milk (19%)

**Most supportive groups in your breast/chestfeeding journey (includes "Very supportive" and "Supportive" responses):**

1. Significant Other (76%)
2. OBGYN/Prenatal Provider (72%)
3. Friends and Family (70%)
4. Hospital Nurse (69%)
5. Pediatrician (67%)

**Most lack of services and support surrounding breast/chestfeeding felt at:**

1. Pediatrician/Family Practice Clinic (31%)
2. Workplace (27%)
3. Hospital (26%)

**Most helpful types of services:**

1. Office Visits (39%)
2. Social Media (30%)
3. Online Breast/Chestfeeding Support Groups (29%)

**What was the hardest part about breast/chestfeeding?**

*"Not really having any information about it. Not knowing who to talk to about my questions."*

*"Time commitment. Lack of support from employer. Lack of accessible help."*

*"Not producing enough and not feeling supported in how to fix the issue."*

# MENTAL HEALTH

Mental health influences not only physical, social, and economic well-being but also plays a crucial role in how we manage stress, interact with others, and make positive lifestyle choices. [1]

Brown County residents reported having **4 poor mental health days per month** on average. [2]

**14%** of adults in Brown County reported having **14 or more days of poor mental health** each month. [2]

In 2022, **33** people in Brown County **died by suicide.** [3]

## PEOPLE WHO ARE DEPRESSED ARE:

**2x** *more likely to smoke and be physically inactive than those without depression* [4]

**3x** *less likely to follow their medical treatment plan* [5]

**4x** *more likely to have cardiovascular disease* [6]

## SEEKING HELP

**Ratio of mental health providers to people** [7]

**400 to 1**
Brown County

**320 to 1**
United States

**What about your community helps you to be healthy?**

***"Places like this because I never thought about attending therapy or a man's group or anything until I came to this place and it opened up my mind and my heart to therapy."***

*-We All Rise Community Consultant*

**If you or someone you know is struggling with mental health, contact the Suicide and Crisis Lifeline by dialing or texting 988.**

988 SUICIDE & CRISIS LIFELINE

# YOUTH MENTAL HEALTH[1]

To understand how mental health affects high schoolers in our communities, the Wisconsin Department of Public Instruction administers the Youth Risk Behavior Survey (YRBS) for students every two years.

## DEPRESSION AND ANXIETY

**29%** of high school students self-report depression

**47%** of high school students self-report anxiety

***Female high school students self-report depression and anxiety more than males.***

## SELF-HARM AND SUICIDAL THOUGHTS

**18%** of high school students report self-harming in the past 12 months

**14%** of high school students report suicidal thoughts and behaviors in the past 12 months

**11%** of high school students report having a suicide plan in the past 12 months

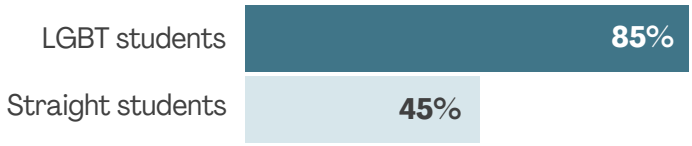
## PEER SUPPORT

**20%** of high school students report that they receive emotional help most or all of the time when needed. Students turn to peers for emotional support more than half of the time

## LGBTQ+ STUDENTS

LGBTQ+ students often report higher levels of mental health concerns. According to Healthy People 2030, LGBT adolescents are especially at risk for being bullied, which can contribute to them thinking about suicide or using illegal drugs.[2]

**Percent of students who report any mental health concerns**




## BELONGING AT SCHOOL

**61%** of high school students feel they belong

- **56%** of female students feel they belong
- **55%** of Black or African American students feel they belong
- **54%** of Hispanic students feel they belong
- **53%** of disabled students feel they belong
- **48%** of American Indian students feel they belong
- **45%** of Asian or Pacific Islander students feel they belong
- **44%** of LGBT students feel they belong

# RISK BEHAVIORS

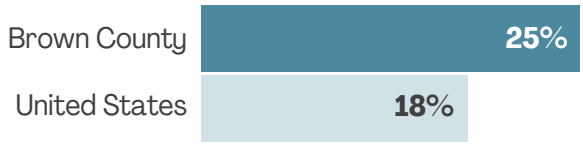
Risk behaviors are actions or choices that can harm an individual's health or increase the likelihood of developing health problems. These behaviors include, but are not limited to, alcohol and other drug misuse, smoking/vaping, unprotected sex, and unsafe driving.[1]

## ALCOHOL CONSUMPTION

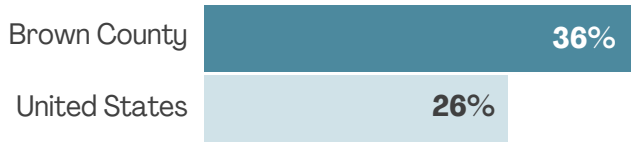
**Excessive drinking** is when an individual drinks more than 4 or 5 alcoholic drinks at least once a month, or when an individual drinks more than one or two drinks every day on average.

