



**St. Croix County**  
*Community Health Improvement Plan*  
**2009—2014**



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# Introduction

## Background

Many factors influence the health and well-being of a community. It's not just about disease prevalence or medical care or public health services, it's a combination of factors including social and economic conditions, available educational services, individual behaviors, and the financial stability and prosperity of a community itself.

**Everyone living within the community can contribute to and share responsibility for its protection and improvement.**

## Working Together

Since 1993, communities throughout Wisconsin have developed and implemented local health plans, typically every five years, to address health conditions impacting their residents. This process has been referred to as the "Community Health Improvement Process (CHIP)".

In June 2008, Hudson Hospital & Clinics and St. Croix County Department of Health & Human Services (DHHS) – Public Health joined together to begin assessing and prioritizing health needs in the region. The St. Croix County Community Health Improvement Process, facilitated by both organizations, is a strategic, ongoing, community-based approach for creating and maintaining healthy communities. A steering committee of 25+ members representing diverse organizations and agencies from across the county provides oversight and guidance. Together, the committee regularly assesses the state of the county's health.

## The goal of CHIP is to:

- Identify critical health issues
- Prioritize health needs

## For the purpose of:

- Educating and mobilizing area organizations to address top health priorities
- Planning actions to improve public health and quality of life
- Garnering resources (strengthening grant proposals)

As part of a joint effort in community health improvement planning, this report analyzes the health status and community health needs of St. Croix County. It is a resource designed to provide any individual or community organization with valuable information that can be used to plan, implement and help produce a healthier, more vibrant community.

## Benchmarking

The state public health plan, *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public*, has 11 health priorities for Wisconsin. This plan sets the stage for public health programs for a ten-year period. It is designed to serve as a roadmap and is committed to a single, overarching purpose: to protect and promote the health of the people of Wisconsin. Hospitals and public health systems, either alone or in partnership with other organizations, are taking action to improve the health of their residents by using the state health plan to guide their activities at a local level. The Eleven Health Priorities are as follows:

### Access to Primary and Preventive Health Services

- Adequate and Appropriate Nutrition
- Alcohol and Other Substance Use and Addiction
- Environmental and Occupational Health Hazards
- Existing, Emerging, and Re-Emerging Communicable Diseases
- High Risk Sexual Behavior
- Intentional and Unintentional Injuries and Violence
- Mental Health and Mental Disorders
- Overweight, Obesity, and Lack of Physical Activity
- Social and Economic Factors that Influence Health
- Tobacco Use and Exposure

# Introduction

## Community Health Improvement Partners

The steering committee represents a collaborative approach to community health improvement. Together, these community partners seek to improve health, safety and quality of life in St. Croix County. Members volunteering their time include:

Kim Benoy, RN, Maternity Care, Hudson Hospital & Clinics, Photovoice Professional Participant

Doug Briggs, Chief, Somerset Police Department

Sandy Bruckner, RN, Clinical Services Manager, WWMA Hudson Physicians

John Coughlin, Executive Director, United Way St. Croix Valley

David DeGear MD, WWMA New Richmond Clinic

Patti Draxler, Director, Family Resource Center–St. Croix Valley

Joanne Donhowe, RN, Manager, Maternity Care, Hudson Hospital & Clinics, Photovoice Professional Participant

Claudia Earley, Interpreter, St. Croix County Public Health, Photovoice Co-Researcher

Dave Fodroczi, Director, St. Croix County Planning & Zoning

Karen Hansen, Manager, Marketing & Community Relations, Hudson Hospital & Clinics, Committee Co-Chair, Photovoice Lead Team Member

Dennis Hartung, MD, OB/GYN, WWMA Hudson Physicians

Mary Kay Hunt, MPH, Community Member

Vincent Hunt, MD (retired), Community Member

Fred Johnson, Director, St. Croix County Department of Health & Human Services

Wendy Kramer, BSN, RN, Health Officer, St. Croix County Public Health, Committee Co-Chair, Photovoice Lead Team Member

Teresa Kvam, RD, St. Croix County Public Health, Photovoice Co-Researcher

Ruth Lehmann, RD, St. Croix County Public Health, Photovoice Professional Participant

Ron Lockwood, Coordinator, St. Croix County Long Term Support

Jennifer Loesch, RN, Infection Control & Employee Health, River Falls Area Hospital

Ginger Murphy, RN, Director Outpatient Services, Westfields Hospital

Lynn Nelson, RN, Trauma Coordinator, Hudson Hospital & Clinics

Deb Rasmussen, Board Member, St. Croix County Department of Health & Human Services

Sharon Reyzer, PHN, Prenatal Care Coordinator, St. Croix County Public Health, Photovoice Co-Researcher

Linda Robertson, Manager, Free Clinic of Pierce and St. Croix Counties

Kristen Siemering, DrPH, RD, Co-Principle Investigator, Wisconsin AHEC, Photovoice Lead Team Member

Joan Simpson, MPH, RN, Supervisor of Health Services, New Richmond School District

Sandy Somsen, RN, Infection Control and Risk Management, Baldwin Area Medical Center

Charlotte Sortedahl, MPH, MS, RN, Former Health Officer, St. Croix County Public Health

Maggie Stedman-Smith, PhD, MPH, RN, Co-Principle Investigator, Independent Consultant for Photovoice

Peter Van Dusartz III, Manager, Programs for Change, Hudson Hospital & Clinics

Jean Weiler, MEd, RD, Manager, Nutrition Care, Hudson Hospital & Clinics, Photovoice Co-Researcher

Jim Zanto, Public Health Educator, Division of Public Health, Eau Claire/Western Regional Office

## Introduction

**The following community partners provided additional insight on specific areas of interest:**

Bob Heise, Director, St. Croix County Land and Water Conservation Office

Scott Knudson, Patrol Captain, St. Croix County Law Enforcement—Sheriff's Department Traffic Safety Committee

Karen Chilson, CESA 11, Turtle Lake, Youth Risk Behavior Survey Results for St. Croix County Schools

Patrick Remington, MD, MPH, Director, UW Population Health Institute presented to the steering committee on the use of the *Wisconsin County Health Rankings*. The *Rankings* was used to look at population health – specifically St. Croix County – in the form of health determinants and health outcomes.

Mike Rust of ABC for Rural Health provided overall expertise to this project, working jointly with Hudson Hospital & Clinics and St. Croix County Public Health. He assisted with facilitation of steering committee meetings and decision-making processes, development of a community health survey and interpretation of results, conducted secondary research and produced the final reports.

Paula Tran, Intern, ABC for Health, Inc., 2010 Master of Public Health Candidate at the University of Wisconsin School of Medicine and Public Health, and Project Assistant at the Center for Urban Population Health, provided extensive research, documentation and editing assistance and provided overall technical formatting guidance.

# Introduction

## Community Needs Assessment

The St. Croix County Community Health Improvement Process partners engaged in three different activities to inform decisions about setting priorities for the county's 2009 to 2014 plan.



### Part 1: Photovoice

Photovoice, an innovative research method developed by Dr. Caroline Wang during the late 1990s was selected as the qualitative research component of the St. Croix County Community Health Improvement Process because it focuses on social action and developing partnerships for change. The research was done in partnership with Wisconsin Area Health Education Centers (AHEC) and approved by and conducted in accordance with the University of Wisconsin-Madison Institutional Review Board. Photovoice places cameras in the hands of local residents to enable them to depict their everyday lives through visual image. Photovoice intentionally seeks to include groups who typically do not have direct access to policy makers. In St. Croix County three groups of six women raising children were recruited: (1) mothers who are concerned about maternal and child health issues; (2) mothers who are of Hispanic ethnicity and do not speak English; and (3) mothers who are concerned about healthy eating and active living for their children. Co-Principal Investigator for the project, Maggie Stedman-Smith, PhD, MPH, RN, compiled a final report, **Using Photovoice to Hear the Voices of Mothers Raising Children in St. Croix County**, and presented that report to the health improvement steering committee. The partners also displayed a Photovoice exhibit at The Phipps Center for the Arts in Hudson and at other public venues. Photovoice research provided images, over 100 photos, and accompanying observations from the groups of mothers about their health care concerns. While the groups of mothers did not vote on the 11 Health Priorities of Healthiest Wisconsin 2010, they did, however, echo many of the themes identified as part of those priorities. The Photovoice final report summarized the themes most often highlighted by the three groups of mothers:

- **Access to health care services**
- **Improved nutrition and nutrition education**
- **Environmental health and safety**

### Part 2: 2009 St. Croix County Community Health Improvement Survey (*"Use Your Voice"*)



The St. Croix County partners distributed surveys by mail to (5000) St. Croix County households using random residential sort. Surveys were mailed to a predetermined number of households in each of the (12) zip codes included. An email survey was also sent to 4,698 opt-in users in cities served by area newspapers (online subscriptions). The survey asked respondents to 1) indicate their level of interest in each of the 11 Health Priorities identified by the Wisconsin Department of Health Services and 2) rank their choices for the top 3 priorities. When ranking their top choices, they were to assume that they were in charge of allocating resources to make changes that will make a difference in people's lives; that they had limited resources to use in this effort; and that they would need to gather the support of the community in order to get the work done. The survey also gathered some basic demographic information about the 683 individuals who completed the survey and asked about respondents' opinions about the then-upcoming legislation banning smoking at certain establishments in Wisconsin. The survey produced the voting results displayed on pages 8, 9, and 10. In addition to the Priority rankings, the survey respondents also offered their opinions about secondhand smoke and about the proposed tobacco legislation—which has since passed the Wisconsin Legislature and will become effective in July of 2010. By a wide margin, respondents felt that secondhand smoke is a serious health hazard, and nearly 75% of the respondents supported the tobacco legislation. Quotations drawn from comments offered by survey respondents appear throughout this report; identified by the "Use Your Voice" tagline.

# Introduction

## Community Needs Assessment

### Part 3: Steering Committee Review of Quantitative Research



Following a series of meetings to review and discuss data and statistics relevant to each of the 11 Health Priorities, the St. Croix County Community Health Improvement Process steering committee met at Hudson Hospital & Clinics on May 28, 2009. At that meeting, the group circulated the room in small groups to discuss data displays about each Health Priority, then voted on priorities according to three measures:

#### 1. Size and Prevalence of the Issue

- How many people does this affect?
- How does the prevalence of this issue in St. Croix County compare with its prevalence in other counties, the Western Region, and the State of Wisconsin?
- How serious are the consequences? (urgency; severity; economic loss)

#### 2. Effectiveness of Interventions

- How likely is it that actions taken will make a difference?
- How likely is it that actions will improve quality of life?
- How likely is it that progress can be made in both the short term and the long term?
- How likely is it that the community will experience reduction of long-term cost?

#### 3. Community Capacity

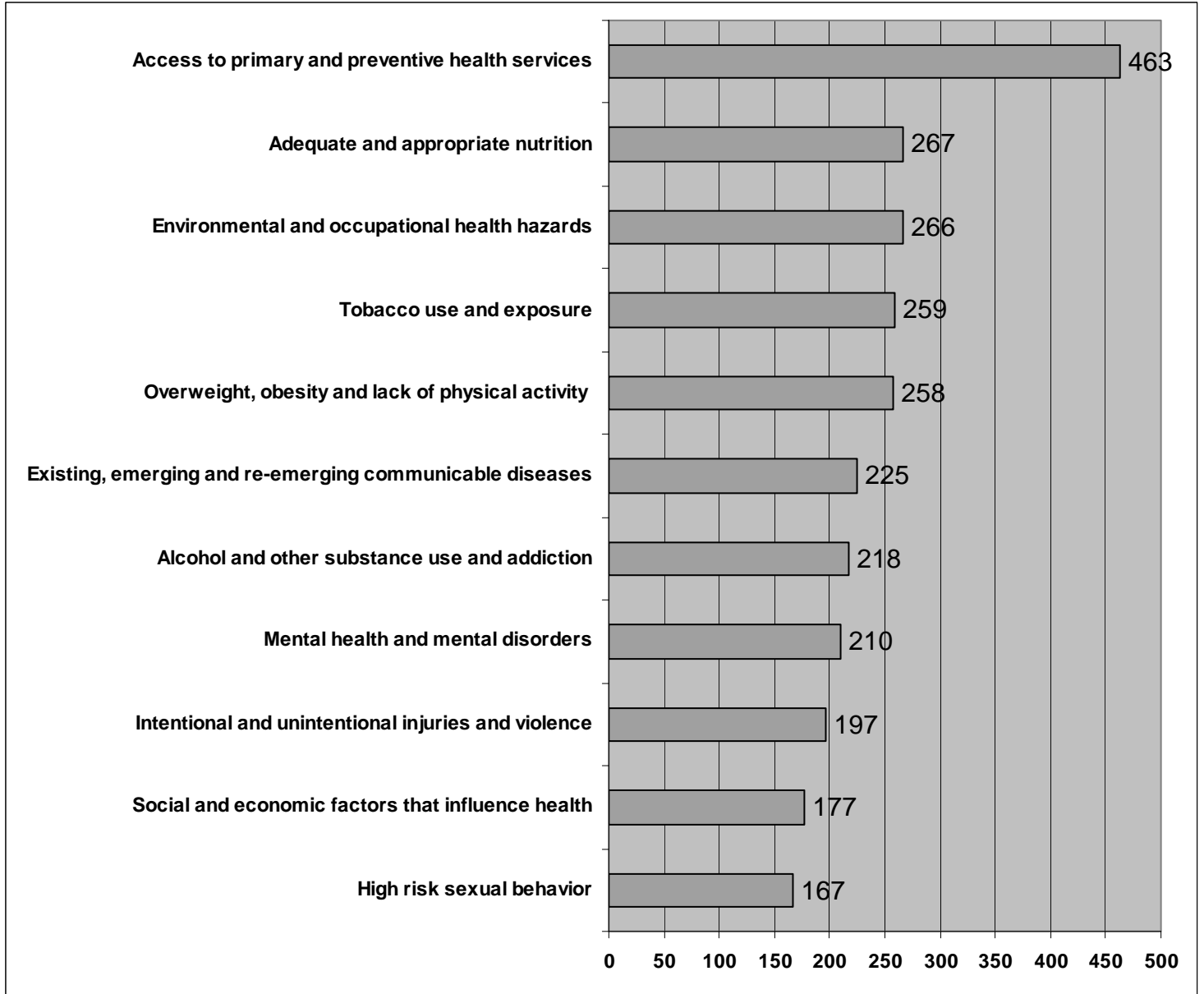
- Are people likely to support actions around this issue? (ready)
- Will it be necessary to change behaviors and attitudes in relation to this issue? (willing)
- Are the necessary resources and leadership available to us now? (able)

# Introduction

## St. Croix County Community Health Improvement Survey Results

Ranking of 11 Health Priorities according to respondents indications of importance.

(Five choice scale: Very Important, Important, Neutral, Less Important, and Not Important)

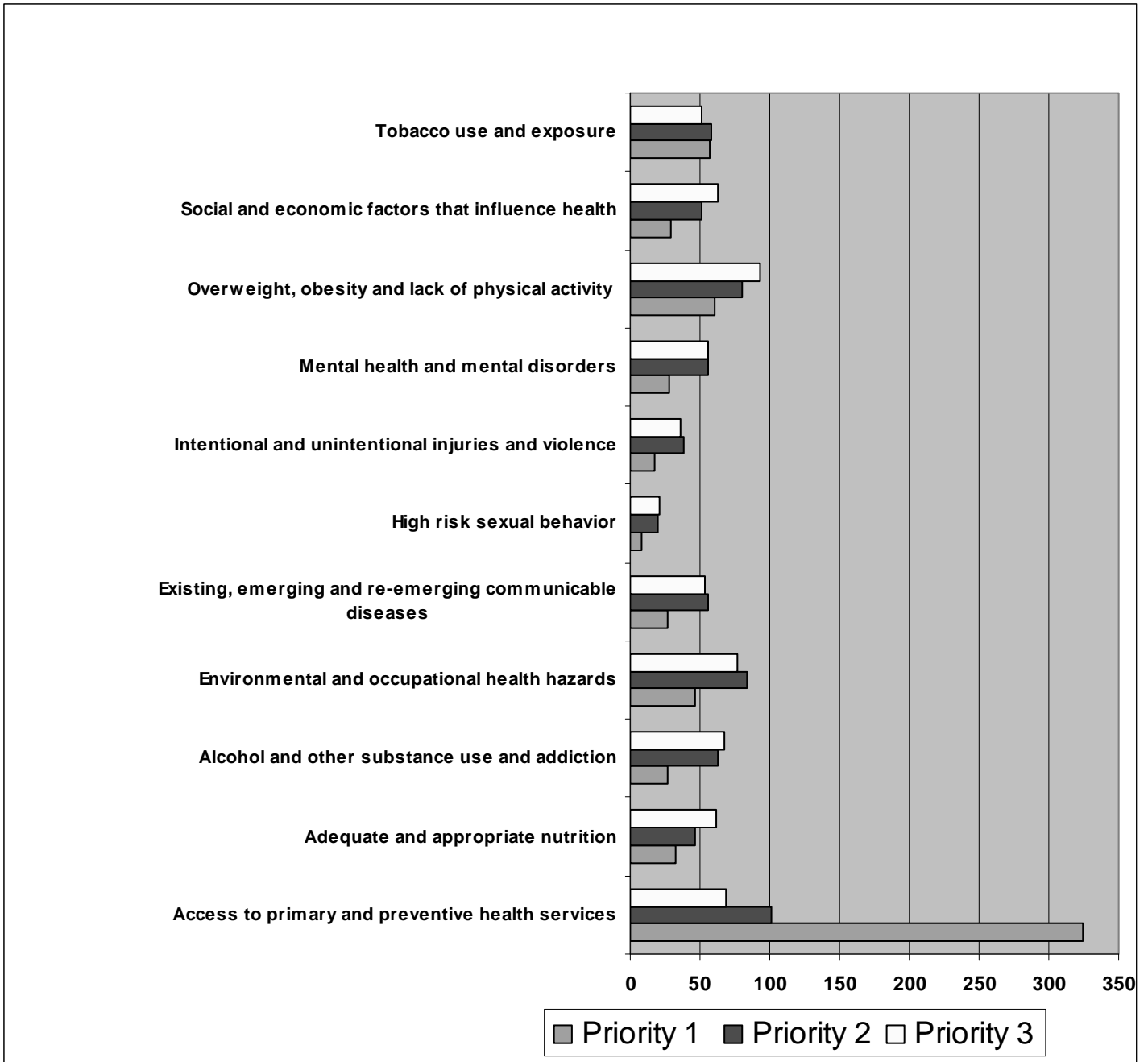


“Invest in services that are preventative to minimize issues across the board— in children and create a community where people want to come and raise their families.” *(Use Your Voice)*

# Introduction

## St. Croix County Community Health Improvement Survey Results

Ranking of 11 Health Priorities by respondents' indication of preferences for the top 1, 2, and 3 health priorities.



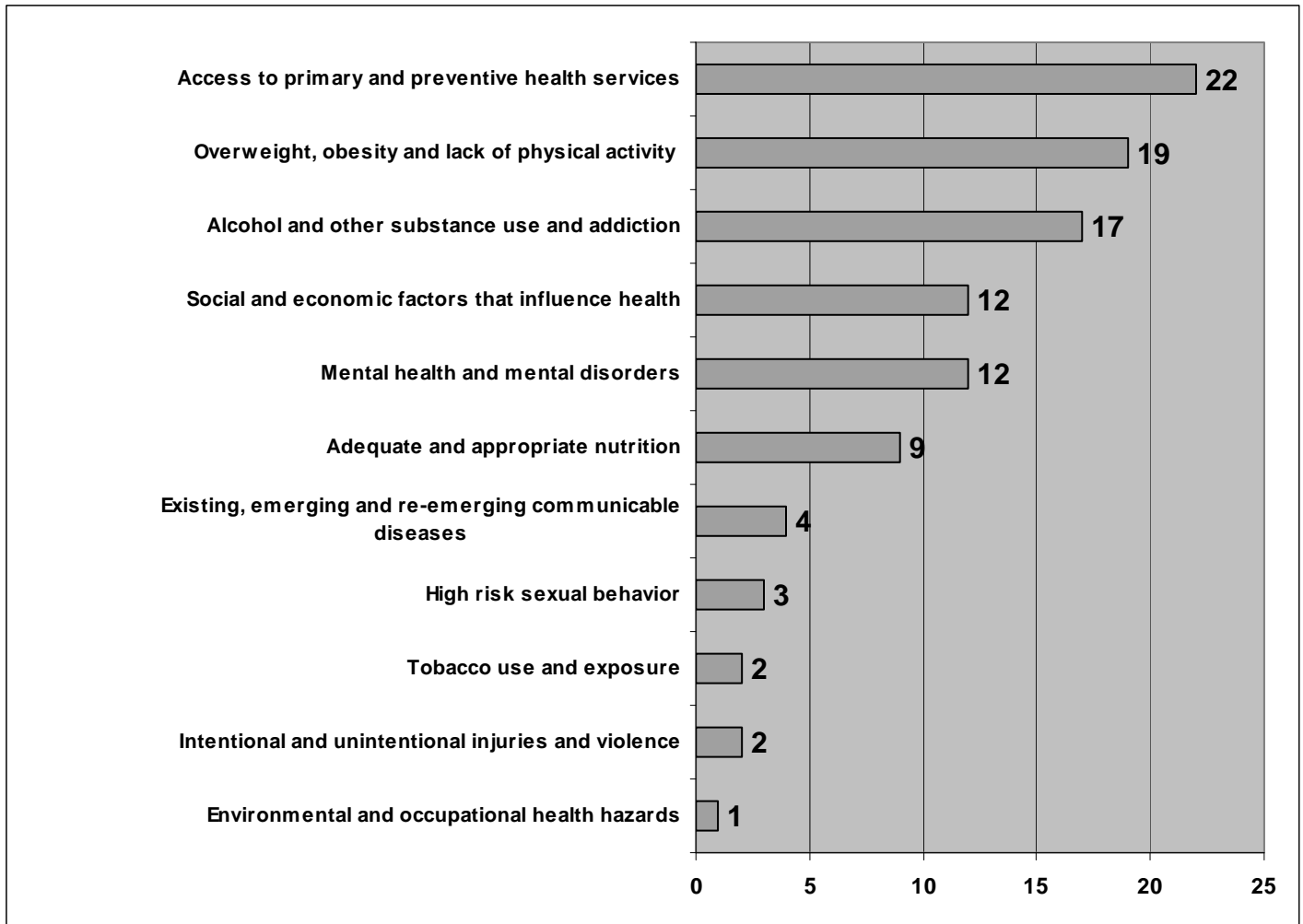
“Our area needs to become smoke free.”

*(Use Your Voice)*

# Introduction

## Steering Committee Health Priority Selection Results

Steering committee members cast a total of 33 “votes”. They gave three separate scores to each of the 11 Health Priorities. One score to each priority for *Size and Prevalence of the Issue*, for *Effectiveness of Interventions*, and for *Community Capacity*. The chart below shows the total number of “first place” votes cast across the three categories. For example; the “Access” priority may have had 8 first place votes for size, 6 first place votes for effectiveness, and 7 first place votes for capacity. While the total first place votes weighed heavily in the ranking process, the distribution of the votes across the three categories helps to inform the planning process (“What’s Next?”).



“Preventative health care can save many lives if it were available to more people.” *(Use Your Voice)*

# Introduction

## Health Priority Selection Rationale

The St. Croix County partners decided to use information from all three community participation groups to help identify the final 5 top-ranked Health Priorities for St. Croix County 2009—2014. Since the Photovoice material was qualitative, rather than quantitative, the Photovoice summary findings were used in narrative form and cross-referenced with the ranked voting results from the community survey and from the steering committee balloting. For example, the top vote-getter for both the survey and the steering committee was *Access to Primary and Preventive Health Services*. While the Photovoice narrative from the three groups of mothers based their opinions about *Access* on different criteria, they also voiced support for this choice throughout the narrative. The groups of mothers identified access issues related to transportation and cultural barriers equally as important as access barriers related to lack of health coverage.

Other priorities identified as of top-tier importance in the community survey and the steering committee balloting were *Overweight, Obesity and Lack of Physical Activity* and *Adequate and Appropriate Nutrition* (higher when both #1 [Very Important] and #2 [Important] were factored together. As with *Access*, these two priorities were endorsed repeatedly throughout the Photovoice narrative, so they were assigned the second and third priority rankings.

*Alcohol and Other Substance Use and Addiction* occupied the next tier of results from the steering committee, and *Tobacco Use and Exposure* ranked just behind in the community survey. These high results, combined with the partners' familiarity with current related efforts in St. Croix County, prompted selection of these two as the 4th and 5th priorities for St. Croix County.

**The five highest ranking Health Priorities for St. Croix County 2009—2014 are:**

- 1. Access to Primary and Preventive Health Services**
- 2. Overweight, Obesity, and Lack of Physical Activity**
- 3. Adequate and Appropriate Nutrition**
- 4. Alcohol and Other Substance Use and Addiction**
- 5. Tobacco Use and Exposure**

## Reading Guide for This Report

Immediately following this page are two sections summarizing St. Croix County demographics and mortality rankings and trends. Following are the Health Priority chapters. The top five priorities are presented first, followed by the rest in alphabetical order.

Each chapter begins with the definition of the priority and a paragraph or two outlining the general objectives set by the state for that priority, followed by a summary that recites some of the most important St. Croix County-specific data and information about that priority.

Following each summary are several pages of charts and graphs identified as *Key St. Croix County Data*. For nearly every entry, the first and second charts carry the same title from chapter to chapter. The first chart is a version of the **Wisconsin 2010 Scorecard** for each Health Priority. The scorecard offers an opportunity to see how well the state is doing towards reaching the objectives established back in 2000. For most priorities the "recent" score was taken in either 2005 or 2006. This report adds a local "score" for St. Croix County for items where local data is available. The next repeated table is the **2008 Population Health Institute County Health Rankings** (University of Wisconsin). The Institute publishes an updated County Health Rankings every year. This report ranks the status of "Health Determinant Factors" for 73 reporting sites (72 counties plus the City of Milwaukee). In this report, and in all materials provided by the Institute, any ranking closer to #1 means that the site is "healthier". Readers are cautioned that other statistics in the report do not necessarily echo that approach, but those statistics are each explained individually in the narrative or caption.

## St. Croix County Demographic Profile



St. Croix County is located in the Northwest region of Wisconsin. Bordering counties include Polk, to the north, Dunn, to the east, Pierce, to the south, and the St. Croix River (Minnesota), to the west. The county is comprised of four cities, nine villages, and 21 townships, of which Hudson is the county seat. The county is 721.82 square miles, has 64 lakes, and its rivers include the Apple, Eau Galle, Kinnickinnic, Rush, St. Croix, South Fork Hay, and Willow. Four major hospitals can be found in the county; Baldwin Area Medical Center, Hudson Hospital & Clinics, River Falls Area Hospital, and Westfields Hospital.

### Population

St. Croix County's dramatic population growth has been well documented. This rapid growth rate is especially noticeable since Wisconsin grew at a slower rate than did the United States between 2000 and 2008. During this same period, however, St. Croix County grew 6 times as fast as the state overall and twice as fast as the next most rapidly growing county—Calumet. While much of the county's growth is attributed to flight from metropolitan St. Paul and Minneapolis (about half of St. Croix County's work force commutes to jobs in Minnesota), St. Croix County also maintains the second highest *natural* growth rate in Wisconsin. This natural growth rate explains, in part, the relative growth of the very young child population alongside the declining overall population under age 18 and the population over age 65. It is reasonable to anticipate that the county now houses a relatively high percentage of younger adults who are just starting families. Workforce predictions (below, *Social and Economic Factors* chapter) foresee that St. Croix County's adult workforce will continue to grow well after Baby Boomers retire in large numbers and reduce the work force in other areas of the state.

- The relative size of the population of very young children (under age 5) grew from 7% to 7.5%.
- The total child population (under age 18) actually decreased by 2%, although it remains higher than statewide proportions.
- The elder population (over age 65) in the county decreased by 3% to a level fully 4% below statewide levels. 9.6% of St. Croix County's population is 65 or over, compared to Wisconsin's 65+ group at 13.3%.
- In 2000, the largest population group in St. Croix County was age 35 to 44. By 2010, the largest group will be age 45 to 54. By the following Census in 2020—and for the next 10 years, the largest group will be age 35 to 44 once again.

St. Croix County's diversity has also changed over the past decade. Although the county's White, non-Hispanic population still accounts for over 95% of the population (compared to 85% statewide), that group's relative size in St. Croix County decreased by 2% between 2000 and 2008. In addition:

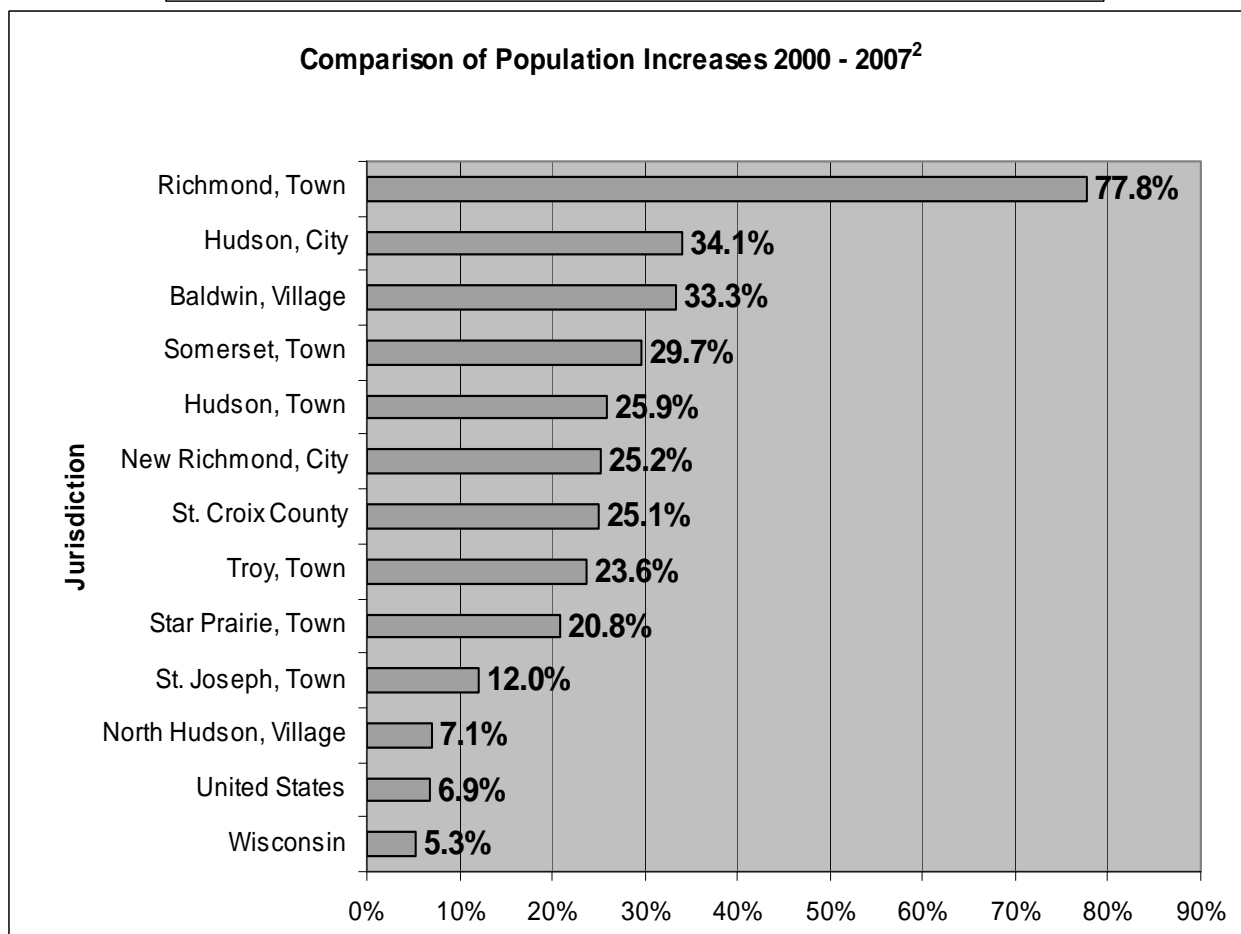
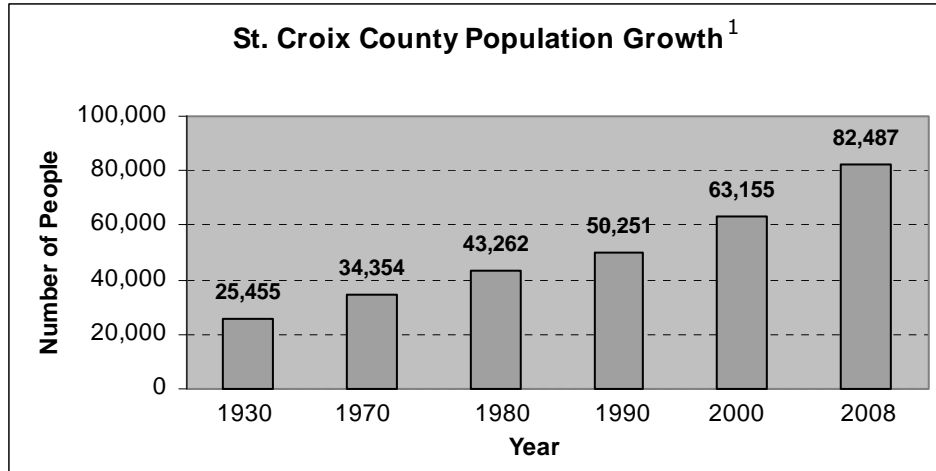
- Black population doubled, but remains only 1/10 of the statewide proportion of 6%;
- Hispanic and Latino population nearly doubled to about 1/5 of the statewide proportion of 2%;
- Population of Asian descent more than doubled in size to 1.3% of the total, and is now much closer to the statewide Asian population rate of 2%;

St. Croix County's population has:

- A high percent of individuals over 25 who graduated from high school and who have a Bachelor's Degree or higher
- A high percent of homeowners
- A high median income
- A poverty rate approximately half that of the rest of the state.

