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Introduction

Children’s Hospital of Wisconsin prides itself on providing the best care for kids, but to do that, we need to thoroughly understand the factors that shape children’s lives and health before they ever enter our care. The community health needs assessment is a valuable tool that allows us to evaluate our community’s health needs and align our programs and services so we can make the biggest impact on children’s health.

Children’s Hospital of Wisconsin-Fox Valley collaborated with the Fox Valley Health Improvement Coalition to commission a comprehensive community health needs assessment in the Fox Valley. This process allowed Children’s Hospital to:

- Gather baseline information about health in our community
- Assess the greatest health needs
- Identify areas for improvement that Children’s Hospital could impact
- Prioritize our programming to address the greatest needs

An effective community health needs assessment must encompass a wide range of voices, and our process included significant input from community residents, health care providers, public health officials, school officials and other stakeholders. We also looked beyond traditional health indicators to explore other issues that determine health, such as poverty, education and employment. While quality health care is important, we know that social, environmental, genetic and behavioral factors have an even bigger influence on a child’s health (Figure 1).

**About Children’s Hospital**

Children’s Hospital is the region’s only independent health care system dedicated solely to the health and well-being of children and is recognized as one of the leading pediatric health care systems in the United States. In addition to our hospitals in Milwaukee and Neenah, Wis., we offer care at community-based locations throughout Wisconsin. We provide 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 and family resource centers. We also advocate for children in areas such as health coverage and access. Every year, we invest more than $100 million in the community to improve children’s health through medical care, advocacy, education and research.

**Children’s Hospital vision**

Our vision is simple: that Wisconsin’s kids will be the healthiest in the nation. That means building a culture where resources are aligned to achieving that vision. It means collaborating with community partners because no organization can achieve such an enormous goal alone. And it means putting kids’ health at the center of every decision we make.
Our community

Although Children’s Hospital serves children and youth from across the state and beyond, for the purposes of this report, we defined our community as the counties with the highest number of children who use our services.

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 (Figure 2). The tri-county area covers 1,390 square miles and is home to 397,054 residents.¹

Figure 2. Map of Children’s Hospital of Wisconsin-Fox Valley primary service counties.
Demographics

What does the Fox Valley community look like? Its demographics are comparable to the rest of the state, though the tri-county area fares better on measures of poverty, unemployment, insurance and other factors that can affect a child’s well-being.

Age

The Fox Valley mirrors the state in terms of age distribution (Figure 3). An estimated 23.3 percent of the tri-county area — representing 19,721 residents — are under 18.1. The under-18 population is highest in Calumet County (26.1 percent), followed by Outagamie (24.6 percent) and Winnebago (21.2 percent). The majority of Fox Valley children are in the 5-17 age group.

Ethnicity

Fox Valley children are slightly more diverse than the area’s total population (Figure 4), which is predominantly Caucasian (92 percent), followed by Hispanic/Latino (4 percent), Asian (3 percent) and Black (1 percent).1 Ethnic groups making up the “other” category include those identifying as Native American/Alaska Native, Native Hawaiian/Pacific Islander or some other race.

Language

Just over 1 percent of the region’s residents over the age of 5 — 4,835 residents — live in a limited English-speaking household, which is defined as a household where no one 14 or older uses only English at home or speaks English “very well.” This is comparable to the statewide level of 1.7 percent.1 Calumet has the highest percentage of limited English-speaking households — 2.2 percent — followed by 1.6 percent in Outagamie and .7 percent in Winnebago. This indicator is significant as it identifies families that may need English-language assistance.

