

# COMMUNITY HEALTH NEEDS ASSESSMENT 2022



## TABLE OF CONTENTS

<b>INTRODUCTION</b> .....	2	<b>COMMUNITY ASSETS</b> .....	21
ABOUT CHILDREN'S WISCONSIN .....	2	<b>CONCLUSION</b> .....	22
CHILDREN'S WISCONSIN VISION .....	2	<b>ACKNOWLEDGEMENTS</b> .....	22
<b>AN EQUITABLE APPROACH TO HEALTH</b> .....	3	<b>REFERENCES</b> .....	23
<b>OUR COMMUNITY</b> .....	5		
GEOGRAPHY .....	5		
DEMOGRAPHICS .....	5		
<b>METHODOLOGY</b> .....	7		
<b>2019 COMMUNITY HEALTH PRIORITIES AND IMPACTS</b> .....	9		
<b>2022-2024 COMMUNITY HEALTH PRIORITIES</b> .....	11		
INFANT HEALTH .....	12		
MENTAL AND BEHAVIORAL HEALTH .....	14		
SAFETY AND VIOLENCE .....	16		
SOCIAL DETERMINANTS OF HEALTH .....	18		



Kids deserve the best.

# Introduction

After completing Children’s Wisconsin’s last community health needs assessment in late 2019, we never could have predicted how much the world was about to change. Just a few months later, the COVID-19 pandemic exacerbated all of the existing needs in our community and made our health system’s work all the more critical.

Children’s Wisconsin was up for the challenge. We pride ourselves on providing the best care for kids, and that means understanding the factors that shape children’s lives and health before they ever enter our care — both every day and during extraordinary times. The community health needs assessment is an invaluable tool that allows us to evaluate, reflect and strategize so we can advance the health of children and adolescents across our community.



This year, Children’s Wisconsin Hospital Fox Valley once again collaborated with the Fox Valley Health Improvement Coalition (FVHIC) to commission a joint, comprehensive community health needs assessment. This report highlights the key findings we discovered throughout the comprehensive assessment process, providing a blueprint that will guide our work for years to come.



## ABOUT CHILDREN’S WISCONSIN

We are the region’s only independent health care system dedicated solely to the health and well-being of children and adolescents. In Milwaukee, Fox Valley and throughout the state, we provide kids and their families with a wide range of care and support: primary, specialty, urgent and emergency care; community health services; injury and violence prevention services; foster care and adoption services; child and family counseling; child advocacy services; family resource centers and more. Every year, Children’s invests more than \$151 million in community programs and services, including more than \$77.7 million in uncompensated care, with the long-term goal of keeping all children healthy, happy and safe.

## CHILDREN’S WISCONSIN VISION

Our vision is that Wisconsin’s kids will be the healthiest in the nation — physically, mentally and socially. That means collaborating with community partners because no organization can achieve such an ambitious goal alone, and it means putting kids’ health at the center of every decision we make. We understand that in order to monitor our progress toward this vision, we need to identify areas of focus and measures that reflect the overall health and well-being of Wisconsin’s kids.



# An Equitable Approach to Health: Recognize, Understand and Innovate

## INCLUSION, DIVERSITY AND EQUITY

To achieve our vision of Wisconsin kids being the healthiest in the nation, we must support all kids in meeting their full health potential, especially those at risk for poor health outcomes.

Our Inclusion, Diversity and Equity (ID&E) work helps us create an environment and culture that is welcoming to all. This commitment is aligned with our values and guiding behaviors, and it is supported by four objectives that provide focus as we prioritize action, develop tactics and measure results.

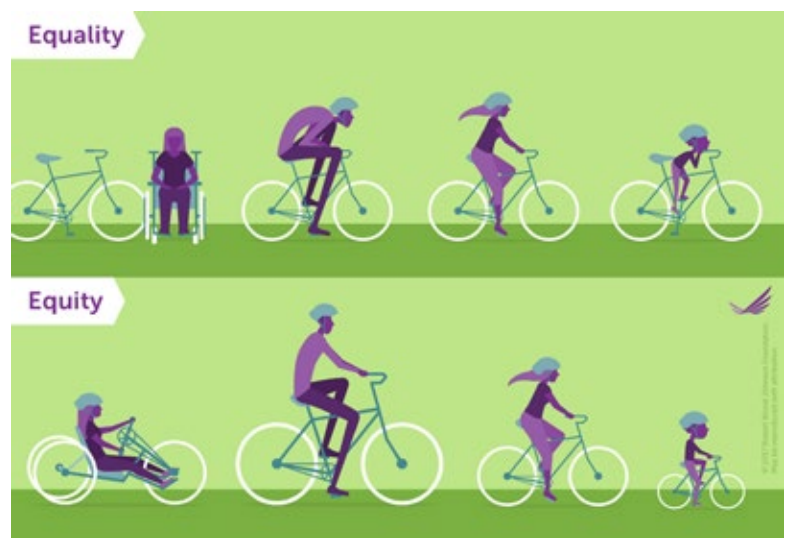
- Ensure a respectful culture that is intentionally diverse, inclusive and anti-racist
- Increase the diversity of our workforce and leadership with a focus on underrepresented populations
- Advance our steadfast commitment to inclusion and health equity for all children and families we serve
- Advocate for and partner with the community to strengthen inclusion, diversity and health equity and to promote anti-racism

### Health equity

An important component of Children’s Wisconsin’s overall commitment to ID&E is health equity. According to the Robert Wood Johnson Foundation, health equity means that everyone has a fair and just opportunity to be healthy. Equity and equality in health are two different concepts. Equality means giving everyone the same thing, whereas equity means giving people what they need to reach their optimal health.

Ensuring health equity requires removing and/or addressing the obstacles to health, such as poverty and discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care. We acknowledge many of those examples as health-related social needs or root causes.

Health equity tells us that different kids and families may need more or different things to achieve the same health outcomes. Understanding individual health-related social needs can be critical for designing practical, person-centered care plans.