Excessive drinking is associated with many negative health outcomes, including unintentional injury, violence, STDs/STIs, fetal alcohol disorders, and more.[2]

**Percent of adults that report excessive drinking[3]**




**Percentage of motor vehicle crash deaths that involved alcohol[4]**




## TOBACCO USE

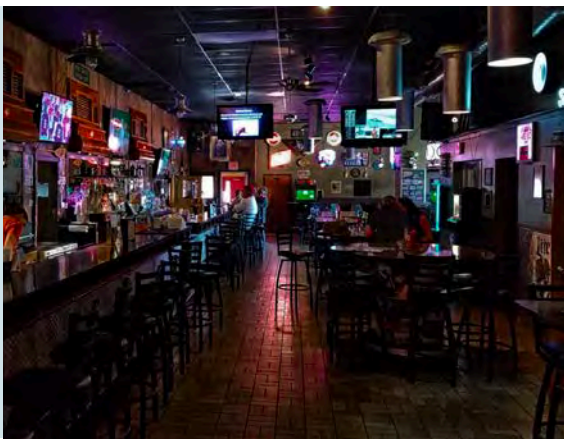
Smoking affects public health by causing disease and harm to nearly every organ of the body. Exposure to secondhand smoke also leads to disease in those around smokers, especially children. Children who are exposed to secondhand smoke are at increased risk for sudden infant death syndrome, acute respiratory infections, middle ear disease, more severe asthma, respiratory symptoms, and slowed lung growth.[5]

**14%** of adults in Brown County are current smokers *(compared to 16% in WI)*[6]

**4.9%** of mothers in Brown County report smoking during pregnancy *(compared to 5.4 in WI)*[7]

***"Drinking's a really big thing here in Wisconsin and I feel like that's what a lot of people go and jump to for fun and if you're not somebody who drinks or you don't do what's cool or approved upon things, it's kind of hard to make some healthy friends."***

*-House of Hope Community Consultant*



# YOUTH RISK BEHAVIORS[1]

Risk behaviors in youth in grades 9 through 12 can negatively affect health outcomes in adulthood. According to the CDC, it is important to track risk behaviors in youth in order to monitor health trends, identify emerging issues, and plan and evaluate programs that can help improve adolescent health. [2]

**3%** of high school students reported smoking cigarettes in the past 30 days

**11%** of high school students reported vaping in the past 30 days

**21%** of high school students reported using alcohol in the past 30 days

**8%** of high school students reported ever binge drinking

**9%** of high school students reported using painkillers to get high in the past 30 days

**9%** of high school students reported using marijuana in the past 30 days

**19%** of high school students reported ever using marijuana

**2%** of high school students reported ever using any illegal drug besides marijuana

**9%** of high school students reported being sexually active without any pregnancy prevention method

**38%** of high school students reported texting or emailing while driving in the past 30 days

**89%** of high school students reported most of the time or always wearing a seatbelt

# CRIME

Crime impacts not only those who directly experience it but also individuals who witness violence in their community or learn about it from others.

Exposure to crime can have effects on health, including asthma, hypertension, cancer, stroke, and mental disorders. Additionally, adverse childhood experiences (ACEs), like violence, have lifelong health outcomes.[1]

## VIOLENT CRIME [2]

In 2022, there were **342 reported violent crimes** in Brown County. These included:

**9** *Murders and nonnegligent manslaughters*

**27** *Robberies*

**49** *Rapes*

**257** *Aggravated assaults*

## OTHER ARRESTS [2]

| Drug Arrests | | |
|---|---|---|
| 2020 | 2021 | 2022 |
| 1,214 | 1,265 | 1,304 |

| DUI Arrests | | |
|---|---|---|
| 2020 | 2021 | 2022 |
| 630 | 638 | 685 |

| Sex Offenses | | |
|---|---|---|
| 2020 | 2021 | 2022 |
| 42 | 51 | 61 |

# OVERDOSE DEATHS

*In 2023, there were* **63** *accidental, illicit overdose deaths in Brown County.*[1]

The rise of overdose deaths in recent years is largely a result of synthetic opioids.