Poverty

Nearly 12,000 of the Fox Valley’s children — 12.7 percent of the tri-county area’s population under 18 — live in households with income below 100 percent of the federal poverty level. Although each county’s rate varies by a few percentage points (Figure 5), all rates are still lower than the state’s poverty rate of 18.6 percent and the national rate of 21.9 percent. The area’s median family income also exceeds state and national rates: $76,267 in Calumet, $72,376 in Outagamie and $67,595 in Winnebago, compared with $67,232 in Wisconsin and $65,443 nationally.1

The number of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits — formerly known as Food Stamps — is another indicator of vulnerable populations, which are more likely to have multiple health access, health status and social support needs. Almost one in ten Fox Valley residents (8.8 percent) are eligible and receiving SNAP benefits — a rate that has nearly tripled in the overall tri-county area since 2005.2
Insurance

Fox Valley children are less likely to be uninsured when compared with their counterparts across the state and nation (Figure 6). Just over 4 percent of the tri-county area’s children — 4,061 residents — lack health insurance.¹ The percentage of area children who are enrolled in Medicaid — 25.1 percent — is also lower than the state (33.5 percent) and national (37.1 percent) rates.¹

Housing

Housing is a challenge for some Fox Valley families. Almost 66 percent of Winnebago residents live in households that are owned, compared to 71.6 percent in Outagamie and 81.9 percent in Calumet. A high housing cost burden can make life more difficult for families, who are unlikely to be able to meet all of their basic needs if housing consumes nearly one-third or more of their income.² In the tri-county area, a little more than a quarter (26.8 percent) of households spend more than 30 percent of their total household income on housing costs (Figure 7).¹

A similar percentage of Fox Valley households — 26.5 percent — live in substandard or overcrowded housing. That includes 21.2 percent in Calumet, 26.4 percent in Outagamie and 28.1 percent in Winnebago, compared with 31.9 percent in Wisconsin.

Employment

Fox Valley residents age 16 and older have similar unemployment rates to their peers statewide and across the nation. This rate is highest in Outagamie (4.4), followed by Winnebago (4.3), and lowest in Calumet (3.8; Figure 8). Although the tri-county area experienced higher rates in 2009-2013 (8.1-6.1, respectively), the 2015 unemployment rate is back to what it was ten years ago (4.5).¹
Methodology

The Fox Valley Health Improvement Coalition includes Children’s Hospital of Wisconsin-Fox Valley; Affinity Health System; Aurora Health Care; ThedaCare; the health departments of Appleton, Menasha and Outagamie, Calumet and Winnebago counties; and representatives from the State Department of Health Services. To get a holistic picture of health in the Fox Valley, our coalition commissions a comprehensive community health needs assessment every three years. The assessments serve as the foundation from which hospitals and local health departments develop their respective community health improvement strategies.

The assessment for the Fox Valley includes a few primary data sources:

- **Fox Valley Key Informant Interviews**: Conducted by the Center for Urban Population Health, this report of local public health priorities is based on interviews with 58 key informants in 2015.

- **Fox Valley Regional Behavioral Risk Factor Surveillance System Study**: This study, conducted by the St. Norbert College Strategic Research Institute in 2015, gathered input from 1,758 telephone interviews with residents. Of the overall sample, 250 households had children under age 12 and were included in further analysis specific to child health practices.

- **Fox Cities Community Mental Health Needs Assessment**: Carried out by St. Norbert College Strategic Research Institute in 2015, this project identified levels of knowledge and perceptions of Mental Health in the Fox Cities area of Outagamie, northern Winnebago and northern Calumet Counties. It draws data from secondary research and focus groups, as well as surveys from the general public, providers, referral agents and consumers.

While these reports provide rich data, they primarily focus on the adult population across the entire county. To ensure Children’s Hospital’s highest priority – children – are well represented, we consulted additional public sources with the Calumet, Outagamie and Winnebago counties as our scope:

- **Youth Risk Behavior Surveillance System**: This survey by the Centers for Disease Control and Prevention collects data from high school students on risky behaviors, providing state and national comparisons to local outcomes.

- **Local Youth Risk Behavior Surveys (YRBS)**: Calumet County high school YRBS included input from 1,010 students. Outagamie County high school YRBS included 3,425 students. Winnebago County high school YRBS included 5,290 students from Menasha, Neenah, Omro, Oshkosh and Winneconne school districts.

- **KIDS COUNT**: Facilitated by the Annie E. Casey Foundation, this national and state-by-state effort tracks well-being indicators for children in the U.S.

- **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.