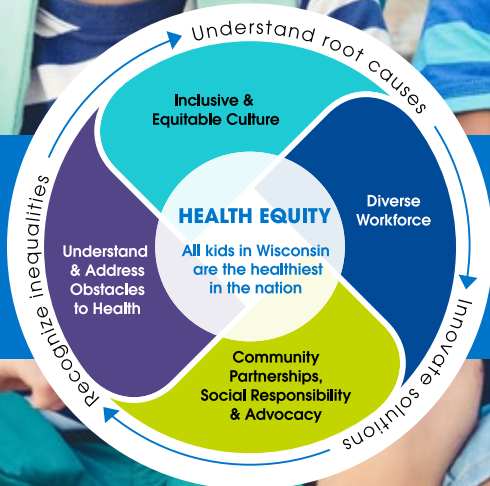
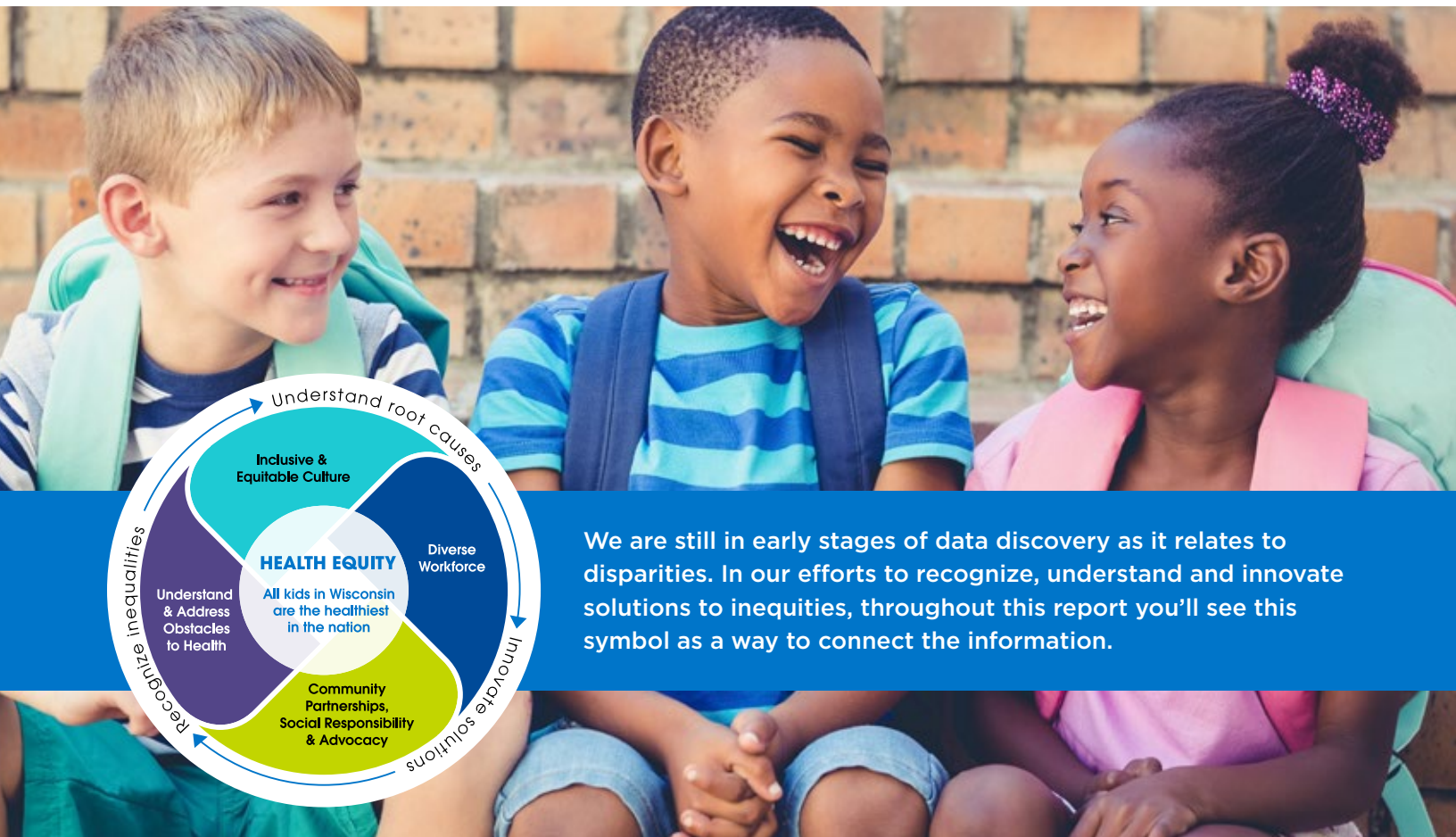
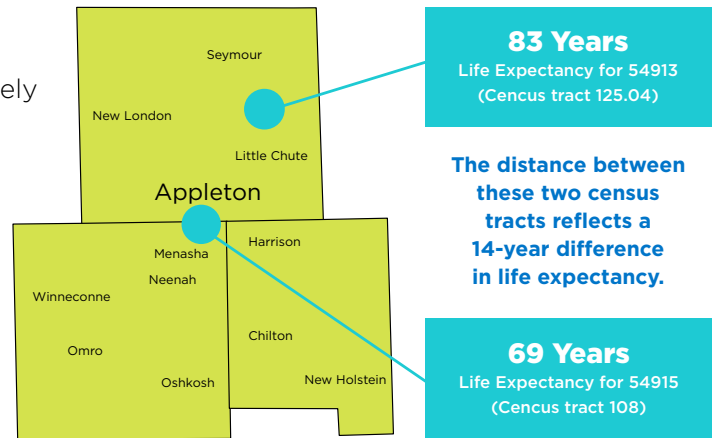
## Understanding inequities

Health inequities are the systemic, unjust and avoidable barriers (for example, business or governmental policies or practices that may negatively impact some but not all) that lead to differences in health outcomes such as life expectancy.

In addition to publicly available data and the data and input gathered from the community, Children’s data shows that many of the children, adolescents and families we serve experience health inequities. A simple data analysis of health care utilization at Children’s Wisconsin also uncovered disparities, including:

- 4.3 times higher missed appointment rate for patients of color
- 34.8 percent lower “well child” checkup rates at 0-15 months for Black or African American patients compared to white patients

Everyone on our team at Children’s Wisconsin, no matter their role, plays a part in ensuring kids have access to equitable care and services. And we know that we can do better. We are challenging ourselves by leveraging the information across these reports to inform our practices, programs and services as well as ensuring we are listening and responding to the voice of the community and families that we serve.



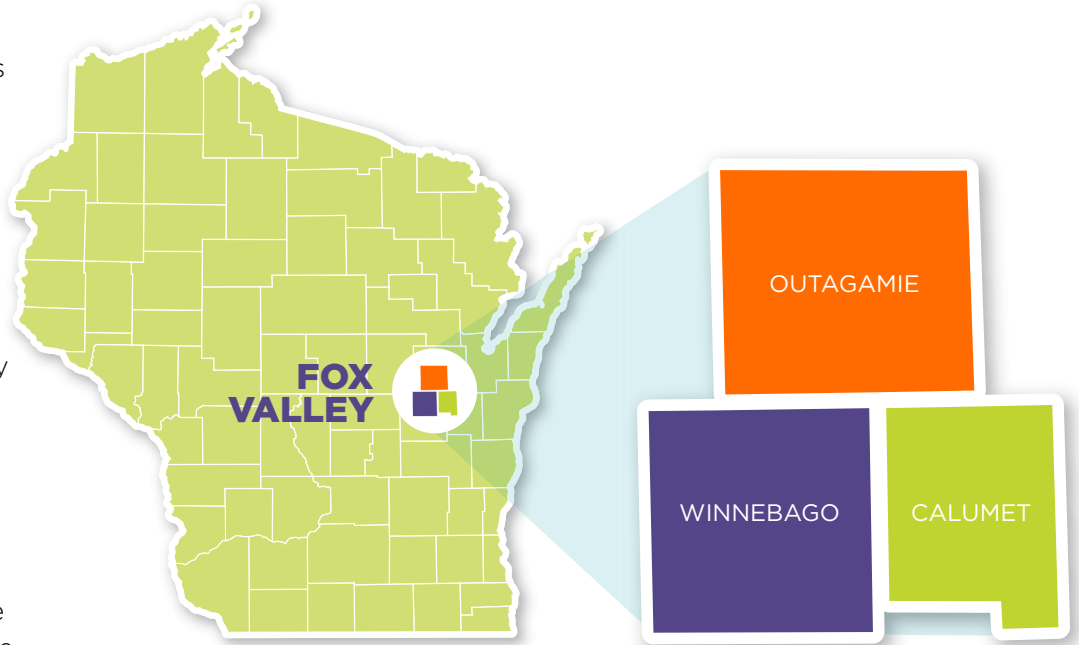
We are still in early stages of data discovery as it relates to disparities. In our efforts to recognize, understand and innovate solutions to inequities, throughout this report you’ll see this symbol as a way to connect the information.

# Our Community

Children’s Wisconsin serves children and adolescents from across the state and beyond. However, for the purposes of this report, we defined our community as the counties with the highest number of children and adolescents who use our services in the Fox Valley area.

## GEOGRAPHY

Our Fox Valley campus is located in Neenah, Wis., and it primarily serves families from Calumet, Outagamie and Winnebago counties in the Fox River Valley region in eastern Wisconsin. The tri-county area covers 1,390 square miles and is home to 406,039 residents.



## DEMOGRAPHICS

The demographics of the Fox Valley community are comparable to the rest of the state:

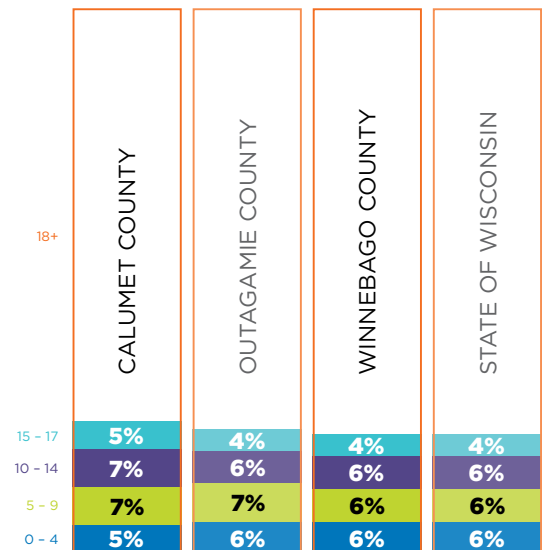
### Age

The Fox Valley mirrors the state in terms of age distribution. Approximately 22 percent of the tri-county population — 91,264 residents — is under age 18. The under-18 population is largest in Outagamie County (44,067 children), followed by Winnebago County (35,084) and Calumet County (12,113).

