

# LAFAYETTE COUNTY

## Community Health Needs Assessment 2010

*“Live Well Lafayette”*



**ACKNOWLEDGEMENTS**

The Lafayette County Health Department would like to thank the following organizations and community leaders for their support and assistance in the assessment process. We are pleased to present the *Lafayette County Community Health Needs Assessment 2010* on behalf of the residents of Lafayette County for individuals, agencies, and organizations to use as a basis for community health planning and intervention. We hope that it serves to improve the health and well being of all residents of Lafayette County.

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Lafayette County Elected Officials  
Lafayette County Commission on Aging  
Lafayette County Sheriff's Department and Emergency Management  
Lafayette County Land Conservation Department  
Lafayette County Human Services Department  
Family Health Physician's Clinic of Lafayette County  
Employees of Lafayette County Health Department/Home Care  
City of Darlington  
School District of Argyle  
School District of Darlington  
South West Wisconsin Community Action Program  
Republican Journal  
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## EXECUTIVE SUMMARY

The Community Health Needs Assessment is a process for examining the health of a community. Importantly, this assessment will serve as a baseline for evaluating progress toward the State's *Healthiest Wisconsin 2020 Objectives*. These objectives are designed to improve the health of all Wisconsin residents and strive to make Wisconsin one of the healthiest U.S. states. Additionally, this assessment will also mark our progress toward the newly developed national goals set by the Centers for Disease Control and Prevention, the *Healthy People 2020* objectives. While completion of a community health needs assessment is required of local health departments, there are many benefits to doing so. As part of this process, many community organizations and health service agencies worked together. We examined data, explored issues, and developed a list of what we thought were the most pressing concerns. This publication provides a comprehensive view of the health status of those who live here in Lafayette County. It is hoped that this information will inform policy and decision-makers, serve as a resource for academics and clinicians, and assist individuals to focus on the health of their community and seek ways to improve it.

## Collecting and Analyzing Data: Secondary data

### Wisconsin County Health Rankings

Since the year 2003, the University of Wisconsin, Population Health Institute has gathered nationally representative data for the state of Wisconsin and ranked the 73 counties based on health care, health outcomes, health behaviors and health determinants.

According to the Population Health Institute, the *Rankings* look at population health in the form of health determinants and health outcomes. In contrasting measures of population health and its determinants, the *Rankings* stimulate and engage discussion with Wisconsin's health policy and public health communities.

The *Rankings* are a call to action for leaders in health care, business, education and media to take a comprehensive approach to improving the health of their communities.

For the year 2010, Lafayette County ranked 34 (out of 73 total) for the overall ranking, healthcare, for health outcomes, for health behaviors, and for health determinants.

### Overall Rankings for Lafayette County (2010)

Mortality 52  
Morbidity 6  
Health factors 53  
Health behaviors 57  
Clinical care 71  
Social & Economic 16  
Physical Environment 16

The following population based statistics are based on the Wisconsin County Health Rankings and other nationally accumulated data sources.

2010 LAFAYETTE SNAPSHOT – see appendix

## Population Demographics

Population Over Selected Years:

| Age   | 2000  | 2000<br>% Female | 2001  | 2002  | 2003  | 2004  | 2010  |
|-------|-------|------------------|-------|-------|-------|-------|-------|
| <18   | 4389  | 48               | 4202  | 4124  | 4029  | 3904  | 3954  |
| 18-34 | 2917  | 48               | 3063  | 3116  | 3193  | 3263  | 3633  |
| 35-44 | 2706  | 51               | 2650  | 2582  | 2489  | 2414  | 1675  |
| 45-54 | 2104  | 47               | 2248  | 2348  | 2450  | 2560  | 2568  |
| 55-64 | 1468  | 50               | 1491  | 1529  | 1569  | 1611  | 2174  |
| 65-74 | 1347  | 53               | 1325  | 1308  | 1305  | 1296  | 1286  |
| 75-84 | 875   | 57               | 887   | 896   | 906   | 907   | 847   |
| 85+   | 331   | 71               | 343   | 350   | 359   | 371   | 329   |
| TOTAL | 16137 | 50               | 16209 | 16253 | 16302 | 16327 | 16466 |

### Population Characteristics (all data from 2008)

**Total Population = 16, 201**

**Age:**

|              |       |
|--------------|-------|
| <b>0</b>     | 215   |
| <b>1-4</b>   | 736   |
| <b>5-9</b>   | 1,060 |
| <b>10-14</b> | 1,123 |
| <b>15-17</b> | 720   |
| <b>18-19</b> | 446   |
| <b>20-24</b> | 991   |
| <b>25-29</b> | 966   |
| <b>30-34</b> | 799   |
| <b>35-39</b> | 922   |
| <b>40-44</b> | 1,178 |
| <b>45-49</b> | 1,403 |
| <b>50-54</b> | 1,288 |
| <b>55-59</b> | 1,037 |
| <b>60-64</b> | 782   |
| <b>65-69</b> | 673   |
| <b>70-74</b> | 595   |
| <b>75-79</b> | 515   |
| <b>80-84</b> | 381   |
| <b>85+</b>   | 371   |

**Gender:**

|               |       |
|---------------|-------|
| <b>Male</b>   | 8,105 |
| <b>Female</b> | 8,096 |

**Race**

|                        |        |
|------------------------|--------|
| <b>White</b>           | 16,062 |
| <b>Black</b>           | 67     |
| <b>American Indian</b> | 23     |
| <b>Asian</b>           | 49     |

**Children (Under the age of 18)- Basic Demographics**

| <b>Child Population (Number)</b> Showing most recent 5 years; <a href="#">Show All Years</a> |       |       |       |       |
|--|-------|-------|-------|-------|
| 2002   | 2003  | 2005  | 2006  | 2008  |
| 4,425  | 4,028 | 3,757 | 4,218 | 3,680 |

**Health Outcomes***General Health Status*

Source: Behavioral Risk Factor Survey (2004-2006) Asks the survey question: "Would you say in general that your health is excellent, very good, good, fair, or poor?" Responses of "excellent" and "very good" were combined, as were responses of "fair" and "poor."

Self-reported health status is a widely used measure of people's health-related quality of life. In addition to measuring how long people live, it is important to also include measures of how healthy people are while alive – self-reported health status has been shown to be a very reliable measure of current health.

In 2010, reports indicated that the percentage of residents in Lafayette County reporting fair or poor health had increased to 14%. While the County Health rankings did not rank in individual categories for the 2010 report, this percentage is still much higher than the target value of 9%.

**Percent of Persons with Fair or Poor Health (2000-2004)**

| Age     | Percent | (+/-) | Region Percent | State Percent |
|---------|---------|-------|----------------|---------------|
| 0 - 17  |         |       | 3              | 3             |
| 18 - 44 |         |       | 6              | 7             |
| 45 - 64 |         |       | 13             | 15            |
| 65+     |         |       | 25             | 27            |
| Total   | 11      | ( 7)  | 9              | 10            |

\*\* Increase in total # reporting fair/poor health

*Poor Physical Health Days*

The poor physical health days measure represents one of four measures of morbidity used in the County Health Rankings, and is based on responses to the question: "Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?" We present the average number of days a county's adult respondents report that their physical health was not good. The measure is age-adjusted to the 2000 U.S. population.

The average number of poor physical health days reported by residents in Lafayette County was 2.4. (The Target Value for this measure was 2.5)

### *Poor Mental Health Days*

The rankings also evaluated poor mental health days. The poor mental health days measure is a companion measure to the poor physical health days reported in the County Health Rankings. The estimates are based on responses to the question: *"Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"* We present the average number of days a county's adult respondents report that their mental health was not good. The measure is age-adjusted to the 2000 U.S. population.

The average number of poor mental health days reported by members of Lafayette County was 1.7. (The Target Value of this measure was 2.1)

The National Institutes for Mental Health note that mental disorders are common in the United States and internationally. An estimated 26.2 percent of Americans ages 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year. When applied to the 2004 U.S. Census residential population estimate for ages 18 and older, this figure translates to 57.7 million people. Even though mental disorders are widespread in the population, the main burden of illness is concentrated in a much smaller proportion — about 6 percent, or 1 in 17 — that suffer from a serious mental illness. In addition, mental disorders are the leading cause of disability in the U.S. and Canada for ages 15-44. Many people suffer from more than one mental disorder at a given time. Nearly half (45 percent) of those with any mental disorder meet criteria for 2 or more disorders, with severity strongly related to co-morbidity (WPHI, 2008).

## **Health Determinants**

### Health Care

#### *Health Insurance coverage*

A lack of health insurance coverage is a strong barrier to health care access. The uninsured adults measure represents the estimated percent of the adult population under age 65 that has no health insurance coverage. The most recent findings indicate that 18% of adults in Lafayette County are uninsured, which is double the target value of 9% and Wisconsin state rate of 10%.

#### *Did not receive needed care*

- Not receiving needed medical care may contribute to chronic conditions and cause more serious health problems in the future.
- The did not get needed care measure is the percentage of the population reporting that they did not get needed health care (medical care or surgery) that they felt they should have had in the twelve months prior to being interviewed.
- Though the majority of the population of Lafayette County reported having some form of health insurance 3% of the population reported not receiving care that they needed.

*Primary Care Provider Rate*

- Access to care involves not only access to insurance, but also access to providers. Having access to primary care physicians is essential so that people can receive appropriate preventative and primary care.
- This measure represents that rate of primary care physicians per 100,000 in the population.
- The measure of Lafayette County in this area was 61, which is well below the target value of 134.

*Preventable Hospital Stays*

- The County Health Rankings indicate that hospitalization for diagnoses amenable to outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. This could also represent the population's tendency to overuse the hospital as a main source of care.
- The County Health Ranking measure indicates that the number of preventable hospital stays in Lafayette County was 94 for every 100,000.
- The Target Value for this measure is 51 for every 100,000.