- **Other public and government sources**: Additional sources include those such as Wisconsin Interactive Statistics on Health from Wisconsin Department of Health Services and the University of Wisconsin Population Health Institute’s County Health Rankings.
In order to make the most of this comprehensive needs assessment, the following considerations may be helpful in understanding our approach:

- **Child health data.** While there are many measures of child health beyond high school youth risk behavior surveys, we have chosen this data source due to its breadth of health issues, regular measurement over time and opportunity for comparison across cities, counties and states.

- **Method of analysis.** Most data were analyzed to report on the prevalence of each health issue in the Fox Valley, using percentages and rates where applicable. When data was available for years prior, we calculated percentage change to report on trends over time.

- **Data across counties.** Youth risk behavior survey data is collected in different ways across the three Fox Valley counties (for example, different questions and different years). We present the data points publically available to the extent possible in order to paint a clear picture of child health across all three counties.

- **Health disparities.** We acknowledge that health disparities exist across many aspects of the community: ethnicity and culture, age, socioeconomic status, gender and more. Analysis specific to these groups is important in order to adequately address community health, however for the purposes of this report, data is analyzed and presented at the county level.
2013 community health priorities

Children's Hospital has been busy over the past three years addressing many health issues, especially those prioritized through our 2013 community health implementation strategy (Figure 9). We recognize that we cannot accomplish this lofty goal alone — that it takes collaborative efforts across the Fox Valley to make an impact on child health.

In order to address priority #1: access to mental, oral and primary health care, we have partnered with Affinity Health System and ThedaCare to operate Catalpa Health, as well as collaborated with the Fox Valley Early Childhood Coalition, Mental Health Share Shop, and the N.E.W. Mental Health Connection. We continue to operate the statewide Treatment Foster Care program, as well as co-fund the Wisconsin Medical Home Initiative and Northeast Regional Center for Children and Youth with Special Health Care Needs in collaboration with two of the Wisconsin Department of Health Services Division of Public Health’s Title V programs: Children and Youth with Special Health Care Needs and Maternal and Child Health.

Sample impact on priority #1:
Catalpa Health is a pediatric mental health clinic founded by Children's Hospital, ThedaCare and Affinity Health after the last community health needs assessment in 2013. Since it opened in 2012, Catalpa has had 112,000 patient visits and reduced Fox Valley's wait time from 54 days to five days for mental health therapy and initial assessments.

In addition to the aforementioned partnerships, we also addressed priority #2: healthy development of all youth and priority #3: lifestyle and health through involvement in the Weight of the Fox Valley Summit and ThedaCare’s Community Health Action Team.

Sample impact on priority #2:
The Northeast Regional Center supports children and families with special health care needs – long-term, chronic illnesses or conditions that are behavioral, physical, emotional or developmental. In 2015, the center supported families and providers by facilitating 348 community events that involved provider collaboration, community organizing and coalition building – reaching over 1,159 professionals and 262 community members, including parents.

Sample impact on priority #3:
Weight of the Fox Valley Summit is a collaborative initiative engaging community stakeholders in understanding the causes and consequences of obesity. The goals of the summit are to educate the community on the causes, impact and complexity of obesity in the Fox Valley; build and enhance capacity to deal with the issue of obesity by bringing people together; and define initial steps to address the issue of obesity in the Fox Valley.

We addressed priority #4: support for children through all of the aforementioned services, along with the facilitation of Children’s Hospital’s Bereavement Program and the Awareness to Action Program.

Sample impact on priority #4:
Awareness to Action is an initiative focused on preventing child sexual abuse by helping adults and communities take action to protect children through awareness, education, prevention, advocacy and action. In 2015, Awareness to Action increased adult knowledge of child sexual abuse prevention by 20 percentage points after participation in the program. Notably, the number of adults believing that fewer children would be sexually abused if adults made more conscious choices about the situations in which children are placed increased by 43 percentage points.
2016 community health priorities

Community health issues are complex and difficult to resolve in a short period of time. Some of the coalition's community health needs identified in 2013 still exist in 2016. However, based on a number of variables that contribute to participant perspectives involved in the assessment, the list may vary slightly from year to year.