### Language

Approximately 7 percent of the region’s children ages 5-17 — 4,864 — speak a language other than English at home, compared with 11 percent of their peers statewide. Just 1 percent live in a limited English-speaking household (where no one age 14 or older uses only English at home or speaks English “very well”). This is slightly below the state rate of 2 percent. Of those in limited English-speaking households, the most common languages spoken at home are Asian and Pacific Island languages in Outagamie County (22 percent) and in Calumet County (14 percent). In Winnebago County, Spanish is the most common language spoken in limited English-speaking households (21 percent), followed closely by Asian and Pacific Island languages (19 percent). This indicator is significant as it identifies families who may need English language assistance.

**% OF POPULATION  
BY AGE GROUP**



## Race and ethnicity

Fox Valley's under-18 population is slightly less diverse than the state's total population but is growing more diverse. Most children are white (86 percent, down from 92 percent in 2019), followed by Hispanic or Latino (8 percent), Asian (4 percent) and Black or African American (3 percent), and 4 percent identify as two or more races. In Outagamie County, which includes part of the Oneida Nation, the percentages of children who are American Indian (2 percent) and Asian (5 percent) exceed the state average.

### RACE AND ETHNICITY

% OF CALUMET COUNTY POPULATION, UNDER 18



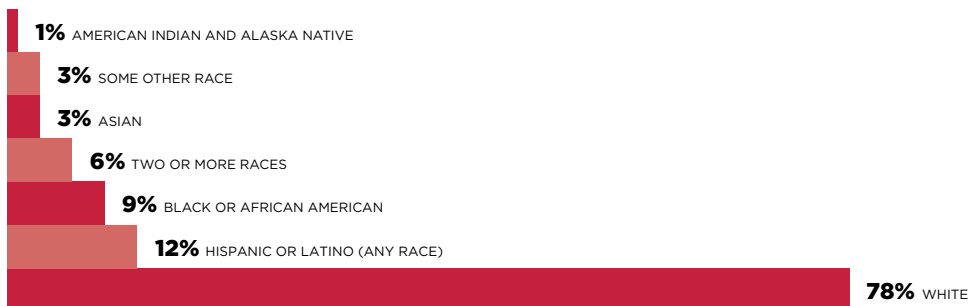
% OF OUTAGAMIE COUNTY POPULATION, UNDER 18



% OF WINNEBAGO COUNTY POPULATION, UNDER 18



% OF STATE OF WISCONSIN POPULATION, UNDER 18



# Methodology

Our process follows the Association for Community Health Improvement's model. This report reflects results of Steps 1-6, while the implementation strategy report addresses steps 7-9.

## **STEP 1: Reflect and Strategize**

The primary lessons learned in 2019 include:

- **Improve pediatric-focused data collection:** Continue to work with partners to ensure community health needs assessment (CHNA) data collection processes and data sources are inclusive and representative of a pediatric population and develop Children's Wisconsin strategies (such as youth focus groups) to incorporate community feedback for the community health implementation strategy (CHIS).
- **Continue to advance health equity:** It is important that we integrate determinants of health and health equity to frame the identified needs and advance effective strategies.
- **Identify shared priorities across systems and sectors:** Health systems jointly commit to taking collective action on at least one shared community health need, and Children's Wisconsin's strategies identify critical community partners to maximize community impact.
- **Less is more:** Rather than adopting all health needs identified through the assessment, we will focus our efforts around those in which Children's Wisconsin can have the greatest impact.

## **STEP 2: Identify and Engage Stakeholders**

- The Fox Valley Community Health Improvement Coalition (FVCHIC) includes five public health departments and five health care systems in Calumet, Outagamie and Winnebago counties.

## COMMUNITY HEALTH ASSESSMENT PROCESS



Reprinted with permission from the Association for Community Health Improvement

The FVCHIC members gathered primary data by conducting key informant interviews across the tri-county area, contracting with JKV Research, LLC to analyze and report on the findings.

- The Children's Wisconsin Community Health Needs Assessment and Implementation Strategy Advisory Committee is made up of clinical providers, leaders and staff from across the health system who meet regularly to guide the priorities, development and execution of the assessment and related strategies.

## **STEP 3: Define the Community**

While Children's Wisconsin serves patients from across the state, for the purpose of this assessment, we defined the Fox Valley community as Calumet, Outagamie and Winnebago counties, which have the highest number of children and adolescents who use our Fox Valley services.





#### **STEP 4: Collect and Analyze Data**

The FVCHIC conducted 56 virtual interviews during summer 2021 with leaders of organizations serving a variety of sectors and communities. Coalition members developed the sample to represent the tri-county area, intentionally reaching out to organizations that serve low-income, aging, youth, rural and Hmong communities, among others. Organizations provide a variety of services to these populations, including basic needs, behavioral health, faith and economic development.

While these sources provide rich data, we consulted additional data sources to ensure children are well represented:

- **KIDS COUNT:** Facilitated by the Annie E. Casey Foundation, this national and state-by-state effort tracks well-being indicators for children in the United States.
- **U.S. Census Bureau's American Community Survey:** In addition to its decennial census, the bureau collects and disseminates data across a variety of topics.
- **Youth Risk Behavior Surveillance System (YRBSS):** The Wisconsin Department of Public Instruction conducts this survey regularly in schools statewide. Given challenges with data collection during the pandemic, 2021 data was unavailable at the time of this report.
- **Other public and government sources:** Additional sources include statewide health data such as the Wisconsin Interactive Statistics on Health from the Wisconsin Department of Health Services and the University of Wisconsin Population Health Institute's County Health Rankings, among others.



#### **STEP 5: Prioritize Community Health Issues**

The FVCHIC's assessment identified three top health conditions and behaviors from key informant interviews across the tri-county area: mental health, mental conditions and suicide; alcohol and substance use; and nutrition, physical activity and obesity. Top social determinants named across interviews include safe and affordable housing; social connectedness and belonging; economic stability and employment; accessible and affordable health; and affordable childcare.

Children's Wisconsin's advisory committee examined the top health issues from the FVCHIC in addition to other health concerns facing the pediatric population and carried out a modified Delphi consensus-building method to prioritize further. The committee considered the prevalence, severity, inequity and feasibility of each health issue, along with the foundational aspects of health required in childhood and adolescences that allow for health and well-being later in life. After vetting the priorities with executive leadership and other leaders across the system, Children's Wisconsin has adopted infant health, mental and behavioral health, safety and violence, and social determinants of health as our four priorities for the 2022-24 cycle.



#### **STEP 6: Document and Communicate Results**

The following sections will report on each of the four community health priorities, connecting key determinants and health equity throughout. Where possible, we have shared trends over time through publicly available data. We acknowledge that health disparities exist across many aspects of the community (such as age, socioeconomic status, gender and more). However, we focus on race and ethnicity because of consistently available data. We encourage further examination into which populations are at higher risk for illness to understand and further advance health equity.





# 2019 Community Health Priorities and Impacts

Children's Wisconsin addresses many health issues, including those identified by our 2019 community health needs assessment:

- Chronic disease (asthma and oral health)
- Infectious disease
- Mental and behavioral health
- Overweight/obesity
- Substance use

In 2019 we outlined strategies to address each health need prioritized through the 2019 assessment, and these strategies have already made a difference. Here are a few highlights of our impact:

## CHRONIC DISEASE: ORAL HEALTH

Children's Wisconsin continues to work to increase dental and oral health care access. This includes supporting legislation to expand the settings where dental hygienists can provide important preventive care, as well as advocating for the licensure of dental therapists. Children's Wisconsin supported an increase in reimbursement rates for dental care in the most recent state budget and funding for the state's oral health program and Seal-A-Smile.

## MENTAL AND BEHAVIORAL HEALTH

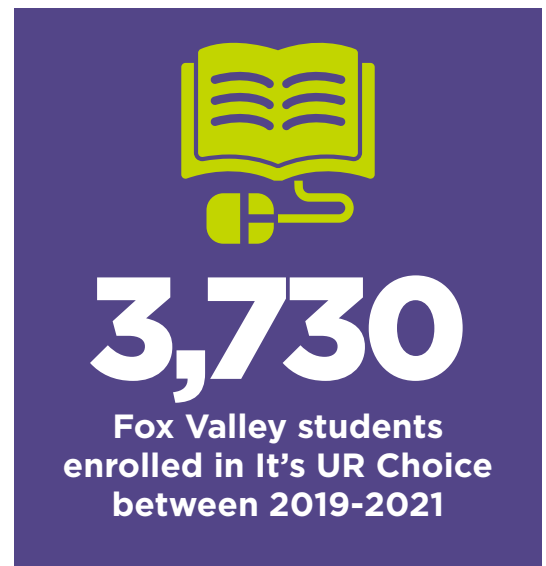
### E-learning (Healthy Minds, It's UR Choice)

Children's Wisconsin's popular e-learning programs support students across the state. Healthy Minds, for students in grades K-8, focuses on mental and emotional health. The It's UR Choice program teaches students in grades 4-8 how to make healthy choices around alcohol, tobacco and other drugs. Educators continue to tell us that these programs are valuable teaching tools. "This helps open the eyes of the students, gets them to think realistically of their situation and have proactive solutions to AVOID having problems," one educator said.