**Synthetic opioids** are substances made in a laboratory that act on the same targets in the brain as natural opioids.[2]

**Fentanyl** is a very strong synthetic opioid. It is 50 times stronger than heroin and 100 times stronger than morphine. Because fentanyl is so strong, a very small amount can result in a lethal overdose.[3]

**49** *overdose deaths involved fentanyl (of 63)*[1]

**Xylazine** is an animal tranquilizer being found in the drug supply. It is not approved for use in humans and can be life-threatening. It is especially dangerous when combined with opioids like fentanyl. Xylazine is not an opioid, which means that Narcan (naloxone) cannot be used to reverse an overdose caused by xylazine.[4]

**4** *overdose deaths involved xylazine (of 63)*[1]

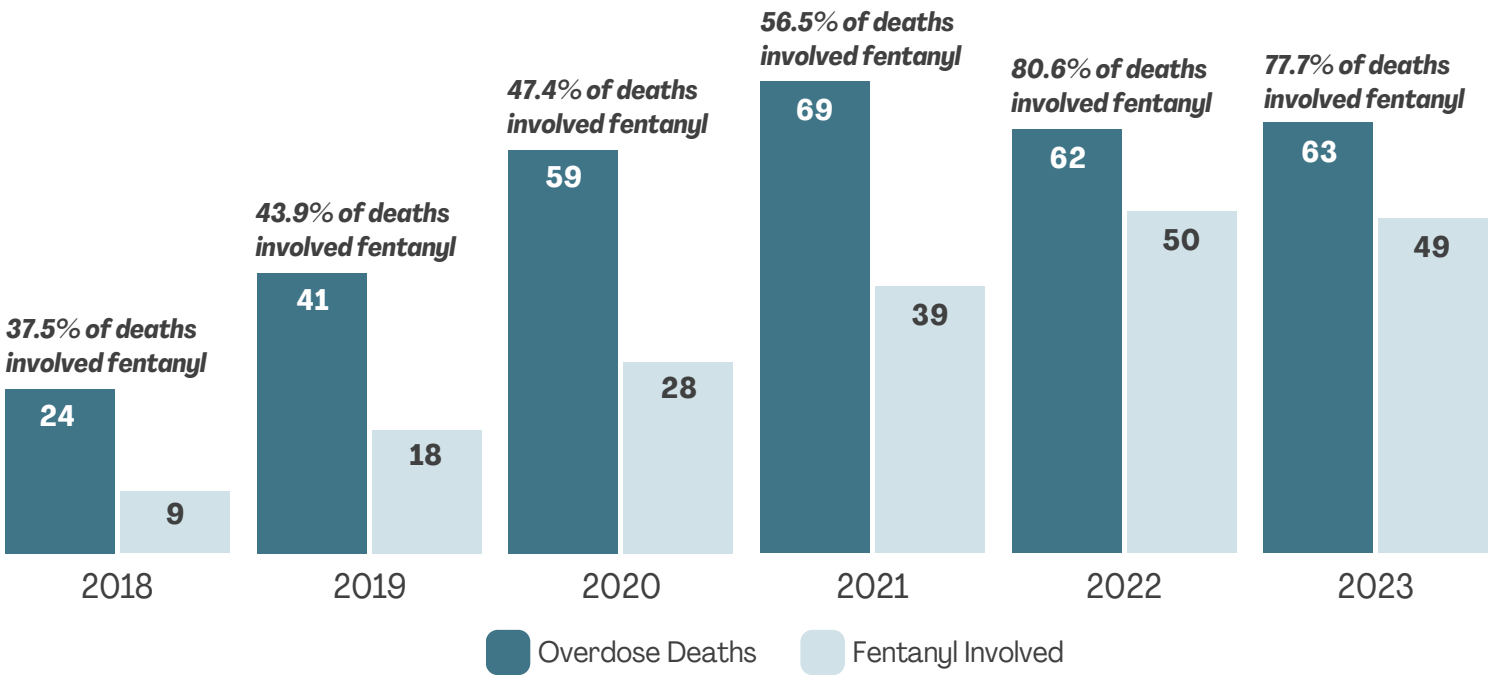
***"Sometimes we get there in time to help them and sometimes not."***

***"People need to stop saying 'not my kid.'"***

***"She overdosed with her kids in the house."***

*-Substance Use Disorder Interviewees*

**Brown County Drug Overdose Deaths 2018-2023**[1]



# Lived experiences with substance use disorder in our community

To explore the impact substance use disorder (SUD) may have, BCPH sought to learn from those with lived experiences. **We conducted one on one, in-depth interviews with individuals (3) who have lived experiences with SUD and recovery directly and as care providers and family.**

It was shared how important it is to recognize that substance use **can affect anybody and is everywhere**. Increasing awareness, understanding, and education are needed to decrease stigma and work together to address an issue that affects the entire community.