Similar to our process in 2013, an advisory group of cross-sector staff considered which Partnership-identified issues align with Children’s Hospital’s mission and vision, whether we have the resources and expertise to adequately address each issue, and where we can make the biggest impact on children’s health. Based on these criteria, Children’s Hospital decided to address the top five community health issues reported by key informants, modifying chronic disease to be more specific to asthma due to its prevalence among children and youth (Figure 10). We also decided to address issues such as access to care, poverty and other determinants of health alongside each individual health need rather than in its own section. This approach aims to include a more comprehensive understanding of child health outcomes.

**Figure 10. Children’s 2016 priorities**

- **Priority #1:** Mental health
- **Priority #2:** Alcohol and other drug use
- **Priority #3:** Physical activity
- **Priority #4:** Nutrition
- **Priority #5:** Asthma
Priority #1: Mental health

Mental health was the most frequently ranked issue in the key informant report, with 46 respondents — nearly 80 percent — ranking it as one of the region’s top five health issues and more respondents ranking it as their No. 1 health concern than any other issue. Mental health is connected to many other health issues, including access to health services, alcohol and other drug use, chronic disease, nutrition, healthy growth and development, violence and injury, and a person’s general wellness and ability to care for his or herself and others.

Other data suggests this is a growing concern for the Fox Valley. Over half of provider respondents feel that suicide ideation and attempts, depression, post-traumatic stress disorder, and anxiety disorders have increased over the past three years, and 73 percent give mental health services a rating of 6 or below (out of 10) for meeting the needs of Fox Valley residents. An estimated 11 percent (7,501) of Fox Valley children have a serious emotional disorder such as ADHD or a mood disorder.

Parents in the tri-county area report lower rates of depression in their younger children (ages 0-12) than high schoolers report for themselves. Only 3 percent of parents report that their child was always or nearly always unhappy, sad or depressed in the past six months. Thirteen percent of parents say their child felt this way sometimes, and 82 percent say their child seldom or never felt this way (1 percent are not sure).

Similarly to Wisconsin, approximately one quarter of Fox Valley youth report feeling sad or hopeless almost every day for two weeks or more in a row, to the point where they stopped doing some usual activities.

Unfortunately, this number has been increasing in recent years (Figure 11). Since each county’s most recent youth risk behavior survey, the number of Winnebago and Wisconsin high schoolers feeling sad or hopeless has increased by roughly 8.3 and 8.7 percent respectively, while the number of Calumet high schoolers feeling this way has increased by 31.5 percent.

**Clinical care**

**Provider shortage:** A recent estimate showed that the tri-county area needed 17 additional full-time psychiatrists to meet mental health needs.

**Access to care:** 44 percent of general public respondents felt it was difficult to get the help they needed for proper treatment of mental health. In a recent study, nearly 5,500 tri-county youth with mental illness utilized publicly funded mental health services. That included 27.2 percent of those youth in Calumet, 36.3 percent in Outagamie, and 44.9 percent in Winnebago.

**Social and environmental factors**

**Poverty:** This factor can contribute to behavioral, social and emotional problems and poor health. In 2014, 11,640 tri-county children lived in households with an income below 100 percent of the federal poverty level.

**Abuse/neglect:** In 2014, an estimated 213 children in the tri-county area were victims of maltreatment.

**Support systems:** 80 percent of respondents strongly agree that family support significantly helps people with mental illness.

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Figure 11. High school students that felt sad or hopeless almost every day for two+ weeks in a row

Note: No data available for Outagamie.
Unfortunately, Outagamie and Winnebago youth appear more likely to act on these feelings of hopelessness than their peers statewide (Figure 12). Calumet fared better than Outagamie and Winnebago, with just six percent of high school students reporting an attempted suicide.

Bullying is an occurrence for some children and youth that can have great influences on mental health. Nearly one in five tri-county parents surveyed said their child (age 0-12) had experienced some form of bullying in the past year, with 78 percent falling in the category of verbal bullying. The percent of bullying victims is higher at the high school level, with one in four Fox Valley high school students reporting victimization on school property in 2013. While there were slight decreases from 2011 to 2013, recent data from Calumet county indicates this rate is increasing (Figure 13).
**Priority #2: Alcohol and other drug use**

Thirty key informants — nearly 50 percent — ranked alcohol and drug use among the region’s top five health issues. They mentioned the cultural norms around excessive drinking and abuse of prescription medications and other drugs, and they were especially concerned about heroin use. Responses indicated some overlap between alcohol and drug use and other health issues, especially mental health.