## OVERWEIGHT AND OBESITY

### Be Well Fox Valley

Children's Wisconsin is proud to be a part of the Be Well Fox Valley coalition, which aims to advance a culture of health and well-being in the region. Initiatives have included creating diabetes-friendly hunger-relief environments and increasing availability of local food through partnerships. In 2021, Be Well Fox Valley (BWFV) was awarded a grant to distribute **3,000 diabetes-friendly food boxes per year** to local pantries and community partners, including Children's Wisconsin. BWFV has also begun work to implement a bicycle playground at Clovis Grove Elementary in Menasha and served in an advisory role to Building for Kids on design for a healthy food exhibit.



### Mission: Health e-learning programs

This fun and interactive e-learning program for grades K5-8 shows students how to establish healthy habits, increase physical activity and avoid childhood obesity. This program consistently gets high marks from participants: 100 percent of educators using the courses for grades 4-8 felt their students learned valuable information that would lead to behavior change.

One educator shared: “I overheard some of my students talking to each other about eating hot chips for breakfast. One of them explained that that food is not going to get you through the day.” And another said: “I was telling a student one morning that he could not eat chips for breakfast, and another student shouted out, ‘That’s a Whoa food!’”

### CROSS-CUTTING STRATEGIES

#### Changing laws and lives

As part of our commitment to drive sustainable change for children and adolescents, families and communities, Children’s Wisconsin advocates for kids on a variety of issues, including our 2019 priorities:

- **Chronic disease:** Children’s continually advocates for a strong Medicaid/Children’s Health Insurance Program, which helps ensure kids have access to the medical and oral health care they need.
- **Overweight/obesity:** We have worked to improve access to healthy and affordable food options, particularly for households with lower



# 1,097

**Fox Valley students enrolled in Mission: Health between 2019-2021**

incomes or those living in food deserts. This includes advocating to ensure that children and families can maintain SNAP/FoodShare eligibility to purchase healthy and nutritious foods.

- **Mental and behavioral health:** Children’s Wisconsin and aligned child health organizations declared a national crisis facing our youth, which spurred the U.S. Surgeon General to issue an Advisory on Youth Mental Health. We also advocated for increased state funding for children’s mental health care, including school-based mental health care, the Wisconsin Child Psychiatry Consultation Program, increased day treatment and outpatient care reimbursement, regional crisis response services, and workforce training grants to support our Therapy Fellowship Program.

But we don’t advocate alone. Children’s Wisconsin also mobilizes parents and other supporters via the Children’s Advocacy Network. When an important issue that affects Wisconsin kids comes before local, state or federal government, Children’s Advocacy Network sends out calls to action and makes it easy for child and family advocates to make their voices heard via customizable email templates to legislators.



## 28,000+

emails to legislators sent via Children’s Advocacy Network between 2019-2021, including

## 16,800+

emails sent on 2019 CHNA priority issues



## 2022-2024 Community Health Priorities

Community health issues are complex and nearly impossible to resolve in a short period of time, and some of the community health needs identified in 2016 and 2019 persist in 2022. Many of these challenges became even more urgent during the height of the COVID-19 pandemic and recovery period. Our priorities for 2022-2024 include:

- Infant health
- Mental and behavioral health
- Safety and violence
- Social determinants of health

These priorities represent a small piece of the entirety of Children’s Wisconsin’s expansive work. Likewise, the three key issues we have highlighted under each priority are much more complex than we can cover in this report and capture only a portion of each area. We call special attention to these priorities as our current focus areas for improving our community’s health, in response to feedback and input provided directly from the communities we serve.

We devoted separate sections to each priority, while recognizing that these priorities are

interconnected in many ways. For example, the social determinants of health (the conditions in the places where people spend their daily lives) are intertwined with the other three priority areas, and mental and behavioral health can affect infant health and safety — just as infant health and safety can influence mental and behavioral health. While interconnected, they each require devoted resources to improve the health and well-being of children and adolescents across our community.

Because our timeframe for analysis occurred during the COVID-19 pandemic, we urge caution when interpreting statistical trends over 2019-2021. Child abuse reports, emergency department visits, hospitalizations, vaccinations and more were all impacted by the upheaval of 2020 and related closures during the early part of the pandemic.

We also recognize that no amount of statistics or charts will be able to fully tell the Children’s Wisconsin story or our community’s story. That is why we have included community voices throughout this report — as a reminder of the children and families who continue to inspire us to do our best work.



## PRIORITY: INFANT HEALTH

Children’s Wisconsin endeavors to move our community’s infants beyond surviving infancy — still a challenge and issue of health disparities — to thriving as children and adults. Comprehensive infant health encompasses many factors through the first 24 months of age that can provide a child with a fair and just opportunity to be as healthy as possible. Safe, affordable housing; transportation; and equity in access to high quality, affordable health care (including prenatal care) are all social drivers that can shape the health and well-being of our youngest residents.

### Infant deaths

Infants in Fox Valley die at a slightly higher rate than the state average. In Outagamie County, the infant mortality rate declined from 7.6 incidents per 1,000 live births in 2019 to 4.4 in 2020. In Winnebago County, the rate increased from 6.9 per 1,000 live births in 2019 to 8.8 in 2020. Calumet County also saw an increase in infant mortality rates, from 6.2 per 1,000 live births in 2019 to 8.3 in 2020. Many factors contribute to infant mortality, including disorders related to short pregnancy gestation and low birth weight, respiratory distress and unintentional injuries.



**Health disparities:** Statewide, Black or African American infants have the highest rates of infant deaths. In the Fox Valley tri-county area, the 2020 rate of infant deaths was 7 incidents per 1,000 live births overall but varied widely across race/ethnicity groups: 3 incidents per 1,000 live births for Hispanic infants, 6 for white infants, 11 for Laotian or Hmong infants, 20 for Black or African American infants, and 24 for those whose race/ethnicity was identified as “other.”

### Preventative care

Preventative care is critical to building a foundation for overall health and catching potential problems before they become serious. Unfortunately, many Fox Valley infants are not receiving sufficient preventative care, specifically for oral health, vaccinations and lead testing. Children age 4 and under have the highest rates for childhood emergency department visits for non-traumatic dental conditions in Calumet and Winnebago counties, and the numbers in Calumet nearly doubled between 2019-2020.



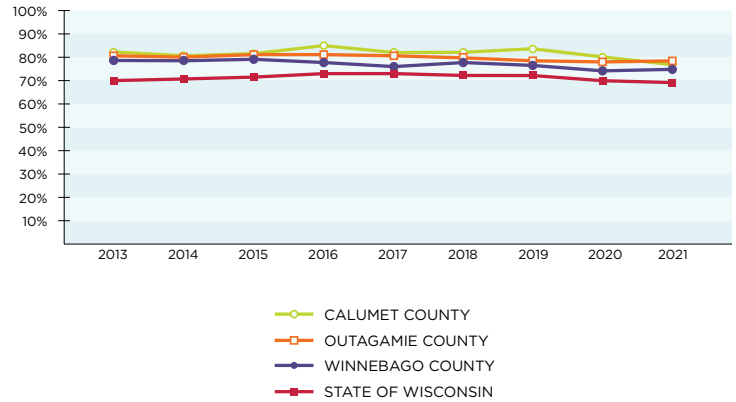
**Health disparities:** In Outagamie County, Black or African American children had the highest rates of emergency department visits for non-traumatic dental conditions between 2018-2020, over six times that of their white counterparts. In Winnebago County during that same time period, Black or African American children had the highest rates of emergency department visits for non-traumatic dental conditions, over five times that of their Hispanic peers.