***23 percent of the population in St. Croix County was aged 15 or younger in 2005, according to the Wisconsin Department of Administration projections.***

# St. Croix County Demographic Profile



Five St. Croix County municipalities were among the 15 fastest-growing municipalities in Wisconsin between 2000 and 2008.<sup>18</sup>

- Town of Richmond 85.3% growth
- Town of Hammond 78.8% growth
- Village of Roberts 60.4% growth
- Village of Somerset 47.8% growth
- Village of Hammond 42.1% growth

## St. Croix County Demographic Profile

U.S. Census Report <sup>1</sup>	St. Croix County		Wisconsin
	2000	Most Recent	
Population, 2008 estimate	63,155	82,487	5,627,967
Population, percent change, April 1, 2000 to July 1, 2008	NA	30.6%	4.9%
Persons under 5 years old, percent, 2008	7.0%	7.5%	6.1%
Persons under 18 years old, percent, 2008	27.9%	25.7%	23.4%
Persons 65 years old and over, percent, 2008	9.9%	9.6%	13.3%
Female persons, percent, 2008	50%	49.6%	50.3%
White persons, percent, 2008	97.8%	96.9%	89.7%
Black persons, percent, 2008	0.3%	0.6%	6.4%
American Indian and Alaska Native persons, percent, 2008	0.3%	0.3%	1.0%
Asian persons, percent, 2008	0.6%	1.3%	2.0%
Native Hawaiian and Other Pacific Islander, percent, 2008	Z	Z	Z
Persons of Hispanic or Latino origin, percent, 2008	0.8%	1.4%	5.1%
White persons not Hispanic, percent, 2008	97.4%	95.6%	85.1%
Living in same house in 1995 and 2000, pct 5 yrs old & over	→	56.9%	56.5%
Foreign born persons, percent, 2000	→	1.1%	3.6%
Language other than English spoken at home, pct age 5+, 2000	→	3.1%	7.3%
High school graduates, percent of persons age 25+, 2000	→	91.6%	85.1%
Bachelor's degree or higher, pct of persons age 25+, 2000	→	26.3%	22.4%
Persons with a disability, age 5+, 2000	→	7,336	790,917
Mean travel time to work (minutes), workers age 16+, 2000	→	26.1	20.8
Homeownership rate, 2000	→	76.4%	68.4%
Housing units in multi-unit structures, percent, 2000	→	18.6%	26.2%
Median value of owner-occupied housing units, 2000	→	\$139,500	\$112,200
Persons per household, 2000	→	2.66	2.50
Median household income, 2007	NA	\$66,731	\$50,567
Persons below poverty, percent, 2007	NA	5.3%	10.8%

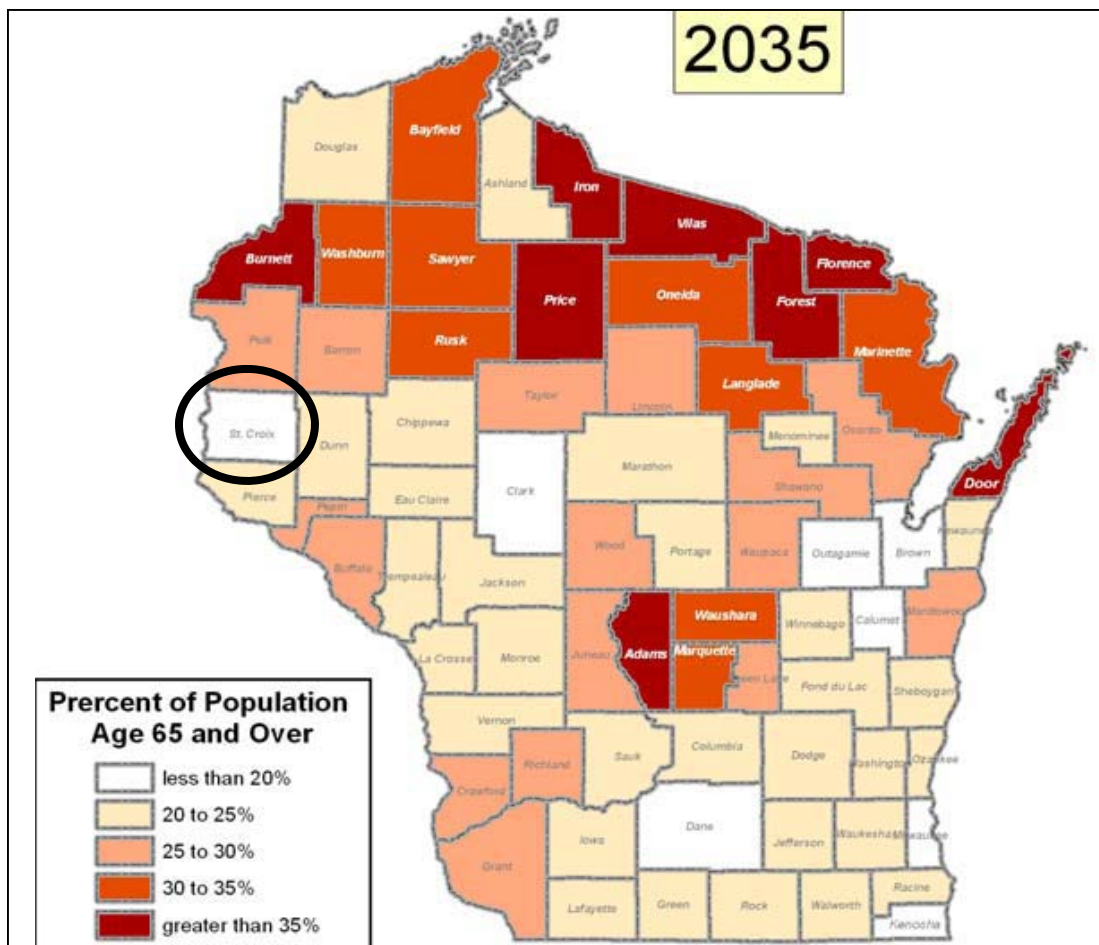
“As the fastest growing city in the state; the infrastructure of Hudson and the county has not stayed current with the growth and therefore the needs of the community. Police, fire, public health and public assistance need to be the focus of Hudson and St. Croix County policy makers.” *(Use Your Voice)*

# St. Croix County Demographic Profile

## Projected Growth <sup>3</sup>

While it might adequately serve the purpose of a 5 year plan, charting the past growth and current size and make up of St. Croix County's population only begins to tell the story. Long range planning would do well to reflect on the exponential changes projected for the next quarter-century.

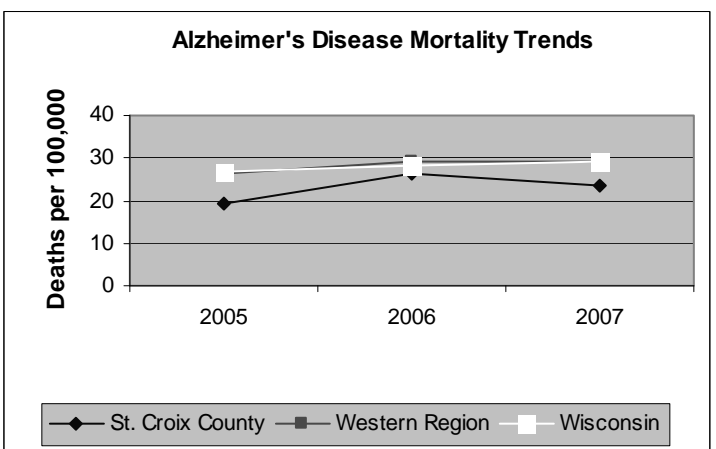
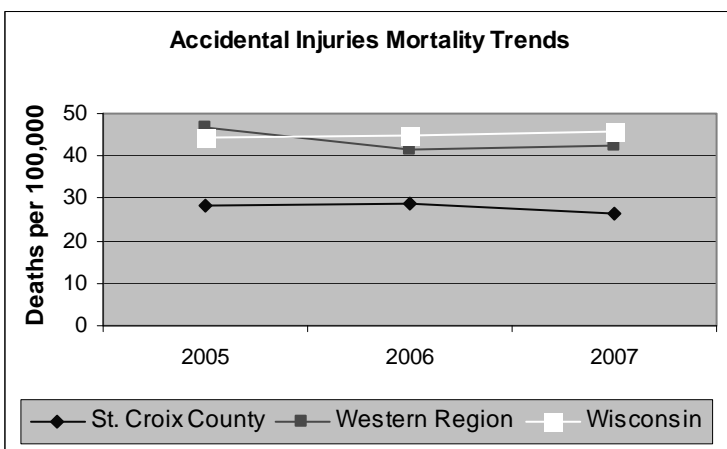
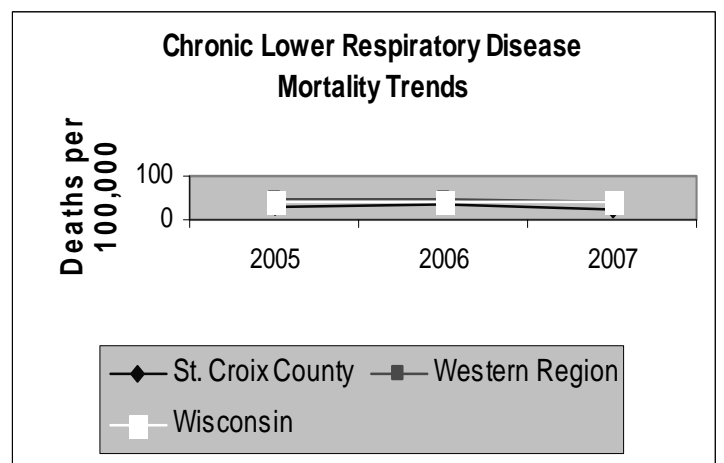
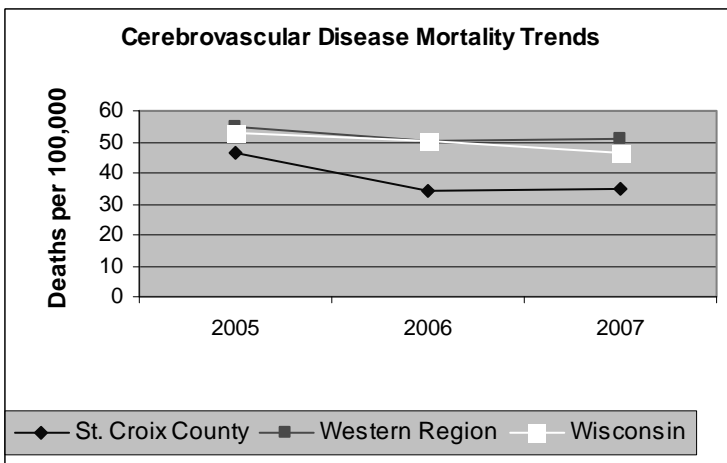
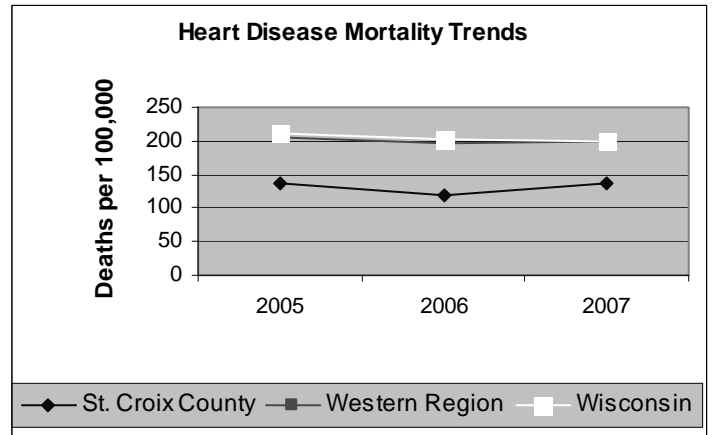
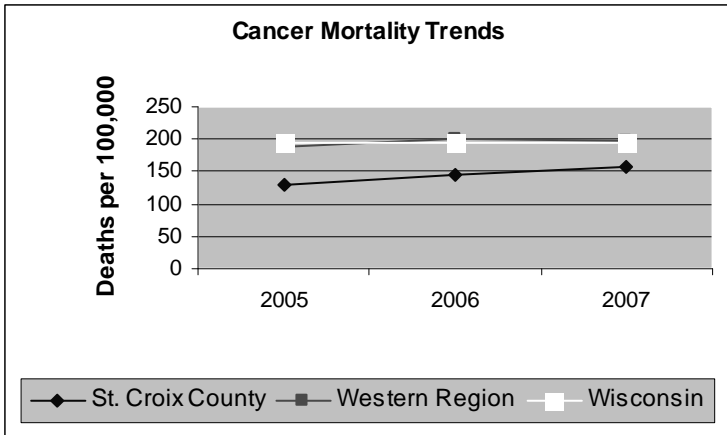
- Wisconsin is projected to grow at the rate of 24.1% between 2000 and 2035. 33 counties are projected to grow more rapidly than that, with St. Croix County leading the way at an eye-popping 134% growth rate. (Calumet County is the next highest, at 75%.)
- If St. Croix County gains the anticipated 85,000 people between 2000 and 2035, it will move from the 23rd largest county to the 12th largest county in the state.
- During this same time, the population in Wisconsin's cities is expected to decrease by about 3%, while towns and villages are expected to gain at about the same rate.
- Overall, during this period, Wisconsin's elderly population is expected to grow from 13% of the population currently, up to 22% of the population.
- During the last five years of this projection, as the first wave of Baby Boomers swells the death rate, the overall rate of population growth will begin to slow dramatically. Given St. Croix County's already low percentage of individuals over age 65, this decrease may well not hold true here.
- Significantly, this may mean that the natural workforce population in St. Croix County may continue to grow long after the decline of the Baby Boomer population has decreased the workforce elsewhere.
- While household sizes are expected to drop all across the state during this period, St. Croix County—and other "suburban" counties—will decrease at a lower rate than the rest.
- Population today in St. Croix County is a little over 82,000. In just over a quarter century from now the number will likely be more than 148,000.



# St. Croix County Mortality

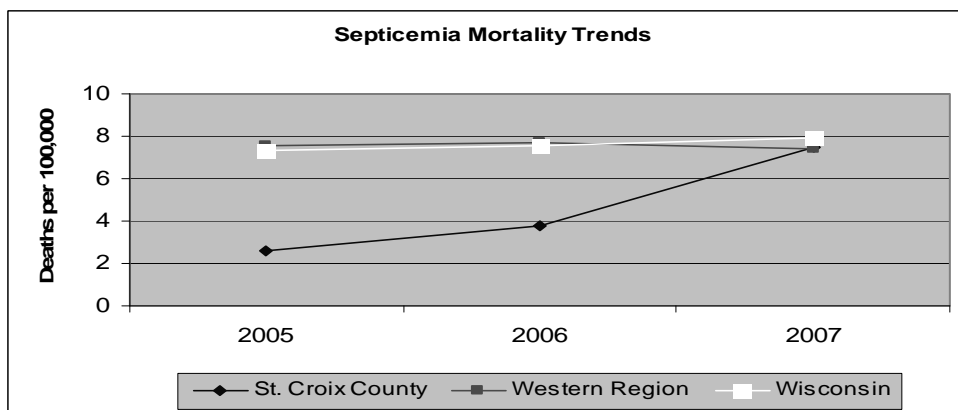
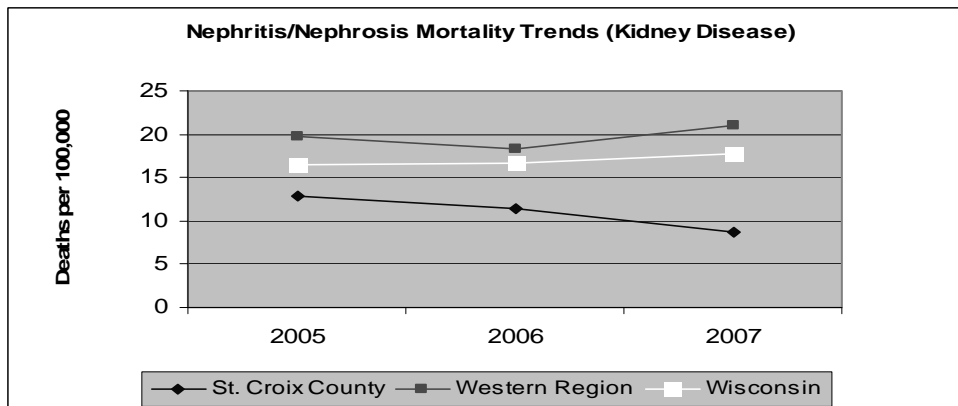
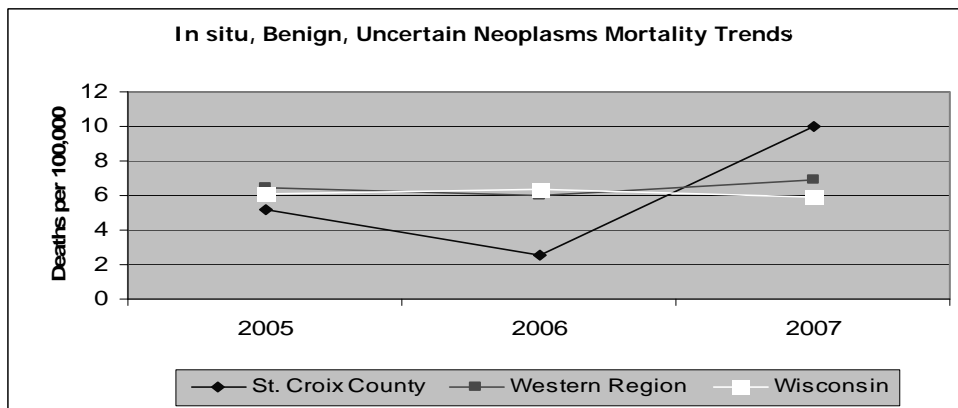
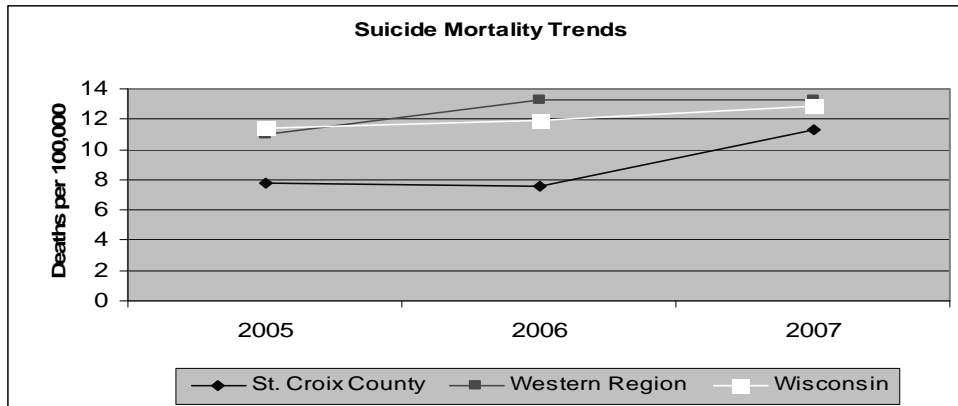
## Mortality Trends 2005-2007 <sup>17</sup>

The charts below present mortality rates for the top 14 causes of death in St. Croix County for 2005, 2006 and 2007 compared with mortality rates for those conditions in the Western Region and statewide for the same years. Despite sharp upswings in mortality rates for Suicide, Septicemia, and In Situ & Benign Cancers, St. Croix County still remains below state and regional rates for all causes of death except In Situ and Benign Cancers.



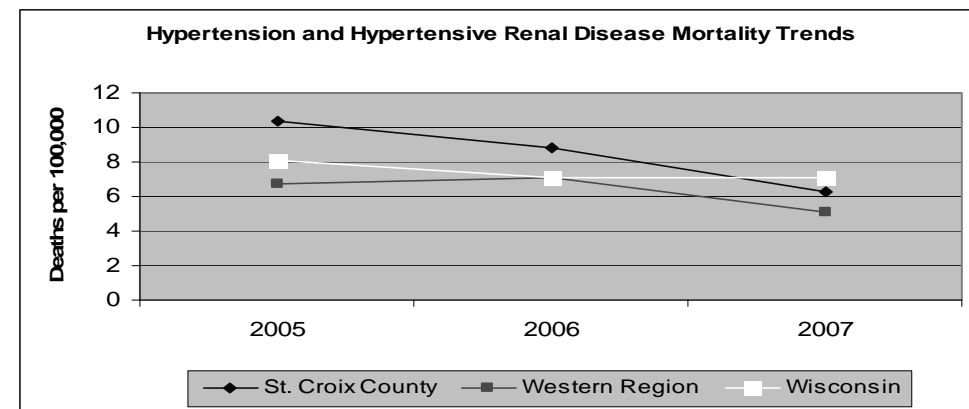
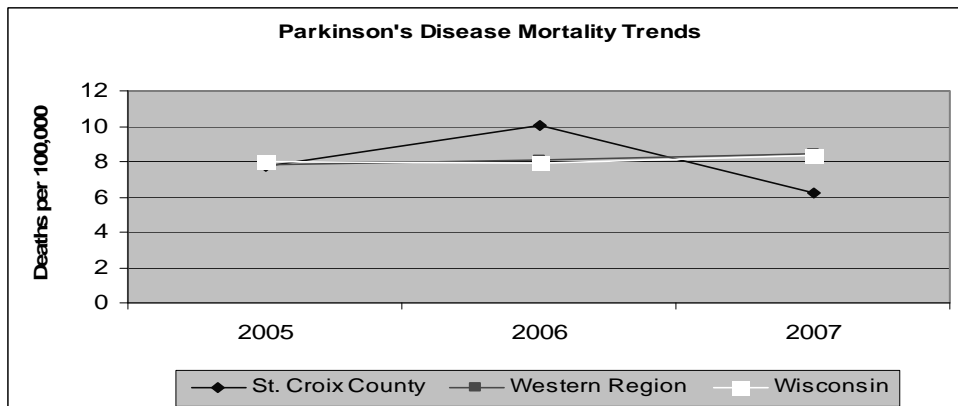
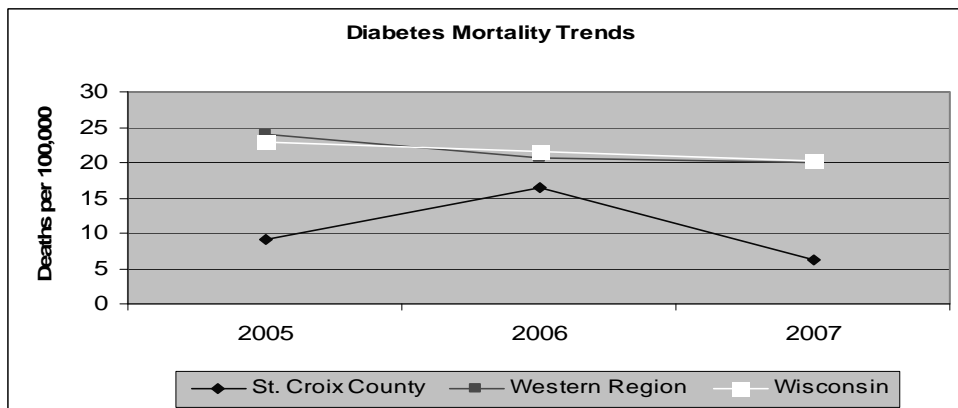
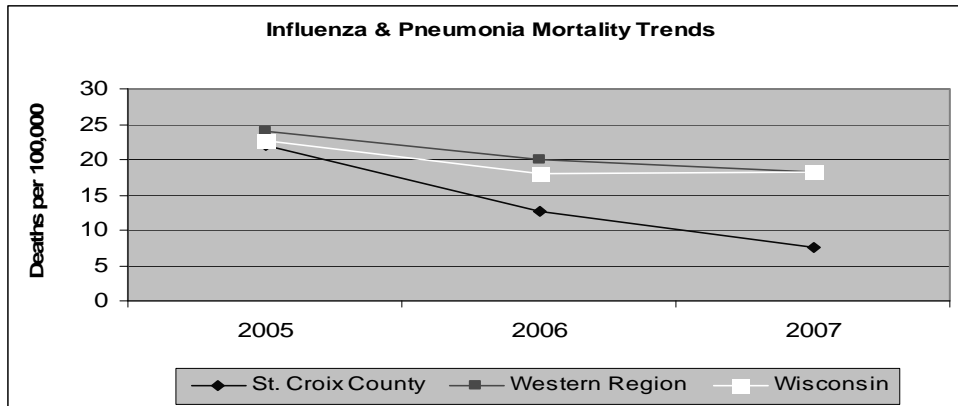
# St. Croix County Mortality

## Mortality Trends 2005-2007 <sup>17</sup>



# St. Croix County Mortality

## Mortality Trends 2005-2007 <sup>17</sup>



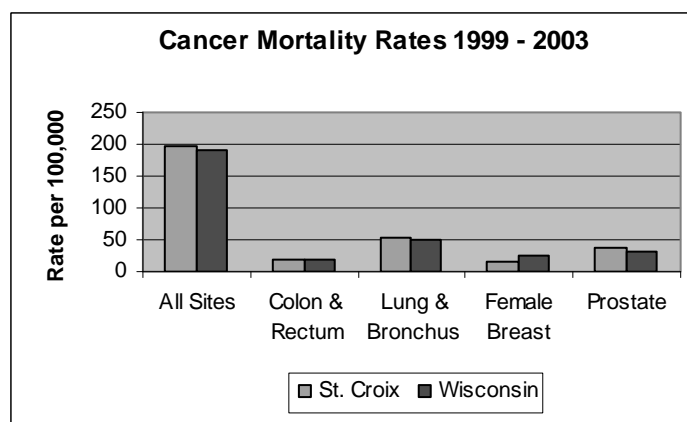
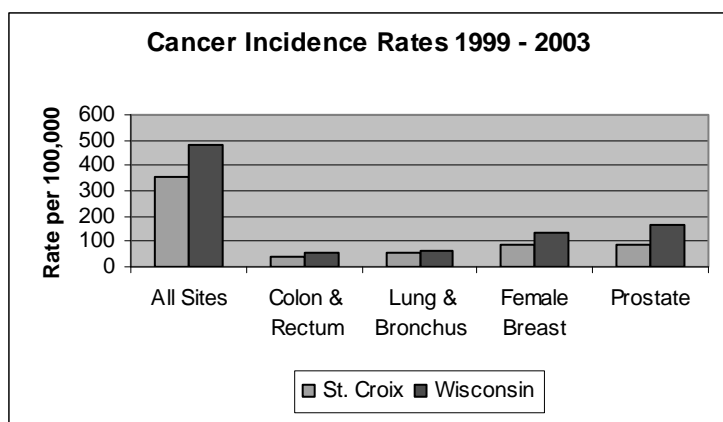
# St. Croix County Mortality

## Mortality Rates 2007 <sup>17</sup>

The chart below represents 2007 Death Rates per 100,000 people — a comparison of St. Croix County with the Western Region and with Wisconsin. St. Croix County mortality rates, even with rapid recent increases, still remain generally below rates for the Western Region and for the state. However, rates for suicide and septicemia now approach the regional and state rates. Despite rapid increases in St. Croix County’s death rate from cancer over the past few years, the county still experiences a cancer death rate significantly below the other populations. An exception is St. Croix County’s higher than expected death rate from non-malignant cancers (in situ and benign).

2007 Mortality (Deaths per 100,000)	St. Croix County	Western Region	Wisconsin
Malignant neoplasms	156.34	197.07	193.92
Diseases of heart	137.58	200.59	197.94
Cerebrovascular diseases	35.02	51.09	46.65
Chronic lower respiratory diseases	26.27	41.45	42.45
Accidents (unintentional injuries)	26.27	42.62	45.96
Alzheimer’s disease	23.76	29.33	29.35
Intentional self-harm (suicide)	11.26	13.29	12.83
In situ and benign neoplasms	10.01	6.91	5.94
Nephritis/nephrosis	8.76	20.98	17.8
Septicemia	7.5	7.43	7.94
Influenza and pneumonia	7.5	18.12	18.12
Diabetes mellitus	6.25	19.94	20.14
Parkinson’s disease	6.25	8.47	8.33
Hypertension and hypertensive renal disease	6.25	5.08	7.11
Aortic aneurysm and dissection	3.75	5.08	6.01
Anemias	2.5	2.22	1.56
Pneumonitis due to solids and liquids	2.5	6.39	6.12

The most recent reporting available comparing cancer incidence and cancer mortality indicates that while St. Croix County’s rates of Cancer incidence were lower than state reported rates, the county’s mortality rate was high. <sup>17</sup>



## St. Croix County Mortality

### Cancer Mortality <sup>17</sup>

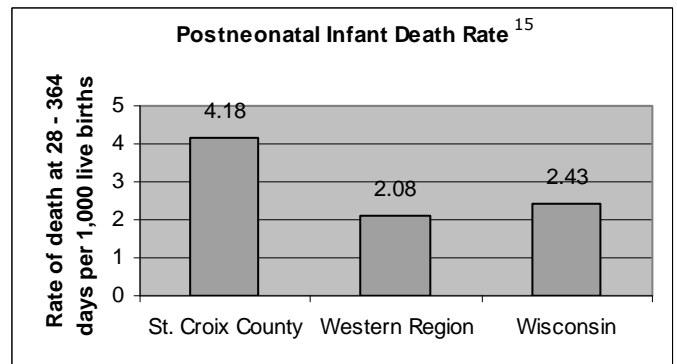
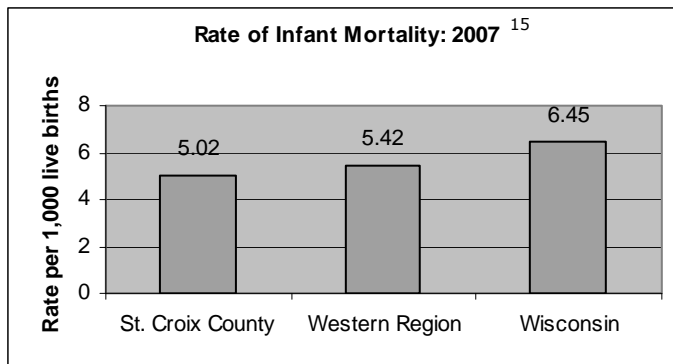
2007 Comparison of death rates per 100,000 individuals. Significant differences are highlighted. "Significant " means at least a 20% difference from at least one other measure.