Providers share key informants’ concerns. Over half of provider respondents felt that prescription drug dependence and illegal drug dependence have increased over the past three years. While Calumet youth risk behavior data supports this perspective, Winnebago and Outagamie data say otherwise. Calumet demonstrated an increase in the number of students using marijuana (by 29 percent) and prescription drugs (by 33 percent), while Outagamie and Winnebago saw a decrease in use since their previous youth risk behavior surveys. Comparable data was not available for other illegal drugs.

Fortunately, all three counties show an average decrease since the previous survey in the number of youth reporting having at least one drink of alcohol (16.1 percent decrease), binge drinking (21 percent decrease), and cigarette smoking (13.4 percent decrease). While these decreases in substance use are a step in the right direction, students can benefit from further change as Fox Valley youth substance use is often higher than state use (Figure 14).

**Figure 14. High school substance use/misuse**

We can see the effect that youth substance use is having on the amount of time spent in school and in the hospital. A recent assessment demonstrated the area’s public school rate of drug-related suspensions and expulsions per 1,000 students was 5.5 in Winnebago, 4.1 for Calumet and 3.3 for Outagamie. A report of opioid-related hospitalizations among 12-25 year olds indicated Fox Valley is on a moderate upward trend. Between 2009-2012, Winnebago’s rate increased from .9 to 1.2 per 1,000 population, Outagamie’s rate increased from .5 to .7, and Calumet’s rate increased from .2 to .8. The rate also increased statewide, landing at 1.8 in 2012.

**Clinical care**

**Declining funding:** The state is spending less on alcohol and other drug abuse treatment, from an inflation-adjusted high of $95 million in 2004 to $71 million in 2012.

**Social and environmental factors**

**Drinking culture:** Between 2008-2010, more than a quarter of tri-county adults reported binge drinking. That included 39 percent in Calumet, 29 percent in Outagamie and 24 percent in Winnebago.

**Underestimating risk:** The percent of high school students who considered the risk/harm of using marijuana once or twice a week as moderate to great included 63 percent in Calumet, 56.2 percent in Outagamie and 49 percent in Winnebago. By comparison, more than 80 percent of high school students in all three counties considered using prescription drugs that are not prescribed as a moderate to great risk.
**Priority #3: Physical activity**

Physical activity plays an important role in children’s health and wellness, from preventing obesity and chronic diseases to setting the stage for lifelong healthy habits. Twenty key informants — nearly one third — ranked physical activity as a top-five health priority for the Fox Valley region. Although there’s still room for improvement, data shows that many Fox Valley children and youth are getting the recommended amount of weekly exercise.

Over half (56 percent) of tri-county parents surveyed indicated that their child (age 0-12) is active for at least 60 minutes five or more days per week.\(^6\) This number is similarly reflected in Fox Valley and Wisconsin high school student self-reports (Figure 15).

Notably, Calumet increased the number of students reporting physical activity for at least 60 minutes on all seven days in the past week by 22.7 percent since the previous youth risk behavior surveys.\(^8,11\)

These levels of physical activity, along with other important factors, can have an impact on how youth feel about their health. While the majority of Fox Valley youth describe their general health as “good,” “very good” or “excellent,” almost a quarter describe their physical health as not being good for at least four or more days in the past month (Figure 16).\(^8,9,10\)

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**DETERMINANTS OF HEALTH**

**Health behaviors**

**Screen time:** Almost a third of Fox Valley high school students play video or computer games or use a computer for three or more hours (for something that was not school work) on an average school day. That includes 31.9 percent in Winnebago, 30.4 percent in Outagamie and 26 percent in Calumet.\(^8,9,10\) The number of area youth who watch television three or more hours per day on an average school day was slightly lower – 22 percent in Winnebago, 20.8 percent in Outagamie and 19 percent in Calumet.\(^8,9,10\)

**Social and environmental factors**

**Lack of facilities:** In 2013, the rate of recreation and fitness facilities per 100,000 population was 8.4 in Winnebago and 6.13 in Calumet, lower than the state (11.3) and national (9.7) rates. Outagamie’s rate of 14.2 was better than the state and national rates.\(^14\)
Priority #4: Nutrition

Nutrition is vital for a child’s healthy growth and development as well as for the prevention and management of chronic disease. Sixteen key informants — more than one quarter — ranked nutrition as one of the top five issues facing the Fox Valley, with food insecurity and breastfeeding being among the specific issues mentioned.