**Hospital Data**

WHA Information Center: <http://whainfocenter.com/>

*Oral Health*

- Dental hygiene is not only important to maintain for oral health, but it is also related to various other health problems, including cardiovascular health.
- The no recent dental visit measure is the percentage of the population that reports that they did not see a dentist in the twelve months prior to being interviewed.
- 33% of Lafayette County residents reported not receiving dental care in the past year.
- The County Health Rankings list 20% as the Target Value for this measure.

*No Biennial Mammography*

- 35.6% of the women (of the appropriate age) in Lafayette County reported not receiving a biennial mammography. This percentage is much higher than other areas on the state and earned Lafayette County a ranking of 66 for this measure.

(Note: Statistics from the 2008 County Health Rankings are used for this measure because the statistics for this measure were not given in the 2010 Report.)



**Medicaid Recipients** (\* Percentage NOT given in 2010 report)

Below are the reports for those residents in Lafayette County currently enrolled in BadgerCare.

**BadgerCare+ County Report**

| Line Description          | Enrollment<br>Prior to BC+ | AUG<br>Enrollment | SEP<br>Enrollment | OCT<br>Enrollment | NOV<br>Enrollment | DEC<br>Enrollment | JAN<br>Enrollment | Increased<br>Enrollment |
|---------------------------|----------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------------|
| <b>Lafayette</b>          |                            |                   |                   |                   |                   |                   |                   |                         |
| All Children              | 743                        | 1204              | 1192              | 1206              | 1222              | 1210              | 1213              | 470                     |
| Adults/Caretakers         | 462                        | 700               | 687               | 701               | 720               | 724               | 727               | 265                     |
| Pregnant Women            | 31                         | 50                | 51                | 53                | 47                | 43                | 32                | 1                       |
| Adults-Core Plan          | 0                          | 33                | 48                | 78                | 103               | 129               | 132               | 132                     |
| Total                     | 1236                       | 1987              | 1978              | 2038              | 2092              | 2106              | 2104              | 868                     |
| Children above 250% FPL   | 0                          | 47                | 45                | 50                | 46                | 47                | 45                | 45                      |
| Pregnant Women > 300% FPL | 0                          | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 | 0                       |
| Standard Plan             | 1236                       | 1816              | 1807              | 1831              | 1861              | 1847              | 1847              | 611                     |
| Benchmark Plan            | 0                          | 138               | 123               | 129               | 128               | 130               | 125               | 125                     |
| Core Plan                 | 0                          | 33                | 48                | 78                | 103               | 129               | 132               | 132                     |

Since BadgerCare+ was implemented in Lafayette County enrollment has increased by 470 children, 265 adults and 45 children above the 250% Federal Poverty Line, making for a total enrollment increase of 868.

Source: Wisconsin Department of Health Services. BadgerCare Plus Enrollment by County.  
<http://dhs.wisconsin.gov/BadgerCarePlus/enrollmentdata/enrolldata.htm>

**Chronic Disease*****Asthma***

The Healthiest Wisconsin 2010 goal for asthma is to reduce the asthma related hospitalization rate to 8.5 per 10,000. Wisconsin's rate in 2007 was 8.9 per 10,000. Asthma is an important indicator of the health of a community because it is most common among the poor and minority members of a community. This factor also relates to being overweight or obese, because weight is correlated with asthma prevalence, particularly among females. The Wisconsin Department of Health Services reports that overweight and obese females are twice as likely to have asthma compared to non-overweight/obese females (14.8% vs. 8.1%). It should be possible to manage asthma outside of a hospital setting.

- Statistics show that 7% of the chronic diseases in Lafayette County are asthma or asthma related.

**Diabetes**

| <b>Diabetes Prevalence - Lafayette County</b> |                                       |   |                                   |
|---|---------------------------------------|---|-----------------------------------|
| <i>Age category</i>                           | <i>Estimated Number Diagnosed (%)</i> | <i>Estimated Number Undiagnosed (%)</i> | <i>Estimated Total Number (%)</i> |
| ♦ Ages 18 – 44                                | 120 (2.2%)                            | 50 (0.9%)                               | 170 (3.1%)                        |
| ♦ Ages 45 – 64                                | 410 (9.3%)                            | 180 (4.1%)                              | 590 (13.4%)                       |
| ♦ Ages 65 +                                   | 370 (14.5%)                           | 160 (6.3%)                              | 530 (20.8%)                       |
| ♦ All ages adult *                            | 900 (6.4%)                            | 390 (2.8%)                              | 1,290 (9.1%)                      |

\* Percent is age-adjusted (direct method) to the United States 2000 standard population.

Total Percent may not equal the sum of diagnosed percent and undiagnosed percent, due to rounding.

| <b>2006 Hospitalizations - Lafayette County</b> |                     |   |                      |  |
|---|---------------------|---|----------------------|--|
|   | <i>Total Number</i> | <i>Number Diabetes-related (% of total)</i> | <i>Total Charges</i> | <i>Diabetes-related Charges (% of total charges)</i> |
| All ages  | 1,843               | 291 (15.8%)                                 | \$28,716,900         | \$4,775,200 (16.6%)                                  |

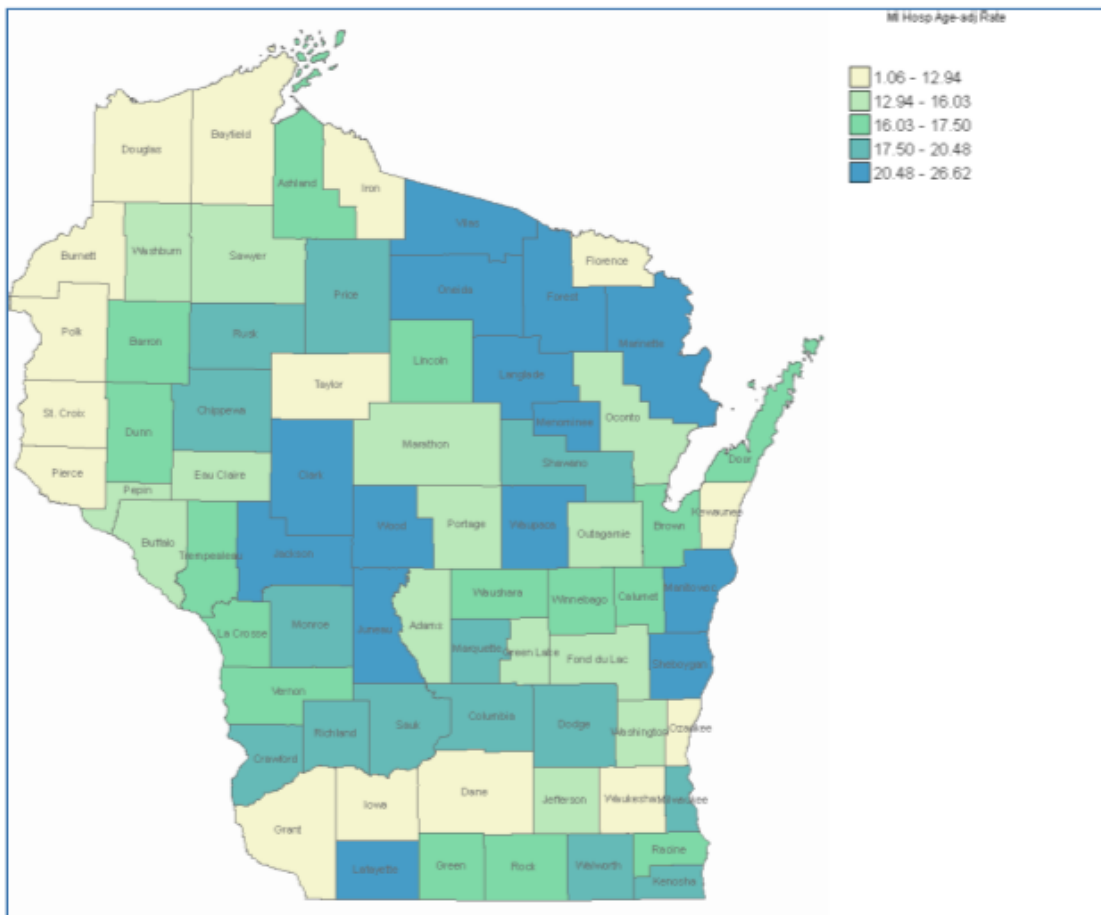
- Diabetes is a very costly condition and diabetes related incidents account for 15.8% of the hospitalizations in Lafayette County. Working to prevent this disease and control existing cases could lower not only the hospitalization rate in Lafayette County, but healthcare costs as well.

**Heart Disease**

Heart Disease is one of the leading causes of death across the state of Wisconsin, and significantly affects Lafayette County residents. Chronic heart disease has been shown to both decrease the quality of life and increase medical costs. While some types of heart disease are due to genetics, many risk factors for heart disease can be affected through an individual's health behaviors.

***Myocardial Infarction (Heart Attack) Hospitalization Rates (per 100,000):***

A myocardial infarction occurs when one or more areas of the heart experience a decrease in oxygen supplied because of blocked blood flow to the heart muscle. People who have high hypertension, use tobacco, are obese, and have a poor diet are factors for heart disease that could lead to a heart attack. *\*see map next page*

**Age-adjusted myocardial infarction hospitalization rates per 10,000 population by county, 2006**

Source: Lafayette County Environmental Health Profile, November 2008. Wisconsin Environmental Public Health Tracking (EPHT) program.

- As of 2005, Lafayette County is in the sub-population with the highest hospitalization rates for heart attacks in Wisconsin (20.48-26.62 per 10,000).
- Additionally, the chart below indicates that a significant number of hospitalizations (146) in Lafayette County are attributable to heart disease (Congestive Heart Failure and Coronary Heart Disease). That is more hospitalizations than cancer, mental illness and other chronic conditions such as asthma.