Cancer Type	St. Croix County	Western Region	Wisconsin
Malignant Neoplasms of Trachea, Bronchus and Lung	27.52	53.96	51.58
All Other and Unspecified Malignant Neoplasms	23.76	23.2	23.72
Malignant Neoplasms of Colon, Rectum and Anus	12.51	17.07	16.89
Non-hodgkins Lymphoma	11.26	9.12	7.69
Malignant Neoplasm of Breast	10.01	11.73	12.92
In Situ Neoplasms, Benign Neoplasms and Neoplasms of Uncertain or Unknown Behavior	10.01	6.91	5.94
Malignant Neoplasm of Pancreas	8.76	11.34	11.24
Malignant Neoplasms of Liver and Intrahepatic Bile Ducts	7.5	5.87	5.21
Malignant Neoplasm of Prostate	7.5	12.38	11.31
Multiple Myeloma and Immunoproliferative Neoplasms	7.5	3.39	4.04
Malignant Neoplasm of Esophagus	6.25	4.82	5.25
Malignant Neoplasm of Ovary	5	6.13	6.17
Malignant Neoplasm of Bladder	5	4.69	5.14
Malignant Neoplasms of Meninges, Brain and Other Parts of Central Nervous System	5	5.6	4.89
Leukemia	5	8.6	8.15
Malignant Neoplasm of Stomach	3.75	3.13	3.35
Malignant Neoplasms of Corpus Uteri and Uterus, Part Unspecified	3.75	2.87	3.42
Malignant Melanoma of Skin	2.5	2.74	2.85
Malignant Neoplasms of Kidney and Renal Pelvis	2.5	4.95	4.7
Malignant Neoplasm of Larynx	1.25	1.43	1.26

# St. Croix County Mortality

## Infant Mortality

The Population Health Institute’s Rankings indicate that St. Croix County has a higher than anticipated rate of infant mortality—especially in light of the county’s high rates of early and regular prenatal care.<sup>7</sup> Updating Infant Mortality figures to the most recent data available (2007) shows St. Croix County with a lower overall infant mortality rate than the Western Region and the state, but a significantly higher postneonatal infant mortality rate (deaths from 28 days old to 364 days old).<sup>17</sup> St. Croix County’s Percent of Births Where Prenatal Care Began in the First Trimester, is in the high range as compared to other counties in Wisconsin. St. Croix County’s rate is 87.9%, compared to 82.6% for the Western Region and 84.6% for Wisconsin.



### Wisconsin’s Infant Mortality Challenge<sup>21</sup>

In 2007 the Infant Mortality rate for white babies born in Wisconsin was 5.27 deaths per 1,000 live births. Viewed in a larger context, this infant mortality rate would rank in 28th place in the world among countries with over 250,000 inhabitants. That is; twenty seven nations have fewer than 5.27 infant deaths per 1,000 live births. Babies born to Wisconsin’s black parents have an infant mortality rate of 15.60 deaths per 1,000 live births. This rate would place this population in 66th place among the world’s nations. The table below shows that Wisconsin’s African American babies have low rates of mortality from birth defects but high rates of mortality from preterm birth and low birth weight.

### Wisconsin’s Leading Causes of Infant Mortality, 2005—2007

Cause of Death	All Race/ Ethnicity	African American	White
Congenital Malformations (Birth Defects)	21.0%	8.6%	23.3%
Perinatal: Disorders related to Preterm Birth and Low Birth Weight	19.6%	27.2%	17.9%
SIDS (Sudden Infant Death Syndrome)	8.4%	13.1%	7.4%
Accidents (Unintentional Injuries)	6.4%	5.2%	6.3%
Perinatal: Maternal Complications of Pregnancy	5.4%	8.6%	4.7%
Perinatal: Newborn Complications of Placenta/Cord/Membranes	4.2%	3.7%	4.0%

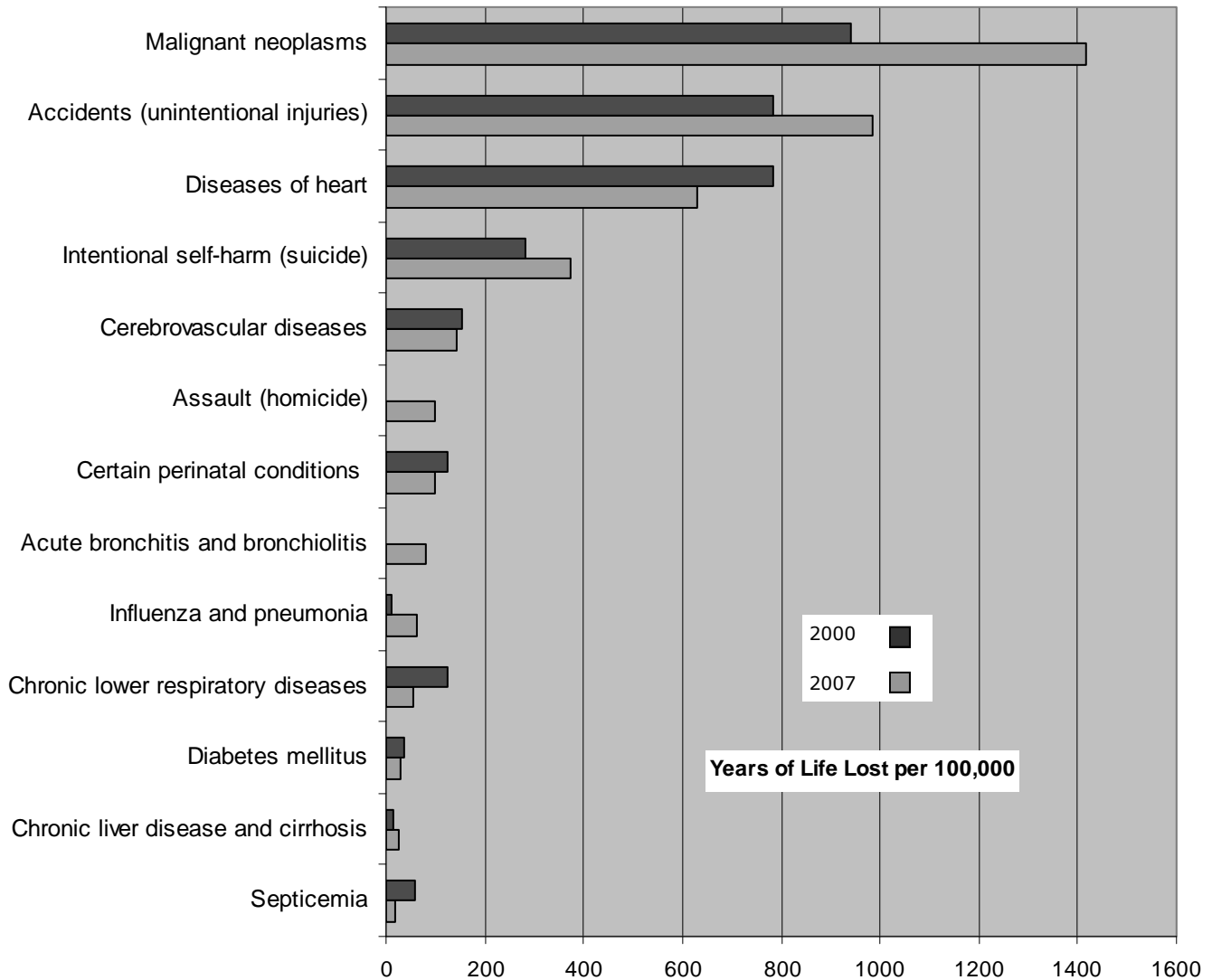
The longstanding disparities in black infant mortality in Wisconsin are driving a Department of Health Services focus to eliminate these disparities. The initiative is known as *Healthy Birth Outcomes: Eliminating Racial and Ethnic Disparities* and has generated two projects: ABCs for Healthy Families and ABCs for Healthy Babies; each seeking to understand and improve the findings reflected in the chart above.

# St. Croix County Mortality

## Year of Potential Life Lost (YPLL) 2000-2007 <sup>17</sup>

Previous pages displayed mortality rates as death rates per 100,000 people. The measure on this page, Years of Potential Life Lost (YPLL), seeks to capture the rate at which people die earlier than their projected life span; usually by comparing the age of a person at death to age 75. The chart below compares St. Croix County's YPLL rates in 2000 with those in 2007. St. Croix County's YPLL rate increased dramatically for cancer, accidents, assaults, bronchitis, and influenza & pneumonia.

Years of Potential Life Lost Trends: St. Croix County 2000 to 2007



# Introduction, Demographics, & Mortality References

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“We have come from many different places in the world. America has many people from different places of the world and we all come here with many dreams with many goals. Our dreams are success personally, to study, and to have a better life than we had in our country.”

## Priority 1: Access to Primary and Preventive Services

### Healthiest Wisconsin 2010<sup>1</sup>

#### Definition

*Access means that primary and preventive health care services are available and organized in a way that makes sense to individuals and families. People have the resources, both financial and non-financial, needed to obtain and use available services. Accessible health care includes an infrastructure supporting a range of health services with the capacity to reach diverse people and adapt to the specific access issues that differ in communities.*

#### Objectives

The Access to Primary and Preventive Services priority has four sets of objectives: increase the percentage of the population with health insurance; increase provider screening for chronic diseases and other improvements in system capacity for prevention; reduce barriers to health care access; and increase access to oral health services.

### St. Croix County Summary

St. Croix County ranks well among Wisconsin counties in terms of the percent of its population that is covered by health insurance. The overall statistics on insurance coverage rates indicate that some 3,500—4,000 individuals are uninsured in St. Croix County at any one time.<sup>18</sup> Over the course of the past few years, St. Croix County has seen reductions in the percent of its citizens who had been insured all of the previous year as well as reductions in the percent of those with employer-sponsored and with private insurance.<sup>18</sup> There have also been increases in the percent who were currently uninsured and an increase in the percent of the population on Medicaid/BadgerCare Plus (MA). This increase in MA enrollment in the county is not surprising, given that the percent of the St. Croix County population with incomes below the federal poverty line has increased during recent years, while the poverty-level population statewide has decreased.<sup>19</sup> At the same time, the percent of the population in St. Croix County earning over 200% of the poverty level has also decreased while it has increased throughout the state overall.<sup>19</sup> Correspondingly, while the county's total personal income has grown at a spectacular rate recently, the per capita growth in personal income in St. Croix has actually been dramatically below both the state and the national rate.<sup>19</sup>

Of the county's top 25 employers, 5 companies rank in the top dozen statewide relative to their numbers of employees on Medicaid and BadgerCare Plus. Trend charts reveal that the county's enrollment of individuals into Medicaid and BadgerCare Plus programs over the past 18 months has far outstripped the overall enrollment increase rate statewide. Overall, the total MA population in St. Croix County has grown by 300% since 1998, while statewide growth has been half that. St. Croix County's sharp upswing, though, has taken place mostly within the past year and a half. Despite this rapid growth in Medicaid enrollment, the county's overall rate of individuals covered by Medicaid still remains below statewide levels.<sup>20</sup>

Uninsured and underinsured individuals who are not eligible for Medicaid or BadgerCare Plus may end up with unpaid medical bills. Unpaid bills generally fit into two categories of "uncompensated care" in Wisconsin—Bad Debt and Charity Care. Bad Debt is care delivered to individuals who do not pay their bill and Charity Care is care delivered to individuals who apply for assistance at the facility and qualify for reductions according to published guidelines. Each of the four hospitals located in St. Croix County has a formal Charity Care (Community Care) program and reports annually to the Wisconsin Hospital Association the number of patients who receive uncompensated care and the cost of that care to the hospital. Statewide in 2007, uncompensated care at Wisconsin hospitals was about 7.5% of all hospital revenues. The average for St. Croix County's four reporting hospitals was slightly higher - 8.2% with individual hospital uncompensated rates ranging from as low as 4.8% to as high as 11.8%. The overall scale for uncompensated care is significant, with the 2007 Wisconsin total at just under 1 billion dollars.<sup>12</sup>

For some individuals who are not eligible for other coverage of any kind, the Free Clinic of Pierce and St. Croix Counties offers assistance. Some Free Clinics in large metropolitan areas in Wisconsin are anticipating significant reductions in demand for service after the BadgerCare Plus Core Plan for Childless Adults is fully implemented this year, but the Free Clinic of Pierce and St. Croix Counties anticipates a smaller impact.

## Priority 1: Access to Primary and Preventive Services

### St. Croix County Summary, cont'd.

According to the National Survey of Drug Use and Health, 405,000 persons aged 12 and older (8.9 percent of Wisconsin's population) needed, but did not receive, treatment for alcohol use, and 104,000 persons (2.3 percent) needed, but did not receive, treatment for illicit drug use in Wisconsin.<sup>8</sup> According to a 2006 report by the Department of Strategic Finance in the Department of Health and Family Services, *Identifying Priority Substance Abuse Needs in Wisconsin*, 27 Wisconsin counties spend more per capita on AODA treatment than St. Croix County. That same report indicated that approximately 80% of the individuals in St. Croix County who need AODA treatment do not receive treatment.<sup>21</sup>

The ethnic and racial composition of rural Wisconsin communities is changing. The migration of Hmong and Hispanic populations to rural communities is accompanied by significant cultural, age, and language implications for rural health care delivery systems.

### Key St. Croix County Data

#### Wisconsin 2010 Scorecard (Change from Baseline in 2000)

Statewide Scorecard on Changes in Access to Care since 2000	Baseline (2000)	Most Recent	Change	St. Croix Measure
Percent of Population with health insurance for all of the past 12 months	88%	91% (2007)	Improved	94.8%
Percent of women age 18+ with Pap smear in the past 3 years	87%	86%	Worse	NA
Percent of women age 40+ who received a mammogram in the past two years	75%	78% (2006)	Improved	69.9%
Percent of adults age 18+ with cholesterol screening in the past five years	72% (2001)	77% (2007)	Improved	NA
Percent of adults age 50+ who ever had a blood stool test	50% (2001)	44%	Worse	NA
Percent of population who needed medical care during the past 12 months but did not receive it	3%	2% (2007)	Improved	2.1%
Percent of Medicaid/BadgerCare Plus fee-for-service recipients who received any dental service during the year	22.7%	25.8% (2007)	Improved	34.2%
Percent of Medicaid/BadgerCare Plus HMO enrollees with dental coverage who received any dental service during the year	NA			
Percent of population age 1 and older uninsured all of the past year who had a dental care visit during the year	36%	41% (2007)	Improved	NA
Percent of population age 1 and older uninsured part of the past year who had a dental care visit during the year	58%	50% (2007)	Worse	NA

## Priority 1: Access to Primary and Preventive Services

### 2008 Population Health Institute Rankings<sup>2</sup>

Health Determinant Factors	St. Croix County	Best County in Wisconsin	Wisconsin Average	St. Croix Ranking (1 = best; 73 = worst)	
No health insurance	5.2%	2.8%	7.4%	12	Source: Family Health Survey
Did not receive needed health care	2.1%	0.0%	2.2%	44	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. Source: Family Health Survey
No dentist visit in past year	26.6%	17.1%	25.4%	30	Percentage of the population that reports that they did not see a dentist in the year prior to being interviewed. Source: Family Health Survey
Poor diabetic care (% without recommended care)	48%	36%	50%	30	Poor Diabetic Care is a composite score based on the percentage of <u>diabetic Medicare and Medicaid recipients between the ages of 65 and 74</u> that did not receive recommended care. The measure is based on the percent for three separate indicators: the percent of diabetics that did not have a retinal eye exam, the percent of diabetics who did not receive lipid profiles, and the percent of diabetics who did not receive HbA1c testing. Source: Metastar's Medicare Data
No biennial mammography	30.1%	18.9%	29%	39	No Biennial Mammography is a measure of the percentage of <u>female Medicare recipients between the ages of 65 and 74</u> that did not receive a recommended mammogram. Source: Metastar's Medicare Data
Poor inpatient care (% without recommended care)	53%	36%	50%	57	Composite score from two measures of appropriateness of care provided to hospitalized patients. The first measure, No Pneumococcal Vaccination, represents the percentage of <u>pneumonia inpatients age 65 and older</u> who were screened for pneumococcal vaccine status and were not administered the vaccine prior to discharge, if indicated. The second measure, Inadequate Instructions for Heart Failure, represents the <u>percentage of heart failure patients</u> who were discharged home without complete instructions about activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen. Source: Medicare Hospital Compare

Poverty & Insurance Trends <sup>18</sup>	2004 - 2006		2005 - 2007	
	Wisconsin	St. Croix County	Wisconsin	St. Croix County
<b>Poverty Status</b>				
Less than 100% FPL	9%	5%	8%	6%
100% - 199% FPL	17%	14%	16%	14%
200% or more of FPL	70%	79%	72%	78%
Unknown	4%	2%	4%	2%
<b>Insurance</b>				
Insured all of the Past Year	89%	92%	89%	91%
Insured Part of the Past Year	5%	3%	5%	4%
Uninsured all of the Past Year	5%	4%	5%	4%
<b>Insurance Type</b>				
Currently Uninsured	7%	5%	7%	7%
Employer-Sponsored	70%	72%	70%	70%
Private	5%	8%	5%	7%
Medicaid	9%	6%	9%	7%
Medicare	7%	7%	7%	7%
Others	1%		1%	

## Priority 1: Access to Primary and Preventive Services

### Photovoice <sup>3</sup>

As the excerpt from “Using Photovoice to Hear the Voices of Mothers Raising Children in St. Croix County” indicates, three groups of St. Croix County mothers participating in the this project also identified Access to Primary and Preventive Health Services as a health priority of paramount importance. Significantly, the access issues identified by these mothers were not the same as the issues identified by other groups. Language, transportation, and other cultural barriers to access were especially important factors for the Photovoice-participant mothers.

*Major community health barriers and needs were identified by these mothers raising children in St. Croix County. Themes included: transportation; language barriers in the school system between parents and teachers; cultural barriers affecting health care access to prenatal care; lack of health care access; and environmental health and safety concerns, which included living conditions and worker health and safety. Transportation difficulties included an inability to obtain drivers licenses coupled with a lack of public transportation; this reportedly created barriers to traveling to and from work, taking children to and from school, and accessing necessities, such as, groceries.*



*Mothers of Hispanic ethnicity who do not speak English described language barriers affecting ongoing communication between themselves and school educators. One mother reported that the school forms are sent to her in English, while another mother related that she cannot call the teachers to discuss her child's academic progress due to the differences in language. As such, they conveyed that they are not kept as closely abreast of their children's academic progress as they would like to be, and they cannot work closely with educators on issues that may arise in the school setting.*

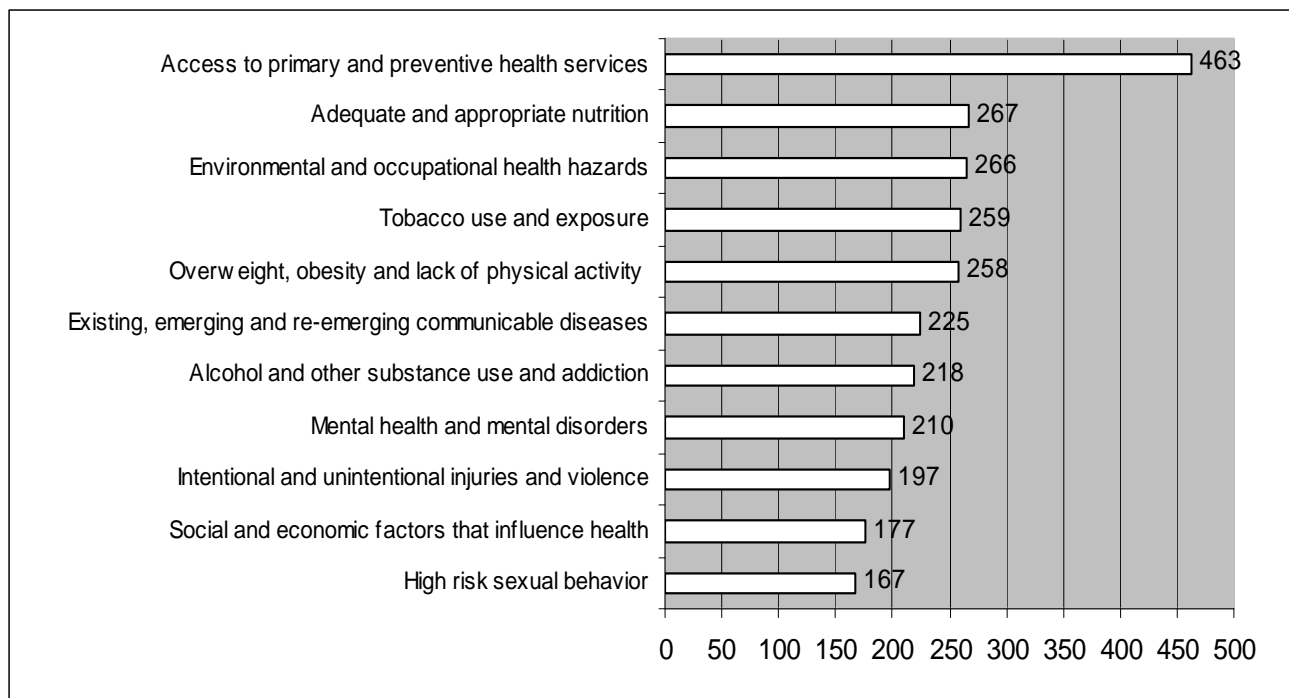
*A third mother from the Hispanic community described that a friend who was 20 weeks pregnant with diabetes was not receiving prenatal care due to discomfort with questions concerning residency asked during the Medicaid intake process. Another mother expressed that because she does not have health insurance, she and her family often do not seek medical care for minor illnesses; instead, they wait until the symptoms become so severe that they need to go to an emergency room. Yet another mother described having to fight for health insurance for one of her children, who is an American citizen; she related that she was not treated respectfully in the process of obtaining this service for which her child was eligible to receive.*



*"The school system doesn't fit—from the school year of kindergarten and up, they don't have anybody that speaks Spanish and all the documents or the forms, the school forms, are in English."*  
Mothers from New Richmond.

## Priority 1: Access to Primary and Preventive Services

### Community Health Improvement Survey<sup>4</sup>



“Expanding the income limits for working families for Badger Care Plus health care coverage is very important to me. More and more employers are not offering health care coverage as part of an employment package (or if they do the costs are astronomical making it hard for working families to make ends meet and get ahead).

Lack of dental care for people who have Medicaid or Badger Care etc. It has been this way for years. This is a shameful situation in St. Croix and other Wisconsin counties.

Diabetes testing and prevention are going to be a big problem now and in the future.

There is no community program outside of the school district for children with special needs. The Bridge and Special Childrens do things, but it would be great to see a community space with PT, ST, and OT.

People in this community need affordable or free access to preventative health and dental care. Particularly people that are not eligible for MA and cannot afford insurance - Such as single dads.

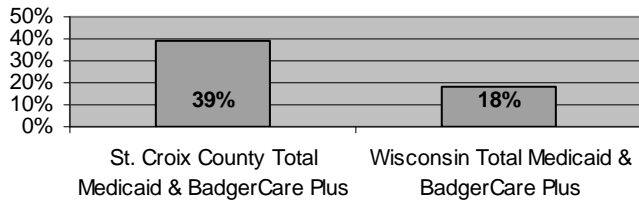
Simply put - Invest in services that are preventative to minimize issues across the board. Especially investing in children and creating a community where people want to come and raise their families “

*(Use Your Voice)*

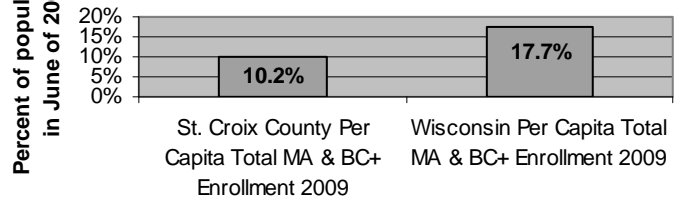
# Priority 1: Access to Primary and Preventive Services

## Key St. Croix County Data

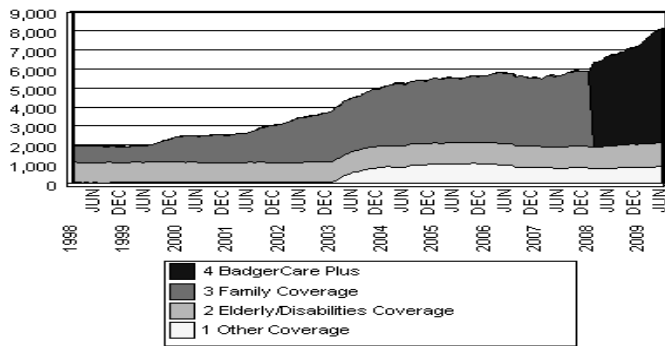
**% Increase in Total Medicaid & BadgerCare Plus Enrollment January 2008 to June 2009<sup>10</sup>**



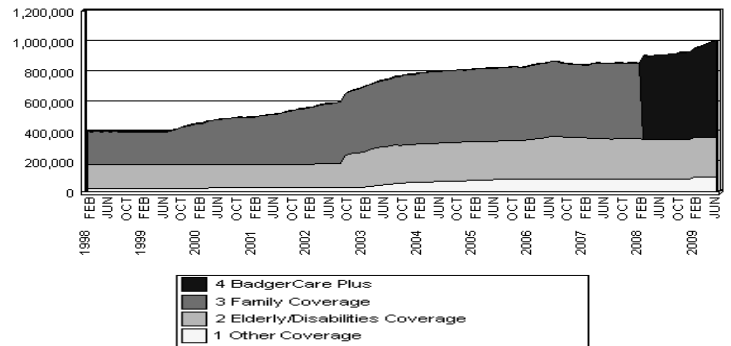
**% of Population in All Medicaid & BadgerCare Plus Programs<sup>10</sup>**



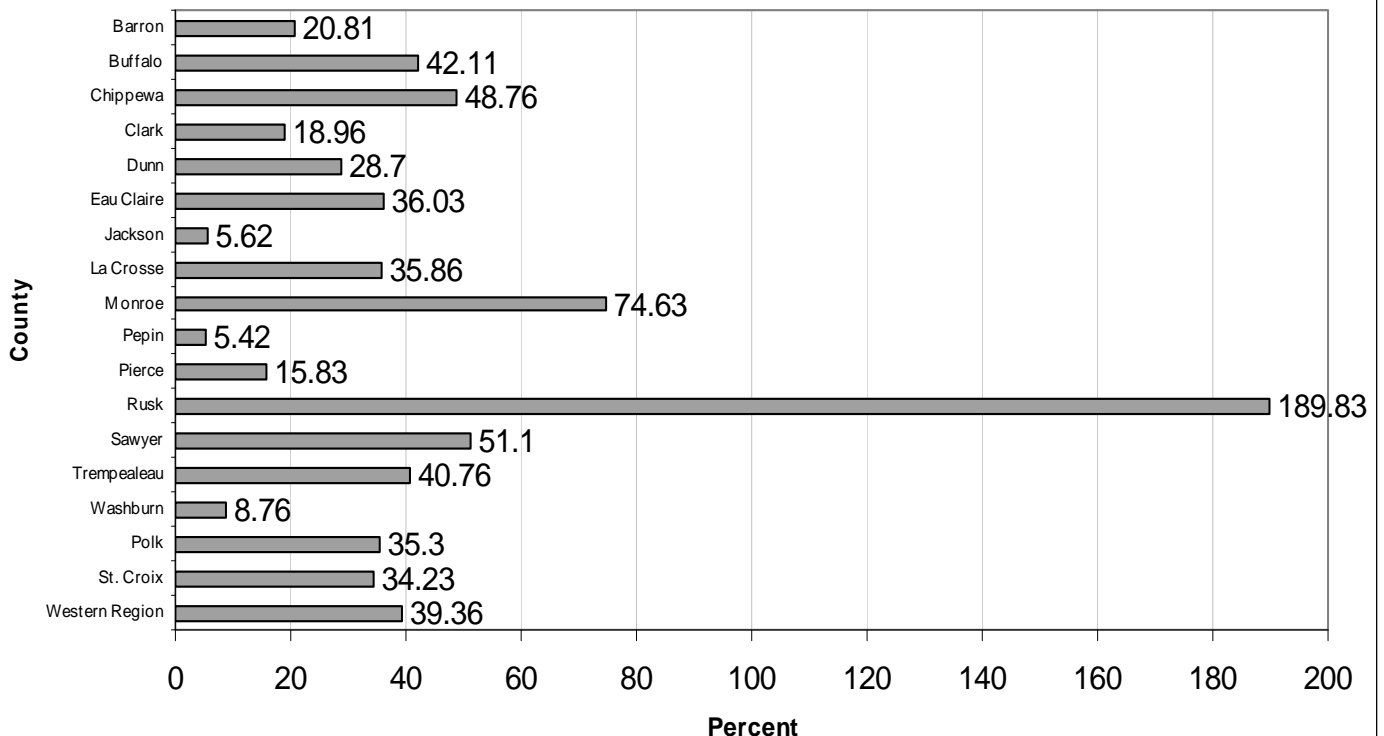
**St. Croix County Coverage<sup>10</sup>**



**Wisconsin Coverage<sup>10</sup>**

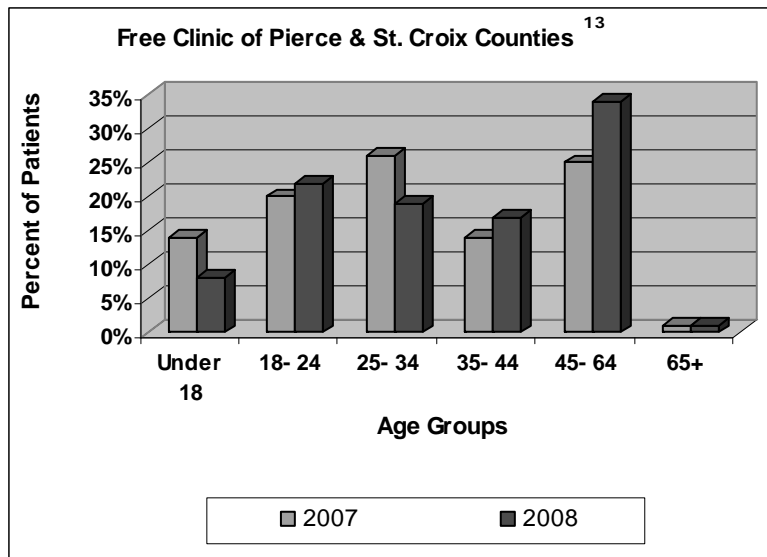
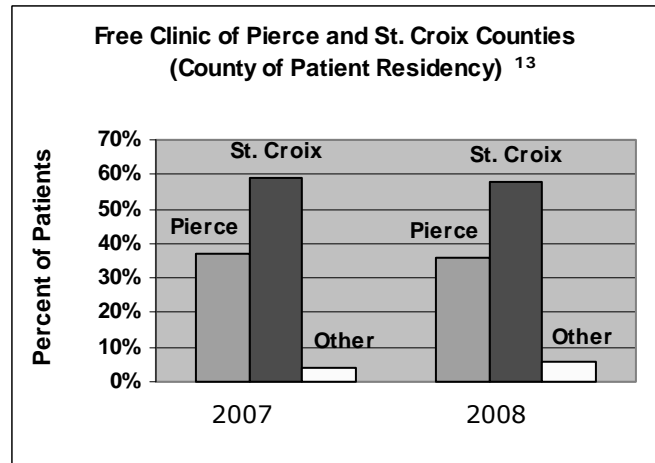
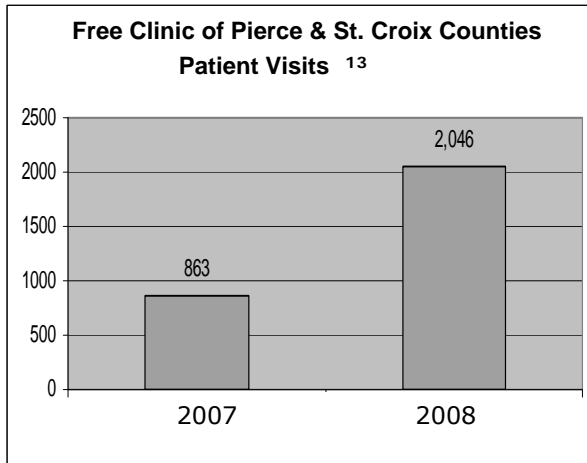
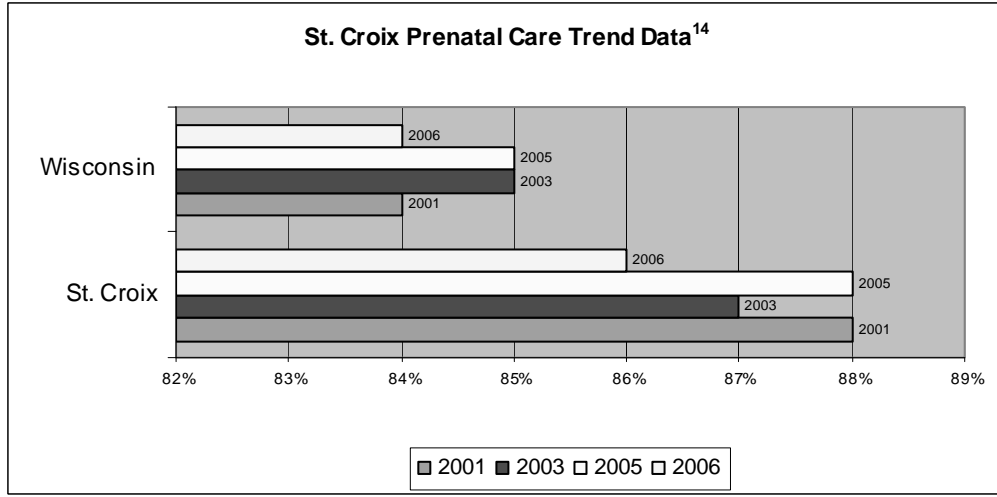


**Percent of MA & BadgerCare Recipients Receiving Dental Care in 2007<sup>11</sup>**



# Priority 1: Access to Primary and Preventive Services

## Key St. Croix County Data



## Priority 1: Access to Primary and Preventive Services

### Key St. Croix County Data

#### Access to AODA Treatment <sup>8</sup>

Treatment Gap by Age Group Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	8.92	7.00	22.25	6.80
Needing but not receiving treatment for illicit drug use	2.28	5.67	6.84	0.99

	% needing, but not receiving treatment for alcohol use in past year	% needing but not receiving treatment for illicit drug use in past year
United States	7.33	2.61
Wisconsin	9.41	2.45
Western Region of Wisconsin	9.37	2.58

#### Access to Mental Health Treatment (National)

According to the 2006 National Survey on Drug Use and Health, some 28.3 million adults over age 18 received mental health treatment in the previous year. That is about 12.9% of the adult population. This rate of treatment receipt is only slightly lower than the rate of 13% of the adult population receiving treatment in 2005. Also in 2006 another 10.5 million adults reported that they had not received mental health treatment that they needed. This is roughly one third of the number who did receive treatment. The table below from the NDSUH allocates the reasons adults gave for not receiving treatment.<sup>8</sup>

Reasons Given for Not Receiving Mental Health Treatment	% Among Adults Who Did Not Receive Treatment
Could Not Afford Cost	41.5
Could Handle Problem Without Treatment at the Time	34
Did Not Have Time	17.1
Did Not Know Where to Go for Services	16
Might Cause Neighbors/Community to Have Negative Opinion	10.5
Might Have Negative Effect on Job	9.8
Treatment Would Not Help	9.3
Fear of Being Committed/Have to Take Medicine	9.2
Did Not Want Others to Find Out	9.1
Did Not Feel Need for Treatment	9

## Priority 1: Access to Primary and Preventive Services

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## Priority 2: Overweight, Obesity, Lack of Physical Activity

### Healthiest Wisconsin 2010<sup>1</sup>

#### Definition

People are considered overweight or obese based on their Body Mass Index (BMI). BMI is a mathematical formula that is a ratio of weight and height correlated with body fat (kg/m<sup>2</sup>). BMI is a better predictor of disease risk than body weight alone. Risk of mortality from many chronic conditions increase with a BMI over 25.0.<sup>2</sup> Definitions from the NIH National Health, Lung and Blood Institute (1998) show the following: a BMI between 18.5 and 24.9 is considered "normal weight"; overweight is having a BMI of 25.0 to 29.9. Three separate classes of obesity range from BMIs of 30.0 to 40.0.<sup>3</sup>

As a guideline, the 1996 Surgeon General's Report on Physical Activity and Health (U.S. Department of Health and Human Services, 1996) recommends each person accumulate 30 minutes of moderately intensive physical activity for five or more days of the week.