While there is opportunity for improvement in encouraging mothers to breastfeed their infants, numbers are moving in the right direction (Figure 17). Outagamie has made the greatest increase in the number of breastfeeding mothers since 2011 (12 percent change), followed by Calumet (9 percent change) and Winnebago (5 percent change).18

Not only do parents influence children and youth’s food access, poverty and food deserts can limit a family’s access to fresh, healthy food as well. Fortunately, nearly all Fox Valley parents surveyed report that their children ages 0-12 are getting at least one serving of fruits and vegetables each day. A majority — 77 percent — of those children eat the recommended two or more servings of fruit a day, but only 29 percent are getting the recommended three or more daily servings of vegetables. Children ages 5 and under tend to eat more servings of fruits and vegetables in an average day than those ages 6-12.6

While consumption of fruits and vegetables is lower at the high school level, the majority of youth do eat breakfast some of the time, similar to youth across the state (Figure 18).6,9,10,12

DETERMINANTS OF HEALTH

Clinical care

Wellness education: 8 percent (5,348 children) of tri-county children did not have a preventive care visit in the past year.6

Health behaviors

Dieting/weight loss efforts: Nearly half of tri-county high school students are currently trying to lose weight: 47 percent in Calumet, 46 percent in Winnebago and 43.5 percent in Outagamie.6,9,10

Social and environmental factors

Poverty: 33.1 percent (20,389) of tri-county public school students are eligible for free/reduced lunch, below the state (41.9 percent) and national (52.4 percent) rates. Winnebago’s eligibility (39.3 percent) was the highest of the three counties.15

Food insecurity: In 2013, 19.2 percent of area residents under 18 experienced limited or uncertain access to adequate food.16

Food deserts: Nearly one third of the tri-county area’s population — 122,309 residents — lives in a “food desert,” a low-income census tract where a substantial number of residents has low access to a supermarket or large grocery store. Winnebago has the highest rate at 39.8 percent.17

*Note: Survey questions vary across counties and state.
Priority #5: Asthma

Fourteen informants — about one quarter — ranked chronic disease, such as asthma, diabetes, cardiovascular disease and chronic obstructive pulmonary, as a top concern. Although the coalition prioritized chronic disease as a whole, Children’s Hospital decided to focus on asthma because of its prevalence in the state’s pediatric population. Asthma can take a serious toll on a child’s life. This chronic condition is more prevalent among racial minorities and lower socioeconomic groups, and if uncontrolled, it can lead to emergency room visits, hospitalizations and death.

Preventive care is key to diagnosing and managing asthma, and most (92 percent) tri-county parents surveyed said that their child (age 0-12) had a preventative care visit, such as a well-child check, routine physical exam, immunizations or health screen tests during the past year.6 Eight percent of parents indicate their child (age 0-12) has asthma, and half of those parents say their child has had an asthma attack during the past year.6 Unfortunately, Winnebago youth report a higher prevalence rate than their peers in Outagamie (Figure 19).8,9,10

Clinical care

Regular care: Most area parents report that their child has a personal doctor or nurse who knows them well and is familiar with their health history. The remaining 5 percent — representing 3,343 children — do not.6

Barriers to care: Households in the $35,001-$50,000 range are most likely to report there was a time in the past year when their child did not get the medical care they needed.6

Social and environmental factors

Air quality: Poor air quality contributes to respiratory issues and overall poor health. The tri-county area’s percentage of days exceeding National Ambient Air Quality standards is 1.3 percent, compared with 1.6 percent in Wisconsin and 1.2 percent nationally.19

Second-hand smoke: In 2015, 24 percent of Fox Valley adults smoked every day, while 9 percent smoked some days. Daily smoking is most common in Winnebago (32 percent), followed by Outagamie (20 percent) and Calumet (19 percent).6

Figure 19. High school asthma prevalence*

*Note: Survey questions vary across counties and the

Though the current hospitalization rate due to asthma is relatively low in the Fox Valley (Figure 20), the number of children using emergency services for asthma care appears to be growing (Figure 21).20 Asthma prevention and management have great opportunity to keep a child out of the hospital, hopefully reducing school absences due to asthma as well.