The complexity of this issue was highlighted along with the need to consider the whole person (physical, mental, emotional, social, etc.) and the entire picture (society, family, trauma, access to treatment, etc.) to prevent and treat substance misuse. Taking this **comprehensive approach is crucial** for effective prevention and care. Participants pointed out that this model is used with other chronic diseases so having basic needs met should be a part of the lifelong treatment and support provided when it comes to substance use disorder.

Finally, getting rid of roadblocks like lack of funding and access to treatment and recovery should be **prioritized by decision makers through policy** that supports a coordinated community approach to address substance misuse in our community.

| Theme | What they told us | |
|---|---|---|
| **Anybody and Everywhere** | • People OD in the nicer parts of town too<br>• Ambulance personnel see overdoses all the time<br>• Get the word out there and make sure information is accurate<br>• People need to stop saying "not my kid"<br>• Think it's not going to happen to them<br>• Drugs laced and they keep changing | • Be aware of the people around you<br>• Overdoses in workplace<br>• Watch out for each other<br>• Train people on signs of drug use<br>• Happened under my nose<br>• Snuck dad's beer when I was 11<br>• Could be the person next to you at the store |
| **Need Comprehensive Approach** | • If you have diabetes, you're not punished if you don't eat right<br>• Out of treatment got a job, a second chance<br>• Peer specialist good because they have lived experiences, and can share their own story<br>• Saw stuff I shouldn't have seen when I was a kid<br>• Gun violence related to drugs and mental health<br>• Hard to be a parent visiting kid in jail. Harder to be a kid visiting parent in jail.<br>• Sometimes we're there in time to help save someone and sometimes we're not | • Don't say "lock 'em up" or "just quit"<br>• Relapses part of disease<br>• Baby born in withdrawal<br>• Detox painful, horrible<br>• Give up and go back to using<br>• Lots of things affect addiction<br>• Started with using alcohol and binge drinking<br>• I thought because they went to treatment it was all good<br>• Support groups good because you can melt down, aren't judged, don't have to explain |
| **Prioritize Policy** | • Process towards recovery punitive<br>• Insurance won't pay and families spend all money and go broke<br>• People who control the money, actions don't match words<br>• Trying to arrest way out of mental health issue<br>• Drug court strict, but helps and is an alternative to prison<br>• Not enough mental health care<br>• Must be stable and detoxed before going to treatment<br>• Health care providers don't do drug detox<br>• Need safe supportive environment when out<br>• Kids in foster care when parent in treatment | • Important to support self, but nobody wants to hire a felon<br>• Need more time to get healthy before leaving treatment<br>• Dealers motivated and smart<br>• Help kids so not statistics later<br>• Drug companies started opioid crisis and pushed on doctors<br>• Too many hoops to jump through<br>• Get Narcan at workplace<br>• Invest money for long term<br>• No rehab and not enough sober and transitional living |

# COMMUNITY FEEDBACK

As part of this Community Health Assessment process, members of Beyond Health asked two key questions of a variety of community members. These questions were asked of randomly selected households in a door-to-door survey, an online survey shared via social media, and a series of Community Consultant (CC) groups. The results below show themes that emerged from door-to-door survey and social media responses, as well as quotes from the Community Consultant groups. The example responses include paraphrasing, summaries, and direct quotes.

## WHAT IS ONE THING THAT STANDS IN THE WAY OF YOU BEING AS HEALTHY AS POSSIBLE?

**Health and Mental Healthcare** - Access to, quality, and cost of

- *"I think that therapy should become a little bit more affordable as well because I know that when I was looking into seeing different therapists, I was only able to see certain ones because of the insurance I have. And I think that plays a big part in the reason why people don't."* (House of Hope CC)
- *"I know people like my older family members and people like that, they don't go to the doctor to get checked for anything. They just don't go because they can't afford to get hospital bills put on their credit or get sent to collections and the money part...it affects a lot of people."* (House of Hope CC)
- *"I've always thought I would love to stay here my whole life, but the opportunities for finding healthcare when I am 80 years old and have to drive anywhere is going to be tough."* (Wrightstown CC)
- *"Quick and affordable access to health care - both physical and mental health"* (online survey)