#### Objectives

The Overweight, Obesity, and Lack of Physical Activity priority has four sets of objectives: provide and improve leadership, encourage and enable physical activity for children and adolescents, encourage and enable physical activity for adults, and educate and take action around overweight and obesity issues.

### St. Croix County Summary

Between 1990 and 2005 Wisconsin's overweight and obese population grew from less than 50% of the state to over 60%. By 2008 that total measure had reached 64% of the state's total population. Overall the obese population has been growing much faster than the overweight population. St. Croix County ranks roughly in the middle of Wisconsin counties in terms of individuals who are considered to be obese (37th most out of 72), but the county ranks near the bottom (66th out of 72) in overall physical activity according to the Wisconsin Population Health Institute. According to the most recent report by the Department of Health Services, 14.9% of St. Croix County adults engage in no physical activity, keeping the county in the lowest quartile among the state's counties.

Among children aged 2–4 in the WIC program, St. Croix County has fewer who are overweight but more who are obese. St. Croix County WIC children between the ages of two and five also watch a little more television than their peers statewide (measured by how many children watch more than 2 hours of television each day).

Overweight and obesity are increasingly recognized as major public health problems by the general public, policy makers, the news media, and community leaders. Five years ago overweight and obesity were seen as an issue of personal appearance; they are now understood as health problems.

U.S. Department of Health and Human Services recommendations changed in 2005. Physical activity recommendations for adults include 30 minutes per day to maintain general health; 60 minutes per day to maintain weight after loss; and 90 minutes per day for weight loss. Physical activity recommendations for children have increased to 60 minutes per day from 30 minutes per day.

Schools were required to develop and implement wellness policies effective September 2006. This was mandated by the U.S. Department of Agriculture through the 2004 Child Nutrition Act Reauthorization. Approximately 3,000 Wisconsin school buildings were affected in the 425 public school districts and 450 private and parochial schools across the state.

There is a definite shift in thinking and action that favors environmental and policy changes rather than individual counseling approaches. Examples of "environmental" changes in this context include adding walking paths, and increasing the availability of fruits and vegetables in vending machines.

There is little or no data that measure levels of physical activity and obesity/overweight among children 6-13 years of age. Many interventions are targeted to this population but there is no data to determine the baseline and measure outcomes and results.

# Priority 2: Overweight, Obesity, Lack of Physical Activity

## Key St. Croix County Data

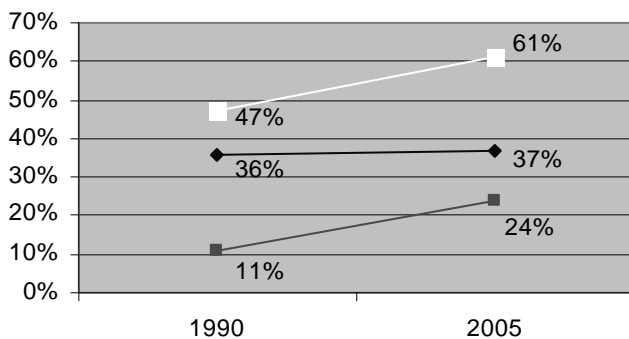
### Wisconsin 2010 Scorecard (Change from Baseline in 2000)

Statewide Scorecard on Changes in Overweight, Obesity, and Lack of Physical Activity since 2000	Baseline (2000)	Most Recent	Change	St. Croix Measure
Percent of high school students who reported they regularly engage in moderate physical activity	26%	28%	Improved	
Percent of high school students who reported they regularly engage in vigorous physical activity	60%	67%	Improved	
Percent of adults who reported engaging in any physical activities during the past month	78%	82%	Improved	
Percent of children ages 2-4 in WIC who are overweight (body mass index at or above 95th percentile-for-age)	11.5%	13.3%	Worse	14.4%
Percent of high school students who are overweight	10%	10%	No change	
Percent of adults who are overweight (body mass index 25.0–29.9)	38%	37%	No change	
Percent of adults who are obese (body mass index 30.0 or higher)	20%	25.2%	Worse	26.7%

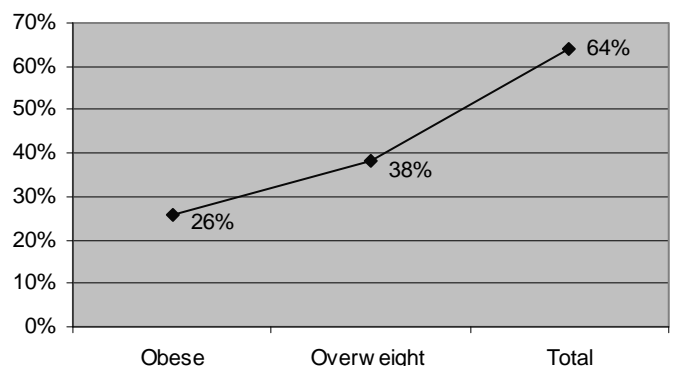
### 2008 Population Health Institute Rankings<sup>4</sup>

Health Determinant Factors	St. Croix County	Best County in Wisconsin	Wisconsin Average	St. Croix Ranking (1 = best; 73 = worst)	
Physical inactivity (%)	49.6%	23.5%	44.5%	66	Physical Inactivity is a measure of the percentage of the population that reports levels of activity that do not meet the recommended levels of moderate physical activity (30 minutes per day of moderate physical activity for five or more days a week) or vigorous physical activity (20 minutes per day of vigorous physical activity for three or more days of the week). Source: Behavioral Risk Survey
Obesity (%)	25.1%	17.0%	24.1%	37	Obesity is a measure of the percentage of the population that has a body mass index (weight in kilograms divided by height in meters squared) greater than or equal to 30 kg/m <sup>2</sup> . This measure is based on answers to the questions, "About how much do you weigh without shoes?" and "About how tall are you without shoes?" Source: Behavioral Risk Survey

Wisconsin Overweight & Obesity Trend Data 1990 - 2005<sup>15</sup>

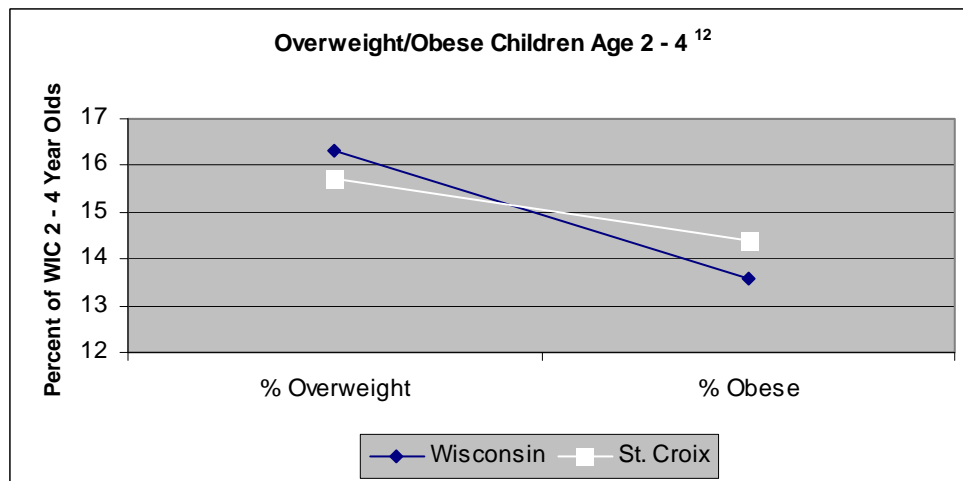
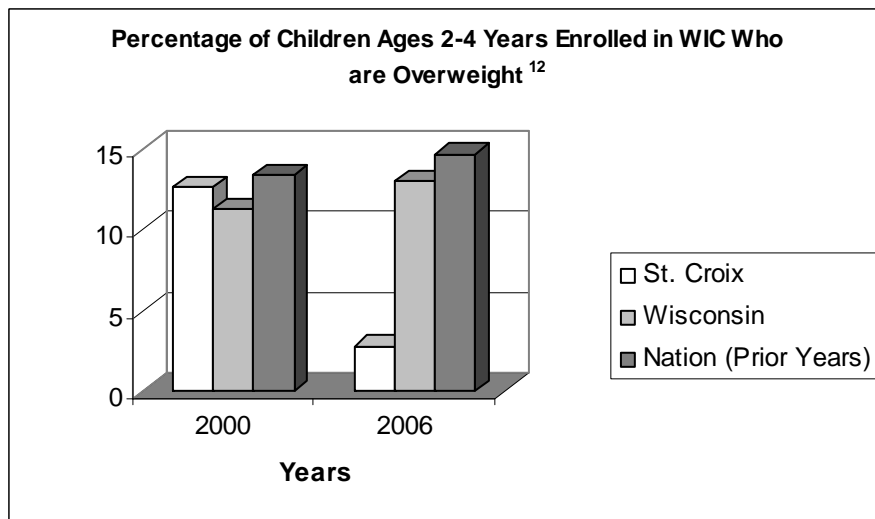
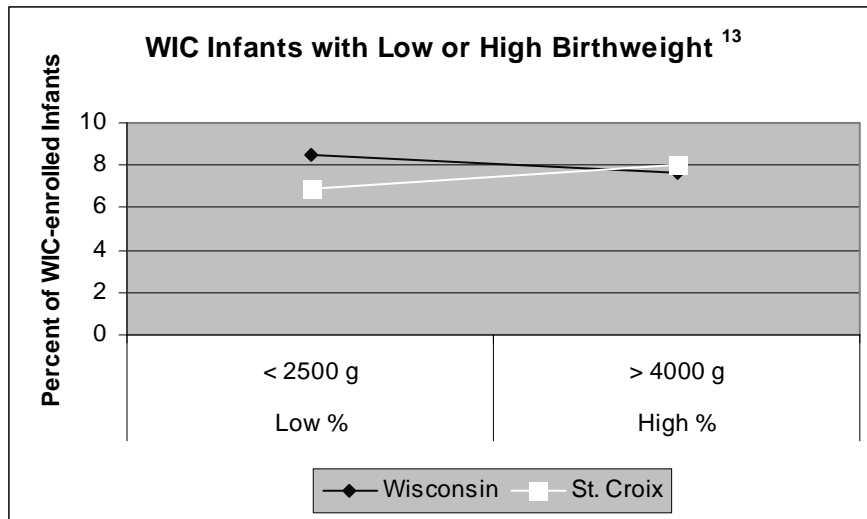


2008 Wisconsin Adults Overweight and Obese<sup>15</sup>



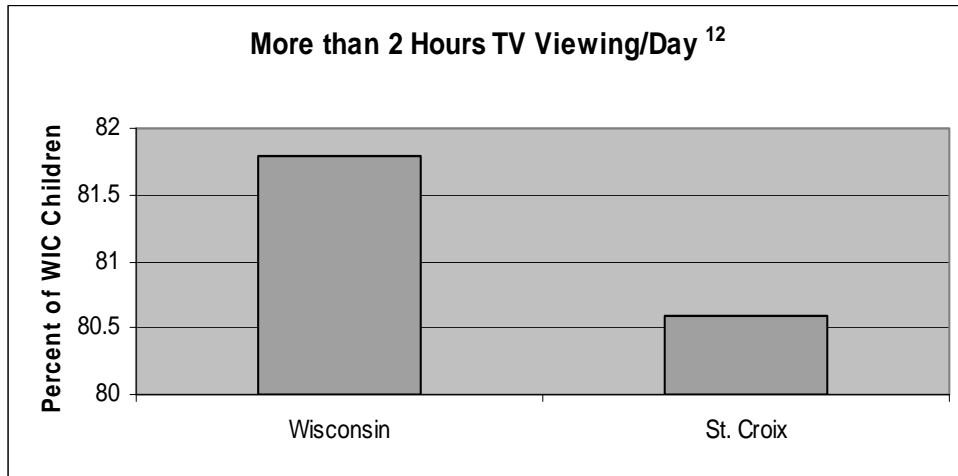
# Priority 2: Overweight, Obesity, Lack of Physical Activity

## Key St. Croix County Data

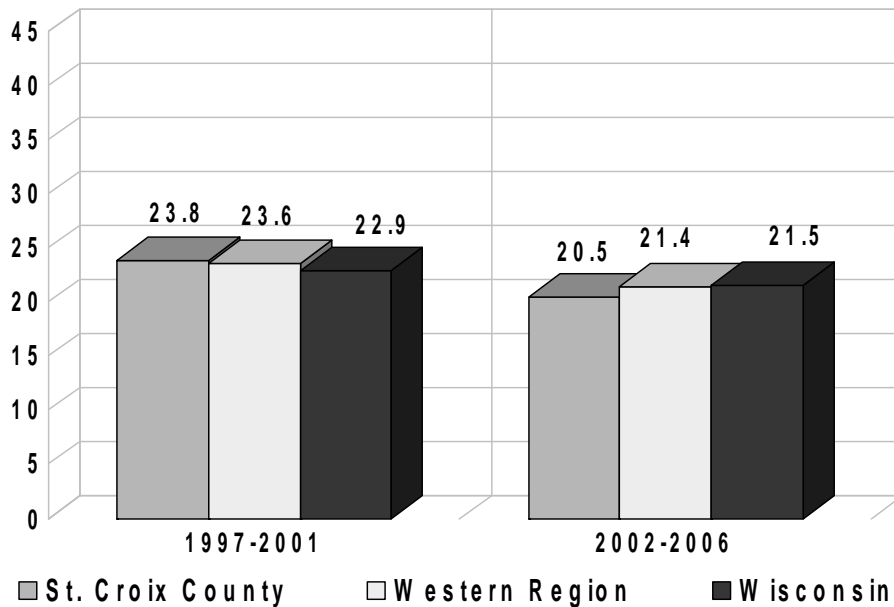


## Priority 2: Overweight, Obesity, Lack of Physical Activity

### Key St. Croix County Data



1997-2001 and 2002-2006 Comparison Age-Adjusted Mortality Rate with Diabetes Listed as the Primary Cause of Death – by County of Residence <sup>13</sup>



“Education doesn’t work; we need more walking, use of public transportation, and biking like in Europe.”

*(Use Your Voice)*

## Priority 2: Overweight, Obesity, Lack of Physical Activity

Photovoice<sup>5</sup>

### Community Need: Paved Pedestrian and Bike Pathways



*Mother:* —“Well this is us at our family bike ride and one of our children you can’t really see. You can see my husband’s head and then we have our littlest one in a tag along behind him and then our middle boy and then our oldest boy and then I’m actually riding and taking the picture at the same time. We’re on our bike ride but there is no safe way for us to really move around in our town and get to a more interesting place, or a place that has a pathway that goes somewhere. It’s dangerous as you can see from all the cars, and here we are with our small children; nine, eight, and six and a half, so my husband usually goes in the front. Or I go in the front and then he goes in the back. We really wish there was something safer for us to do because we love to bike, and if it wasn’t biking we would have to be walking, and there’s no sidewalks in this area.” *Mother from Hudson*

*Mother:* —“This is called Our Daily Walk. These are my kids and my dog. This is the path we go down and if you look way ahead there’s a woman there pushing a stroller and the path isn’t easy for her. As we pass her we see that. Once we passed her I realized she was really struggling, you know on the path. So I kept that picture because it’s great for us, but it wasn’t so great for her and we don’t have any paths in Glenwood. So it’s beautiful but maybe not easy for bikes, [or] strollers.” *Mother from Glenwood City*



*Mother:* —“In our small village there is one main road through town. Unfortunately there is no safe place to walk along this road as it is very dangerous with its narrow shoulders without a walking path or sidewalk. There are also very limited sidewalks located throughout the rest of town. Children frequently walk to and from school on this road as the elementary school is located about two blocks south from this photo location. This gloomy morning illustrates the feeling I have when I realize that there are very few options near our home for safely walking or riding bikes with my family. This complaint is often heard by neighbors as well.” *Mother from Roberts*

## Priority 2: Overweight, Obesity, Lack of Physical Activity

Photovoice<sup>5</sup>

### Parenting Strategy: Role-Modeling Fitness



*Mother:* —“This one I named “Free to Be Fit” because of the Olympics and spirit of that this summer--seeing some of the Olympians with their flags around them as they were celebrating their accomplishments. I thought in our country one of our assets in our community is that it’s safe to be outside. There are a lot of opportunities to be active and physically fit. The education [is] there for people to utilize to be fit. Opportunities are there. On the flip side there’s also the freedom to not be fit. You have the choice. These are just some of my running friends that are all mothers and all of our kids are seeing us continue to have fitness as a daily part of our lives and a very positive part.” *Mother from New Richmond*

### Community Asset: Programs to Promote Fitness– Organized Sports

*Mother:* —“Our community offers a soccer program for elementary school-aged children with one participant shown in this photograph. Learning new skills, making friends, and outdoor activities fill the park with excitement on Thursday evenings for a few weeks each fall. From team building exercises to witnessing the adult coaches, the children and parents are learning that structured sports can be a fun and healthy activity.” *Mother from*



### Community Asset: Community Farmers Market



*Mother:* —“This is our local farmer’s market here in Hudson. It happens on Thursday mornings. We have a tremendous amount of growers that come in. And these are my two sons. We go through with our own bags. We go through the farmer’s market and they help me pick out fresh fruits and vegetables that we’ll have over the week’s time and they help me manage the money, and we talk about how much things cost and why it’s important to purchase locally. What we try and do is buy something from almost every grower so that we’re spreading it around instead of just buying everything from one. We get to meet people and we see who is in the community. It’s a great place to get out. It’s a great place to see people. It’s a great place to purchase fresh fruits and vegetables, and it’s a great place to teach my sons about all of those things as well.” *Mother from Hudson*

## Priority 2: Overweight, Obesity, Lack of Physical Activity

### Youth Risk Behavior Survey: Comparison Between St. Croix County and Wisconsin<sup>11</sup>

Overweight, Obesity, Lack of Physical Activity	Wisconsin High Schools 2007	St. Croix County High Schools 2008
Percentage of students who were physically active for a total of at least 60 minutes per day on five or more of the past seven days	38.3	39.1
Percentage of students who watched three or more hours per day of TV on an average school day	25.4	25
Percentage of students who played video or computer games or used a computer for something that was not school work three or more hours per day on an average school day	19.8	17.8
Percentage of students who attended physical education (PE) classes on one or more days in an average week when they were in school	54.4	63.4
Percentage of students who attended physical education (PE) classes daily in an average week when they were in school	40.8	37.7
Percentage of students who are trying to lose weight	44.1	41.5
Percentage of students who exercised or participated in physical activity for at least 20 minutes that made them sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities, on three or more of the past seven days	69.2	71.3
Percentage of students who spend more than 20 minutes actually exercising or playing sports during an average physical education (PE) class	56.3	58.4

“Schools have gradually decreased physical education requirements, there is junk food for youth and adults and computers and video games.” *(Use Your Voice)*

## Priority 2: Overweight, Obesity, Lack of Physical Activity

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## Priority 3: Adequate and Appropriate Nutrition

### Healthiest Wisconsin 2010<sup>1</sup>

#### Definition

*Adequate and appropriate nutrition has two dimensions:*

*Adequate nutrition means food security. This means Wisconsin residents have access at all times to nutritious and safe foods. They can obtain these foods in socially acceptable ways, that is, through regular sources and not through emergency coping strategies such as food pantries.*

*Appropriate nutrition refers to foods that promote overall good health. Nutritious foods contribute to healthy birth outcomes for pregnant women and the growth and development of growing infants and children. Nutritious foods, in appropriate amounts, help prevent many chronic diseases related to diet and weight.*

#### Objectives

The Adequate and Appropriate Nutrition priority has three sets of objectives: improve the public health nutrition infrastructure; increase breastfeeding and healthy eating; and increase levels of food security.

### St. Croix County Summary

Nearly 80% of St. Croix County residents report eating an insufficient amount of fruits and vegetables. This ranks the county at number 45 out of the state's 72 counties (73 reporting sites).

St. Croix County mothers report breastfeeding their children at higher rates than most other counties. This includes breastfeeding in the hospital, at 6 months and at 12 months and exclusive breastfeeding longer than 3 months. WIC children age 6 months and older experience anemia (low blood Hb levels) at less than half the rate of children statewide (4.4% to 10.5%).

St. Croix County schools report one of the fastest rates of growth in participation in the Free and Reduced Lunch Program, although the county's rates of participation are still below statewide rates. St. Croix County's percent of participation increased by over 71% between 2001 and 2006—the 6th largest increase among all Wisconsin counties. In 2006, St. Croix County schools reported 14.72 percent of children were enrolled in the Free and Reduced Meals Program. Only four counties reported a lower rate of participation, and the statewide average was 32%, more than twice as high.<sup>9</sup>

The same is true for the Food Share program ("Food Stamps"): rapid rates of increased participation, but still below overall state rates. However, among families living below the federal poverty level, St. Croix County's Food Share participation has now nearly matched the statewide rate.

St. Croix County seniors participate in the Congregate Meals Program at a much higher rate than the state overall and receive fewer in-home meals. (Congregate noon meals are available at 10 sites in the county for residents over age 60 through the county's aging programs. In-home meals may be provided for individuals who are frail or homebound.)

Between 2002 and 2007 St. Croix County WIC recipients reported a sharp rise in Food Insecurity; increasing by 22% from 35% in 2002 to 57% in 2007. Statewide, the increase was just 7%, and the statewide rate of 51% in 2007 was lower than the St. Croix County rate by 6%.

In the Youth Risk Behavior Survey, St. Croix County high school students reported higher levels of positive nutritional intake than students statewide: more fruits and vegetables, more green salads, more carrots and other vegetables, more breakfast and more milk. There was one exception: St. Croix County students—especially males—reported drinking more pop than other students statewide.

## Priority 3: Adequate and Appropriate Nutrition

### Key St. Croix County Data

#### Wisconsin 2010 Scorecard (Change from Baseline in 2000)

Statewide Scorecard on Changes in Adequate & Appropriate Nutrition since 2000	Baseline (2000)	Most Recent	Change	St. Croix Measure
Percent of adults age 18+ who ate 5+ servings of fruits and vegetables per day	22%	23%	Improved	20.4%
% of high school students who ate 5+ servings of fruits and vegetables per day	28%	28%	No change	NA
Percent of high school students who ate 3+ dairy servings per day	46%	78%	Improved	NA
Percent of new mothers who breastfed in the birth hospital	68%	68%	No change	NA
Percent of new mothers who breastfed when baby was 6 months old	28%	36%	Improved	NA
Percent of infants in WIC who were ever breastfed	51%	64.6%	Improved	76.4%
Percent of infants in WIC who were breastfed at 6 months of age	22%	27.1% (2008)	Improved	32.4%
Percent of infants in WIC who were breastfed at 12 months of age	15%	12.3%	Worse	18.8%
Percent of households that were "food insecure"	8.4%	9.0%	Worse	NA
Percent of households that were "food insecure with hunger"	2.9%	2.8%	Improved	NA

#### 2008 Population Health Institute Rankings<sup>2</sup>

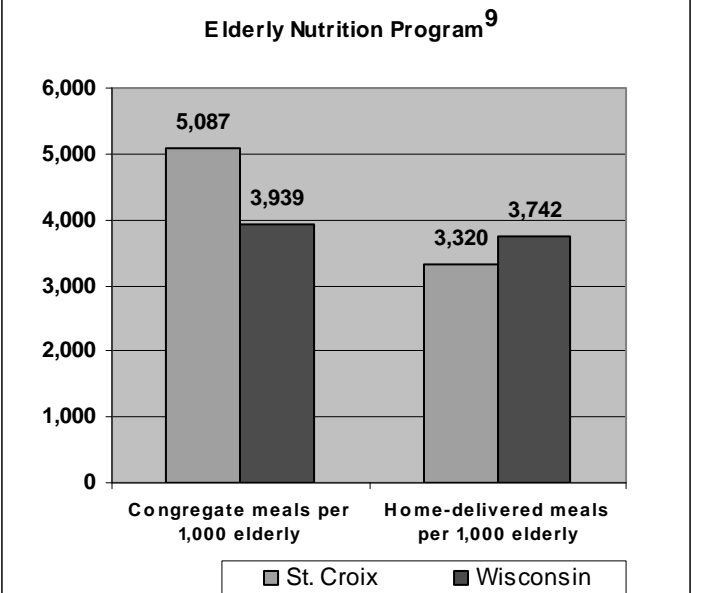
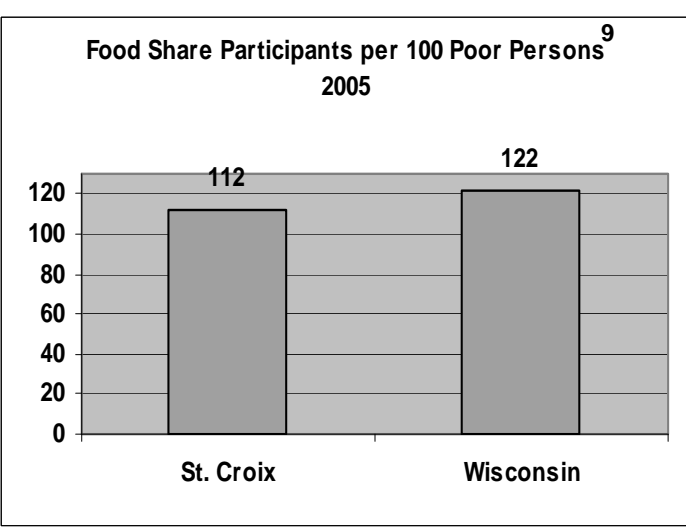
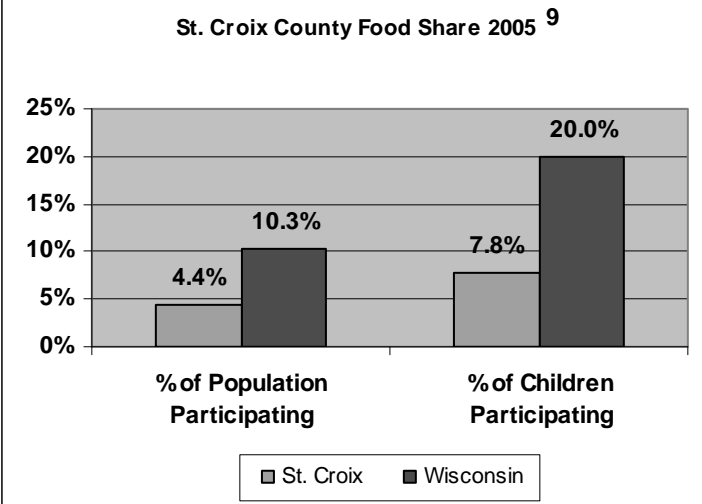
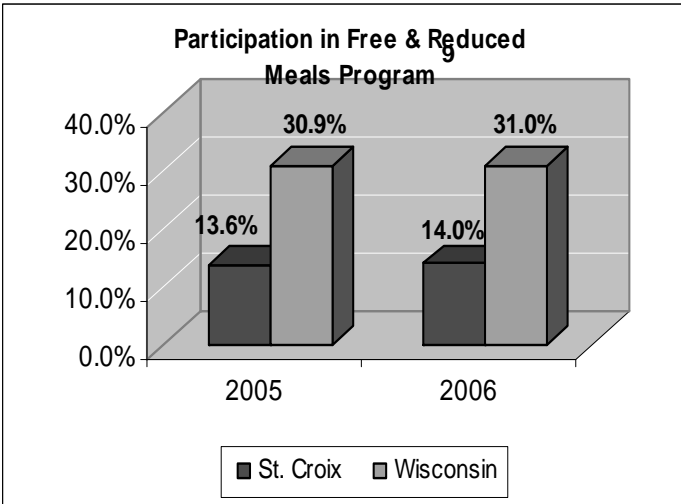
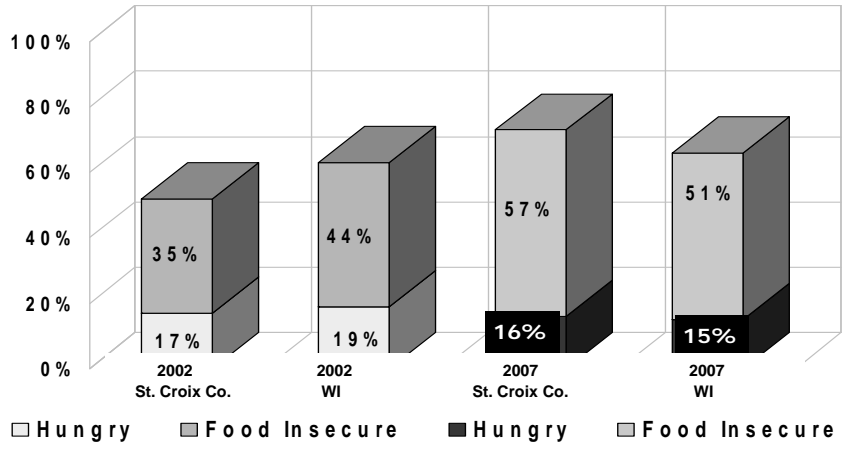
Health Determinant	St. Croix County	Best County in Wisconsin	Wisconsin Average	St. Croix Ranking (1 = best; 73 = worst)	
Insufficient fruit and vegetable intake	79.6%	64.0%	77.2%	45	Source: Behavioral Risk Factor Surveillance System (BRFSS)