**NUMBER OF HOSPITALIZATIONS FOR CHRONIC CONDITIONS  
IN LAFAYETTE COUNTY**

| <b>Chronic Conditions</b>          | <b>&lt;18</b> | <b>18-44</b> | <b>45-64</b> | <b>65-74</b> | <b>75+</b> | <b>Total</b> |
|------------------------------------|---------------|--------------|--------------|--------------|------------|--------------|
| AIDS / HIV                         | 0             | 0            | 0            | 0            | 0          | 0            |
| Cancer                             |               |              |              |              |            |              |
| --Breast                           | 0             | 0            | 0            | 0            | 2          | 2            |
| --Colorectal                       | 0             | 0            | 1            | 2            | 3          | 6            |
| --Lung, Trachea, & Bronchus        | 0             | 0            | 2            | 1            | 0          | 3            |
| --Cervical                         | 0             | 1            | 0            | 0            | 0          | 1            |
| --Prostate                         | 0             | 0            | 1            | 2            | 1          | 4            |
| --Other Cancers                    | 0             | 11           | 15           | 7            | 12         | 45           |
|                                    |               |              |              |              |            |              |
| Diabetes                           | 3             | 5            | 3            | 2            | 1          | 14           |
| Mental Illness                     |               |              |              |              |            |              |
| --Affective Disorders              | 2             | 29           | 6            | 1            | 1          | 39           |
| --Schizophrenias / Psychoses       | 0             | 3            | 0            | 0            | 2          | 5            |
| --Anxiety / Character Disorders    | 2             | 1            | 2            | 1            | 1          | 7            |
| --Dementias                        | 0             | 0            | 0            | 0            | 5          | 5            |
| --Alcohol & Other Drug Abuse       | 1             | 5            | 3            | 1            | 0          | 10           |
|                                    |               |              |              |              |            |              |
| Hypertension                       | 0             | 2            | 0            | 1            | 1          | 4            |
| <b>Congestive Heart Failure</b>    | <b>0</b>      | <b>1</b>     | <b>5</b>     | <b>21</b>    | <b>29</b>  | <b>56</b>    |
| <b>Coronary Heart Disease</b>      | <b>0</b>      | <b>8</b>     | <b>34</b>    | <b>23</b>    | <b>25</b>  | <b>90</b>    |
| Stroke                             | 0             | 1            | 3            | 8            | 18         | 30           |
| Asthma                             | 5             | 1            | 4            | 1            | 0          | 11           |
| Other Chronic Lung Disease         | 0             | 1            | 6            | 5            | 8          | 20           |
| Liver Disease / Cirrhosis          | 0             | 0            | 3            | 0            | 0          | 3            |
| Chronic Renal Disease              | 0             | 3            | 2            | 0            | 1          | 6            |
| Other Chronic Conditions           | 3             | 9            | 25           | 32           | 34         | 103          |
| Total Hosp. for Chronic Conditions | 16            | 81           | 115          | 108          | 144        | 464          |
| <b>Total Hospitalizations</b>      | <b>319</b>    | <b>456</b>   | <b>313</b>   | <b>235</b>   | <b>453</b> | <b>1,776</b> |

## Cancer

According to the American Cancer Society, cancer is a group of diseases characterized by the uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. It is believed that cancer is caused by both external factors (tobacco, chemicals, radiation and infectious organisms) and internal factors (inherited mutations, hormones, immune conditions and mutations that occur from metabolism). These causal factors may act together or in sequence to initiate or promote the development of cancer. (ACS, 2007)

Below are figures and charts complied by the American Cancer Society show the Causes of Cancer in the US, and the Percentages of New Cancer Cases in Wisconsin and Cancer Deaths in Wisconsin.

### Causes of Cancer in the United States

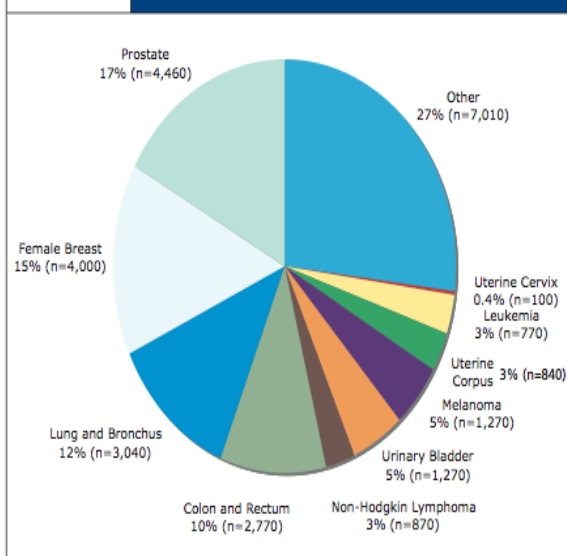
Estimated percentage of total cancer deaths attributable to established cause of cancer

|   |             |
|---|-------------|
| <b>Tobacco</b>                                | <b>.30%</b> |
| <b>Adult diet/obesity</b>                     | <b>.30%</b> |
| <b>Sedentary lifestyle</b>                    | <b>.5%</b>  |
| <b>Occupational factors</b>                   | <b>.5%</b>  |
| <b>Family history of cancer</b>               | <b>.5%</b>  |
| <b>Viruses/other biologic agents</b>          | <b>.5%</b>  |
| <b>Perinatal factors/growth</b>               | <b>.5%</b>  |
| <b>Reproductive factors</b>                   | <b>.3%</b>  |
| <b>Alcohol</b>                                | <b>.3%</b>  |
| <b>Socioeconomic status</b>                   | <b>.3%</b>  |
| <b>Environmental pollution</b>                | <b>.2%</b>  |
| <b>Ionizing/ultraviolet radiation</b>         | <b>.2%</b>  |
| <b>Prescription drugs/medical procedures</b>  | <b>.1%</b>  |
| <b>Salt/other food additives/contaminants</b> | <b>.1%</b>  |

Source: *Cancer Causes & Control, Harvard Report on Cancer Prevention, 1996.*

Figure 1

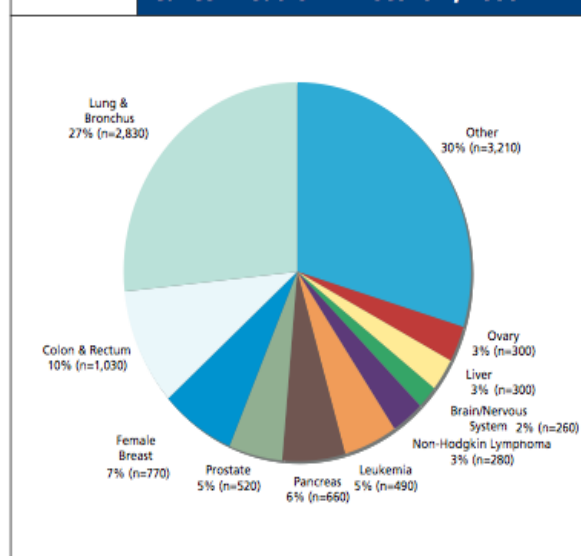
### Estimated Percentage and Number of New Cancer Cases in Wisconsin, 2006



Source: American Cancer Society, Inc., Surveillance Research, 2006.

Figure 2

### Estimated Percentage and Number of Cancer Deaths in Wisconsin, 2006



Source: American Cancer Society, Inc., Surveillance Research, 2006.

The American Cancer Society set certain goals to be achieved by the year 2015. These goals include:

- A 50% reduction in age-adjusted cancer mortality rates.
- A 25% decrease in age-adjusted incidence rates.
- A measurable improvement in quality of life for all cancer patients & their families.

The table below depicts the cancer statistics for Lafayette County 2002 to 2006.

### **LAFAYETTE COUNTY CANCER INCIDENCE AND MORTALITY, 2002-2006**

|                     | Incidence   |              | Mortality    |              |
|---------------------|-------------|--------------|--------------|--------------|
|                     | Total Cases | Average Rate | Total Deaths | Average Rate |
| <b>All Cases</b>    | 394         | 412.4        | 183          | 186.7        |
| <b>Breast</b>       | 54          | 108.2        | 15           | 27.81        |
| <b>Cervical</b>     | 1           | 3.3          | 2            | 5.6          |
| <b>Colon/Rectum</b> | 49          | 49.2         | 27           | 26.7         |
| <b>Uterine</b>      | 20          | 40.8         | 1            | 1.6          |
| <b>Esophagus</b>    | 10          | 10.4         | 9            | 9.5          |
| <b>Kidney</b>       | 12          | 12.4         | 4            | 4.2          |
| <b>Leukemia</b>     | 13          | 14.2         | 9            | 9.3          |
| <b>Lung</b>         | 65          | 66.4         | 46           | 46.8         |
| <b>Skin</b>         | 16          | 17.4         | 2            | 2.8          |
| <b>Ovary</b>        | 9           | 21.1         | 5            | 9.3          |
| <b>Pancreas</b>     | 13          | 12.6         | 11           | 10.9         |
| <b>Prostate</b>     | 46          | 103.8        | 10           | 23.5         |

Source: Department of Human Services- Division of Public Health. Wisconsin Cancer Incidence and Mortality, 2002-2006.

*\*Incidence rate refers to the number of new cases proportional to the total population and mortality rate refers to the total number of deaths proportional to the population.*

## **Health Behaviors**

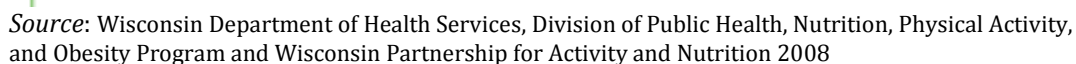
### **Diet and Exercise**

#### ***Overweight and Obesity***

Not a single state in the United States met the Healthy People 2010 goal of reducing the percent of obese adults to 15%. The percent of obese adults in Wisconsin for 2008 was approximately 24.1%

- In 2008, Lafayette County had a lower percentage of obese residents (22.3%) than the Wisconsin state average (24.1%).
- However, recent statistics show that the percentage of obese adults in Lafayette County has increased to 30%

- ## ADULT OBESITY PREVALENCE FOR WISCONSIN COUNTIES BY QUARTILE, 2004-06



**Physical Activity**

Physical activity is associated with positive changes in a variety of health indicators, including insulin function, risk factors for obesity and cardiovascular disease, bone density levels, depression and anxiety, and possibly also learning ability (Action for Healthy Kids, 2004; Carrel, et al., 2005; Davis, et al., 2007; Sherry, 2005). In adults, an increase in physical activity and calories burned per day through activity has been associated with lower mortality rates. It is estimated that on a global level, 1.9 million deaths annually are due to a lack of physical activity (Wisconsin Partnership for Activity and Nutrition, 2008).