Figure 20. Child asthma hospitalization rate (per 10,000 population)

Figure 21. Child asthma ED visit rate (per 10,000 population)
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 routinely identified the high level of collaboration among organizations and agencies in the Fox Valley and the availability of health care organizations in the area as a positive regional asset. Partners identified by key informants, along with a number of Children’s Hospital partners, include:

<table>
<thead>
<tr>
<th>PRIORITY</th>
<th>COMMUNITY RESOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health</td>
<td>Law enforcement, health departments, county health and human services, social services, schools, state representatives, faith communities, primary care providers, funders, case managers, health systems (for example, Affinity Health System, Aurora Health Care, Children’s Hospital of Wisconsin-Fox Valley, ThedaCare), mental health providers, county agencies, social workers, District Attorney’s offices, Parent Connection, Catalpa Health, United Way Fox Cities, N.E.W. Mental Health Connection, Reach Counseling Services, Christine Ann Center, Victim Crisis Response Team, Harbor House, Oneida Nations DCFS, Sexual Assault Crisis Center, Children’s Mental Health Initiative, Winnebago County Corporate Counsel, National Alliance on Mental Illness-Fox Valley, Friendship Place, Step Industries, Appleton Area School District and Solutions Recovery.</td>
</tr>
<tr>
<td>Alcohol and other drug use</td>
<td>Law enforcement, health departments, schools, courts, health care providers, health systems, funders, parents, behavioral health systems, occupational and employee health, faith communities, parenting groups, business owners, county health and human services, Providing Access to Healing program, N.E.W. Mental Health, Fox Valley Substance Abuse Coalition, First Breath, re:TH!NK, Winnebago County’s Healthy Living Partnership, and Wisconsin Department of Public Instruction.</td>
</tr>
<tr>
<td>Physical activity &amp; Nutrition</td>
<td>Primary care providers, YMCA and other fitness facilities, local breastfeeding coalitions, child care centers, families, corporations, worksite wellness programs, schools and youth serving organizations, insurance companies, municipal planning, elected officials, restaurants, food banks, health systems, Weight of the Fox Valley, WIC, Supplemental Nutrition Assistance Programs, Hispanic Chamber of Commerce, Casa Hispana, Catalpa, Evolve, re:TH!NK, Wisconsin Department of Public Instruction, Future Neenah, United Way Fox Cities, and Safe Kids Fox Valley.</td>
</tr>
<tr>
<td>Asthma</td>
<td>Home health agencies, work sites, businesses, residents, health care systems, schools, insurance companies, public health, county health programs, businesses, school nurses, allergists, pulmonologists, certified asthma educators, pharmacists, Wisconsin Asthma Coalition members, Weight of the Fox Valley, Well City Fox Cities, Wellness Council of America, Pharmacy Society of Wisconsin, and Wisconsin Medicaid.</td>
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</table>
Conclusion

We have made great strides in improving children’s health since our last community health needs assessment in 2013, 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 indefatigable efforts, we’ll continue striving toward our ultimate goal: making Wisconsin kids the healthiest in the nation. See our 2016 Fox Valley Community Health Needs Assessment 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: Affinity Health System, Aurora Health Care, ThedaCare and the health departments of Appleton, Menasha and Outagamie, Calumet and Winnebago Counties. The Center for Urban Population Health prepared the key informant report, and the St. Norbert College Strategic Research Institute, JKV Research and CESA 6 administered the other tri-county surveys. Children’s Hospital provided additional research and analysis to develop the assessment unique to children in the Fox Valley.
References