“We need more affordable and available food that is healthy. Most families do not qualify for food stamps and cannot afford enough healthy food for their families or themselves and are putting their families at risk.” *(Use Your Voice)*

# Priority 3: Adequate and Appropriate Nutrition

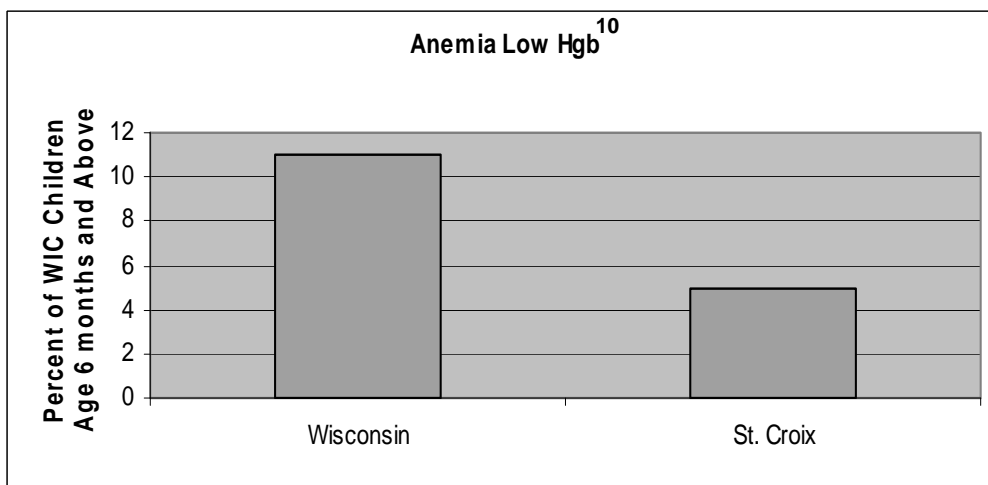
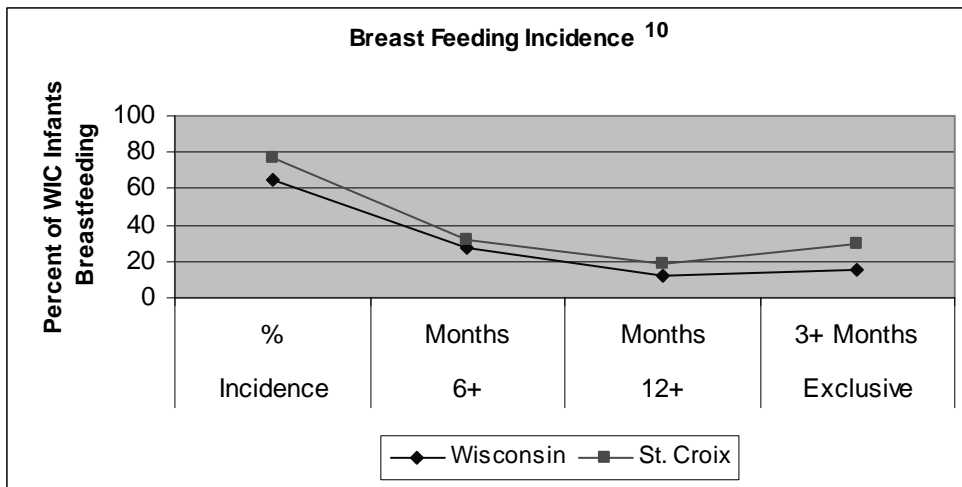
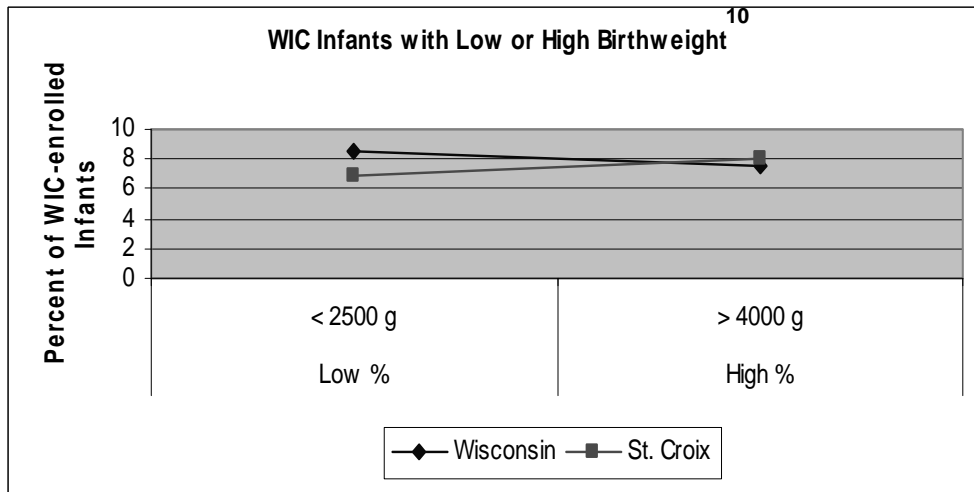
## Key St. Croix County Data

**Wisconsin's WIC Food Security Survey**  
Percent of Respondents Reporting Being Food Insecure or Hungry <sup>5</sup>



# Priority 3: Adequate and Appropriate Nutrition

## Key St. Croix County Data



## Priority 3: Adequate and Appropriate Nutrition

### Youth Risk Behavior Survey: Comparison Between St. Croix County and Wisconsin<sup>8</sup>

Adequate and Appropriate Nutrition	Wisconsin High Schools 2007	St. Croix County High Schools 2008
Percentage of students who drank a can, bottle, or glass of soda or pop one or more times per day during the past seven days	25.0	27.1
Percentage of students who drank three or more glasses per day of milk during the past seven days	22.2	31.8
Percentage of students who ate breakfast on seven of the past seven days	35.5	43.2
Percentage of students who drank 100% fruit juices one or more times during the past seven days	82.7	81.2
Percentage of students who ate fruit one or more times during the past seven days	87.8	91.2
Percentage of students who ate green salad one or more times during the past seven days	62.0	63.5
Percentage of students who ate potatoes one or more times during the past seven days	72.2	76
Percentage of students who ate carrots one or more times during the past seven days	53.0	56.0
Percentage of students who ate other vegetables one or more times during the past seven days	83.8	85.3

“It is important to educate not only the students so they can look out for themselves’ and understand healthy concepts, but also the parents who make the decisions, do the shopping, make the meals, etc. It’s important to have community education resources available for those in need. While our culture dictates speed and immediacy (supported by fast food, vending machines, etc.) we need to make community-wide changes and take a stand on this important issue!” *(Use Your Voice)*

## Priority 3: Adequate and Appropriate Nutrition

### Photovoice <sup>6</sup>

While mothers from the Healthy Eating and Active Living group were focused on improving nutrition for children in the schools, one mother from the group saw the subsidized school lunch program as an asset, saying that the food is better than her own cooking. Community needs that arose exclusively from the Healthy Eating and Active Living group included: improved child nutrition in the schools, improved parent education about nutrition, mandatory and regular physical activity classes at schools, increased availability of locally grown organic foods, and increased walking and biking paths that are safe for families to engage in fitness activities. The needs identified from these mothers are consistent with intermediate recommendations in a report by the Institute of Medicine; the aim of the report was to examine the behavioral, cultural, social and broad environmental factors that play a role in childhood obesity, and to recommend approaches for prevention (Institute of Medicine of the National Academies, 2005).

#### **Community Asset: Local Community Supported Agriculture & Community Supported Garden Plots for Growing Produce**



*Mother:* —“This is also at the farmer’s market. I just thought it was such a beautiful display of healthy food. Also kind of along those same lines, I know that in the community there are co-ops available, farmer’s co-ops [Community Supported Agriculture] that people can partake in where you would get a variety of fruits and vegetables throughout the growing season that you can [get] weekly. And there is also a community garden where you can rent a garden plot for \$15 which is completely prepared to plant and all you have to do is weed it and water it. The master gardeners [provide this service]....So this to me is just depicting the healthy options that are available at least part of the year for a reasonable cost.”  
*Mother from New Richmond*

#### **Community Asset: WIC Federal Supplemental Food Program**

*Mother:* —“Photo of baby and milk bottle is about our wonderful ladies at the WIC office. What is happening in the photo is that my baby girl is happy with a full tummy. What this photo means to me is contentment, happy, and grateful.” *Mother from Woodville*



## Priority 3: Adequate and Appropriate Nutrition

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## Priority 4: Alcohol and Other Substance Use and Addiction

### Healthiest Wisconsin 2010 <sup>1</sup>

#### Definition

*What is "inappropriate use?" According to the American Psychiatric Association (1994), inappropriate use is the use of a substance in a manner that exceeds the safe or prescribed amount and frequency, or poses a health or safety risk to the user or others. Examples of inappropriate use include use during pregnancy, intoxicated driving, drinking to incapacitation, underage drinking, or heavy or immoderate drinking. It also includes the infrequent or experimental use of illegal street drugs.*

#### Objectives

The Alcohol and Other Substance Use and Addiction priority has five sets of objectives: reduce stigma through increased knowledge and understanding; identify and implement evidence-based prevention practices for youth; improve screening; close the treatment gap; and meet the needs of other family members when an individual has a substance use disorder.

### St. Croix County Summary

St. Croix County is among the top 10 counties in Wisconsin with the highest rates of binge drinking. This is an adult measure gleaned from a national behavioral risk telephone survey. While St. Croix County high school students compared favorably with statewide results on the 2007 Youth Risk Behavioral Survey on alcohol and drug-related questions, students also report beginning drinking before age 13 at a higher rate than the statewide figure.

While the overall rate at which alcohol serves as an underlying or contributing cause of death has been declining in St. Croix County, the rate at which other substances (including tobacco) contribute has been increasing.

Alcohol-related car crashes and related deaths have lessened in pace since 2000 in St. Croix County; however, the number of adult arrests for Operating While Intoxicated has increased dramatically. Enforcement activities may play a role in this increase of arrests, but not to the extent necessary to explain the entire increase.

Drug-related arrests in St. Croix County diminished from 2006 to 2007 and did so at a faster rate than the general statewide decrease. Drug arrests dropped the most in the Hudson and New Richmond Police Departments. This decreasing trend continued on into 2008 for all jurisdictions in the county except for the Hudson Police Department, where drug arrests in 2008 rose by 38% and were higher in number than any other jurisdiction.

Treatment issues for Alcohol and Other Drug Abuse (AODA) cross over into the Access to Primary and Preventive Services Priority, but it is worth noting that federal statistics on treatment access indicate that Wisconsin has been improving the rate at which individuals who need treatment for alcohol and drugs are able to get treatment. In fact, the most recent national figures indicate that Wisconsin has improved to better than the national average for access to treatment for drugs, although the state remains below the national rates for access to treatment for alcohol use. St. Croix County funding for AODA treatment per capita ranks as 28th best out of 72 counties (27 counties provide more treatment funding per capita), and the most recent state estimate is that this funding gap means that nearly 80% of the individuals who need AODA treatment in St. Croix County do not receive it.

*"Alcohol and substance abuse are typically symptoms of an underlying mental illness. The mental health care available in this county are horrible, as I have experienced in the ways of the county and they are ineffective and often inappropriate." (Use Your Voice)*

# Priority 4: Alcohol and Other Substance Use and Addiction

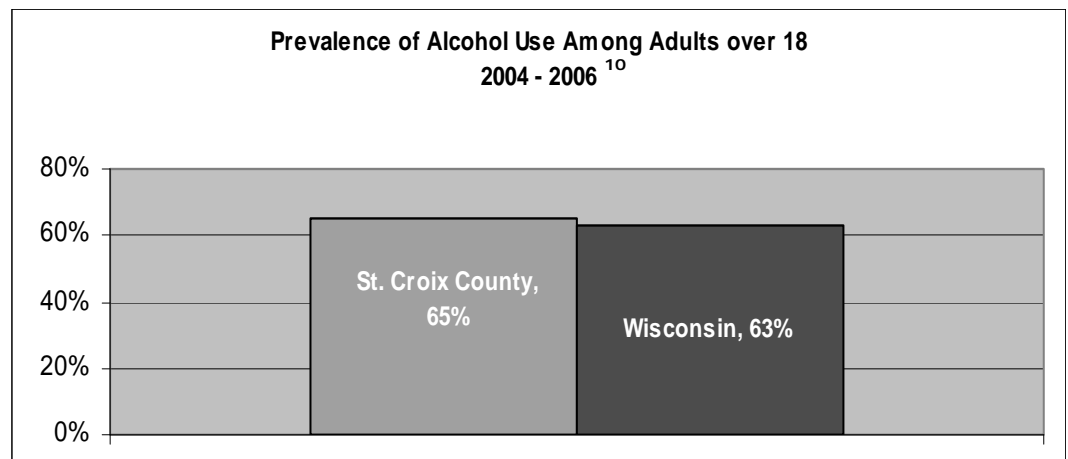
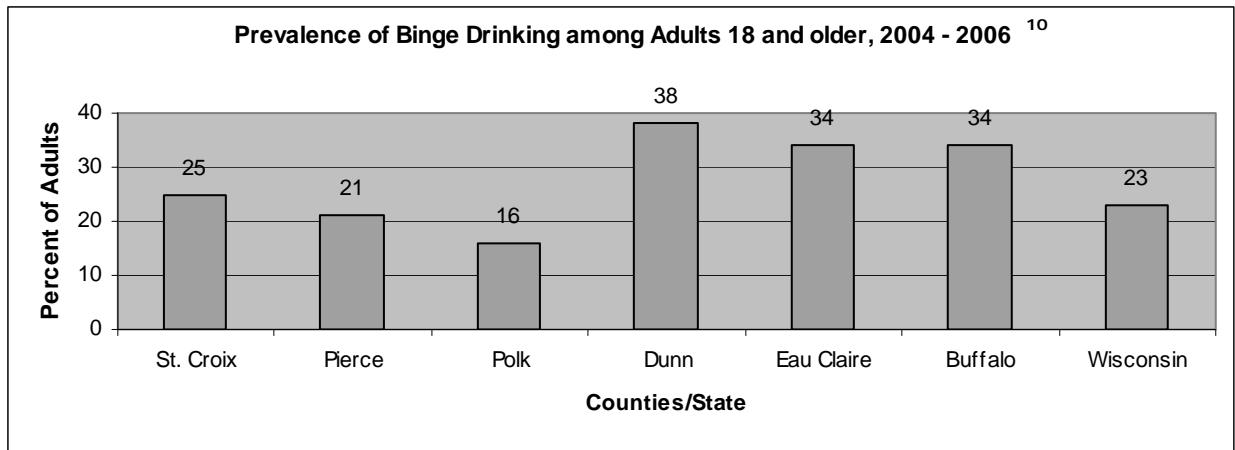
## Key St. Croix County Data

### Wisconsin 2010 Scorecard (Change from Baseline in 2000)

Statewide Scorecard on Changes in Alcohol and Other Substance Use and Addiction since 2000	Baseline (2000)	Most Recent	Change	St. Croix Measure
Percent of high school students who reported binge drinking in past 30 days.	34%	31%	Improved	
Percent of high school students who reported using marijuana in past 30 days	22%	16%	Improved	11.4%
Percent of high school students who reported first use of alcohol before age 13	30%	24%	Improved	26.1%
Percent of high school students who reported first use of marijuana before age 13	11%	7%	Improved	5.2%

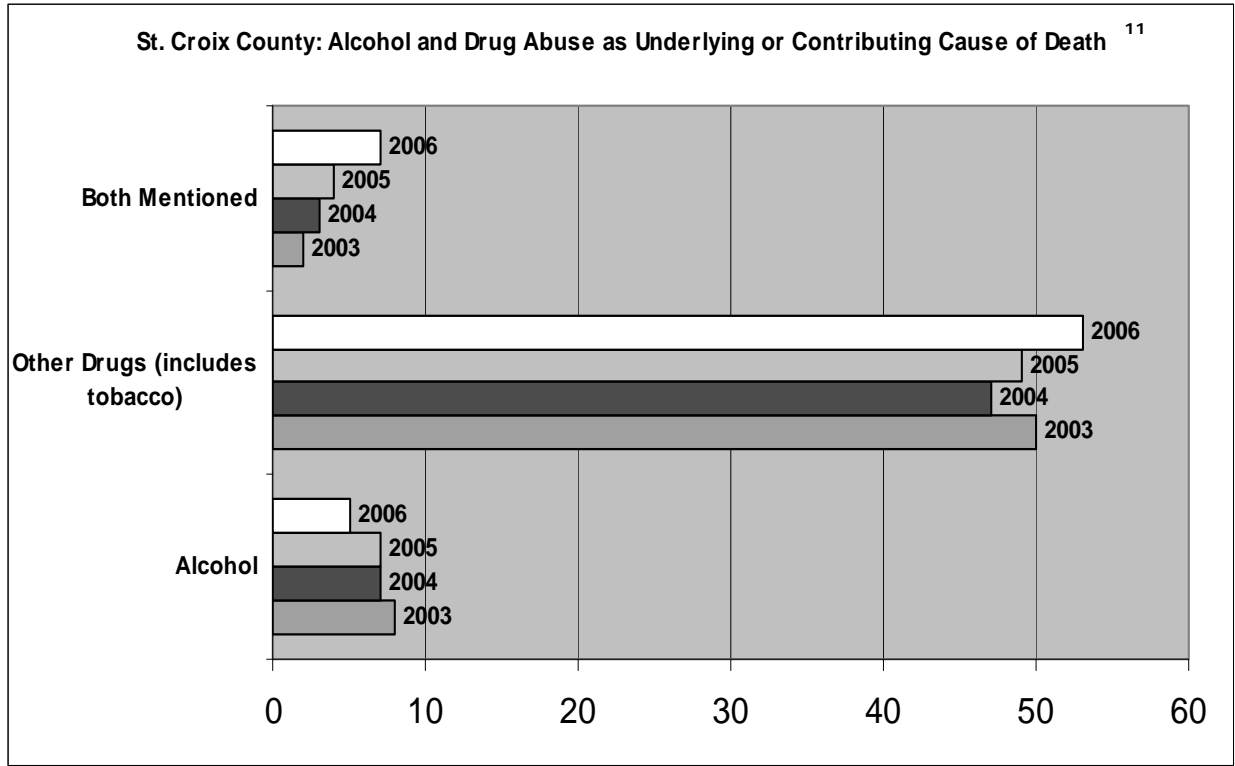
### 2008 Population Health Institute Rankings <sup>4</sup>

Health Determinant Factors	St. Croix County	Best County in Wisconsin	Wisconsin Average	St. Croix Ranking (1 = best; 73 = worst)	
Binge Drinking	27.6%	10.3%	23.2%	63	Behavioral Risk Factor Surveillance System

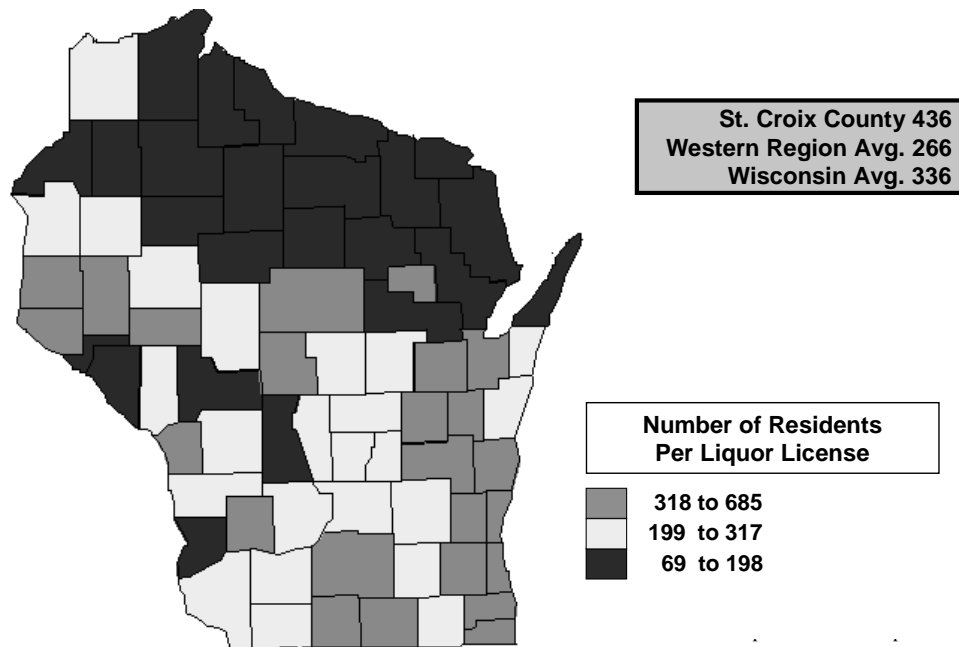


# Priority 4: Alcohol and Other Substance Use and Addiction

## Key St. Croix County Data



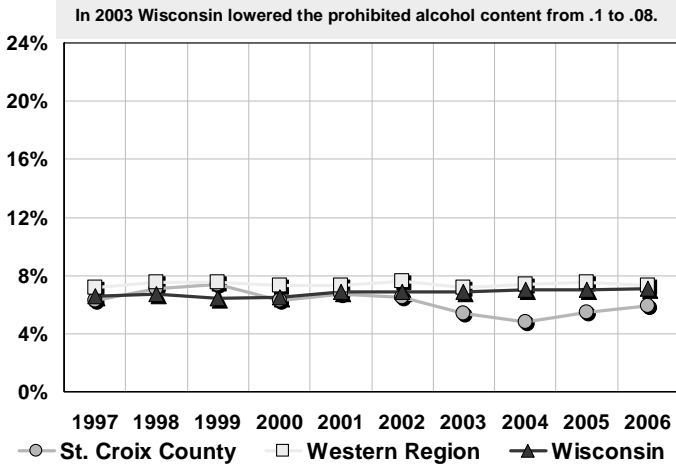
2003 - Number of Residents per Liquor License <sup>5</sup>



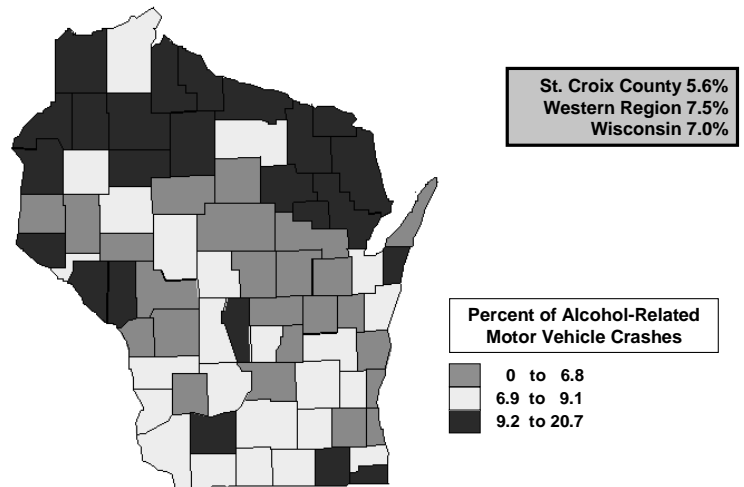
# Priority 4: Alcohol and Other Substance Use and Addiction

## Key St. Croix County Data

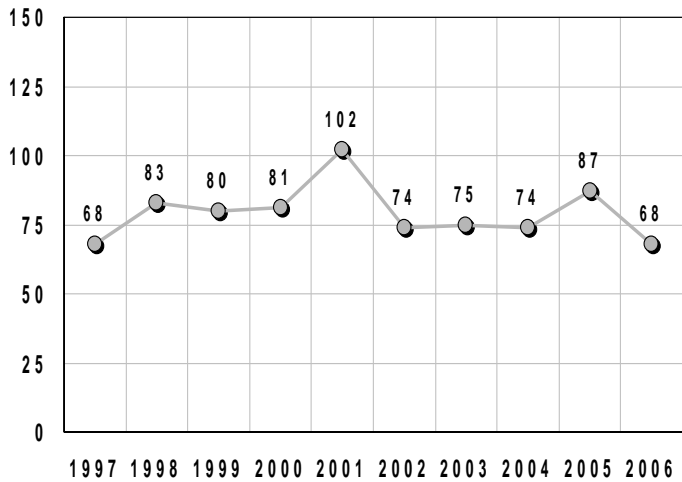
Percent of Alcohol-Related Motor Vehicle Crashes By County of Occurrence <sup>7</sup>



2002-2006 - Percent of Alcohol-Related <sup>5</sup> Motor Vehicle Crashes in the County



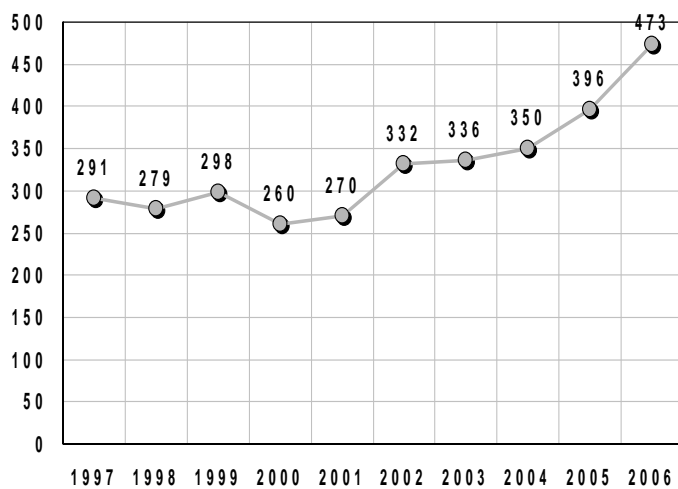
Number of Alcohol-Related Motor Vehicle Injuries in St. Croix County <sup>7</sup>



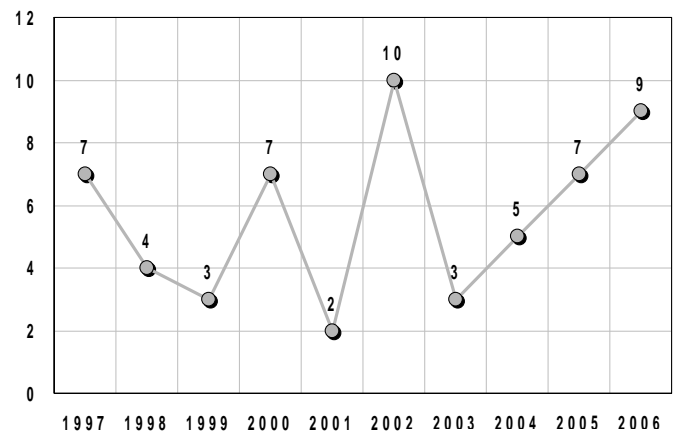
1997-2001 and 2002-2006 Comparison Percent of Alcohol-Related Motor Vehicle Crashes by County of Occurrence <sup>6</sup>



Adult Arrests for Operating While Intoxicated in St. Croix County <sup>12</sup>



Juvenile Arrests for Operating While Intoxicated in St. Croix County <sup>12</sup>

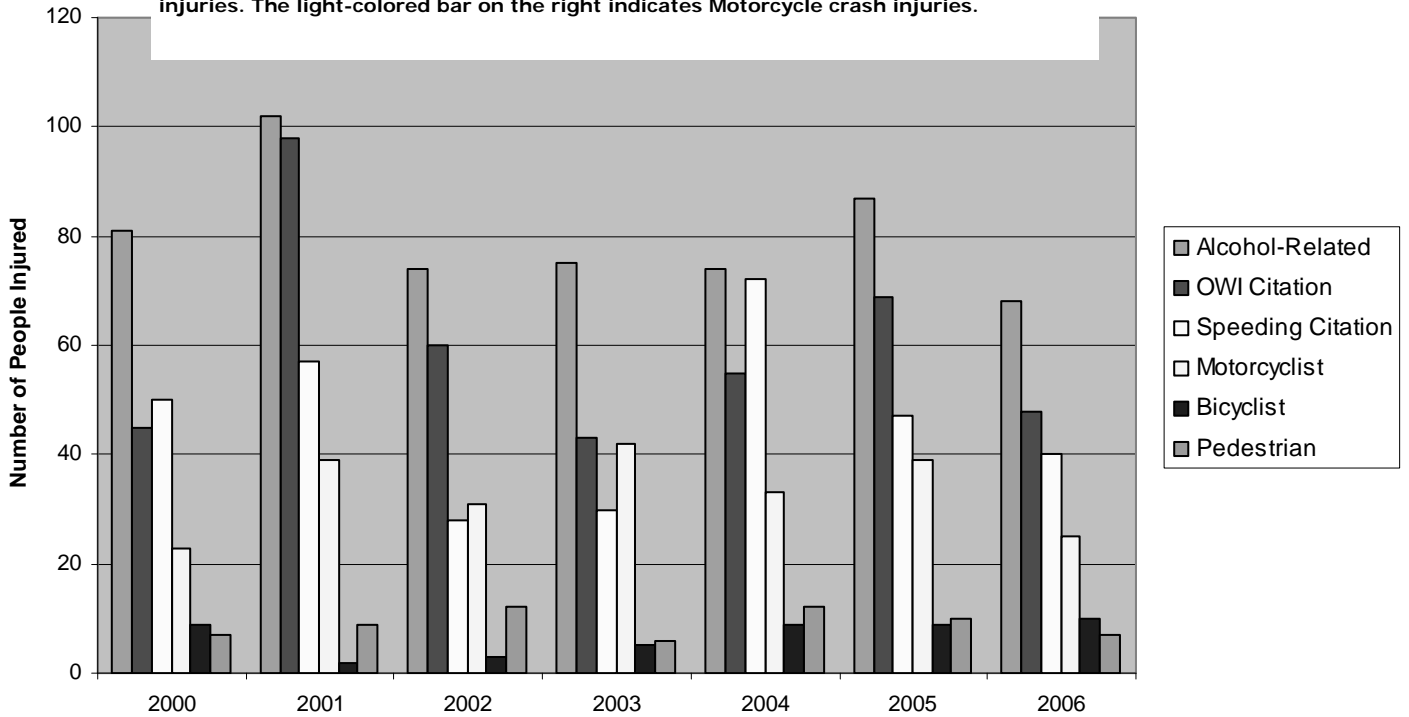


# Priority 4: Alcohol and Other Substance Use and Addiction

## Key St. Croix County Data

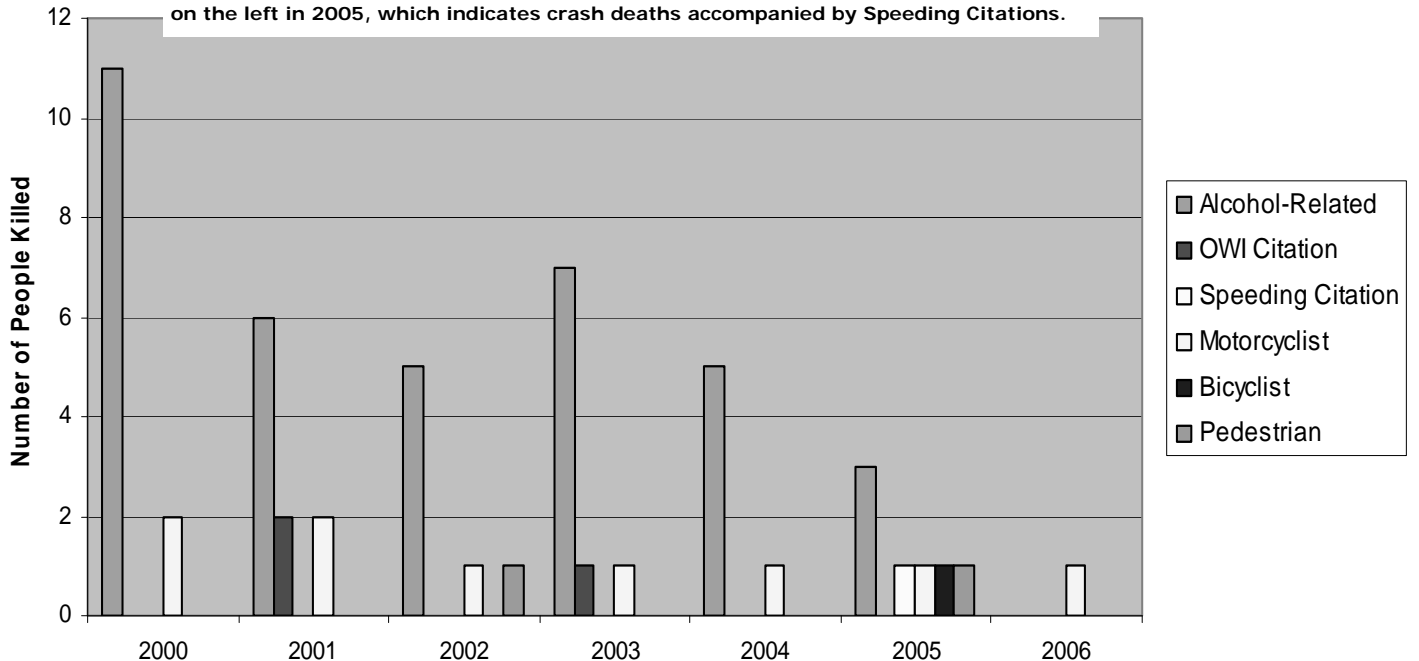
### St. Croix County Crash Injuries <sup>7</sup>

The light-colored bar on the left in the chart below indicates Speeding Citation Crash injuries. The light-colored bar on the right indicates Motorcycle crash injuries.