- This Wisconsin County Rankings (2008) report that 36.4% of Lafayette County residents are physically inactive, which is lower compared to the state average of 44.5%.
- In 2008, Lafayette ranked 7 out of 73 counties for this measure.

*Note: Statistics from the 2008 County Health Rankings are used for this measure because the statistics for this measure were not given in the 2010 Report.*

**Diet*****Insufficient fruit and vegetable intake:***

- The percentage of Lafayette County resident reporting insufficient fruit and vegetable intake is 75.3%
- The Lafayette County statistics are lower than the state average (77.2%)
- Inappropriate and inadequate nutrition can lead to significant health problems if not properly addressed, and a population wide approach (such as education) can be an effective way to begin to raise awareness and reduce the burden of inadequate nutrition.
- Lafayette ranked 11 out of 73 for this measure.

*Note: Statistics from the 2008 County Health Rankings are used for this measure because the statistics for this measure were not given in the 2010 Report.*

**Tobacco**

One in five deaths in the United States is attributed to tobacco use and 30% of cancer deaths are caused by tobacco use. Additionally, deaths related to smoking attribute to the highest number of preventable deaths throughout the country. Reducing deaths related to smoking and exposure to cigarette smokes continues to be a top public health priority.

***Overall Smoking Percentages in Lafayette County and the Surrounding Counties—***

- The Wisconsin County Rankings from 2008 report that 23% of adults in Lafayette County smoked, which was higher than the overall state average of 12.3%.
- This gave Lafayette County a rank of 53 out of 73 for cigarette smoking.

*Note: 2008 Rankings are used since statistics for Lafayette County were not available in the 2010 Rankings*

***Burden of Tobacco Use in Lafayette County:***

- The Wisconsin State Burden of Tobacco Report from 2010 reported that, in Lafayette County, approximately 18 individuals die annually of illnesses directly related to smoking. (The estimated total for the whole state of Wisconsin is 6,966.)



- Each year, approximately 13% of all deaths in Lafayette County are attributable to smoking. Additionally, Cigarette smoking causes 78% of all lung cancer deaths and 9% of deaths from cardiovascular disease in Lafayette County.
- The Report also indicates that, in Wisconsin, approximately 94,500 years were lost from the potential lifespan of those who died from smoking-related illnesses in 2007. In Lafayette County, about 240 years are lost annually from the effects of smoking.
- There is a financial burden to increased tobacco use as well. In 2007, an estimated \$2.8 billion in health care costs were paid in Wisconsin as a result of diseases caused by smoking, with \$7.87 million paid in Lafayette County. Wisconsin lost \$1.7 billion annually, including \$4.85 million in Lafayette County, in productivity costs because of illness and premature death directly associated with smoking.
- In 2008, there were more than 374 million packs of cigarettes sold in Wisconsin. Residents of Lafayette County spent approximately \$3.3 million on 799,000 packs of cigarettes in 2008.
- The full report from the State Burden of Tobacco Use Can be found in the Appendix.

#### *Smoking Status of Mother During Pregnancy*

- The 2010 County Rankings indicate that the percentage of births for which the mother reported smoked during pregnancy was 13%, one of the lower county level percentages across the state of Wisconsin. However, the percentage is still above the target value (11%) by 2%.
- Lowering the incidence of smoking during pregnancy can provide significant health benefits for both mother and baby, as smoking during pregnancy can significantly contribute to miscarriages and sudden infant death.

#### **Alcohol Use**

The County Health Rankings indicate that binge drinking is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.

#### **Binge Drinking**

- The rate of binge drinking in Lafayette County is 16.2%, which is lower than the Wisconsin state average of 23.2%. Though this number is lower than the state average it is still higher than the target value of 10.3%, and significant public health benefits could be achieved by working to get this percentage even lower.
- For the County Health Rankings Lafayette County received a rank of 7 out of 73 for this measure.

Note: 2008 Rankings are used since statistics for Lafayette County were not available in the 2010 Rankings

***Sexually Transmitted Disease (per 100,000)***

- The rate of sexually transmitted diseases in Lafayette County (per 100,000) is 100, compared to the Wisconsin state average of 498.
- While Lafayette County's number is well below the state average, many health benefits could be achieved by lower that number even further, possibly through awareness or education campaigns.
- For the 2008 County Health Rankings Lafayette County received a rank of 8 out of 73.
- The 2010 County Health Rankings indicated that Lafayette County's Chlamydia rate was 104 per 100,000.

***Violent Crime (per 100,000)***

- Violent crime is also lower in Lafayette County when compared to the state of Wisconsin.
- Violent crime in Lafayette County was recorded as 57.4 (per 100,000) compared to the state average of 240.3 (per 100,000)
- There are several counties in the state with lower rates of violent crime, so improvement is still possible.
- The County Health Rankings placed Lafayette County 13 out of 73 for this measure.

**Socioeconomic Factors****Education*****High school no completion (% not graduating as expected)***

- High school graduation, commonly referred to as the averaged freshman graduation rate, is reported as the percent of a county's ninth-grade cohort in public schools that graduates from high school in four years.
- The percentage of Lafayette County residents who have graduated from high school is 98%
- The Wisconsin state average is 88%
- This high school graduation rate for Lafayette County is exactly on par with the target value set for the state of 98%.

***Single parent households***

- Adults and children in single-parent households are both at risk for adverse health outcomes such as mental health problems (including substance abuse, depression, and suicide) and unhealthy behaviors such as smoking and excessive alcohol use.
- The County Health Rankings indicate that the measure for single-parent households is the percent of all households run by a single parent (male or female householder with no spouse present) with one or more of their own children (< age 18) living at home.
- The percent of single parent households in Lafayette County is 7%
- The Wisconsin state average is 9%

***Income Inequality***

- Recent research has looked at income inequality (the inequitable distribution of income) at the national, state and county level and found at least modest relationships between income inequality and health at all levels.
- The 2010 County Health Rankings evaluated income inequality on a scale with a range from 0 to 100. (A value of 100 indicates that the all the income in a county is concentrated in 1 home, while a value of 0 indicates a completely equal distribution.)
- Lafayette County received a 39, which is just one point higher than the target value of 38.

***Inadequate Social Support***

- The 2010 County Health Rankings state that poor family and social support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and mortality. In addition, social support networks have been identified as powerful predictors of health behaviors, suggesting that individuals without a strong social network are less likely to participate in healthy lifestyle choices.
- This measure was obtained from the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), and was based of the response to the question: "How often do you get the social and emotional support you need?"
- The County Healthy Rankings looked at the percentage in each county that responded that they "never," "rarely," or "sometimes" get the support they need.
- 17% of the respondents in Lafayette County indicated inadequate social support, this percentage is higher than the state average and 5% above the target value of 12%.

**Poverty*****Children in Poverty***

- The percentage of children in Lafayette County living in poverty in 2010 is 15%, the Wisconsin state average is 15%
- See from the chart below that this percentage is a slight increase from 2000.
- The County Health Rankings gave Lafayette County a rank of 25 out of 73 for this measure.

| Children Living in Poverty (Percent) |      |           |      |
|--------------------------------------|------|-----------|------|
| 1990                                 | 2000 | 2005-2007 | 2006 |
| 13%                                  | 13%  |           | NA   |

**Employment**  
**Unemployment**

| Unemployment Rate (Percent) |      |      |      |      |
|-----------------------------|------|------|------|------|
| 2000                        | 2003 | 2005 | 2006 | 2007 |
|                             | 7%   | 4%   | 4%   | 4%   |

- The percentage of Lafayette County resident reporting unemployment in 2010 was 4%. We can see that this is just around the percentage in 2007.
- The Wisconsin state average is 4.9%
- In 2008, The County Health Rankings gave Lafayette County a rank of 6 out of 73 for this measure.
- The most recent County Healthy Rankings indicate that the unemployment rate in Lafayette County is 4%

Below are tables indicating the median family income and the per capita income for families in Lafayette County over the past several years.

| Median Family Income (Currency) Showing most recent 5 years; <a href="#">Show All Years</a> |          |          |          |          |
|---|----------|----------|----------|----------|
| 2003  | 2005     | 2006     | 2007     | 2008     |
| \$49,500  | \$50,750 | \$51,900 | \$51,500 | \$52,700 |

| Per Capita Income (Currency) |          |          |          |
|------------------------------|----------|----------|----------|
| 2000                         | 2003     | 2005     | 2006     |
| \$18,889                     | \$21,983 | \$25,153 | \$25,169 |

Statistics for income and employment status can be very useful when assessing the health of a community, since many gain access to healthcare through employment options or having a sufficient income to purchase insurance on their own.

**Physical Environment** (\*See Appendix)*Air pollution-particulate matter days and Air pollution-ozone days*

- This measure represents the annual number of days the air quality was unhealthy for sensitive populations due to fine particulate matter.
- There is a strong relationship between elevated air pollution and compromised health, especially fine particulate matter. The potential negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects.
- The annual number of days the air quality was unhealthy in Lafayette County was 2, which is on the lower end of the scale.
- However, the target value is 0, so that there will never be a time when the air quality compromises health.