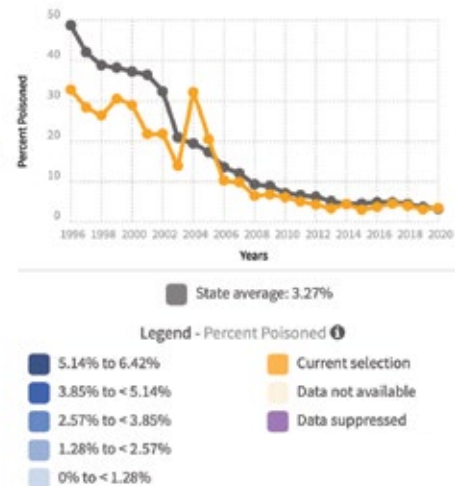
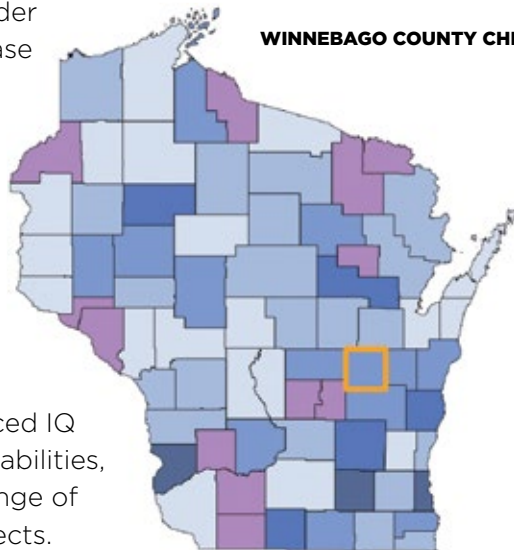
About four out of five Fox Valley children have completed their primary vaccination series by 24 months of age (77 percent), higher than the statewide rate of 70 percent. This number decreased both in Fox Valley and statewide between 2019-2021, likely due to the COVID-19 pandemic. Research published by a Children’s Wisconsin team found that the pandemic exacerbated vaccine disparities between children with commercial insurance and those on Medicaid, with children on commercial insurance returning to pre-pandemic vaccination levels more quickly.

**PRIMARY VACCINATION SERIES**  
% OF FOX VALLEY CHILDREN COMPLETING PRIMARY VACCINATION SERIES BY 24 MONTHS



Blood lead levels in children under age 6 have continued to decrease across the tri-county area over the past 20 years (other than a small increase in Calumet between 2019-2020), yet great disparities persist between census tracts. Lead poisoning — usually because of exposure in a child’s home environment — harms a child’s developing brain, causing reduced IQ and attention span, learning disabilities, developmental delays, and a range of other health and behavioral effects.

**WINNEBAGO COUNTY CHILDREN WITH ELEVATED BLOOD LEAD LEVELS**



**Early childhood support**

Families are not receiving the equitable support necessary for optimizing children’s development and educational readiness. This is important because reaching early developmental milestones sets children up for success in the years that follow.



**Health disparities:** Child educational opportunity in the Fox Valley varies greatly by census tract, with some areas (such as Oshkosh) experiencing low levels of opportunity and worse educational outcomes. Meanwhile, other areas not far away score higher on the child education opportunity index based on measures such as early childhood education, reading and math proficiency, and more. Overall, reading and math scores appear consistent from 2020-21 and across counties in the Fox Valley region.

Graduation rates are higher in the Fox Valley compared to their peers statewide, and lower proportions of disconnected adolescents live in the Fox Valley compared to the rest of the state.

Learn more through the Wisconsin Department of Health Services at [dhs.wisconsin.gov/wish](https://dhs.wisconsin.gov/wish), the Division of Public Health at [dhs.wisconsin.gov/dph](https://dhs.wisconsin.gov/dph), and [diversitydatakids.org](https://diversitydatakids.org).


## PRIORITY: MENTAL AND BEHAVIORAL HEALTH

At Children’s Wisconsin, we believe caring for a child’s developmental, mental and behavioral health is just as important as caring for their physical health. Kids across Wisconsin are facing a mental and behavioral health crisis — and the COVID-19 pandemic only exacerbated children’s and adolescents’ rates of anxiety, depression and behavioral problems.

This is a challenge that affects kids across demographics and in every zip code, but social determinants of health can also influence mental and behavioral health risks and outcomes. A family’s financial stress, transportation problems, unsafe living conditions or other factors can take a toll on a child’s mental and behavioral health and make it more difficult for families to get timely and regular access to care. To address this urgent community need, Children’s Wisconsin has made it a systemwide priority to detect needs sooner, reduce stigma, and improve access to care for kids with mental and behavioral health needs.

### Access to care

Families have difficulty navigating complex systems to obtain affordable, equitable, timely, and culturally relevant mental and behavioral health services. This can cause problems to escalate until a child reaches a crisis point.

 **Health disparities:** More rural areas in Fox Valley have fewer mental health providers, which makes it more difficult for residents to access needed mental and behavioral health services. In Outagamie and Winnebago counties, the provider-to-population ratio is similar to the 2020 statewide rate of 470 residents per mental health provider. In Calumet County, however, there are 3,850 residents per mental health provider.



Data from 2017 (the most recent available) showed that Calumet also had the highest percentage of children with unserved mental illness in the tri-county area — 70 percent compared to 37 percent statewide.

### Anxiety and depression

Students are experiencing greater levels of stress, anxiety and depression. Fox Valley children and adolescents report anxiety and depression rates that are similar to their peers statewide. According to the Wisconsin Office of Children’s Mental Health, one-third of high school students reported feeling sad or hopeless almost every day in 2019. In Wisconsin, 18- to 19-year-olds have consistently had the highest suicide rates since 2012, although the number of suicides among that group fell by almost half between 2019-2020.



### Carson’s story

For 14-year-old Carson, depression was like suddenly falling down a black hole. Seeing no other way out, he tried to end his life. Fortunately, he survived and spent weeks recovering at Children’s Wisconsin. As his body healed, so did his spirit — thanks to ongoing mental and behavioral health support.

Now Carson shares his story on social media to help other struggling kids know that they’re not alone. “We need to be willing to talk about mental health and reduce the stigma,” he said. “We can save a lot of lives.”



**Health disparities:** Some demographics of Fox Valley high school students — those

who are female, LGBTQ+, Hispanic/Latino, have a disability or condition, have received an individualized education program (IEP)/504 services, or have experienced food insecurity — report higher levels of anxiety and depression than their peers. Fox Valley male students are more likely to report better mental health: On a scale of 1 to 5 with 1 being the worst and 5 being the best, the male average is 3.45 compared to 2.47 for females and 2.83 for youth overall.

### Disconnection

Children and adolescents report feeling disconnected from adults and peers. This problem is not unique to Fox Valley or Wisconsin; national data showed high rates of disconnection during the first year of the pandemic whether students attended school remotely or in person. Fox Valley students across genders report similar levels of social and emotional support: On a scale of 1 to 5 with 1 being the worst and 5 being the best, the male average is 3 compared to 2.93 for females and 2.89 for youth overall.



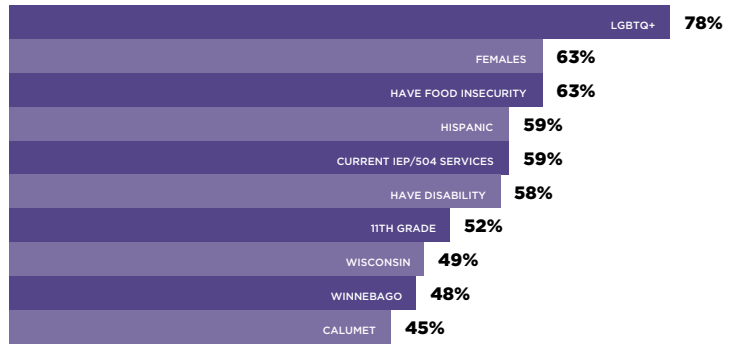
**Health disparities:** Some demographics of Fox Valley students — those who

identify as LGBTQ+, Black or African American, Hispanic/Latino, have a disability or condition, have received an individualized education program (IEP)/504 services, or have experienced food insecurity — report a lower feeling of belonging at school than their peers.