### St. Croix County Crash Deaths <sup>7</sup>

All light colored bars in this chart indicate statistics for Motorcycles, except for the bar on the left in 2005, which indicates crash deaths accompanied by Speeding Citations.



# Priority 4: Alcohol and Other Substance Use and Addiction

## Key St. Croix County Data

Total Adult Drug Arrests and Percent Change 2006 - 2007 <sup>12</sup>			
	2006	2007	% Change
St. Croix County	172	148	-14%
Wisconsin	21,114	20,927	-0.9%

Total Juvenile Drug Arrests and Percent Change 2006 - 2007 <sup>12</sup>			
	2006	2007	% Change
St. Croix County	54	44	-19%
Wisconsin	5,088	4,946	-2.8%

Adult Drug Arrests 2007 <sup>12</sup>					
St. Croix County	Total	Opium/ Cocaine	Marijuana	Synthetic Narcotics	Other
Sale	11	1	7	1	2
Possession	137	4	116	5	12

Juvenile Drug Arrests 2007 <sup>12</sup>					
St. Croix County	Total	Opium/ Cocaine	Marijuana	Synthetic Narcotics	Other
Sale	4	0	2	2	0
Possession	40	0	40	0	0

Number of Drug Arrests and Percent Change 2006 - 2007 <sup>12</sup>			
	2006	2007	% Change
St. Croix County	226	192	-15%
Wisconsin	26,202	25,873	-1.3%

OWI & Liquor Law Violations 2007 <sup>12</sup>		
	2006	2007
St. Croix County	367	504
Wisconsin	42,941	43,996



## Priority 4: Alcohol and Other Substance Use and Addiction

### Youth Risk Behavior Survey: Comparison Between St. Croix County and Wisconsin <sup>9</sup>

Alcohol and Other Substance Use and Addiction	Wisconsin High Schools 2007	St. Croix County High Schools 2008
Percentage of students who had at least one drink of alcohol on one or more days during their life	77.8	70.0
Percentage of students who had at least one drink of alcohol on one or more of the past 30 days	48.9	38.5
Percentage of students who had their first drink of alcohol other than a few sips before age 13 years	23.5	25.1
Percentage of students who had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days	31.6	23.3
Among students who reported current alcohol use, the percentage who usually got the alcohol they drank by buying it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station during the past 30 days	3.4	.7
Percentage of students who used marijuana one or more times during their life	37.1	23.4
Percentage of students who tried marijuana for the first time before age 13 years	7.8	5.2
Percentage of students who used marijuana one or more times during the past 30 days	20.3	11.4
Percentage of students who used any form of cocaine, including powder, crack, or freebase one or more times during their life	7.3	6.4
Percentage of students who used any form of cocaine, including powder, crack, or freebase one or more times during the past 30 days	3.1	2.2
Percentage of students who sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during their life	10.5	12.3
Percentage of students who used heroin one or more times during their life	2.2	1.7
Percentage of students who used methamphetamines one or more times during their life	3.9	2.7
Percentage of students who used ecstasy one or more times during their life	6.7	5.2
Percentage of students who were offered, sold, or given an illegal drug by someone on school property during the past 12 months	22.7	15.4
Percentage of students who think their parents would feel it is very wrong or wrong for the students to drink alcohol at least twice a month	60.7	63.6
Percentage of students who think people are at no risk harming themselves (physically or in other ways) if they smoke marijuana regularly	9.9	11.3
Percentage of students who think their parents would feel it is very wrong or wrong for the students to smoke marijuana	91.0	90.5
Percentage of students who have taken painkillers, such as OxyContin, Percocet, or Vicodin, without a doctor's prescription one or more times during their life	22.9	21.3

## Priority 4: Alcohol and Other Substance Use and Addiction

### New and Emerging Issues

- New credentialing body for substance abuse professionals in the Wisconsin Department of Regulation and Licensing will streamline government and place substance abuse professional certification on a par with other licensed professionals.
- Annual admissions to public substance abuse treatment programs for methamphetamine addiction in western Wisconsin doubled in 2005. Methamphetamine addiction requires intensive treatment coupled with focused interventions (Matrix Model) over a longer period of time compared to alcohol and other drug treatment.
- Parity for mental health and substance use disorders treatment is intended to eliminate caps on payments for those services. With parity, mental health and AODA services would be reimbursed on the same structure as medical care.
- County governments that are responsible for funding services related to Chapter 51 are struggling to fund the needs of people with substance use disorders, mental health needs, and co-occurring disorders.
- The POSIT and GAIN screening tools are increasingly being used to increase appropriate adolescent admissions to mental health and substance abuse treatment. These same tools need to be reviewed to determine their effectiveness in other settings (e.g., school, primary care, child welfare).
- There is an increasing federal emphasis on measuring “fidelity;” that is, applying intervention protocols consistent with the research model to produce positive outcomes. Monitoring fidelity to a model is costly and can take dollars away from providing programs and services in the community.
- Comprehensive assessment of all AODA prevention and treatment programs funded through the federal Substance Abuse Prevention and Treatment Block Grant commence in 2006. Purposes are to (1) determine current, emerging, and unmet needs, and (2) allocate funds to areas of greatest need.
- The State Council on Alcohol and Other Drug Abuse will reestablish a prevention subcommittee that will take an active role in advising state substance abuse service authorities on issues that include: (1) implementing evidence-based services, (2) preventing underage drinking, and (3) building statewide prevention capacity.



*"It's a picture of Mike's Hard Lemonade. It's alcohol abuse basically in our community. It affects the children that have had to grow up with it. I think there should be actual programs in it to keep on helping people get well instead of well, you give up-you can just leave. It's happened to a few of my parents' friends. They just let them leave and didn't help them. I'm not sure what place it was but it's happened before and I just think it's a really big problem...You know it makes [the kids] grow up differently."*  
Mother from Hudson (Photovoice).

## Priority 4: Alcohol and Other Substance Use and Addiction

### References

1. Healthiest Wisconsin 2010
2. American Psychiatric Association 1994
3. Wisconsin County Rankings, 2008 County Health Snapshot, UW Population Health Institute
4. Community Health Status Report, [community.hhs.gov](http://community.hhs.gov)
5. Konkle, Kate — DHS PowerPoint slides
6. National Survey on Drug Use and Health 2002, 2003
7. Wisconsin Department of Transportation, Crash Report
8. Wisconsin Interactive Statistics on Health
9. Youth Risk Behavior Survey
10. Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2008
11. Public Health Profiles: <http://dhs.wisconsin.gov/localdata/pubhlthprofiles.htm>
12. Drug Arrests in Wisconsin, Wisconsin Office of Justice Assistance. [www.oja.wi.gov](http://www.oja.wi.gov)

## Priority 5: Tobacco Use and Exposure

### Healthiest Wisconsin 2010 <sup>1</sup>

#### Definition

*Tobacco use and exposure is the active or passive introduction into the human body of toxins found in tobacco products. Effective tobacco prevention and control efforts reduce youth initiation, promote cessation, eliminate environmental tobacco smoke, and address the disparate impact of tobacco on various populations.*

#### Objectives

The Tobacco Use and Exposure priority has three sets of objectives: strengthen youth tobacco prevention activities, encourage and support tobacco cessation activities, and reduce secondhand smoke.

### St. Croix County Summary

Generally, over the course of the past five years, St. Croix County has not lost ground in the overall effort to reduce the harmful effects of smoking. Statewide rates of adult smoking have fallen more than the drop in the St. Croix County rate, but the county remains at a rate that is a little better than the state rate. On the other hand, smoking among pregnant women—already lower in St. Croix County than statewide—has dropped even further here than statewide. In fact, St. Croix County's rate of pregnant smokers is 5th best of the state's 72 counties.

While mortality from smoking-related diseases in St. Croix County a decade ago was high relative to the rest of the state, the county has shown better-than-average improvement in these measures. The cerebrovascular disease (stroke) rate did not decline as fast as other smoking-related causes of mortality in St. Croix County, but even that rate finally fell below regional and statewide rates by 2007. It is worth noting, though, that while lung cancer rates have dropped in St. Croix County since 2000 and 2003, the rates now are still higher than in 1997 through 1999.

Youth Risk Behavior Survey results for high school students in St. Croix County indicate that fewer St. Croix County youth smoke than their statewide peers, did not start smoking as early, and smoke fewer cigarettes. However, among those youth in St. Croix County who do smoke, fewer have attempted to quit. The county is also above statewide levels for high school youth who use various smokeless tobacco products such as chewing tobacco, snuff or dip.

## Priority 5: Tobacco Use and Exposure

### Key St. Croix County Data

#### Wisconsin 2010 Scorecard (Change from Baseline in 2000)

Statewide Scorecard on Changes in Tobacco Use and Exposure since 2000	Baseline (2000)	Most Recent	Change	St. Croix Measure
Percent of middle school students who use any form of tobacco	16%	13%	Improved	
Percent of middle school students who currently smoke cigarettes	12%	8%	Improved	
Percent of high school students who use any form of tobacco	39%	28%	Improved	
Percent of high school students who currently smoke cigarettes	33%	21%	Improved	
Percent of adults who currently smoke cigarettes	24%	22%	Improved	22%
Percent of adults aged 18–24 who currently smoke cigarettes	40%	28%	Improved	
Percent of adults exposed to tobacco smoke at home in the past 30 days	28%	NA	NA	
Percent of adults who reported that smoking was allowed in some or all areas of their workplace or their workplace had no official smoking policy	26%	16%	Improved	
Percent of middle/high school students who report they live with a smoker	44%	41%	Improved	

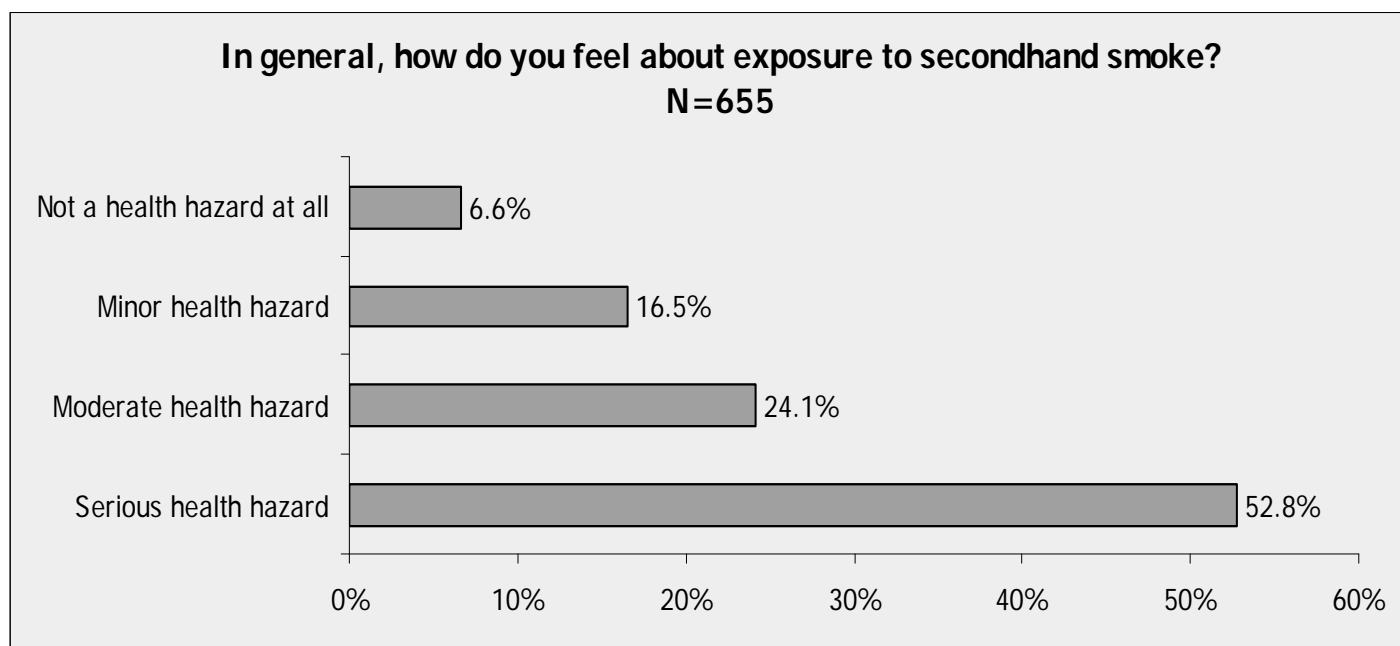
#### 2008 Population Health Institute Rankings <sup>2</sup>

Health Determinant Factors	St. Croix County	Best County in Wisconsin	Wisconsin Average	St. Croix Ranking (1 = best; 73 = worst)	
Cigarette smoking	19.7%	12.3%	20.9%	29	Behavioral Risk Factor Surveillance System
Smoking during pregnancy	9.4%	6.5%	14.1%	5	Wisconsin Interactive Statistics on Health (WISH) database

*“Second hand smoke is horrible. We only dine in restaurants that are completely smoke-free.” (Use Your Voice)*

## Priority 5: Tobacco Use and Exposure

### 2009 St. Croix County Community Health Improvement Process Survey



“I would like to see Wisconsin go tobacco free in all public venues and spaces.”

*(Use Your Voice)*

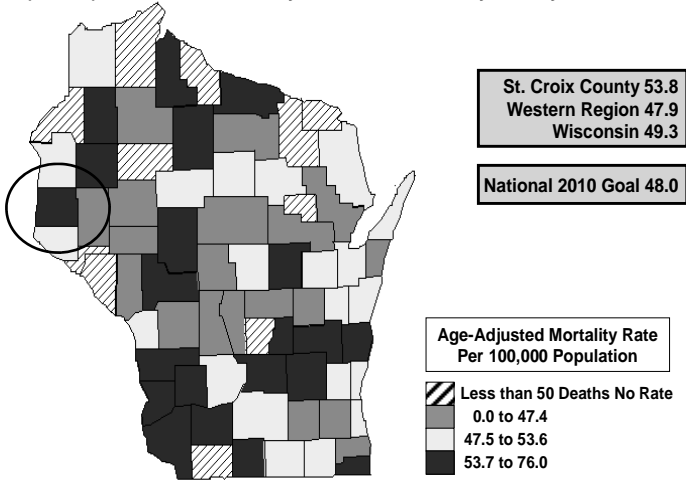
**Would you favor or oppose a law in the State of Wisconsin that would prohibit smoking in most indoor public places, including all workplaces, public buildings, offices, restaurants and bars? This would not ban smoking in homes or in vehicles such as cars or trucks. (Pick one.)**

Answer Options	Response Percent	Response Count
I would oppose this law	23.3%	152
I don't have an opinion about this law	4.4%	29
I would support this law	72.2%	471
<i>answered question</i>		<b>652</b>
<i>skipped question</i>		<b>44</b>

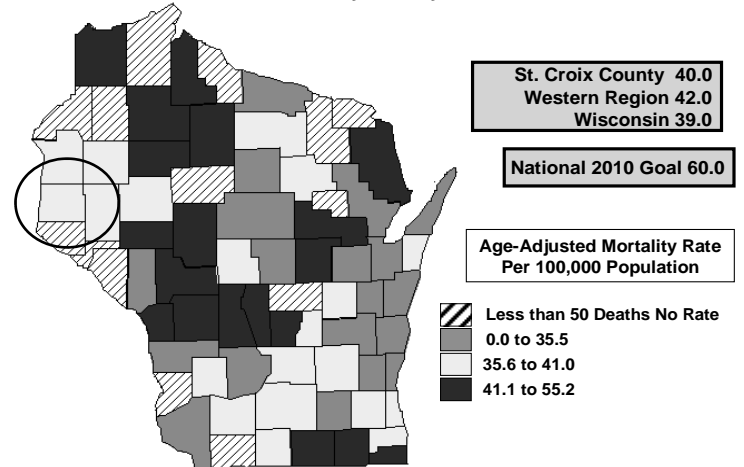
# Priority 5: Tobacco Use and Exposure

## Key St. Croix County Data

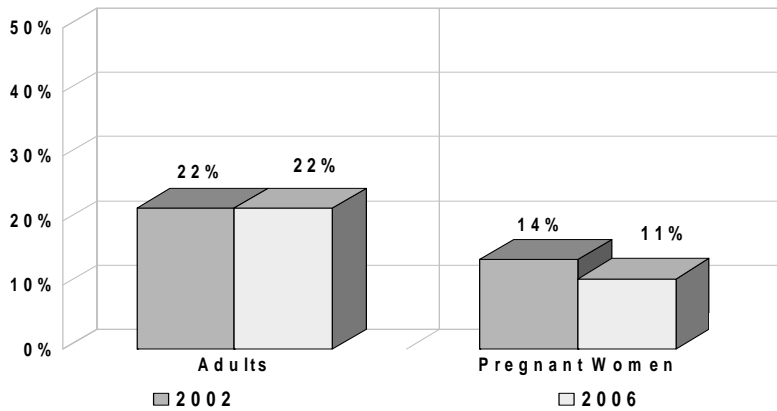
2002-2006 Age Adjusted Mortality Rate with Cerebrovascular Disease (Stroke) Listed as the Primary Cause of Death – by County of Residence <sup>5</sup>



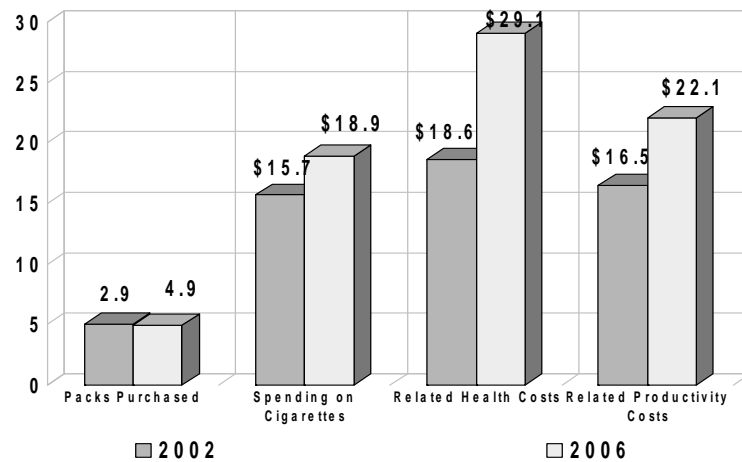
2002-2006 Age Adjusted Mortality Rate with Chronic Obstructive Pulmonary Disease Listed as the Primary Cause of Death – by County of Residence <sup>5</sup>



St. Croix County Percent Smoking <sup>4</sup>



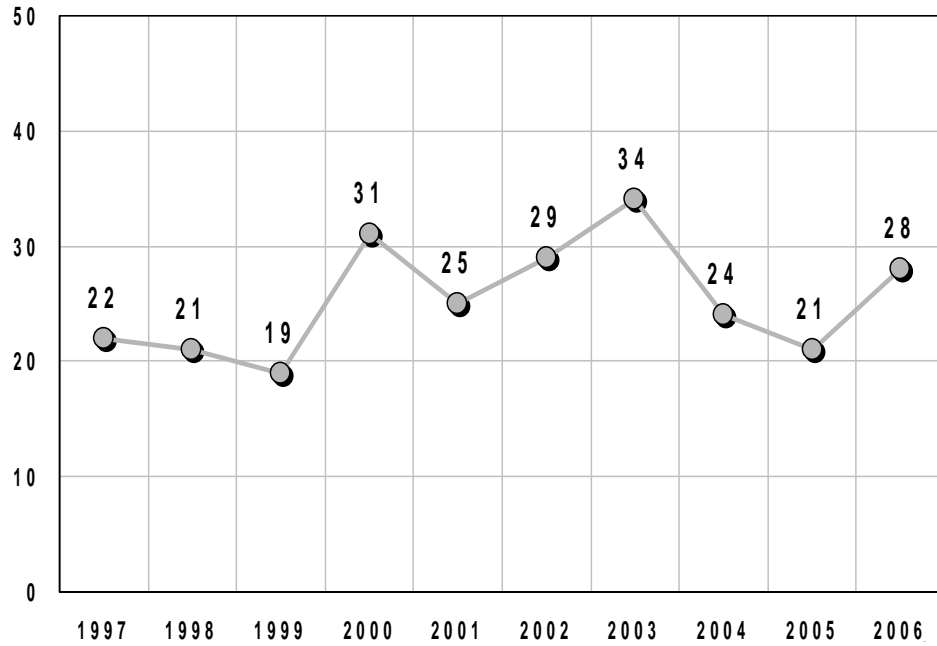
St. Croix County Burden of Tobacco <sup>4</sup>  
All Figures are in Millions



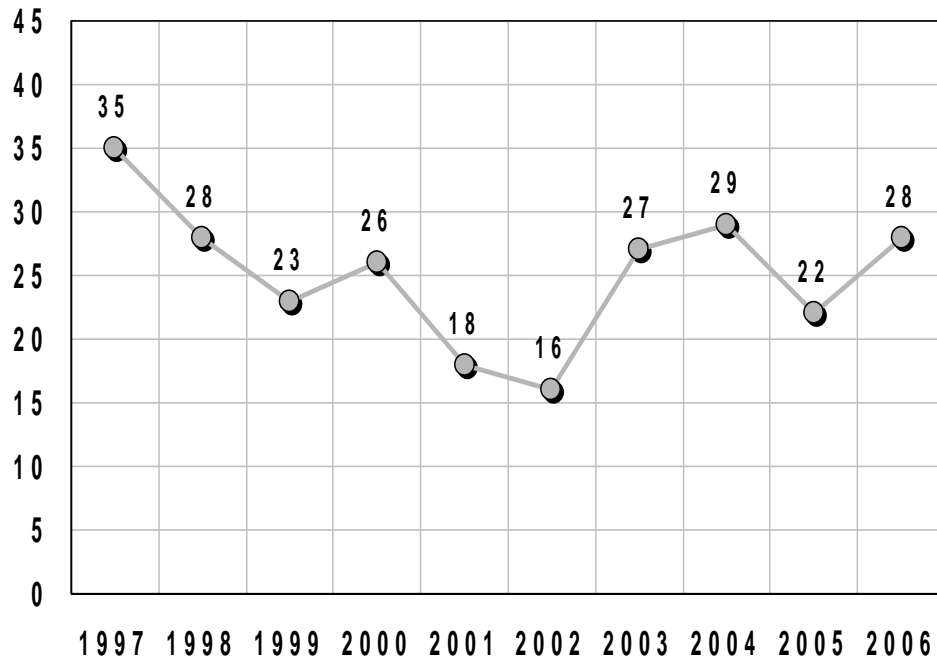
## Priority 5: Tobacco Use and Exposure

### Key St. Croix County Data

Number of Deaths to St. Croix County Residents with Lung Cancer Listed as the Primary Cause of Death <sup>5</sup>



Number of Deaths to St. Croix County Residents with Chronic Obstructive Pulmonary Disease Listed as the Primary Cause of Death <sup>5</sup>



## Priority 5: Tobacco Use and Exposure

### Youth Risk Behavior Survey: Comparison Between St. Croix County and Wisconsin <sup>4</sup>

Tobacco Use and Exposure	Wisconsin High Schools 2007	St. Croix County High Schools 2008
Percentage of students who ever tried cigarette smoking, even one or two puffs	49.0	36.1
Percentage of students who smoked a whole cigarette for the first time before age 13 years	11.5	10.5
Percentage of students who smoked cigarettes on one or more of the past 30 days	20.5	15.2
Percentage of students who smoked cigarettes on 20 or more of the past 30 days	9.4	7.1
Percentage of students who ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days	14.2	10.5
Among students who reported current cigarette use, the percentage who smoked more than 10 cigarettes per day on the days they smoked during the past 30 days	9.3	2.1
Among students who were less than 18 years of age and who reported current cigarette use, the percentage who usually got their own cigarettes by buying them in a store or gas station during the past 30 days	12.6	2.6 (includes 18 year olds)
Percentage of students who smoked cigarettes on school property on one or more of the past 30 days	6.4	4.4
Percentage of students who used chewing tobacco, snuff, or dip on one or more of the past 30 days	7.7	9.7
Percentage of students who used chewing tobacco, snuff, or dip on school property on one or more of the past 30 days	3.2	8.0
Percentage of students who smoked cigars, cigarillos, or little cigars on one or more of the past 30 days	15.8	8.2
Percentage of students who think people are at no risk of harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day	3.4	6.1
Among students who reported current cigarette use, the percentage who ever tried to quit smoking cigarettes during the past 12 months	58.6	11.2
Percentage of students who think their parents would feel it is very wrong or wrong for the students to smoke cigarettes	85.0	86.3

## Priority 5: Tobacco Use and Exposure

### New and Emerging Issues

- Youth tobacco use in Wisconsin is at an historic low:
  - Middle school smoking rates dropped 37% from 2000 to 2004. This equals almost 10,000 fewer middle school smokers in 2004 than in 2000.
  - Smoking among high school students decreased 45% during this period. This equals almost 45,000 fewer high school smokers in 2004 than in 2000.
  - The Wisconsin Wins program reduced illegal sales of tobacco to minors by over 75% statewide, from more than 33% of purchase attempts in 2001 to less than 8% in 2004.
  - The “B-Force” anti-spit-tobacco program sponsored by the DHFS, Wisconsin Dental Association, the Milwaukee Brewers, and the Department of Public Instruction reached over 90,000 fifth graders across Wisconsin.
  - Almost 280,000 students in 300 schools received evidence-based educational programs and services through the Thomas T. Melvin School Grants program.
  - The Not-On-Tobacco program, a partnership with the American Lung Association of Wisconsin, helped hundreds of Wisconsin middle and high school students quit or reduce smoking.

Below are key statewide tobacco-related objectives:

- Improve integration and coordination between alcohol and other drug abuse programs and services, mental health programs and services, and tobacco addiction treatment and prevention programs and services.
- Improve integration and reimbursement of tobacco addiction treatment services and technologies in Wisconsin Medicaid programs.
- Provide technical assistance to local and state efforts to protect the rights of all workers to breathe clean air.
- Improve integration of tobacco addiction treatment and prevention with the treatment and prevention of other chronic diseases (diabetes, asthma, heart disease, etc.).
- Research stable funding for tobacco prevention and control.
- Address the stagnation of adult smoking rates. The adult smoking rate has remained around 22% – 23% for the past 15 years.

## Priority 5: Tobacco Use and Exposure

### References

1. Healthiest Wisconsin 2010
2. Wisconsin County Rankings, 2008 County Health Snapshot, UW Population Health Institute
3. Community Health Status Report, [communityhealth.hhs.gov](http://communityhealth.hhs.gov)
4. Burden of Tobacco in Wisconsin – Preliminary Report. A collaborative report of the University of Wisconsin Tobacco Surveillance and Evaluation Program, The American Cancer Society, and the Tobacco Prevention and Control Program, Division of Public Health, Wisconsin Department of Health and Family Services.
5. Konkle, Kate — DHS PowerPoint Slides
6. Wisconsin Interactive Statistics on Health
7. Youth Risk Behavior Survey

# Environmental and Occupational Health Hazards

## Healthiest Wisconsin 2010<sup>1</sup>

### Definition

*Exposure to toxic substances, noise, vibration, and other hazardous agents in the environment or the workplace that can create or aggravate health conditions. (Note: hazards that result in injury are considered in a separate health priority described as “Intentional and Unintentional Injuries and Violence.”)*

### Objectives

The Environmental and Occupational Health Hazards priority has five sets of objectives: decrease illness from microbial or chemical contamination of food and drinking water; reduce illness and death from respiratory diseases; reduce occupational injury, illness and death; reduce illness and death related to chemical and biological contaminants in the home; and improve environmental health indicators for air, land, and water.

## St. Croix County Summary

The St. Croix County Community Health Improvement Survey identified this Priority as the third most important priority.

According to the Wisconsin Population Health Institute’s 2008 Wisconsin County Health Rankings, St. Croix County ranks near the bottom (62nd out of 73) in the category entitled Physical Environment. This category ranking combines scores for air and water quality and for the quality of construction and other elements of the “built environment”. The St. Croix County scores for these indices appear on the following page.

There are health implications from drinking water high in nitrates. 9% of St. Croix County’s wells tested exceeded that level, with the highest test readings showing up in Warrens and Hammond Townships.<sup>1</sup>

The Air Quality Risk itself is a composite score of four air quality indicators: Cancer Risk, Respiratory Hazard Index, Fine Particulate Matter in Air, and Ozone. Cancer Risk is a measure of the lifetime cancer risk attributable to inhalation of air pollutants; Respiratory Hazard Index is a measure of the cumulative hazard of respiratory non-cancer adverse health effects due to inhalation of multiple pollutants; Fine Particulate Matter is a measure of the amount of fine particulates—matter less than 2.5 micrometers in diameter—in the air at monitoring sites throughout the state; and Ozone is a measure of the amount of ozone present at air monitoring sites throughout the state.

St. Croix County’s Asthma Hospitalization rank among the 72 counties was 22, which means that just 21 counties had higher rates of asthma-related hospitalizations. St. Croix County’s Emergency Room Visit rank was 61, which means that 60 counties had a higher rate of ER visits for asthma.<sup>1</sup> (Note: these two asthma statistics are not part of the Population Health Institute County Health Rankings Report. In the Rankings report, closer to #1 always means “healthier”. The Asthma Report also only includes the 72 counties—not adding the City of Milwaukee. Thus, St. Croix County has a relatively high rate of asthma-related hospitalizations, but a relatively low rate of asthma-related emergency room visits.

St. Croix County reports a relatively high percent of commuters who drive alone to and from work. This is considered to be a measure of population energy-use inefficiency, which, taken together with the factors cited above, accounts for St. Croix County’s overall physical environment ranking of 62 out of 73 (73 is the least healthy).