*Access to healthy foods*

- This is measured by the percent of zip codes in a county that have a healthy food outlet, which is defined as a grocery store or produce/farmers' market.
- It is important to measure access to food because studies have linked food environment to the consumption of healthy foods & overall health outcomes.
- The Rankings indicate that 44% of the zip codes in Lafayette County have a healthy food outlet.
- While this is a significant %, it still falls short of the target value of 63%

*Lead poisoned children (1%)*

- The County Health Rankings show that lead poisoning has been shown to cause many health problems. In children, lead poisoning can cause learning disabilities, ADD, & stunted growth, among other problems. In adults, lead poisoning can cause fertility, neurological, and memory problems.
- Data are obtained from the Wisconsin Department of Health and Family Services (DHS) shows that only 1% of children under the age of 6 in Lafayette County tested positive for lead poisoning.

*Municipal water (49%)*

- The County Health Rankings chose to evaluate Municipal water because Wisconsin Administrative Code NR 809 requires that municipal water systems are regularly tested for contaminants, and that system owners undertake remediation efforts when contaminant levels exceed maximum contaminant limits (MCLs). Unlike private wells, municipal water supplies are regularly tested and treated to reduce contamination levels, so that they limit the risk of adverse health effects due to compromised water quality.
- Currently 49% of the population in Lafayette County is on a municipal water system.

*Contaminants in municipal water (0%)*

- The County Health Rankings chose to evaluate the contaminants in municipal water because the U.S. Environmental Protection Agency has established maximum contaminant limits (MCLs) for approximately 90 contaminants considered harmful to human health at excess levels. MCLs are established for several classes of contaminants including microorganisms, disinfectants and their byproducts, inorganic and organic chemicals, and radionuclides. Though MCL violations often do not pose immediate health risks, they indicate that interventions are required to limit adverse health effects in the future.
- The measure for contaminants in municipal water represent the percent of the population on municipal water exposed to any maximum contaminant limit (MCL) violation in a calendar year.
- Currently 0% of the population in Lafayette County are exposed to maximum contaminants in their drinking water.

## **Primary Data: Community Survey and Stakeholder Interviews**

### **Summary**

A Community Survey and structured Stake Holder interviews were included as part of the Lafayette County Community Health Assessment in order to provide an additional method for discussion of the perceptions of health and public health and respective priorities, factors that influence health, and the health system and health resources in the County.

### **Introduction**

The overall purpose of the interviews and community survey was to provide further information for our Community Health Needs Assessment, from which our overall was to find out: *“What is important to Lafayette County?”*, *“How is quality of life perceived in Lafayette County?”* and *“What assets do we have that can be used to improve our County’s health?”* Community Opinion Surveys and Key Stakeholder Interviews were chosen as the best approaches for gathering such information from representative segments of the population.

It has been demonstrated that effective, sustainable solutions to health issues are those, which are perceived to be most important (ownership) by the people (e.g., residents of Lafayette County) involved/affected. It is, therefore, critical that a thorough and thoughtful conversation regarding community health include the views of people who are close to the issues and can assist in recognizing the likely consequences of various options. As such, key stakeholder interviews were used to promote discussion and collect public opinion about broadly defined, health and healthcare issues. It is important to realize, however, that the range and potential of various issues raised during the interviews is complex. Keeping this qualification in mind, the community survey sought the opinion of that larger public in Lafayette County. Additionally, key stakeholder interviews were used to ascertain opinions from a broad range of individuals identified as being likely or positioned to take action on behalf of community needs and, thus, the agreed-upon definition of key stakeholder. Therefore, interviews were conducted with, to name a few, County employees, sheriff/police departments, elected officials from Lafayette County, fire departments; priests; teachers; school bus drivers; business owners; clubs and/or local organizations; and private citizens. During the interviews, participants’ views were obtained concerning the perceived scope of health and healthcare, definition of good and poor health, availability of resources, and specific roles each interviewee would take to support public health efforts in Lafayette County. Additionally, respondents were asked to identify their three to five highest and lowest priority areas from a listing of specific health related topics, if there were any questions they had of the interviewer, and if they had recommendations for other people to contact via the interview process.

## **PART 1- Stakeholder Interviews**

As a preface to exploring specific, broad-ranged health topics, the key stakeholder interviews began with five questions concerning the perceived scope of health and healthcare, definition of good and poor health, availability of resources, and specific roles each interviewee would take to support public health efforts in Lafayette County. The core questions were designed to get more information about key stakeholders' general understanding and expectations of health, public health, and the healthcare system.

### **Key Stakeholder Interview Methodology**

As a background to the development of the structured interviews, information, advice, data, and experience from the following groups, individuals or activities were considered:

The Lafayette County Health Department  
The University of Wisconsin- Madison, Population Health Institute  
The Gilpin County Community Health Assessment  
Interview Guide Examples from the MAPP Toolkit  
*The Community Toolkit*, University of Kansas, 2003

The key stakeholder interviews were conducted by University of Wisconsin-Madison Master of Public Health candidate Meghan Johnson; in person, over the phone or via the internet.

While the opportunity to participate in the stakeholder interviews was initially extended to several individuals in Lafayette County, the final group of participants was ultimately the result of self-selection. Key stakeholders were invited to participate in the interviews by an e-mailed letter (Appendix). The e-mail asked the stakeholders the best method to contact them for an interview, and times/ methods of communication were decided based on the preferences listed by the stakeholder. A structured interview guide was developed for interview participants (Appendix) and a brief overview of the purpose of the interview was provided before every interview conducted.

The purpose of the interview was described as an opportunity to:

- (1) Obtain a better understanding of the community's understanding and expectations of healthcare and public health in Lafayette County.*
- (2) Learn aspects of health that are of greatest concern to stakeholders and their constituencies.*
- (3) Identify what can motivate stakeholders to commit to help achieve and who are most likely to support the objectives of CHAP, the **Community Health Assessment Process**. Learn how best to meet the needs of County residents.*
- (4) Gain a context (qualitative data) to the County's already-known, quantitative data.*

During the interviews an emphasis was placed on eliciting comments and suggestions within the context of what would work/is needed in Lafayette County. Respondents were informed that their responses would be recorded in writing and kept strictly confidential. Additionally, respondents were assured that only comments relevant to overall themes and concepts of the interview would be in the final report and that no individual attributions would be made.

As a preface to exploring specific public health issues and needs, the key stakeholder interviews began with two questions asking the stakeholders for their definition of health and public health, a question asking for factors contributing to good and poor health in the County, a broad question about health services, and one which asked how the respondent might help the Lafayette County Health Services. These broad-based questions were designed to get more information about where each identified stakeholder was in his or her understanding of and willingness to help local public health efforts regarding the following key public health issues/topics:

- Access to Quality Healthcare
- Care for the Elderly
- Immunizations
- Infectious Diseases
- Injury
- Violence Prevention
- Maternal, Infant, and Child Health
- Emotional-Wellbeing and Mental Health
- Nutrition, Overweight, and Physical Activity
- Substance Abuse
- Tobacco Use
- Addiction
- Chronic Disease Prevention
- Environmental Quality
- Education and Community Based Programs

Ample time was allowed to fully explore the interviewee's insight on and desired prioritization of these topics, and each person had the opportunity to suggest or recommend other topic areas as well as supplement their answers to previously asked questions.

Interviews closed by the interviewer asking the stakeholder if he/she had any further questions and if the stakeholder had any suggestions for other people who should be interviewed.

### **Some Questions for Community Stakeholders:**

**What is health?** (Define role and scope in a community)

**What is public health?** (Define role and scope in community)

**Factors contributing to good health:**(What is Lafayette County doing well? What are the strengths?)



**Factors contributing to poor health:** (What contributes to poor health, and barriers inhibit good health?)

**Health Problems Prioritization** (What do you feel are the top three health problems here in Lafayette County, and why?)

**Local solutions** (What do you think should be done in Lafayette County, and what services and resources should be use?)

**Local Barriers** (What barriers exist in this county to creating programs/ solutions to our health problems and how would you suggest addressing them?)

**Community Support:** (What role could you play in addressing the health needs/improving the health of Lafayette County, how might you involve others?)

## **SUMMARY OF RESULTS- KEY STAKEHOLDER INTERVIEWS**

Summaries of the key answers are listed below, they have been pooled and aggregated as to address each question individually.

### **DEFINITION OF HEALTH**

**Question:** *What is your definition of health?*

Most responses identified health in a manner that echoed the definition developed by the World Health Organization, and noted that health was a state of mental and physical well-being, and more the just the absence of disease. Many addressed the multiple factors that influence health. One's state of mind was the next most described overall category. This included expressions about happiness, contentment, feeling good, self-confidence, the ability to make solid choices, a sense of belonging, coping, and having loving relationships and family. The social component as related to health was not ignored.

### **DEFINITION, ROLE AND SCOPE OF PUBLIC HEALTH**

**Question:** *How do you define public health? What do you see as its scope in the community?*

Much of the commentary surrounding this question addressed the health of the "general population" and the "community", or "health at the population level." In terms of definition, most respondents noted that public health was the "overall health of the community" as well as "health services provided at the community level."

Key informants were consistent in their view of public health as an essential informant and educator for community particularly about resources as well as all things related to health of individuals and the community. As one respondent noted, "public health should be a place of education, information and preventative care - and services should be provided to all citizens."

Additional statements about the definition, role and scope of public health were in the arena of policy and analysis, focusing on the role of the government and county level officials to implement plans and regulations to monitor and control health at the population level.

### **FACTORS CONTRIBUTING TO GOOD HEALTH**

**Questions:** *With respect to health and healthcare, what are Lafayette County's strengths? What is being done well?*

There were a variety of responses to this question, though all were related to more upstream social and environmental (both physical and social) determinants of health. One the most common responses was "proper nutrition" and a "general knowledge and understanding" of proper health information (i.e. immunizations, communicable diseases, resources available in the community).

The most often cited factor relating to good health outcomes was proper diet and nutrition. A good portion of answers also focused on access to care and how availability of timely and culturally appropriate medicine played a significant role in contributing to overall good health, for both the individual and the community.

Another major factor contributing to good health, as indicated by Lafayette County stakeholders, falls into the category of social determinants of health- such as education level, income and ability to understand and utilize health related information. Related, it was noted that health might be improved if more residents knew, "know the risk factors and consequences of behaviors and choices that an individual may make."