**Resources**- Education, technology, transportation, age, time, family, affordable housing, lack of cultural and LGBTQ+ friendly activities

- *"Not being aware of the resources that are here already"* (House of Hope CC)
- *"Not having enough time to exercise while juggling work and family"* (online survey)
- *"Lack of LGBTQ spaces/community"* (online survey)
- *"Need better bicycle infrastructure in the community"* (online survey)

**Finances** - Unemployment, medical costs, lack of health insurance

- "*Money for healthcare and nutritious food"* (online survey)
- *"Cost of health care, medical bills"* (online survey)

**Disease and Illness** - Cancer, diabetes, heart disease, arthritis, immobile

- *"I need hip replacement surgery."* (online survey)

**Other factors both internal and external, including** - Habits, drinking, smoking, motivation, being overwhelmed and stressed, violence, stigma after incarceration, and political corruption

- *"I think advertisements play a big part on being healthy too because the whole vaping thing and that's really big on even the way they promote it with it being so colorful and everything."* (House of Hope CC)
- *"I think there is a lack of support and stigma for people who have been incarcerated."* (online survey)

# COMMUNITY FEEDBACK

## WHAT IS ONE THING THAT YOU THINK WOULD IMPROVE WELL-BEING IN OUR COMMUNITY?

**Increased social connectedness** - Better communication, less racism, more interaction with leaders

- *"Connections among generations"* (Pulaski CC)
- More ongoing local options for social gathering and/or physical activity that people participate in (Denmark CC)
- One participant shared that building trust between community members and organizations would increase participation. (Wrightstown CC)

**Better services and support** - Improved public transportation and roads, homeless shelters and services, access to healthy and affordable food, more opportunities for activity (fitness facilities and in outdoor spaces, and alcohol-free activities), affordable daycare, paid maternity leave, and more opportunities after incarceration

- *"I've been homeless before and I feel like there's so much hostility to being homeless. I know there's a lot of resources to help, but when you're homeless you can't get to those resources or access those resources easily, and I feel like there should be easier ways to do that."* (House of Hope CC)
- *"Easy places to walk and bike. The trails are nice but to get to them you need transportation. So, better accessibility in our communities next to our roads for bikes and walking."* (online survey)
- *"More activities not focused around drinking. More outdoor activities. Bring in more festivals/fairs"* (online survey)
- *"There are so many barriers for people impacted by the criminal justice system. They have challenges getting housing, employment, and support to access resources. I believe more re-entry work could really change the trajectory of our community with substance abuse, homelessness, and crime."* (online survey)

**Better healthcare** - More mental health resources, improved clinical care, better access to clinical care, access to health insurance for everyone

- *"We need more black doctors who understand things like sickle cell. We need more black people like doctors and nurses and stuff like that who understand African-American sicknesses."* (We All Rise CC)
- *"Accessible mental health services for all"* (online survey)

**Improved safety** - Address gun violence, speeding, drugs, policing, fewer bars

- *"Safer green spaces"* (online survey)
- *"Less bars, I feel drinking is promoted."* (online survey)

**More financial resources** - Affordable housing, improved workforce

- *"More low-income and affordable housing!"* (online survey)
- *"Lower housing cost, more housing, lower daycare cost, and more daycare availability"* (online survey)

**Support personal responsibility and respect for personal decisions** - Take responsibility, take care of self, support to be self-sufficient, *reward when people make healthy choices**

- *"Rewards for healthy choices"* (online survey)

**Added to theme to reflect online survey responses*

# DOOR-TO-DOOR SURVEYING

In October and November of 2023, Brown County Public Health carried out a door-to-door survey in the community to learn about the community's emergency preparedness needs. The CDC's "Community Assessment for Public Health Emergency Response" tool, also known as CASPER, was used to plan the survey. This tool includes emergency preparedness survey questions and instructions on the method used to select a random, representative sample of residences to visit.