# Environmental and Occupational Health Hazards

## Key St. Croix County Data

### Wisconsin 2010 Scorecard (Change from Baseline in 2000)

Statewide Scorecard on Changes in Environmental and Occupational Health Hazards since 2000	Baseline 2000	Most Recent	Change
E. coli 0157:H7 incidence rate (new cases per 100,000 population)	6.8	2.5	Improved
Salmonellosis incidence rate (new cases per 100,000 population)	14.3	18.2	Worse
Shigellosis incidence rate (new cases per 100,000 population)	6.2	6.1	No change
Campylobacteriosis incidence rate (new cases per 100,000 population)	22.5	23.9	Worse
Hepatitis A incidence rate (new cases per 100,000 population)	2.0	2.3	Worse
Age-adjusted rate of asthma hospitalization (asthma as principal diagnosis) per 10,000 population	10.9	9.8	Improved
Age-adjusted rate of asthma hospitalization (asthma as any listed diagnosis) per 10,000 population	52.6	60.4	Worse
Age-adjusted rate of mesothelioma incidence (new cases per 100,000 population)	1.5	1.5	No change
Age-adjusted rate of mesothelioma deaths (deaths per 100,000 population)	1.0	1.1	Worse
Age-adjusted rate of pneumoconiosis hospitalization (pneumoconiosis as principal diagnosis) per 100,000 population	0.2	0.3	Worse
Age-adjusted rate of pneumoconiosis hospitalization (pneumoconiosis as any listed diagnosis) per 100,000 population	4.5	5.2	Worse
Age-adjusted rate of death from pneumoconiosis (as underlying or contributing cause) per 100,000 population	0.4	0.6	Worse
Age-adjusted rate of death from occupational injury per 100,000 population	1.9	1.7	Improved
Incidence rate of nonfatal occupational illness and injury per 100 full-time workers	9.0	6.4	Improved
Percent of Medicaid/BadgerCare recipients under age 6 with a blood lead test in past year	26.7%	28.9%	Improved
Percent of tested Medicaid/BadgerCare recipients under age six who had a positive test	11.1%	5.3%	Improved
Percent of all children under age six tested for lead who had a positive test	7.5%	3.9%	Improved
Number of deaths due to unintentional carbon monoxide poisoning	18	10	Improved
Percent of adults exposed to tobacco smoke at home in the past 30 days	28%	NA	
Percent of middle/high school students who report they live with a smoker	44%	41%	Improved

### 2008 Population Health Institute Rankings <sup>2</sup>

Health Determinant Factors	St. Croix County	Best County in Wisconsin	Wisconsin Average	St. Croix Ranking (1 = best, 73 = worst)
Air quality risk: Score based on measures from EPA and DNR	50	39	60	46
Estimated % of population exposed to excess nitrate levels	77.5%	0.0%	40.7%	66
Housing with increased lead risk: % of pre-1950s housing stock	22.8%	8.2%	31.1%	12
Lead poisoned children: % screened positive for lead poisoning	0.5%	0.0%	2.2%	26
Radon risk: % of homes screened with elevated radon levels	10.6%	1.9%	12.0%	43
% of workforce that drives alone to work	80.7%	68.7%	79.5%	53

## Environmental and Occupational Health Hazards

### Photovoice<sup>3</sup>



Environmental health and safety concerns were identified by the mothers. Two mothers from Glenwood City explained that relatives and friends work on farms and live in trailers on the properties supplied by the farm owner-employer. One mother reported that there are no designated garbage containers or disposal sites, and the workers dump their garbage on the land, where it is burned. Garbage was pictured strewn about on the land, including broken glass from which her son sustained an injury in the past. Another mother snapped a picture of burning that is occurring on farmland in garbage cans from a farm in the same municipality. Concern was expressed from this participant that the combustion of the waste could be emitting harmful pollutants.



One mother who conveyed concern about the burning of garbage also described working conditions on the farm as perceived potential hazards. The potential for several safety issues were related, such as, the possibility of getting kicked by a cow during milking, due to tight quarters, developing muscular-skeletal disorders from repetitive bending and standing, and a potential for contamination of the milk.

Another mother described her perception of differential treatment as a restaurant employee engaging in low-pay and hard work.

Lastly, concerns about adverse living conditions were expressed by a Hudson mother who articulated that environmental maintenance is not occurring in apartments and complexes which Hispanic families rent, even though these families are paying competitive rental rates. One photo shows a courtyard littered with animal excrement; the mother explained that she is concerned for the health of the children who play in the area.

*Interpreter:* —“She said it’s a factory, a men’s factory. You can’t see it right now in the picture because it’s during the weekend, but she said weekdays it contaminates the environment a lot. It looks like there is a lot of smoke coming out of it. It’s not only one chimney. There are many of them so it looks like a big cloud....She doesn’t think it smells bad but she thinks it’s too close to the school. The school is right in front - across the street. That’s kind of where the sports are. Maybe baseball field or sports.” *Mother from Glenwood City*

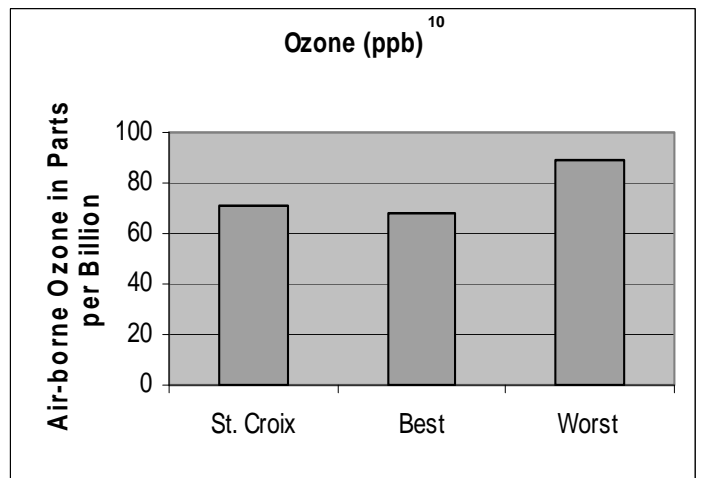
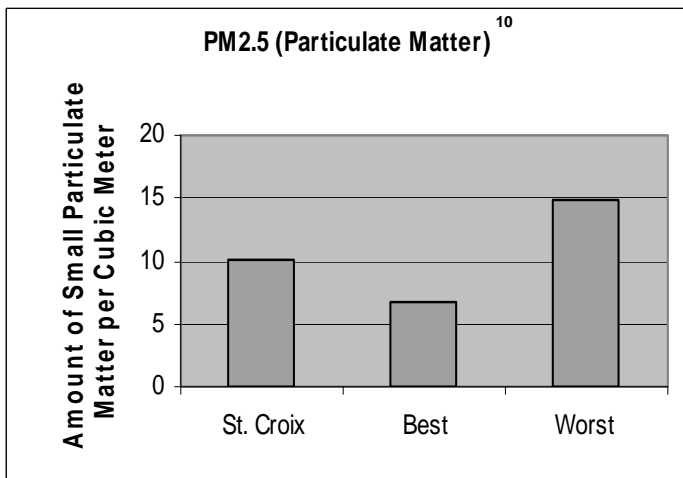
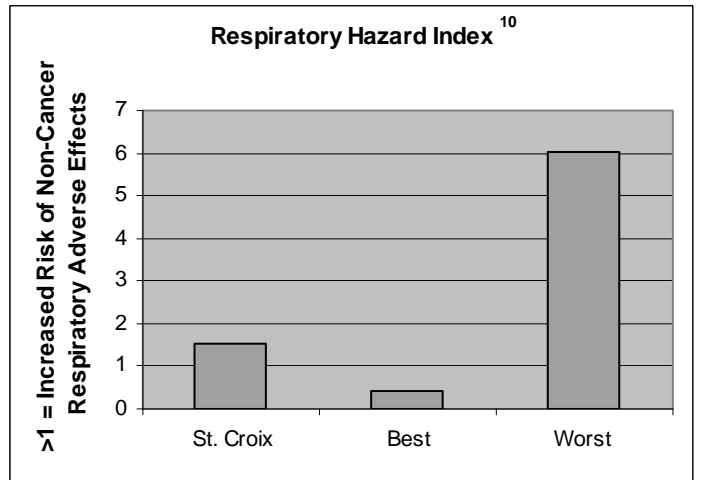
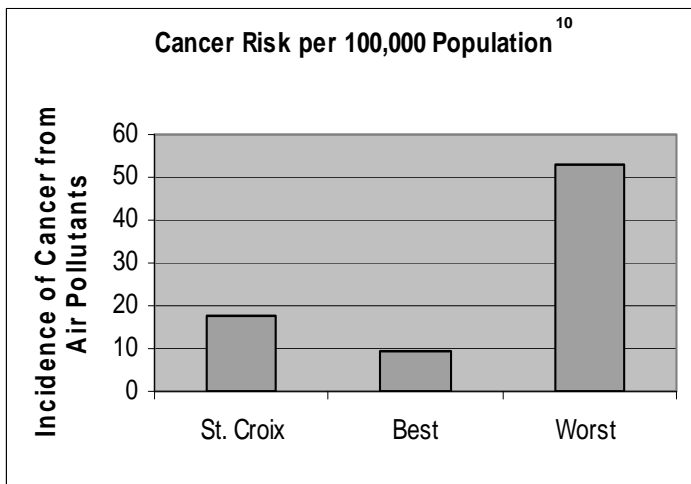
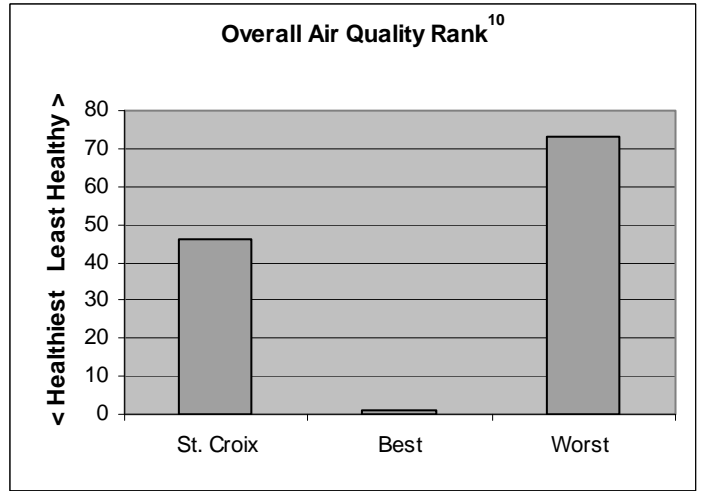
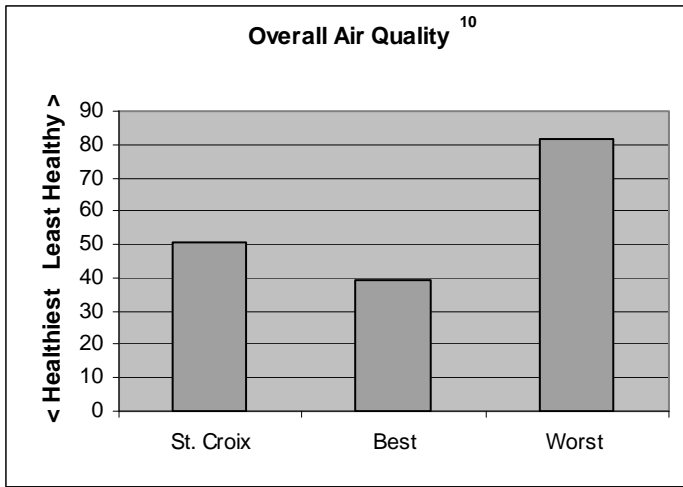


### **Community Asset: A Safe, Peaceful, and Beautiful Community to Raise Children**

*Mother:* — “One of the many good things Wisconsin has is its nature. That’s why I love living here. I love the peaceful fields, the season changes and the view the nature displays. The peace we still experience as residents, there is not much bad influences yet in the neighborhoods for our kids to grow up in, not much traffic, or crime. It’s a beautiful place to raise children and I like it here very much!” *Mother from Somerset*

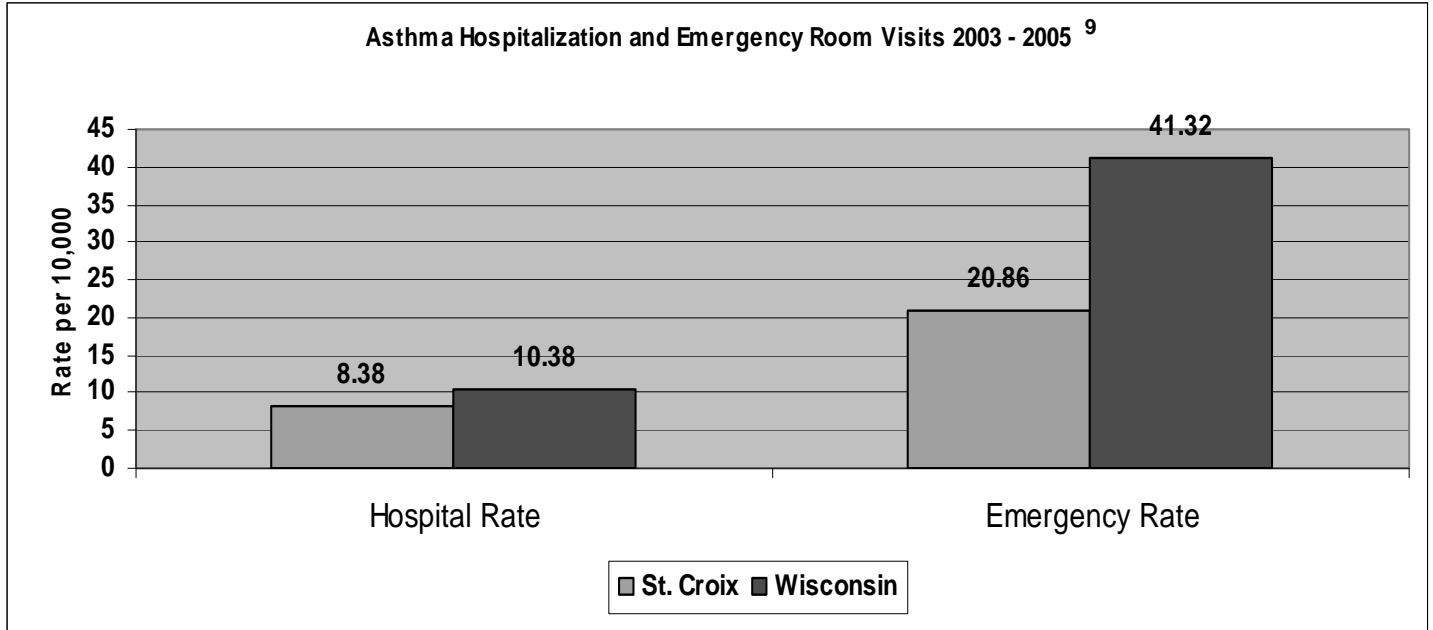
# Environmental and Occupational Health Hazards

## Key St. Croix County Data



# Environmental and Occupational Health Hazards

## Key St. Croix County Data



**Number of St. Croix County Children Receiving a Blood Lead Level Test <sup>7</sup>**

	1 and 2 Years of Age		3 – 5 Years of Age		Total Less Than 6 Years of Age	
	Number Tested	Number With BLL $\geq 10$ (mcg/dL)	Number Tested	Number With BLL $\geq 10$ (mcg/dL)	Number Tested	Number With BLL $\geq 10$ (mcg/dL)
2001	301	3	61	0	497	3
2002	301	2	75	0	495	4
2003	291	3	53	0	469	4
2004	336	1	56	0	495	1
2005	262	4	31	0	381	6
2006	356	2	47	0	490	3

“We are worried about getting Blasto from the Apple River. I’ve heard of many cases from late last summer and we live on the river.”

*(Use Your Voice)*

## Environmental and Occupational Health Hazards

### New and Emerging Issues

As homes are being constructed more tightly to save on heating and cooling costs, concern is growing about the impact of ambient air pollutants such as ozone and particulates on the indoor environment. DHFS has applied for funding from the U.S. Environmental Protection Agency to study their impact on human health in greater detail.

DHFS is also working with the Department of Natural Resources to develop guidelines for the installation and use of outdoor wood-fired boilers, whose use is increasing in response to rising costs of home heating fuels. This effort involves developing several models depicting plume/smoke dispersion and creating education and outreach materials for municipalities to use in developing ordinances. Staff is preparing a grant to the U.S. Environmental Protection Agency to enable further characterization of these devices.

Lead arsenate was used extensively as an apple orchard pesticide from the early 1900's to the 1950's. There is widespread contamination of the soil where orchards once existed, and some of these properties are now being developed with homes. DHFS is working with the Department of Agriculture, Trade and Consumer Protection and the Department of Natural Resources to evaluate the potential impact and exposure risk presented by contaminated soil. Testing is being done and recommendations being provided to developers and landowners.

The Department will continue to encourage linking of public health population-based data and information to the provision of clinical care. Population-based data provides value-added information to the clinical practice environment. For example, the Lead Program is working to create clinician scorecards on lead screening. Aggregated data on lead screening adds value to clinical practice. Scorecards provide insight into the degree to which a clinician is actually screening Medicaid children for lead poisoning. Such data foster quality improvements in clinical practice and clinical decision-making to prevent negative health outcomes. The data may also provide a competitive edge that can stimulate an increase in screening in the clinical setting for children at risk.

*“Levels of radon in homes is dangerously high in St. Croix County, some home owners simply can’t afford to have it eradicated. Building codes should require newly constructed homes to be built ‘radon free.’”*

*(Use Your Voice)*

# Environmental and Occupational Health Hazards

## References

1. Healthiest Wisconsin 2010
2. Wisconsin County Rankings, 2008 County Health Snapshot, UW Population Health Institute
3. Stedman-Smith, Maggie — February 2009
4. St. Croix County Community Health Improvement Survey, June 2009
5. Community Health Status Report, [communityhealth.hhs.gov](http://communityhealth.hhs.gov)
6. Center for Watershed Science and Education
7. WCLPPP, Bureau of Environmental Health
8. DHFS, Bureau of Communicable Disease and Preparedness
9. Burden of Asthma in Wisconsin 2007. Wisconsin Department of Health and Family Services, Division of Public Health. Bureau of Environmental and Occupation Health.
10. 2008 Wisconsin County Health Rankings: Full Report. University of Wisconsin School of Medicine and Public Health, Wisconsin Population Health Institute. November 2008

# Existing, Emerging, and Re-emerging Communicable Diseases

## Healthiest Wisconsin 2010 <sup>1</sup>

### Definition

*Emerging communicable diseases may result from changes in existing organisms; or diseases that are known to occur in one setting may spread to new geographic areas or human populations. Previously unrecognized infections may appear in persons living or working in areas undergoing ecological changes (e.g., deforestation) that increase human exposure to insects, animals, or environmental sources that may harbor new or unusual infectious agents (Morse, 1995). Communicable diseases re-emerge by developing antimicrobial resistance (e.g., gonorrhea, pneumococci) or when the public health measures that originally brought them under control are reduced or eliminated (e.g., tuberculosis, pertussis) (Institute of Medicine, 1992).*

### Objectives

The Existing, Emerging, and Re-emerging Communicable Diseases priority has four sets of objectives: conduct statewide communicable disease surveillance and response; meet goals for vaccine preventable diseases and immunization; assure food borne and waterborne disease control; and respond to antibiotic and antimicrobial resistance.

## St. Croix County Summary

Communicable disease rates have remained low in St. Croix County. However the county did experience a sharp spike of pertussis in 2004 and 2005 and experienced a 50% increase in salmonellosis between 2002 and 2007.

Methicillin-resistant *Staphylococcus aureus* (MRSA): Currently designing a new surveillance plan for community-acquired MRSA.

In 2008, St. Croix County reported 4 new HIV cases, and there are an estimated 37 individuals living with HIV in the county. Both of these measures place St. Croix County in the second-lowest quintile of Wisconsin counties. <sup>4</sup>

By far the fewest reported cases of H1N1 are occurring in Wisconsin's most Northern counties. However, counties that border large metropolitan areas are seeing relatively high numbers of cases. St. Croix County ranks just above the 10th highest county in the state for both numbers of cases and for rate of cases per 100,000 people.

For the period August 30 to September 30, 2009, St. Croix County reported 11 cases of H1N1. This was the 11th highest number among Wisconsin's 72 counties. St. Croix County's cumulative rate for H1N1 was 13.6 cases per 100,000 people; the 12th highest rate in the state. St. Croix County had no hospitalized cases and no deaths during this period. \* *Weekly Influenza Surveillance Report, September 30, 2009, Wisconsin Department of Health Services*

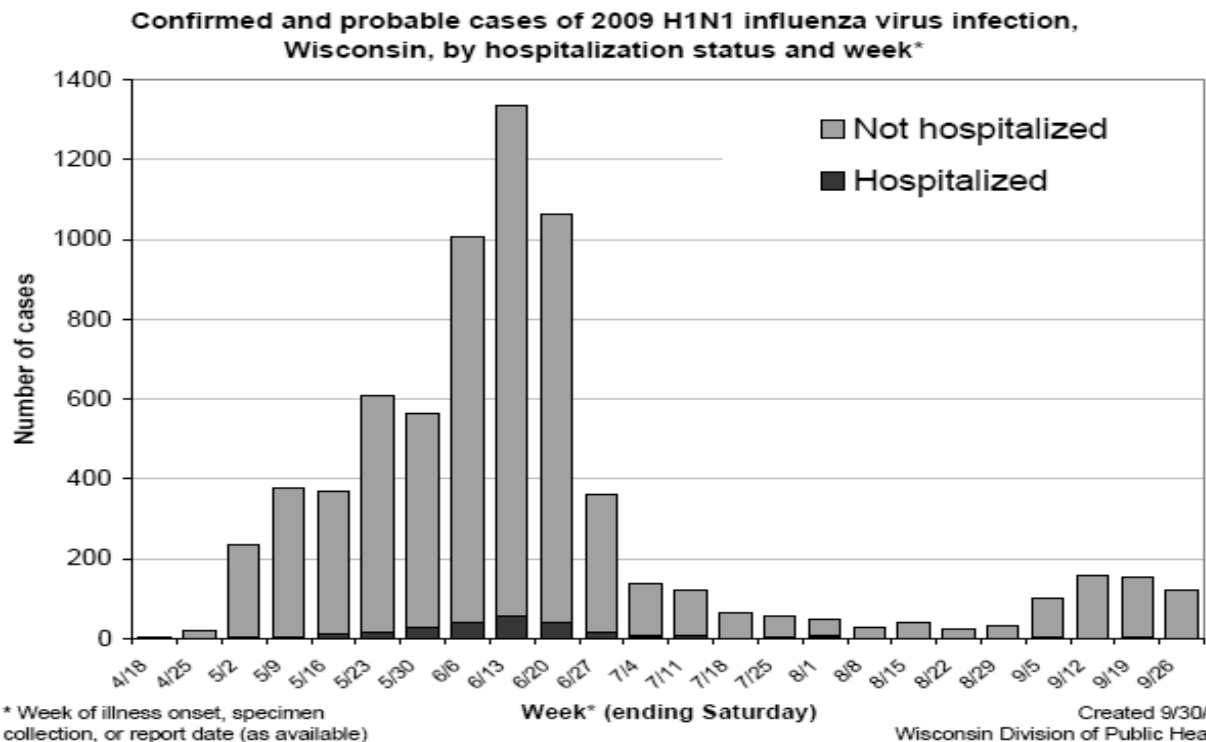
2008–2009 Immunization Compliance Reports for St. Croix County public school districts show most of the districts are at or above 99% compliance, except for Hudson (96.91%) and Somerset (91.16%). Those percentages translate into 144 children behind schedule for immunizations in the Hudson School District and 141 behind schedule in the Somerset School District. <sup>5</sup>

# Existing, Emerging, and Re-emerging Communicable Diseases

## Key St. Croix County Data

### Wisconsin 2010 Scorecard (Change from Baseline in 2000)

Statewide Scorecard on Changes in Existing, Emerging & Re-emerging Communicable Diseases	Baseline (2000)	Most Recent	Change	St. Croix Measure
Percent of children aged 19–35 months who are fully immunized	74.2%	82.9%	Improved	
Percent of school-age children who met immunization requirements	NA	98.0%	-	
Percent of adults aged 65+ who received a flu shot in the past 12 months	70%	74%	Improved	
Percent of adults aged 65+ who ever received a pneumonia shot	65%	70%	Improved	
Percent of adults with diabetes who received a flu shot in past 12 months	61%	66%	Improved	
Percent of adults with diabetes who ever received a pneumonia shot	55%	56%	Improved	
E. coli incidence rate (new cases per 100,000 population)	6.8	2.5	Improved	2 cases in 2007
Salmonellosis incidence rate (new cases per 100,000 population)	14.3	18.2	Worse	12 cases in 2007
Shigellosis incidence rate (new cases per 100,000 population)	6.2	6.1	Improved	1 case in 2007
Campylobacteriosis incidence rate (new cases per 100,000 population)	22.5	23.9	Worse	10 cases in 2007
Hepatitis A incidence rate (new cases per 100,000 population)	2.0	2.3	Worse	0 cases in 2007



# Existing, Emerging, and Re-emerging Communicable Diseases

## Key St. Croix County Data <sup>6</sup>

	2002	2003	2004	2005	2006	2007
<b>Botulism</b>	0	0	0	0	0	0
<b>Campylobacter</b>	11	8	7	8	9	10
<b>Cholera</b>	0	0	0	0	0	0
<b>Cryptosporidium</b>	1	3	0	1	0	4
<b>E-Coli 0157:H7</b>	5	0	2	2	0	2
<b>Giardia</b>	9	6	6	6	3	4
<b>Hepatitis Type A</b>	0	0	0	0	0	
<b>Hepatitis Type B</b>	11	<5	<5	<5	<5	
<b>Hepatitis NANB/C</b>	32	10	17	11	9	
<b>Legionellosis</b>	1	0	1	1	0	1
<b>Listeriosis</b>	0	0	1	0	0	0
<b>Measles</b>	0	0	0	0	0	
<b>Meningitis, Aseptic</b>	0	<5	<5	<5	0	
<b>Meningitis, Bacterial</b>	0	0	0	0	0	
<b>Mumps</b>	0	0	0	0	<5	
<b>Pertussis</b>	<5	0	22	87	<5	
<b>Salmonellosis</b>	8	7	7	6	11	12
<b>Shigellosis</b>	0	0	0	1	2	1

## References

1. Healthiest Wisconsin 2010
2. Institute of Medicine 1992
3. Community Health Status Report, [communityhealth.hhs.gov](http://communityhealth.hhs.gov)
4. Wisconsin AIDS/HIV Surveillance Annual Report: Cases reported through December 31, 2008. <http://dhs.wisconsin.gov/aids-hiv/Stats/CumEpiProfile2009.pdf>
5. St. Croix County Public Health
6. Public Health Profiles, St. Croix County. <http://dhs.wisconsin.gov/localdata/counties/stcroix.htm>

# High Risk Sexual Behavior

## Healthiest Wisconsin 2010 <sup>1</sup>

### Definition

*Sexual behaviors, including unprotected sex, that make someone more susceptible to infections or diseases, or that result in unintended pregnancy.*

### Objectives

The High Risk Sexual Behavior priority has three sets of objectives: delay adolescent sexual activity; avoid unintended pregnancy; and reduce the incidence of sexually transmitted disease, including HIV infection.

## St. Croix County Summary

St. Croix County ranks 7th best in the state in terms of births to teenagers, with 16 births to teens as compared to 31 births to teens in reporting at the midpoint of the 10 years of Healthiest Wisconsin 2010 (2005).

Over the course of the past few years the county has experienced a steady growth in sexually-transmitted diseases. As a result the county ranks 44th out of 72 counties in this category. Between 2001 and 2007 St. Croix County rates increased as follows:

- Chlamydia 43%
- Genital Herpes 100%
- Gonorrhea 100%
- Syphilis (congenital) >100%

According to the Youth Risk Behavior Survey, St. Croix County high school students report significantly lower rates of sexual activity than their peers statewide. St. Croix County students also report believing it is important to wait until marriage to engage in sexual intercourse. However, St. Croix County female high school students also report being forced to engage in sexual activities at a slightly higher than statewide rate, and St. Croix County students reported dramatically lower rates of condom and birth control pill use than their peers statewide.

- 139 per 100,000 sexually transmitted infection rate, ranked 19 of 73 in Wisconsin<sup>1</sup>
- Teen birth rate/1000 births: 16.0, ranked 7 of 73 in Wisconsin<sup>1</sup>
- Percent of Wisconsin students who ever had sexual intercourse has been increasing from 2003 (36.8%) to 2007 (44.6%).<sup>3</sup> Healthy Wisconsin 2010 target is 30%.
- Despite a declining teen birth rate statewide and among most race/ethnicity groups in Wisconsin, Milwaukee continues to have one of the highest teen birth rates in the U.S.
- After a decade-long downward trend in the annual number of new cases of HIV infection, the number of newly reported cases between 1998 and 2005 was relatively constant, averaging 377 new cases of HIV infection per year. Increases in reported cases were largely restricted to men who have sex with men, an estimated 55% of reported cases.
- Continuing development and refinement of HIV rapid testing technologies will likely result in federal Food and Drug Administration approval of rapid HIV home testing and the need for education and follow-up confirmatory testing of persons who have preliminary reactive HIV test results through home test kits.

# High Risk Sexual Behavior

## Key St. Croix County Data

### Wisconsin 2010 Scorecard (Change from Baseline in 2000)

Statewide Scorecard on Changes in High Risk Sexual Behavior since 2000	Baseline (2000)	Most Recent	Change	St. Croix Measure
Percent of high school students who have ever had sexual intercourse	42%	40%	Improved	32%
Percent of pregnant women in the past 5 years whose pregnancy was unintended	34.5	NA	-	NA
Syphilis incidence rate (new cases per 100,000 population)	2.2	1.5	Improved	2
Chlamydia trachomatis incidence rate (new cases per 100,000 population)	304.2	350.2	Worse	91
Neisseria gonorrhoeae incidence rate (new cases per 100,000 population)	130.2	92.0	Improved	7
HIV incidence rate (new cases per 100,000 population)	7.3	7.0	Improved	

### 2008 Population Health Institute Rankings<sup>2</sup>

Health Determinant Factors	St. Croix County	Best County in Wisconsin	Wisconsin Average	St. Croix Ranking (1 = best, 73 = worst)	
Teen birth rate	16.0	8.8	30.9	7	Rate per 1,000 births; Females aged 15–19. Source: Wisconsin Interactive Statistics on Health (WISH) database Teen Births query
Sexually transmitted disease rate	2.1%	0.0%	2.2%	44	Rate per 100,000 population; Source: Wisconsin Department of Health and Family Services (DHS) <i>Statewide Profile and Case Rates by County</i>

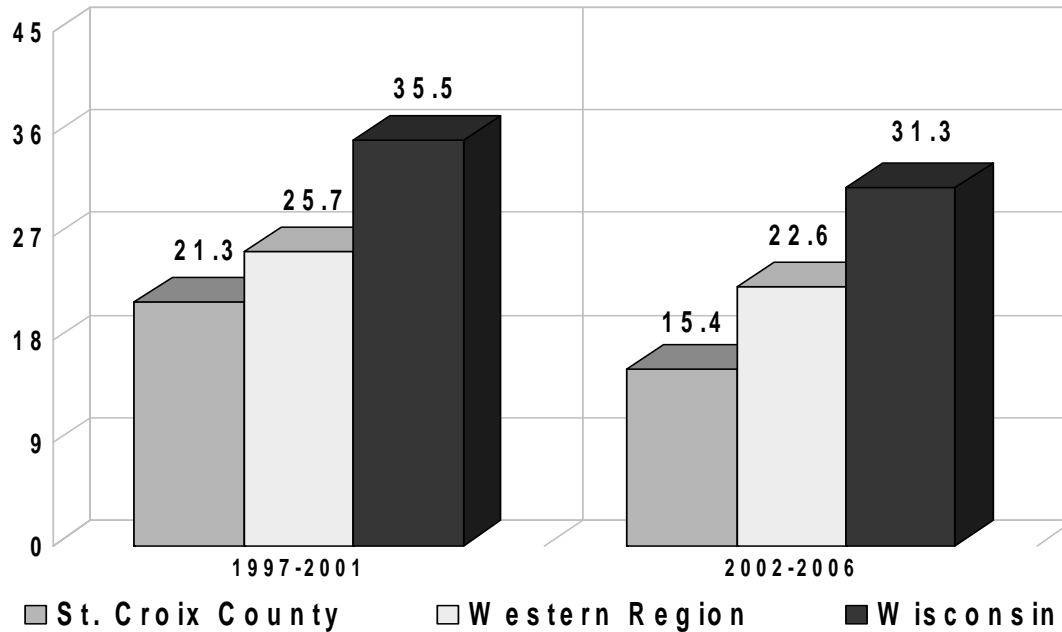
### Number of Selected Sexually Transmitted Diseases Affecting St. Croix County Residents<sup>3</sup>

	2001	2002	2003	2004	2005	2006	2007
Chlamydia	51	53	75	57	86	76	73
Genital Herpes	12	25	21	16	20	19	24
Gonorrhea	3	4	11	6	10	9	6
Syphilis, Congenital	0	0	0	1	1	0	2

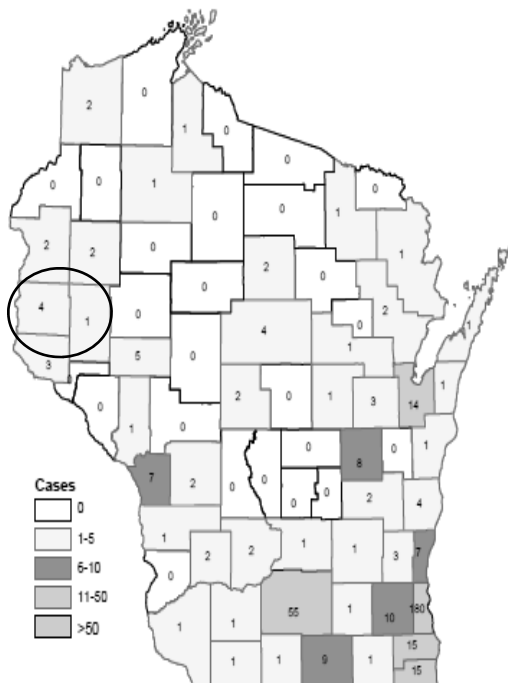
# High Risk Sexual Behavior

## Key St. Croix County Data

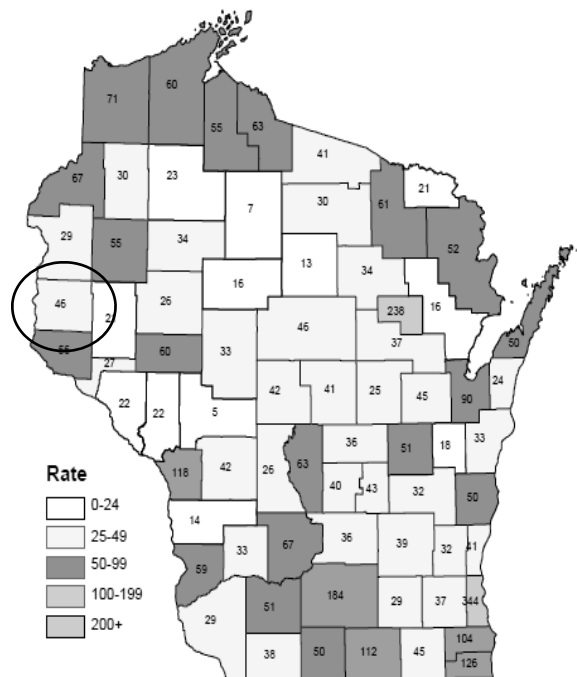
**1997-2001 and 2002-2006 Comparison of Teen Birth Rate<sup>4</sup>**  
 Mothers under 20 years of age, births per 1,000 Females 15-19 Years of Age.