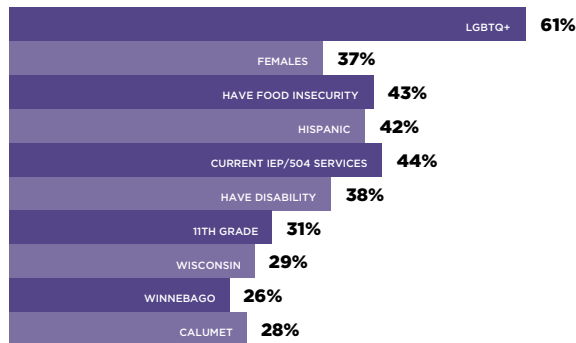
2021 Youth Risk Behavior Survey data is expected in late 2022. Learn more at [dpi.wi.gov/sppw/yrbs](https://dpi.wi.gov/sppw/yrbs) or through the Wisconsin Office of Children’s Mental Health at [children.wi.gov](https://children.wi.gov).

### ADOLESCENT STRESS, ANXIETY & DEPRESSION

% OF FOX VALLEY AND WISCONSIN HIGH SCHOOL STUDENTS WHO HAVE PROBLEMS WITH ANXIETY



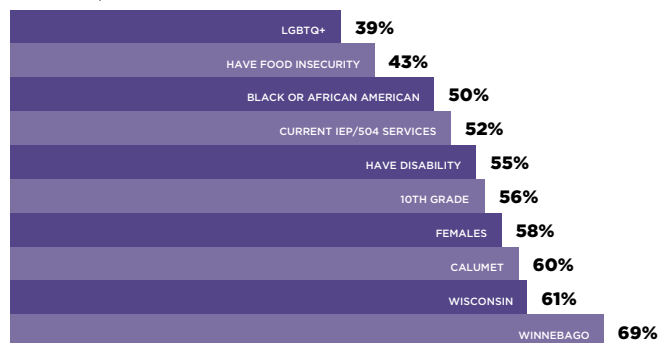
% OF FOX VALLEY AND WISCONSIN HIGH SCHOOL STUDENTS WHO ARE SO SAD OR HOPELESS THEY STOPPED USUAL ACTIVITIES



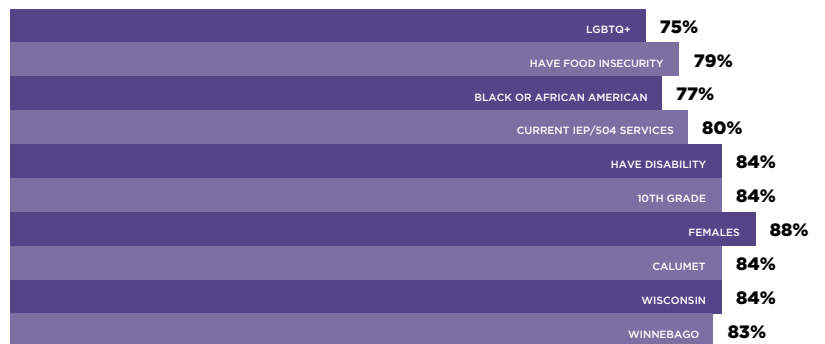
Source: 2019 Wisconsin Department of Public Instruction Youth Risk Behavior Survey (YRBS). Outagamie data unavailable.

### SENSE OF BELONGING & SUPPORT

% OF FOX VALLEY AND WISCONSIN HIGH SCHOOL STUDENTS WHO AGREE/STRONGLY AGREE THEY BELONG AT SCHOOL



% OF FOX VALLEY AND WISCONSIN HIGH SCHOOL STUDENTS WHO HAVE AT LEAST ONE SUPPORTIVE ADULT BESIDES PARENTS



Source: 2019 Wisconsin Department of Public Instruction Youth Risk Behavior Survey (YRBS).

## PRIORITY: SAFETY AND VIOLENCE

Every child deserves to be safe and secure from physical, mental and emotional harm. Unfortunately, that's not the reality for every child — abuse and neglect, bullying, community violence and accidental injuries can threaten a child's health and well-being. Some injuries require physical healing over a shorter period of time, while others set the stage for long-term trauma, creating compounding adverse outcomes for a child's physical and mental health.

Many social and environmental factors can affect a child's safety, including family financial stress, adult substance abuse, adult mental health and neighborhood violence. Children's Wisconsin is committed to preventing violence and accidental injuries wherever children and adolescents live, learn and play — and delivering trauma-informed care and expanded community-based services to help kids recover and thrive after a challenging experience.

### Poisoning

Accidental poisoning was the leading cause of death for children in the Fox Valley in 2020 and showed a large spike in emergency visits from 2020 to 2021.



**Health disparities:** In 2021, Black or African American children experienced more than double the rate of emergency departments visits (334) for poisoning compared to their white peers. Hispanic children have considerably lower rates (75) compared to their non-Hispanic counterparts (168).

### Child maltreatment

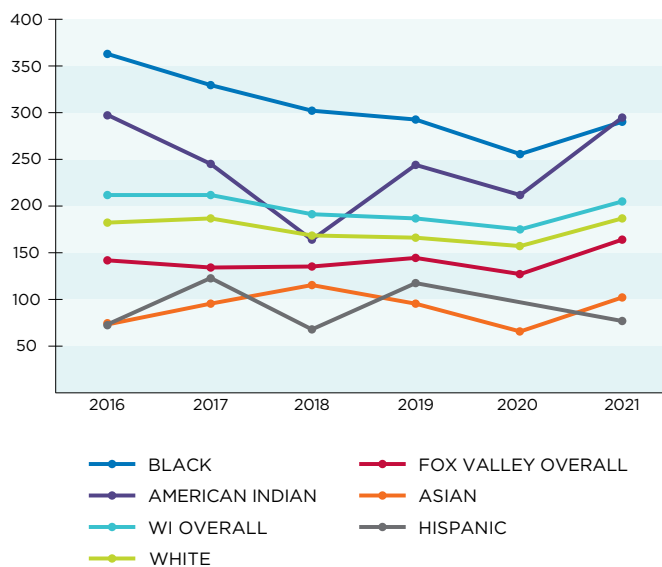
Though children in the tri-county area are less likely to be victims of maltreatment than their peers statewide, child physical abuse is among the top five injuries seen in the ThedaCare Regional Medical Center-Neenah emergency department, which is supported by our Fox Valley hospital team. Young children experience the highest rates of child maltreatment compared to older children.



**Health disparities:** African American or Black children and American Indian/Alaskan Native children are more likely to be victims of child maltreatment compared to their peers statewide. In younger age groups, males and females are victimized at similar rates. As children age, the victimization rate drops for both groups, but the female victimization rate remains higher than the male victimization rate. Abuse and neglect can become life-threatening and often causes long-term trauma.

### ACCIDENTAL POISONING

RATE OF EMERGENCY DEPARTMENT VISITS PER 100,000 POPULATION IN CALUMET, OUTAGAMIE AND WINNEBAGO COUNTIES FOR CHILDREN AND YOUTH, 1-19 YEARS OLD



### Bullying

Bullying can take a serious toll on children and adolescents' mental and behavioral health. One in three middle school students in the Fox Valley report experiencing bullying at school — a higher rate than most high school students and slightly higher than middle school students statewide. Rates of both bullying on school property and online remain steady, with no statistical change in recent years.





**Health disparities:** Some demographics of Wisconsin students — those who are female, LGBTQ+, Hispanic/Latino, multiple races, have a disability or condition, have received an individualized education program (IEP)/504 services, or have experienced food insecurity — report more bullying than their peers.

### Falls and accidental injuries

Falls have been the leading cause of injury-related emergency visits for Fox Valley children and adolescents since 2016 and have recently increased, from 1,537 incidents in 2020 to 1,734 in 2021. The Children’s Wisconsin trauma team sees the highest number of children for falls from one level to another, followed by falls on the same level and falls from playground equipment.

Children are also at risk of other accidental injuries in the community, including car, bike and pedestrian accidents and drowning. Over recent years, motor vehicle crashes are among the top two injuries seen by our Fox Valley team that supports the ThedaCare emergency department in Neenah.

### Firearms

More severe and fatal safety concerns are suicide and homicide by firearms, which are among the five leading causes of death for children and adolescents.



**Health disparities:** White adolescents are more likely to die by suicide from firearms while Black or African American adolescents are more likely to die by homicide from firearms.

## How a “harmless toy” sent Deacon to the hospital

It all started with something no bigger than a grain of sand.

Around 3 a.m. on March 28, 2022, Haley Nickols awoke to her infant son, Deacon, throwing up. He was still throwing up and refusing to eat the next day. Assuming it was just a virus, Haley decided to take Deacon to an emergency department near their home in Appleton in case he was dehydrated.