## DEMOGRAPHICS

**Race/Ethnicity of survey respondents**

- **74%** White
- **15%** Hispanic
- **3%** American Indian or Alaska Native
- **2%** Black or African American
- **2%** Asian
- **2%** Native Hawaiian or Other Pacific Islander
- **1%** Multi-racial or Multi-ethnic

**Language Spoken by survey respondents**

- **83%** English
- **13%** Spanish
- **1%** Hmong
- **3%** Other

## EMERGENCY PREPAREDNESS

- **75%** of households surveyed had a prepared first aid kit
- **24%** of households surveyed had a prepared emergency/go kit
- **51%** of households surveyed had an emergency plan and meeting spot in case of a **fire**
- **78%** of households surveyed had an emergency plan and meeting spot in case of a **tornado**
- **32%** of households surveyed had an emergency plan and meeting spot in case of **flooding/evacuation**

## HEALTH COVERAGE

**Where does your household typically receive medical care?**

- **84%** Primary care provider or clinical setting
- **11%** Urgent care or emergency room
- **1%** NEW Community Clinic (community clinic)
- **1%** Tribal setting
- **2%** Other

# A THANK YOU TO...

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**Community Health Needs Prioritization**
As detailed in the FY21 CHNA Report, HSHS St. Mary's Hospital Medical Center, in collaboration with Beyond Health community partners, identified the top three health priorities in Brown County:

- Equitable Access - Access to Mental Health Care
- Equitable Access - Access to Healthy Nutrition & Physical Activity
- Equitable Access - Access to Treatment and Prevention of Alcohol & Drug Use/Abuse

**Equitable Access - Access to Mental Health Care Implementation Strategies:**
Current Situation as identified in FY2021 CHNA Report; Mental Health and well-being consistently arose as the most prominent community health priority in Brown counties during CHNA discussions. Specifically, access to mental health providers in Brown County, especially in vulnerable populations, was discussed.

- Health care system subcommittee began meeting to specifically look at access to depression screenings and data collection tools to collect and track that data specifically to increase depression screening rates as a coordinated initiative for clinical partners in Brown County.
    - The Executive Director of Behavioral Care for HSHS along with Prevea has implemented a strategy to achieve an 80% completion of PHQ-9 by our primary care providers. Work is being done with the ED of Family Medicine to increase that percentage. The format used for this data collection has been shared with the health care subcommittee.

**Equitable Access - Access to Healthy Nutrition & Physical Activity Implementation Strategies:**
Current Situation as identified in FY2021 CHNA Report; Nutrition and Physical Activity consistently arose as a significant opportunity to improve health behavior and therefore as a health priority in Brown County during CHNA discussions. Healthy nutrition and physical activity frequently accompanied discussions around Chronic Disease Prevention and Management, as well as Mental Health.

Under the Equitable Access -Access to Healthy Nutrition & Physical Activity implementation strategies for our patients in and around Brown County, HSHS St. Mary's and HSHS St. Vincent Hospitals (through collaboration with the Beyond Health social cohesion committee and other community stakeholders) began identifying community assets and services available. Two indictors established for this committee are the percentage of Brown County residents living within 15 minutes of a food outlet and percent of Brown County food pantries offering healthy food options. The goal of his committee is to increase the availability and visibility of healthy food options. HSHS St. Mary's and HSHS St. Vincent Hospitals have been partnering with WELLO in support of two local community health initiatives, Farm to School and our Farmers Market Double Your Bucks program. The financial support of both community health initiatives has helped to reach more people with healthy food options.

**Equitable Access - Access to Treatment and Prevention of Alcohol & Drug Use/Abuse Implementation Strategies:**
Progress was made under the implementation strategy to improve access to prevention and early intervention services by coordinating regular Medication Take Back days to remove unused prescription from the community.

HSHS St. Vincent and HSHS St. Mary's Hospitals continued their support for the NEW Community Clinic. This support continues to provide access to medical and behavioral care services in our community for the underserved and underinsured. Support for NEWCC continues as one of the hospitals' longest standing and impactful partnerships.

HSHS St. Vincent and HSHS St. Mary's Hospitals continue their support for the Center for Childhood Safety. With the continued support, the Center for Childhood Safety has been able to increase services year to year. Examples of this work include car seat distribution and installation, safe sleep education and pack & play distribution, bicycle helmet distribution, CPR training.

HSHS St. Vincent and HSHS St. Mary's Hospitals continue their support for The Welcome Baby Program facilitated by Family Services. Notable outcomes include:

- 63% of at-risk referrals were assessed by a Family Resource Specialist
- 94% of referrals were connected or referred to a community resource

- 81% of referrals received assistance connection with a resource/referral, or received short-term case management from a Family Resource Specialist

During the April and October 2023 Medication Drug Take Back Day events, the collective impact in our community was approximately 1070 lbs of medication collected. HSHS St. Mary's Hospital Medical Center has consistently been the highest site contributor to this important initiative.