In terms of the strengths of Lafayette County in terms of health and health care, many respondents noted that the small size of the county creates a close-knit community. Additionally, a large majority of the respondents acknowledged that the Lafayette County Health Department does a good job of providing and dispensing relevant health information to the community.

Overall, the answers showed a genuine understanding of the multiple factors influencing good health outcomes, and the various aspects of the Lafayette County community that relates to those factors.

### **FACTORS CONTRIBUTING TO POOR HEALTH**

**Questions:** *What factors contribute to poor health in Lafayette County? What barriers to you see in addressing these factors?*

Barriers and factors contributing to poor health were often perceived to be interchangeable throughout the interviews and, therefore, are combined for the purposes of this summary. "Economics and Education" were two of the most

commonly named factors in contributing to poor health as well as serving as a barrier to good health. “Alcohol and drug abuse” was also mentioned as a significant barrier to good health by many of the stakeholders. Poor communication and “language barriers,” especially in the clinical medical setting, were mentioned as contributing to poor health outcomes.

Other notable factors that were mentioned by more than one stakeholder were, “poor nutrition,” a large number of residents in Lafayette County being “uninsured or underinsured,” “smoking” and “poor hygiene.”

When evaluating how Lafayette County might work to address these factors that contribute to poor health respondents noted that it could be difficult given the limited funds, and that fact that many of the major health problems tend to be “cyclic, form generation to generation.” One respondent noted that efforts to address these factors need to be evaluated more carefully for sustainability. “Often times we are quick to solve problems in our community by giving people what they need to survive rather than providing them with the tools they need to learn how to provide for themselves.” Though respondents also noted that providing for oneself could be difficult in these economic times, especially with higher rates of unemployment.

Another topic that was mentioned, though not by all stakeholders, is the increasing Hispanic population and the ability for them to access the health system and to supply culturally appropriate medical care. Many Hispanic community and non-community members live and work in Darlington and Lafayette County and they do not have health insurance or regular health care opportunities. Health and wellness for these two populations in Lafayette County are life sustaining and necessary.

## **LOCAL SOLUTIONS AND BARRIERS TO SUPPORT**

**Questions:** *What do you think should be done to address these factors contributing to poor health in Lafayette County? What barriers do you see in addressing these factors?*

Again, due to the repetition of concepts between these questions’ analyses, the responses have been combined for summary.

Education and community programs were most often identified as solutions to improving health in Lafayette County. Dissemination of information of local services, programs, and events was noted as a key area for improvement. More community gathering places, outreach, directories, and better communication between city and county government officials were offered as suggestions for improvement. Additionally, increasing health promotion and prevention education programs were identified as needed services. Many respondents also noted that individuals with experience in health planning and interventions need to be elected to, and serve on, the County Board as changes will no be possible without experienced individuals involved. One respondent noted that decisions being made, especially the County Board, are informed by individuals, “who are out of touch with

the issues and out of date in their approach.” The impact of the local government was discussed even further when addressing this topic and it’s impact on health. A respondent stated that in Lafayette County there is, “a laissez-faire attitude among many that prevents proactive approaches to addressing issues that effect health and well-being.”

One topic that was of specific concern to a few respondents was maintaining funding in all areas of health care in Lafayette County; especially hospice and are care for the elderly.

All the respondents noted that change can be difficult, especially with limited funding and personnel to carry out change, however there was a universal acknowledgement for the need to make changes. There is also the need to address the overall public support and willingness to work to make change and address the health issues in Lafayette.

### **COMMUNITY SUPPORT**

**Questions:** *What role could you play in working to addressing to address these issues in our community?*

All respondents expressed a willingness to help the Lafayette County Health Department work to make Lafayette County and healthier and safer place to live. The respondents noted that they might be able to address the health issues of the county by, “being an advocate for change” as well as, “sharing personal talents and abilities to assist in programs that promote health and well-being.” Additionally, respondents noted that they could assist in change by utilizing the services already available in the County and be an example for others. As one respondent answered, “I feel that we are role models for these programs and for those in our community. By taking care of my personal health and that of my children, parents and grandparents I feel that I am doing my part to improve the health and well-being of my community.”

The respondents did note that, in addition to their work, public opinion needs to change and priorities need to be adopted to take care of health needs.

### **HEALTH ISSUES’ PRIORITIZATION (highest to lowest)**

At the end of the interview, respondents were asked to list, what they believed, to be the top three health problems in Lafayette County. There was no list to choose from, and the respondents could answers with any three issues they felt needed most attention. Overall, the interviewer found that this exercise was helpful in getting stakeholders to focus on specific health issues for the good of the community versus individual needs or special interests.

The following ordered list is a summary of the most-often through the least often suggested health topics by stakeholders.

1. Obesity
2. Alcohol
3. Smoking
4. Drugs Use (and treatment)
5. Cancer
6. Care for Elderly
7. Economic Issue
8. Cardiac
9. Mental Health
10. Not enough preventative care
11. Hispanic Health
12. Noncompliance with medical treatment

Often, discussion around each topic took place during the interviews.

Some important notes from the interviews include:

- Many stakeholders felt that unhealthy lifestyle choices had a significant impact on the health of the county as a whole, though most did note that these personal “choices” were often the result of the larger social context and/or inequalities. Additionally, many of the stakeholders felt that the County Health Department had taken appropriate steps to address certain health problems in the past, namely immunizations and the development of the wellness center, but that utilization of such efforts were not high among county residents.
- Alcohol and drug abuse were also health problems listed by many of the stakeholders, and they felt that stronger support groups and treatment programs might help to address this problem.
- Another issue that was brought up by several stakeholders was care for the elderly, specifically the lack of support for hospice care in Lafayette. Many stakeholders had strong personal emotions regarding this issue and felt that more respect for end of life care would be a meaningful change in Lafayette County.

## **PART 2- Community Survey**

### ***Community Survey Methodology***

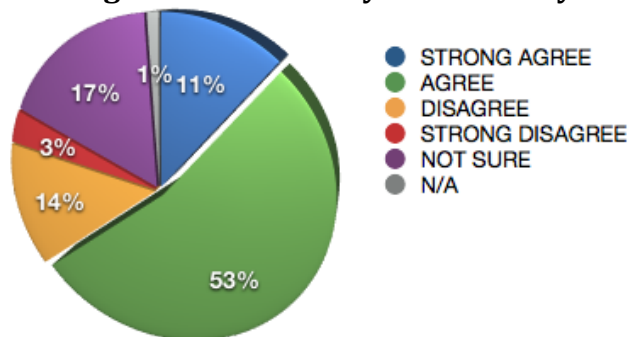
In order to better understand the health needs of Lafayette County residents a community health survey was developed. The survey was sent to 300 randomly selected resident of Lafayette County. The total number of surveys filled out and mailed back was 87, for a response rate of 29%. The results from the surveys were tabulated and analyzed using standard statistical analysis, to measure the frequency of answers across the total number of responses. A copy of the survey, as well as statistical tabulations for each question can be found in the appendix. The survey results are analyzed and disseminated in order to influence health program decisions, to increase the understanding of the relationship between health behavior and health status, and to support health policy positions.

## Survey Results:

The results of the community survey, by each individual question are listed below.

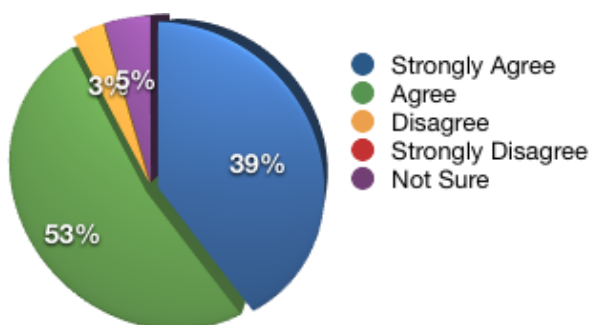
THE FIRST SECTION OF THE SURVEY ASKED THE PARTICIPANTS TO ANSWER HOW THEY FELT ABOUT THE FOLLOWING STATEMENTS:

### **“There is a good healthcare system in Lafayette County.”**



It is important to measure the attitudes towards the level of health care in any given community. By understanding how the people of a community feel about the quality of health care available to them, one can come to a better understand the needs of the community and what areas might need to be addressed. The majority of the respondents (53%) agreed with the statement that “There is a good healthcare system in Lafayette County,” and 11% of respondents ‘strongly agreed’ with that statement. However, the second largest groups of respondents, though totaling significantly less than the majority, noted that they were ‘not sure’ (17%) or that they ‘disagreed’ (14%) with the statement. Such responses show that while there is certainly a large portion of the community that agrees that there is a good healthcare system in Lafayette County, there are still residents who are not pleased, and that certain needs might still need to be addressed.

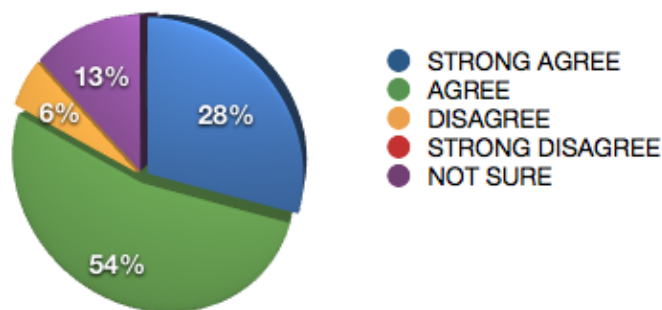
### **“Lafayette County is a good place to raise children.”**



Evaluating how the residents of a particular county rate their county in terms of how suitable it is to raise children can provide insight into many other aspects of the community such as the quality and safety of schools and child care programs, after

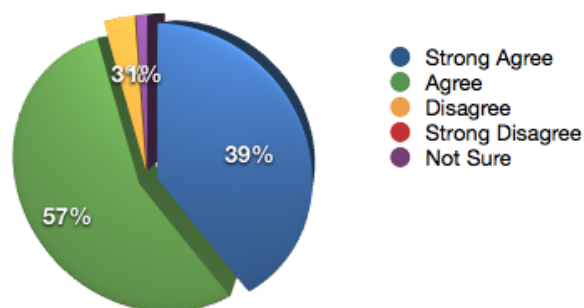
school programs, as well as areas for recreation and play in the county. The majority of respondents (46%) agreed with the statement, "Lafayette County is a good place to raise children." The next largest group (34%) strongly agreed, 3% of respondents disagreed and 4% were not sure. Such responses indicate that overall, there is some sense of satisfaction with the community and environment in Lafayette County that is beneficial to development and raising children, and while that is certainly great for the county, improvements in this area are almost always beneficial as well.