But it wasn’t a virus. A couple weeks earlier, Deacon’s four older siblings had been playing with a popular kid’s toy called water beads — small, brightly colored polymer balls that expand in water. One day Deacon found a pack of open water beads on the floor, and Deacon’s father swiped two of them out of his mouth.

“I thought even if he did swallow one, they are so squishy and slippery he’d probably just poop it out. It wasn’t really on our radar as anything that dangerous,” Haley said.

An X-ray found two round balls in Deacon’s stomach and intestine, but they were no longer the

size of a grain of sand — they had expanded to the size of large grapes. Doctors called the Children’s Wisconsin Transport Team to take Deacon to Children’s Wisconsin in Milwaukee.

In a three-hour surgery, the surgeon removed four water beads from Deacon’s bowels. A few more beads in his intestine remained hidden but were removed in a second surgery.

Today, 1-year-old Deacon is doing great — and his mom has thrown out all the water beads in the house. Deacon’s medical team has shared his story with SaferProducts.gov, the U.S. Consumer Product Safety Commission and the Children’s Wisconsin Injury Prevention team.

“There is not a lot of information out there about the dangers of these water beads and how they behave in the body,” said Haley. “I really appreciate how Children’s Wisconsin has worked to share what they learned with others — both in the medical community and in the general community.”

*Learn more through the KidsCount Datacenter at [datacenter.kidscount.org](https://datacenter.kidscount.org), the Wisconsin Department of Children and Families at [dcf.wisconsin.gov](https://dcf.wisconsin.gov), the Wisconsin Department of Public Instruction’s Youth Risk Behavior Survey at [dpi.wi.gov/sspw/yrbs](https://dpi.wi.gov/sspw/yrbs) and the Wisconsin Department of Health Services’ Division of Public Health at [dhs.wisconsin.gov/dph](https://dhs.wisconsin.gov/dph).*

## PRIORITY: SOCIAL DETERMINANTS OF HEALTH

Across our community, children and adolescents can live just blocks apart from one another and have very different experiences with factors that directly impact their health and well-being. The physical environment, access to health care, quality of care, family and social support, and socioeconomic factors — what we call the social determinants of health — play a significant role in shaping a child's health in the short term and over their lifetime. When a child has regular access to nutritious food, a safe living environment, quality education and more, it improves their physical, mental and behavioral health.

At Children's Wisconsin, we recognize that we cannot achieve our vision of making Wisconsin kids the healthiest in the nation unless we address the social determinants of health and their role in driving health inequities. We continue to work with our community partners and families to remove barriers to health and well-being and ensure that all Wisconsin kids have the resources they need to thrive.

### Understanding barriers to health

To help a family reach their full health potential, we, as health care providers, must do more to fully understand and address their social barriers. We know disparities in food security, housing stability, transportation and financial stability can affect a child's health, however, there are still many families whose needs we must uncover.



**Health disparities:** In 2020, less than 2 percent of Children's Wisconsin patients had a documented social needs screening as part of their visit. Practices across the system vary, though screening rates are increasing.

### Accessing resources

Families have difficulty navigating to and attaining community-based resources, which can significantly enhance quality of life and health outcomes. When families struggle to meet their basic needs, lack health insurance or face transportation challenges, it can make it more difficult for them to seek out the resources that would help address their needs.

### Risk factors

Children and adolescents with food insecurity, housing instability and transportation barriers experience increased risk of poor health outcomes. Not only can some of these factors — such as insufficient



food or unhealthy/unsafe living conditions — directly contribute to a child's health and well-being, but these stressors can also make it more challenging for families to access regular and preventative health care.

Children's Wisconsin patients with indications of neighborhood stress (an ensemble of socioeconomic factors) have a more than tripled rate of emergency department visits, a 40 percent increase in inpatient admissions and an increase in total medical expenses compared to their peers.

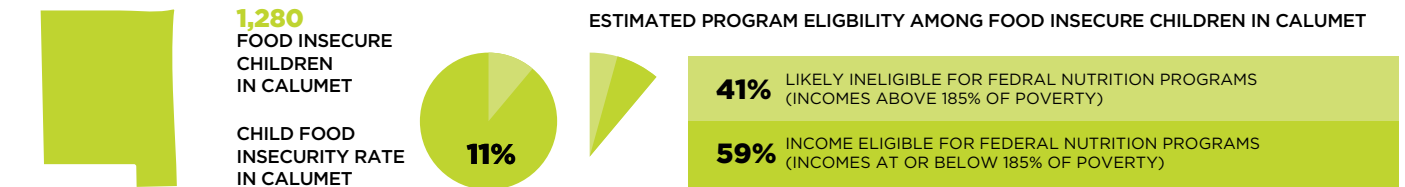
**Health disparities:** While we are still working to identify individual families' needs, data reveals important insights into the socioeconomic challenges that many Fox Valley children face:

**Hunger:** Compared to white households with children, Asian, Hispanic and Black households with children report higher rates of not having enough to eat. In 2019, 10-14 percent of children in the tri-county area experienced food insecurity — representing 11,800 children in the Fox Valley community who are not getting enough to eat. While the majority of those children qualified for federal nutrition programs, Feeding America estimates that many children were likely ineligible due to their family's income

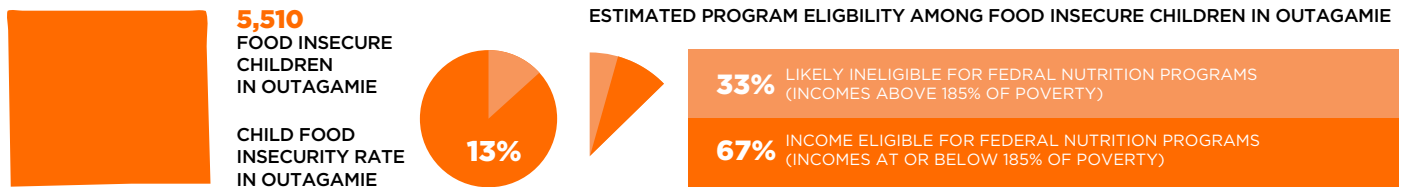
being above 185 percent of the poverty line: 41 percent of food-insecure children in Calumet fell into that category, followed by 34 percent in Winnebago and 33 percent in Outagamie.

However, screening might not capture the full need. In the Youth Risk Behavior Survey, about one out of three middle school students in Winnebago and Calumet counties reported experiencing hunger due to lack of food in their home during the past 30 days. In Calumet County, Hispanic students experience the highest rates of food insecurity (50 percent), while in Winnebago County, Asian or Pacific Islander students report the highest rates of hunger (50 percent).

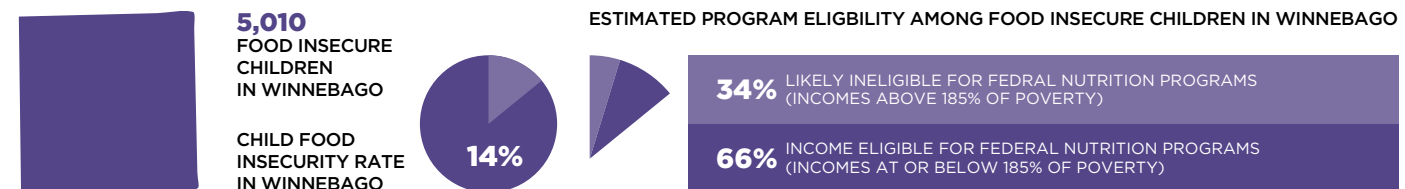
**2019 CHILD COUNTY FOOD INSECURITY**  
**CALUMET COUNTY** POPULATION



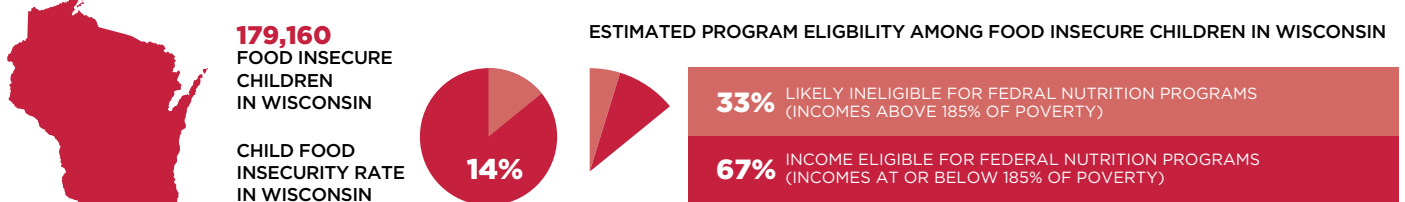
**OUTAGAMIE COUNTY** POPULATION



**WINNEBAGO COUNTY** POPULATION



**STATE OF WISCONSIN** POPULATION





**Housing:** Housing can affect a family's stability, living conditions and ability to build wealth. Twenty-three Fox Valley key informants' interview rankings included safe and affordable housing as a top social determinant of health, and 15 ranked it No. 1. About half of key informants indicated that communities need to build more affordable rentals and permanent supportive housing because there are not enough to meet the need. Many other key informants reported that there needs to be more housing navigators/case managers who are aware of all the resources available to assist community members.

Rates of home ownership vary widely by demographic group. White households have the highest rates of owner-occupied housing in Outagamie and Winnebago counties (73 percent and 67 percent respectively), while in Calumet County among households identifying as American Indian/Alaska native and two or more races who responded to the survey, 100 percent report owner-occupied housing. The numbers for other demographic groups was much lower: Only 15 percent of Black or African American households live in owner-occupied housing in Winnebago County, and that demographic group also had among the lowest rates in Outagamie (38 percent) and Calumet (50 percent) counties.

The proportion of households in the Fox Valley with high housing cost burden (more than 30 percent of household income) remains lower than that of the state and continues to decrease slowly over time. The rate is highest in Winnebago County, where one quarter of residents spend more than 30 percent of their income on housing.



**Income:** The tri-county area's median income has increased gradually over the years but varies widely by county: \$77,946 in Winnebago, \$84,996 in Outagamie and \$91,132 in Calumet, compared to the statewide median of \$79,080. After six years of declining unemployment rates, Fox Valley and the state saw sharp increases in unemployment during the first year of the pandemic — from around 3 percent in the tri-county area in 2019 to around 5 percent in 2020. While unemployment is an

important measure, so is the number of children whose parents lack regular, full-time employment — and even a full-time job at low wages does not necessarily lift a family out of poverty. In Calumet and Outagamie counties, Black or African American children have the highest poverty rates (47 percent) compared to other racial and ethnic groups.



**Transportation:** Transportation can be a hurdle for some families, making it more difficult for them to reach higher-paying jobs, medical appointments and other basic needs. In the tri-county area, 85-87 percent drive alone to work — above the statewide rate of 81 percent — and 17-24 percent drive alone with a long commute. In 2018-19 across Wisconsin, about one in three Medicaid members utilized non-emergency medical travel (NEMT) services to get to health care appointments. This proportion sharply decreased during pandemic-related closures, but the numbers started to increase during the summer of 2020, reaching around 4,000 or more completed trips per month in Calumet by fall of 2020 and 5,000 or more completed trips per month in Winnebago.

Learn more through Feeding America Map the Meal Gap at [map.feedingamerica.org](https://map.feedingamerica.org), the KidsCount Datacenter at [datacenter.kidscount.org](https://datacenter.kidscount.org), the Wisconsin Department of Public Instruction's Youth Risk Behavior Survey at [dpi.wi.gov/sspw/yrbs](https://dpi.wi.gov/sspw/yrbs), the Wisconsin Department of Health Services at [dhs.wisconsin.gov/nemt/data.htm](https://dhs.wisconsin.gov/nemt/data.htm) and the U.S. Census Bureau American Community Survey at [data.census.gov](https://data.census.gov).



# Community Assets

We know that it takes a village to adequately address the health needs of our children, and we are fortunate to have many strong partners joining us in this work. Key informants identified a number of existing strategies and partners across Fox Valley addressing our community health priorities. Our community partners in these areas include:



## **INFANT HEALTH**

City, county and state departments and agencies  
Easter Seals  
March of Dimes  
Wisconsin Association for Perinatal Care

## **MENTAL AND BEHAVIORAL HEALTH**

Catalpa Health  
City, county and state departments and agencies  
School Community Partnership for Mental Behavioral Health  
Schools and school districts  
Wisconsin Office of Children’s Mental Health

## **SAFETY AND VIOLENCE**

Child Abuse and Neglect Prevention Board  
Child Protective Services  
City, county and state departments and agencies  
District attorney’s office  
Police departments  
Safe Kids Wisconsin  
Schools and school districts

## **SOCIAL DETERMINANTS OF HEALTH**

Be Well Fox Valley  
City, county and state departments and agencies  
Feeding America – Wisconsin  
Hunger Task Force  
IMPACT Connect – Unite

In addition to the organizations named above, other community assets include other local health systems and providers, philanthropic organizations, the business community, faith communities, public health, lawmakers, law enforcement, the nonprofit sector, community leaders and families across our community.



## Conclusion

We have made great strides in improving children’s health since our last community health needs assessment in 2019, even through the challenges of the pandemic, but we know there is still more work to be done. While we can’t erase every challenge to children’s health, especially considering the significant impact of social, environmental, genetic and behavioral factors, we believe we can move the needle. This assessment provides a road map to guide our priorities going forward so we can focus on the programming that will have the biggest impact.

With this knowledge, the help of our community partners and our staff’s tireless efforts, we’ll continue striving toward our ultimate goal: making Wisconsin kids the healthiest in the nation. See our 2022 – 2024 Fox Valley Community Health Implementation Strategy for information on our work to address our community’s health priorities.

## Acknowledgements

The following institutions were integral to the completion of the tri-county area’s community health needs assessment: Advocate Aurora Health, Ascension Wisconsin, ThedaCare and the health departments of Appleton, Menasha and Outagamie, Calumet and Winnebago Counties. JKV Research analyzed and reported on the key informant interviews. Children’s Wisconsin provided additional leadership, research and analysis to develop the assessment unique to children in the Fox Valley.

# References

1. Child Opportunity Index. Institute for Child, Youth and Family Policy, Heller School for Social Policy and Management, Brandeis University. [diversitydatakids.org](https://diversitydatakids.org)
2. Children's Wisconsin iNSIGHT Report (2022). Most Current SDOH Risk: Food, Transportation, and Financial Domains.
3. City Health Dashboard. NYU Langone Health. [cityhealthdashboard.com](https://cityhealthdashboard.com)
4. County Health Rankings & Roadmaps. University of Wisconsin Population Health Institute. [countyhealthrankings.org/app/wisconsin/2022/overview](https://countyhealthrankings.org/app/wisconsin/2022/overview)
5. COVID-19 Pandemic Exacerbates Childhood Immunization Disparities. Wisconsin Medical Journal, Special Report. [wmjonline.org/121no1/lehrer/](https://wmjonline.org/121no1/lehrer/)
6. Environmental Public Health Data Tracker. Wisconsin Department of Health Services, Division of Public Health. [dhsgis.wi.gov/DHS/EPHTracker/#/map](https://dhsgis.wi.gov/DHS/EPHTracker/#/map)
7. Imagine Fox Cities survey. [imaginefoxcities.com](https://imaginefoxcities.com)
8. KIDS COUNT Data Center. Annie E. Casey Foundation. [datacenter.kidscount.org](https://datacenter.kidscount.org)
9. Map the Meal Gap Report. Feeding America. [map.feedingamerica.org](https://map.feedingamerica.org)
10. U.S. Census Bureau American Community Survey 2019 5-year estimates. [data.census.gov](https://data.census.gov)
11. Wisconsin Child Abuse and Neglect Report, 2020. Wisconsin Department of Children and Families. [dcf.wisconsin.gov/files/cwportal/reports/pdf/can.pdf](https://dcf.wisconsin.gov/files/cwportal/reports/pdf/can.pdf)
12. Wisconsin DHS Monthly Non-Emergency Medical Transportation Data. Wisconsin Department of Health Services. [dhs.wisconsin.gov/nemt/data.htm](https://dhs.wisconsin.gov/nemt/data.htm)
13. Wisconsin Interactive Statistics on Health (WISH) data query system. Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics (2020). [dhs.wisconsin.gov/wish](https://dhs.wisconsin.gov/wish)
14. Wisconsin Office of Children's Mental Health 2020 Annual Report. [children.wi.gov](https://children.wi.gov)
15. Youth Risk Behavior Survey, 2019. Wisconsin Department of Public Instruction. [dpi.wi.gov/sspw/yrbs](https://dpi.wi.gov/sspw/yrbs)