**"Lafayette County is a good place to grow old."**



It is important to understand the health, social and economic that resident's feel is available in the County. Such measures allow for the assessment of elderly-friendly aspects such as healthcare, housing, transportation and recreation. The majority of the respondents (54%) agreed with the statement, "Lafayette County is a good place to grow old." The next largest group of respondents (28%) strongly agreed with the statement, 6% did not agree and 13% were not sure. These responses suggest that overall, residents feel the Lafayette County is a good place to grow old, which is a sentiment we should continue to maintain since a large percentage of the population is over the age of 65.

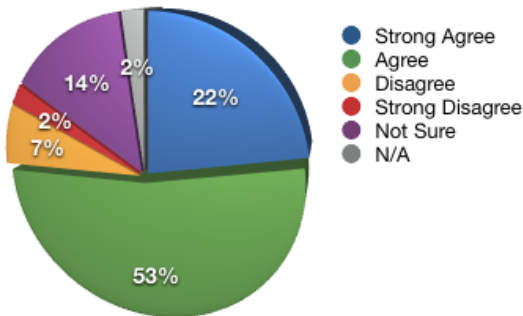
**"Lafayette County is a safe place to live."**



Assessing one's opinion of how safe a county, or any given location, is to live in can provide further insight into how safe residents may feel at home, in the workplace, in school, at playgrounds, parks and even shopping center in Lafayette County. The majority of respondents (57%) agreed with the statement, "Lafayette County is a safe place to live." The next largest group of respondents (39%) strongly agreed

with the statement, 3% disagreed and 1% were not sure. These responses indicate that while many residents agree that Lafayette County is a safe place to live, further improvements might serve to increase that percentage, as well as the percentage of those who 'strongly agree.'

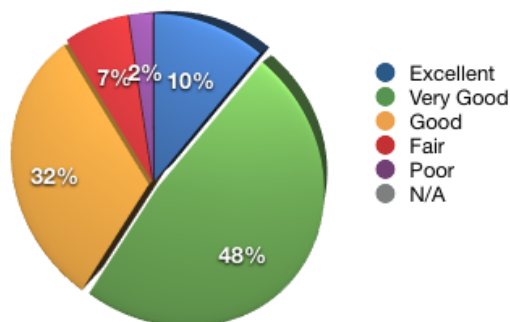
**“There is plenty of help for individuals and families in times of need in Lafayette County.”**



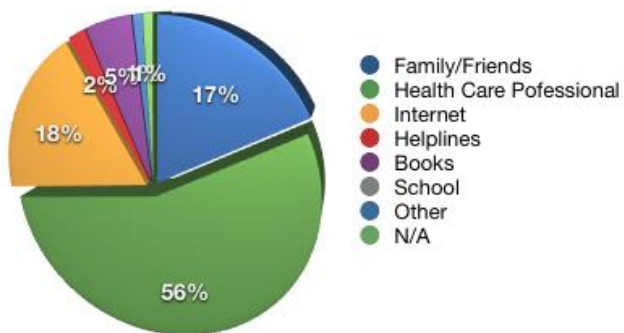
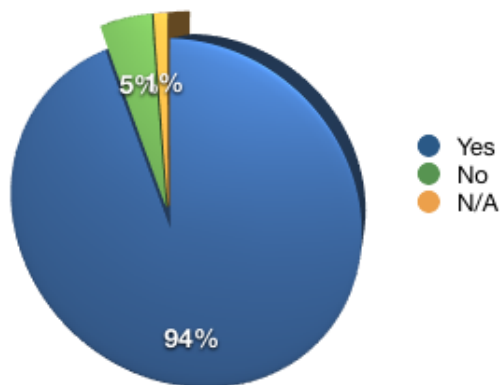
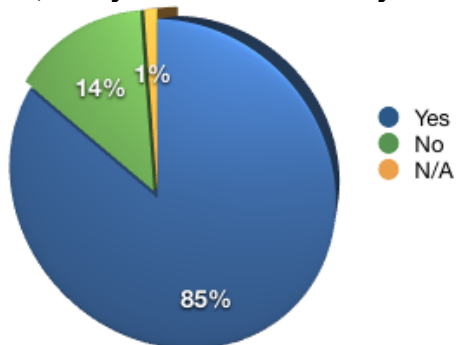
By assessing the extent to which residents believe that Lafayette County is able to provide for individuals and families in times of need we can also get a glimpse into the social support in Lafayette County, which can range from: neighbors, support groups, faith community outreach, community organizations, and emergency financial assistance. The majority of respondent's (53%) agreed with the statement, "There is plenty of help for individuals and families in times of need in Lafayette County." The second largest group (22%) strongly agreed, 14% were not sure, 7% disagreed, and 2% strongly disagreed. Such responses help to show that there are areas, in terms of social support overall, that may need improvement.

NEXT RESPONDENTS WERE ASKED TO ANSWER MORE SPECIFIC QUESTIONS ABOUT THEIR HEALTH, HEALTH CARE AND METHODS OF OBTAINING HEALTH RELATED INFORMATION.

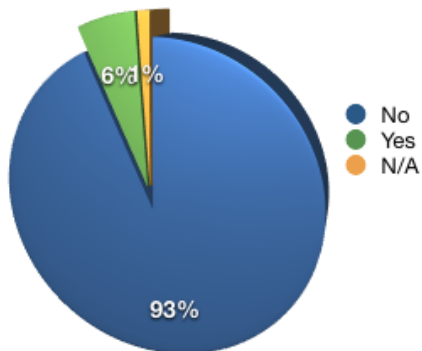
**How would you describe your overall health status?**



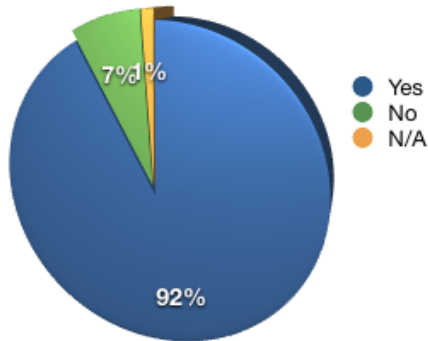


**Where do you get most of your health related information?****Do you have any kind of health insurance coverage, including private health insurance, prepaid Medicare or Medicaid?****If yes, Are you satisfied with your current form of health insurance coverage?**

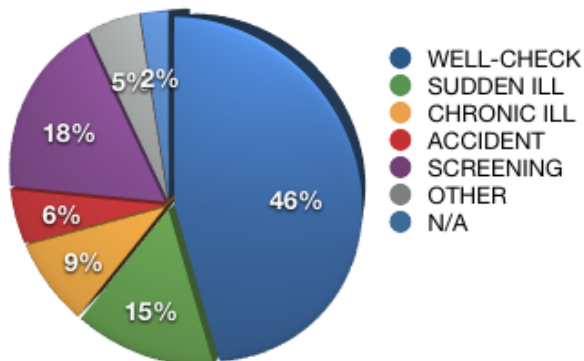
**Were you without health insurance at any point during the last 12 months?**



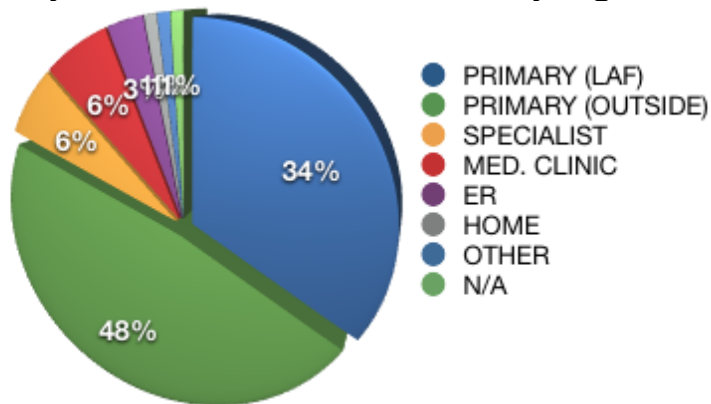
**Have you seen a doctor or health care provider in the last 12 months?**



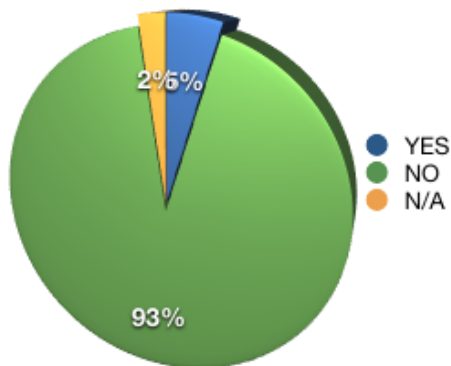
**What was your reason for seeking medical care? (if you sought medical care more than once please check all that apply)**



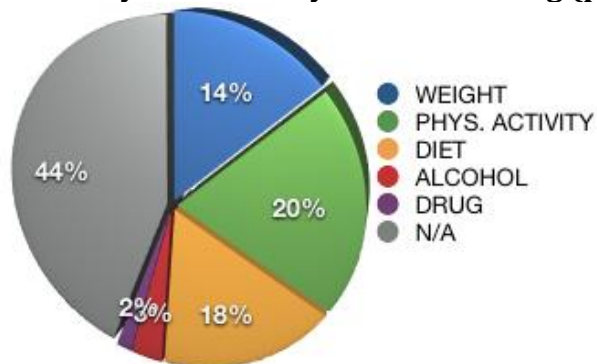
**When you seek medical care, where do you generally go for treatment?**



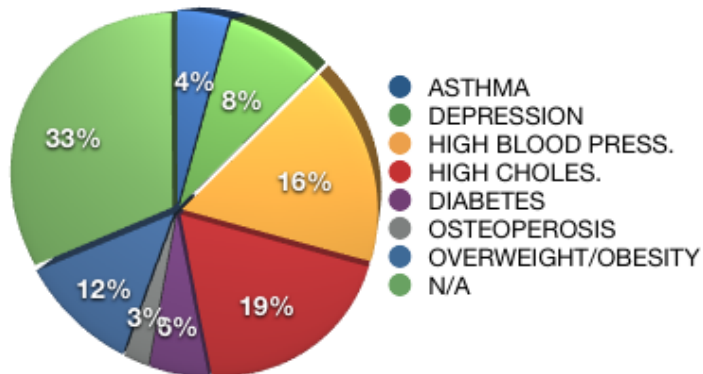
**Was there a time in the past 12 months when you needed medical care but did not get it? Medical care includes doctor's visits, tests, procedures, prescription medication and hospitalizations.**



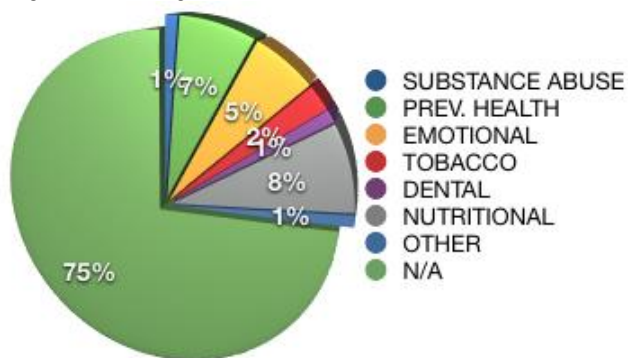
**In the last 12 months has a doctor, nurse or other health professional asked or talked to you about any of the following (please check all that apply):**



**Have you been told by a doctor, nurse, or other health professional that you have any of the following conditions?**

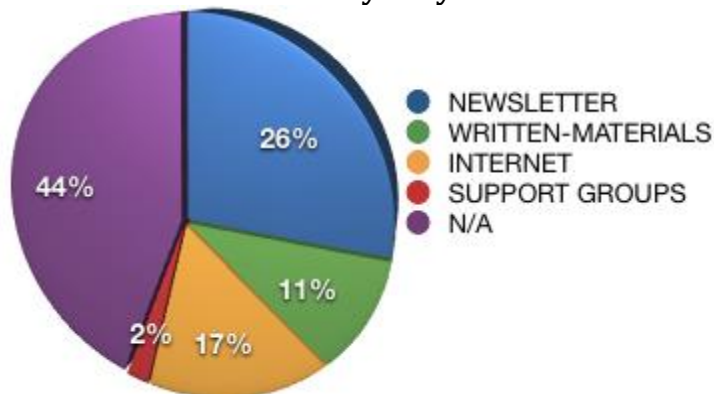


**Do you think you need more information on the following?**



*(The 75% here refers to the N/A or 'Not Applicable')*

**What would be the best way for you to receive such information?**



## **SUMMARY OF KEY FINDINGS FROM COMMUNITY SURVEY:**

48% of Survey respondents reported being in “Very Good” health, 32% reported “Good”, 10% “Excellent” and 14% said “Fair” or “Poor.”

Nearly all the respondents (95%) reported having some form of health insurance (private insurance, Medicare or Medicaid). The large majority of respondents (85%) reported being satisfied with their current form of health care. When asked if they had ever been without insurance in the past 12 months, 93% of respondents answered no, while 6% indicated that they had.

92% of respondents reported seeing a health care provider at least once in the past 12 months, with 7% indicating that they had not. Of those who had seen a health care provider in the past 12 months 46% reported it was for a well-check, 18% went for a medical or diagnostic screening, 15% sought treatment for a sudden illness and 9% saw a health care provider for treatment of a chronic illness.

When asked where they go to seek medical treatment the most respondents (48%) reported that they seek care outside of Lafayette County, 34% reported that they seek care with a health care provider in Lafayette County, 6% reported that they see a specialist, and 6% reported that they go to a medical clinic, 1% respondents indicated that they mainly seek care at an ER or with a home care specialist.

In terms of being able to receive necessary care, 93% of respondents indicated that there was never a time in the past 12 months when they sought medical care but could not get it, 5% reported that at least once in the past 12 months they were not able to receive needed medical care.

When asked what conditions or behaviors they had talked about with a health care professional in the past 12 months 44% of respondents did not respond or chose to leave the question blank, 20% noted that they had talked about the importance of regular physical activity, 18% reported that they had discussed their diet with a health care professional, 14% reported that they had talked about weight and weight management, and 3% reported that they had talked about alcohol and substance abuse.

The survey also asked respondents if they had been diagnosed with any health conditions, and if so, which ones- 33% of respondents did not answer this question (indicating that they either chose to leave it blank, or that they have not been diagnosed with any health condition) 19% of respondents reported they had been diagnosed with high cholesterol, 16% reported they had been diagnosed with high blood pressure, 12% reported that they had been told they were overweight or obese, 8% of respondents reported being diagnosed with depression, 6% reported having asthma, and 3% reported being diagnosed with osteoporosis.

## **COMMUNITY RANKING OF HEALTH PRIORITIES:**

One of the main reasons for a community survey, in addition for a more comprehensive exam of local health concerns, but to evaluate the conditions that are viewed as the most significant health priorities among residents of Lafayette County. As part of the survey the respondents were asked to choose among 10 options and select the health conditions they felt were the top three health priorities in Lafayette County.

*The options included:*

|                   |                    |
|-------------------|--------------------|
| Access to Care    | Youth              |
| Aging             | Prenatal           |
| Diabetes          | Overweight/Obesity |
| Healthy Lifestyle | Dental Health      |
| Emotional Health  | Environment        |

The respondents were asked to rank their top three (1-3), with a rank of one being the top priority and three being the third priority. Answers were not used in the evaluation if the respondent (1) did not clearly rank the conditions; (2) gave the same rank to more than one condition; and (3) left the question blank.

Variables were tracked each time they were selected and weighted appropriately based on the rank they received. That is to say, if a condition was selected at the top health priority it was given a 3 point value, a 2 point value for a 2 place ranking, and 1 point for a 3<sup>rd</sup> place ranking. Once all the surveys had been recorded, the total score for a condition was determined by calculating its total weighted ranked score. For example a condition which was ranked first 20 times, second 10 times and third 5 times would receive a score of 85 based on the following calculations:

$$20 (3) + 10 (2) + 5 (1) = 85$$

**Given these calculations, the top health priorities in Lafayette County, reflected in the results of the community health survey, are:**

- 1. Healthy Lifestyle (87)**
- 2. Aging/Elderly (84)**
- 3. Overweight/Obesity (70)**
4. Access to Care (56)
5. Emotional Health (54)
6. Dental Health (21)
7. Youth (20)
8. Environmental (16)
9. Diabetes (10)/Prenatal Care (10)

## FINAL HEALTH PRIORITY RANKING:

In order to determine the final top health priorities, it was necessary to incorporate and consider the rankings provided by both the stakeholder interviews and the community surveys. It was decided that two health priorities would be selected to be the main focus of the efforts of the Lafayette County Health Department. The final ranking is listed below, and it is followed by a brief description of the rationale used to determine the final top priorities.

### **HEALTH PRIORITIES 2010**

#### **1. Healthy Lifestyle Choices**

**\*with an emphasis on overweight and obesity**

#### **2. Aging/Elderly**

#### *Rationale for Selection:*

The final process used to determine the top health priorities utilized both subjective and objective analysis. It was important to ensure that there was not only evidence of the problem but also community support and awareness as well. Ultimately, the first step in the process was the assessment and review of all available primary and secondary data, with an emphasis on the community survey and stakeholder interviews. In order to best identify those issue that were of greatest concern to both the general public and the key stakeholders in the county we looked for common trends in the data and in each of the rankings (community and stakeholder) and noted similarities.

Since the top four health priorities selected by the stakeholder interviews (Obesity, Alcohol, Smoking and Drug Use) are often the result of unhealthy lifestyle choices and healthy lifestyles was selected at the top priority in the community survey, it was decided that a focus on healthy lifestyle choices would be the top health priority. Health promotion and the promotion of healthy lifestyle choices in Lafayette County can place a special emphasis on addressing problems linked to overweight and obesity such as nutrition and physical activity. Additional healthy lifestyle issues dealing with substance abuse and smoking should also be a focus.

The second health priority was determined using a similar method. The secondary data indicates that there is a large aging/elderly population in Lafayette County, and the health burdens associated with a larger aging population are well documented. Furthermore, an aging population received the second highest rating in the community survey and, if we consider the first four listed priorities from the stakeholder interviews as one (healthy lifestyles) than and aging/elderly population received the third highest rating. For these reasons it was determined that an aging/elderly population would be the most appropriate second health priority.

As a final step to further evaluate the validity of the health priority selection process we assessed the degree to which the chosen top priorities aligned with the established secondary and national level data. Ultimately, we found that based on both national and local data, healthy lifestyle choices and care of the aging and elderly population, present significant health burdens for Lafayette County and that those in the community feel these burdens and needs. Therefore these issues deserve attention and were selected as the top health priorities for Lafayette County.

# APPENDIX

Environmental Health Profile  
Workforce Profile  
Obesity, Nutrition and Physical Activity Report  
State of Wisconsin Burden of Tobacco Report  
Letter to Stakeholders  
Letter to Community Members  
Community Survey  
Survey Results