**New cases of HIV infection reported in 2008 by County<sup>6</sup>**



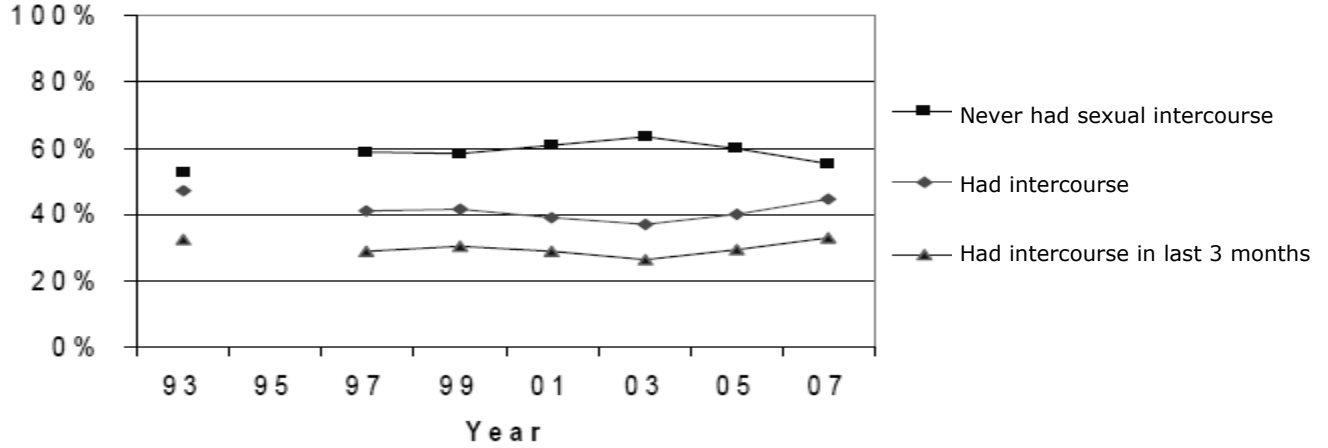
**Reported cases of HIV infection reported, presumed alive per 100,000 population, by county December 31, 2008<sup>6</sup>**



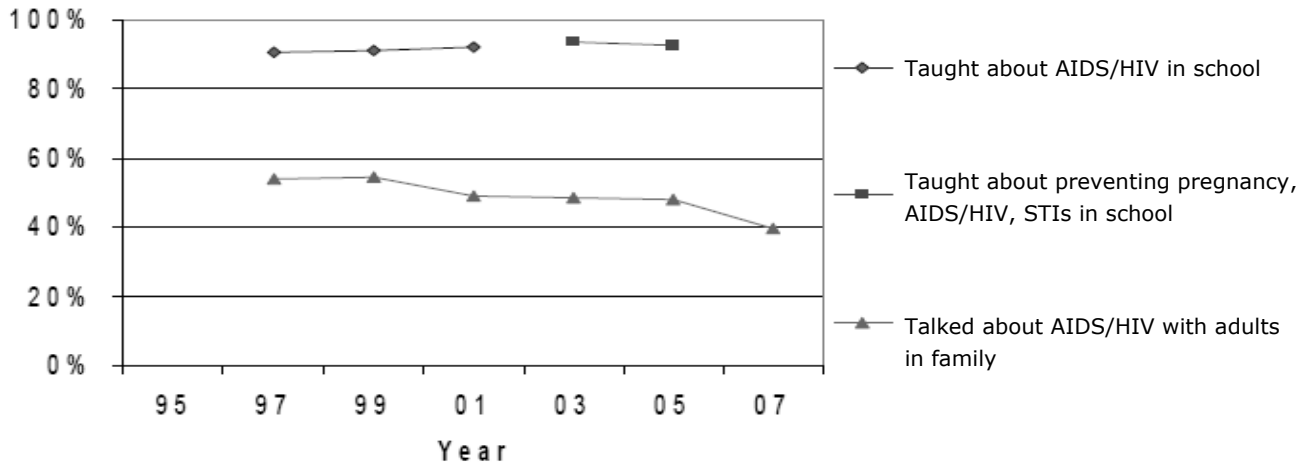
# High Risk Sexual Behavior

## Key St. Croix County Data

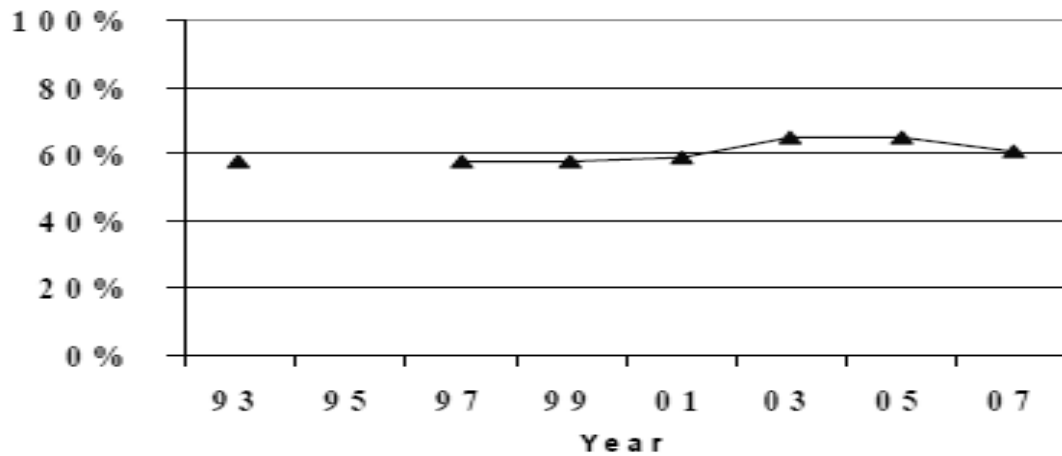
Percent of Wisconsin High School Students Who Reported Having Had Sexual Intercourse, 1993-2007 <sup>5</sup>



Percent of Wisconsin High School Students Who Reported Being Taught About AIDS/HIV at School or Home 1993-2007 <sup>5</sup>



Condom Use Among Wisconsin High School Students Who Have Had Intercourse in Past Three Months 1993-2007 <sup>5</sup>



## High Risk Sexual Behavior

### Youth Risk Behavior Survey: Comparison Between St. Croix County and Wisconsin <sup>5</sup>

High Risk Sexual Behavior	Wisconsin High Schools 2007	St. Croix County High Schools 2008
Percentage of students who ever had sexual intercourse	44.6	32.0
Percentage of students who had sexual intercourse for the first time before age 13 years	4.5	4.0
Percentage of students who had sexual intercourse with four or more people during their life	12.7	8.8
Percentage of students who had sexual intercourse with one or more people during the past three months	32.9	21.4
Among students who had sexual intercourse during the past three months, the percentage who used a condom during last sexual intercourse	61.4	21.6
Among students who had sexual intercourse during the past three months, the percentage who used birth control pills to prevent pregnancy before last sexual intercourse	25.7	6.2
Percentage of students who have ever been forced, either verbally or physically, to take part in a sexual activity	9.6	9.9
Percentage of students who think it is important to delay having sexual intercourse until they are married	17.6	21.1
Percentage of students who have ever talked about AIDS or HIV infection with their parents or other adults in their family	39.8	35.4

“Teen pregnancy and sexual behaviors is on the rise big time, we need education.”

*(Use Your Voice)*

# High Risk Sexual Behavior

## References

1. Healthiest Wisconsin 2010
2. Wisconsin County Rankings, 2008 County Health Snapshot, UW Population Health Institute
3. Konkle, Kate — DHS PowerPoint Slides
4. Wisconsin Interactive Health Statistics
5. Wisconsin Youth Behavioral Risk Survey Trends 1993—2007, The Center for Urban Initiatives and Research, University of Wisconsin – Milwaukee
6. Wisconsin Department of Health Services, Wisconsin AIDS/HIV Program: <http://dhs.wisconsin.gov/aids-hiv/Stats/index.htm>

# Intentional and Unintentional Injuries and Violence

## Healthiest Wisconsin 2010 <sup>1</sup>

### Definition

*Injury is defined as “any unintentional or intentional damage to the body resulting from acute exposure to thermal, mechanical, electrical, or chemical energy or from the absence of such essentials as heat or oxygen” (National Committee for Injury Prevention and Control, 1989). There are 2 classifications of injuries:*

- *Unintentional, such as falls, burns, motor vehicle crashes, poisonings, and drowning.*
- *Intentional, violent injury, including suicide, homicides, and assaults such as sexual assault, intimate partner violence, child, and elder abuse. Injuries do not happen by chance. They follow a distinct pattern, like diseases. Injuries are predictable and preventable. Injury occurs because of the interaction of three sources— the host (injured person), the agent (form of energy), and the environment.*

### Objectives

The Intentional and Unintentional Injuries and Violence priority has five sets of objectives: prevent child maltreatment, motor vehicle-related injuries and death, fall-related injuries and death; further trauma system development, and improve the injury surveillance system.

## St. Croix County Summary

Rates of injury hospitalization across the board in St. Croix County have trended well below comparable statewide rates. Even though car crash rates in the county have risen over the past few years—especially on local roads and state highways as opposed to county highways—these rates still remain below state rates, leaving the county with a rate among the state’s top 10. Although crashes are up nearly 20 percent, fatalities have remained relatively constant, but above state averages. Crashes on local roads have increased most dramatically.

In the most recent Youth Risk Behavior Survey, St. Croix County high school students reported:

- Wearing bike helmets and seat belts at rates significantly above state rates,
- Carrying weapons at significantly higher rates than statewide,
- That someone had tried to hurt them on school property at rates higher than statewide,
- That they had been forced to participate in sexual activity at rates above the state rate.

Statewide, the rate of violent crime is trending slightly downward, and St. Croix County continues to have a relatively low rate of violent crime. According to the Office of Justice Assistance, St. Croix County’s violent crime rate in 2007 was 78 per 100,000, while the state rate was 288 per 100,000.

Assaults and threats against law enforcement officers increased statewide by 35% in 2006 and 2007. In 2007, St. Croix County experienced 11 assaults on officers. Only 3 counties had more.

St. Croix has lower than statewide rates for child abuse and neglect reports and for substantiated reports. In 2006, Child Protective Services received 17.8 reports per 1,000 children, compared to a state rate of 30.4 reports. Of the reports made, however, about the same rate of confirmation applied in St. Croix County as in the rest of the state (17.4% confirmation in St. Croix County and 18.1% confirmation across Wisconsin).

For one recent year (2005) St. Croix County’s rate of domestic violence arrests was higher than the statewide rate (3.6 arrests per 1,000 people compared to 3.2 statewide).

The suicide rate in St. Croix County from 2001–2006 was 8.0 deaths by suicide per 100,000 population. This rate was lower than the state rate of 11.8 per 100,000. In 2007 the St. Croix County suicide rate increased to nearly 12, and the state rate increased to nearly 13 deaths by suicide per 100,000 population. Firearms were responsible for 49% of the suicide deaths in St. Croix County.

From 2000 to 2004, death by homicide accounted for 2.79 deaths per 100,000 people in St. Croix County and 3.3 deaths per 100,000 statewide. In 2006 there were 4 murders in St. Croix County, and there were none in 2007. Between 2006 and 2007 the statewide rate for murders fell by 10%.

# Intentional and Unintentional Injuries and Violence

## Key St. Croix County Data

### Wisconsin 2010 Scorecard (Change from Baseline in 2000)

Statewide Scorecard on Changes in Intentional and Unintentional Injuries and Violence since 2000	Baseline (2000)	Most Recent	Change	St. Croix Measure
Number of reports of child abuse or neglect	38,010	40,473	Worse	361
Rate of child abuse/neglect reports per 1,000 children under age 18	27.8	28.9	Worse	17.4
Number of child abuse/neglect reports that were substantiated	10,144	7,994	Improved	36
Number of child abuse/neglect reports that were substantiated or found "likely"	12,609	10,105	Improved	41
Number of deaths due to substantiated child abuse or neglect	10	33 (2007)	Worse	1
Rate of motor vehicle crash deaths and incapacitating injuries per 100,000 population	139.3	120.4	Improved	NA
Rate of motor vehicle crash deaths and incapacitating injuries per 100 million miles traveled	13.1	11.1	Improved	NA
Age-adjusted rate of motor vehicle deaths per 100,000 population	14.9	13.3	Improved	NA
Age-adjusted rate of deaths from falls per 100,000 population	10.9	12.5	Worse	NA
Age-adjusted rate of hospitalizations from falls per 100,000 population	382.4	385.8	Improved	NA

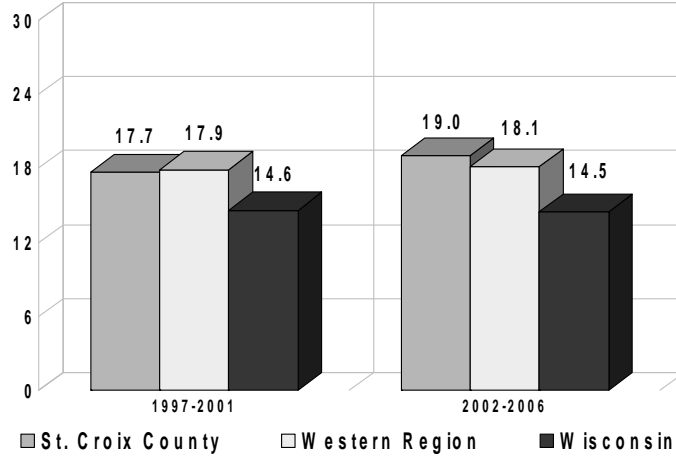
### 2008 Population Health Institute Rankings<sup>3</sup>

Health Determinant Factors	St. Croix County	Best County in Wisconsin	Wisconsin Average	St. Croix Ranking (1 = best, 73 = worst)	
Motor vehicle crash occupancy (# of people in	33.1	20.6	41.4	10	Wisconsin Crash Outcomes Data Evaluation System (CODES)
Motor vehicle crash-related ER visits (onroad)/100,000 population	568	110	712	31	Wisconsin Department of Health and Family Services (DHS) online query system. Wisconsin Interactive Statistics on Health (WISH): Injury-Related Emergency
Motor vehicle crash-related ER visits (offroad)/100,000	103	38	91	24	Same as above for boating and non-traffic motor vehicles
Violent crime rate/100,000	63.9	21.5	240.3	16	Crime and Arrest Reports: Wisconsin Office of Justice Assistance

# Intentional and Unintentional Injuries and Violence

## Key St. Croix County Data

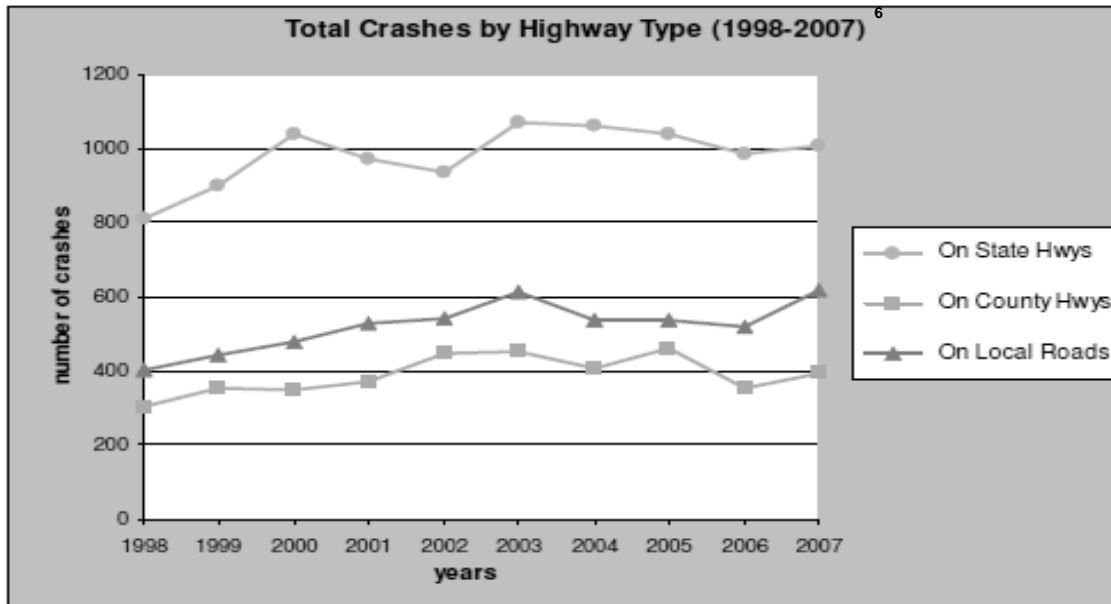
1997-2001 and 2002-2006 Comparison Age Adjusted Mortality Rate with Motor Vehicle Accidents Listed as the Primary Cause of Death <sup>4</sup>



St. Croix County Crash History (1998-2007) <sup>6</sup>

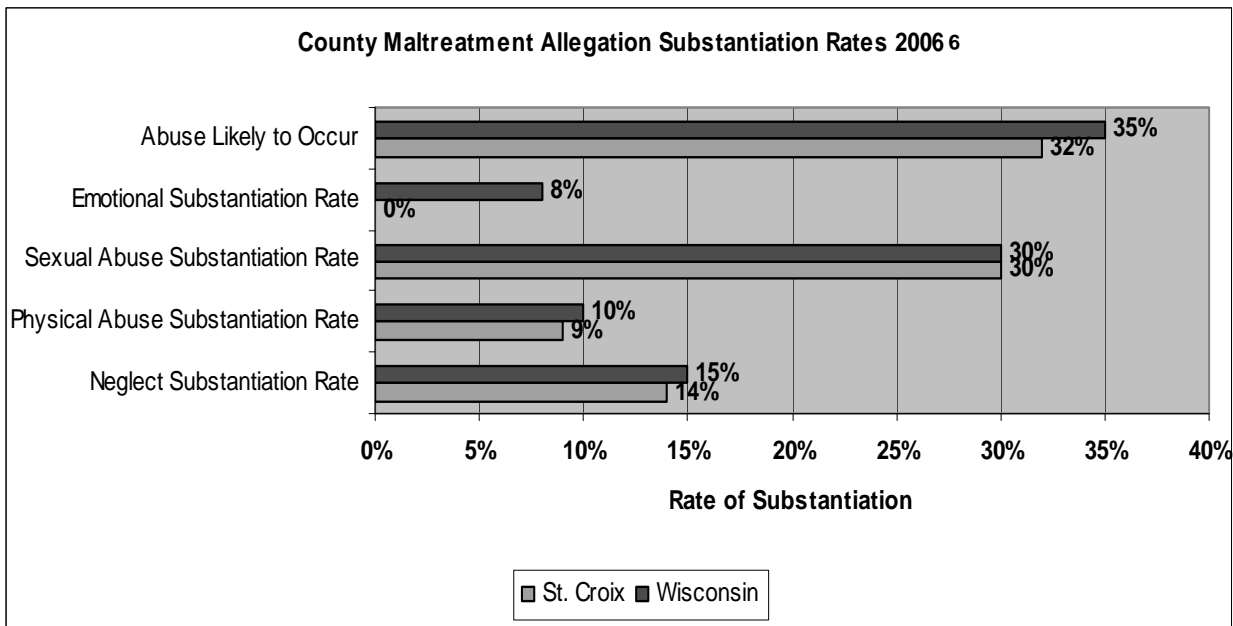
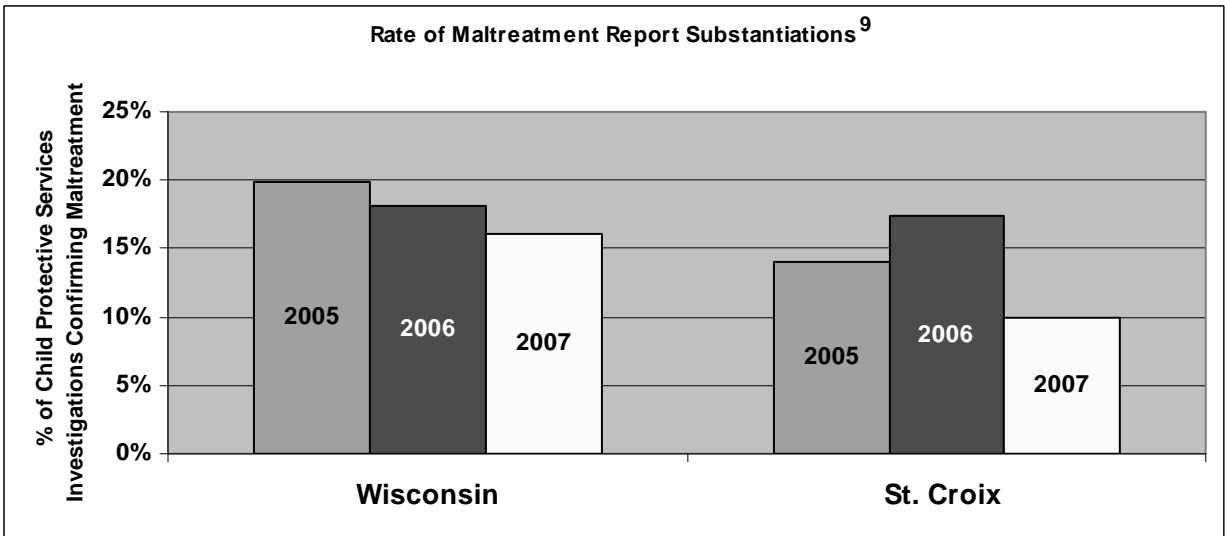
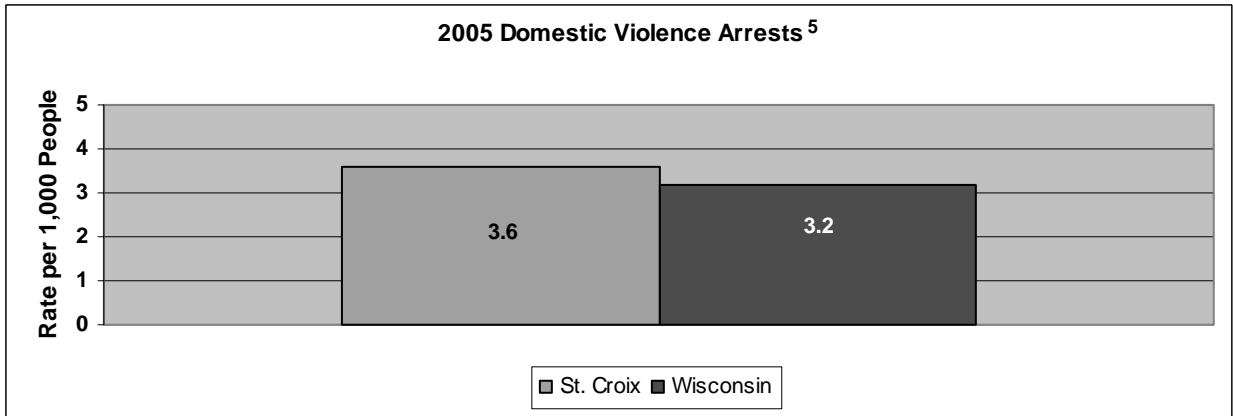
Data Item	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
All Crashes	1520	1701	1868	1871	1924	2137	2006	2037	1858	2022
On State Hwys	810	902	1037	970	936	1072	1062	1038	983	1008
On County Hwys	305	354	351	373	446	453	407	461	354	394
On Local Roads	405	445	480	528	542	612	537	538	521	620
Total Injuries	682	670	821	773	658	689	712	668	631	658
Total Fatalities	20	15	18	16	20	20	15	12	10	17
Bicycle crashes	6	7	9	2	3	5	9	8	9	4
Pedestrian crashes	15	5	7	9	13	7	12	12	8	6

St. Croix County Crashes by Highway Type (1998-2007)



# Intentional and Unintentional Injuries and Violence

## Key St. Croix County Data



# Intentional and Unintentional Injuries and Violence

## Key St. Croix County Data

TOTAL REPORTS St. Croix County <sup>9</sup>		Physical Abuse				Sexual Abuse				Neglect				Emotional Abuse				Abuse Likely To Occur			
		S	U	N	Total	S	U	N	Total	S	U	N	Total	S	U	N	Total	S	U	N	Total
2003	485	3	82	16	101	51	72	8	131	31	109	14	154	1	5	0	6	14	0	3	17
2004	510	17	118	2	137	59	110	5	174	20	140	3	163	0	2	0	2	21	27	2	50
2005	434	5	101	0	106	45	96	0	141	11	191	2	204	0	1	0	1	30	49	8	87
2006	368	30	178	0	208	8	80	2	90	26	57	4	87	0	4	0	4	21	45	0	66
2007	361	19	193	1	213	1	101	0	102	16	52	0	68	0	4	0	4	5	43	0	48

S = Substantiated    U = Unsubstantiated    N = Insufficient Evidence ("unsubstantiated")

### County Maltreatment Allegation Substantiation Rate by Maltreatment Type, 2006<sup>9</sup>

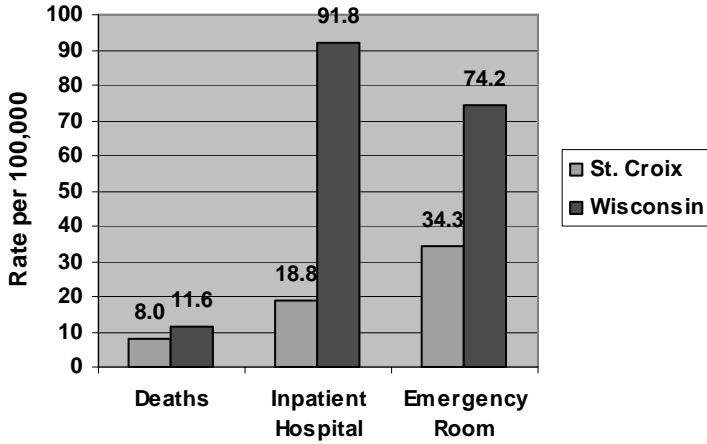
	Neglect Substantiation Rate	Physical Abuse Substantiation Rate	Sexual Abuse Substantiation Rate	Emotional Abuse Substantiation Rate	Abuse Likely to Occur Rate
<b>St. Croix County</b>	14%	9%	30%	0%	32%
<b>State Total</b>	15%	10%	30%	8%	35%

Violent Offenses 2006–2007 Comparison <sup>9</sup>	Total Violent Offenses			Murder			Rape			Robbery			Aggravated Assault		
	2006	2007	% change	2006	2007	% change	2006	2007	% change	2006	2007	% change	2006	2007	% change
	#	#		#	#		#	#		#	#		#	#	
<b>St. Croix</b>	65	56	<b>-14%</b>	4	0	<b>-</b>	11	10	<b>-9%</b>	2	12	<b>500%</b>	48	34	<b>-29%</b>
<b>Wisconsin</b>			<b>0.4%</b>			<b>10.9%</b>			<b>-1.5%</b>			<b>-3.1%</b>			<b>2.5%</b>

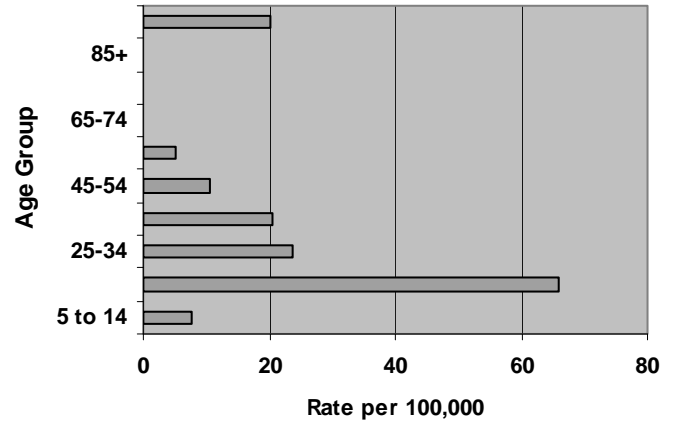
# Intentional and Unintentional Injuries and Violence

## Key St. Croix County Data

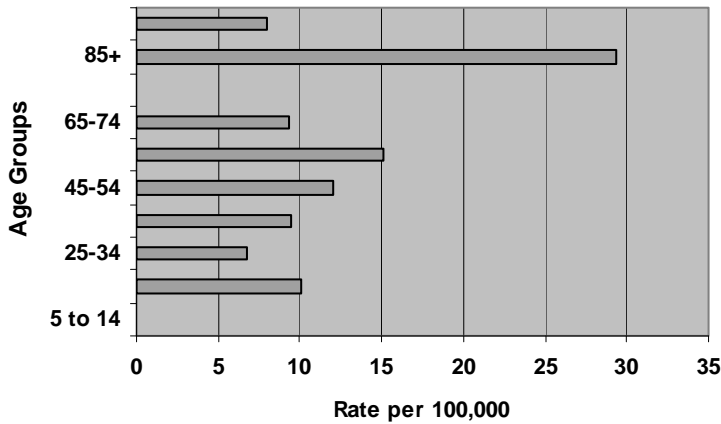
Rates of Suicidal Behavior 2001 - 2006 <sup>7</sup>



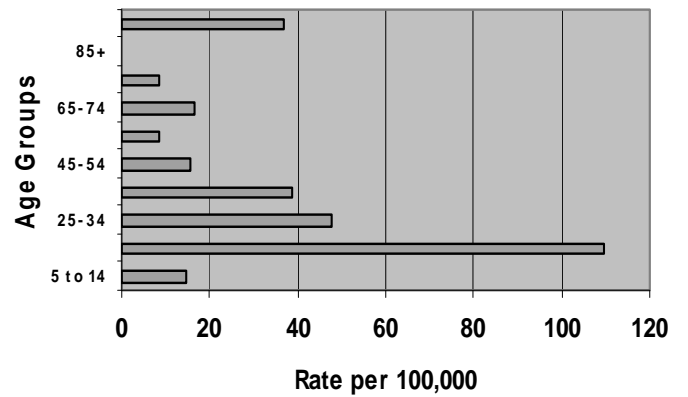
St. Croix Suicide Attempt In-Patient Hospitalizations by Age Group 2001 - 2006 <sup>7</sup>



Rate of St. Croix County deaths by Suicide by Age Group 2001 - 2006 <sup>7</sup>



St. Croix County Suicide Attempt ER Visits by Age Group 2001 - 2006



# Intentional and Unintentional Injuries and Violence

## Key St. Croix County Data

Cause of Injury Hospitalization	Number	Rate per 100,000	WI Rate Per 100,000
Falls	749	202.2	408.7
Motor Vehicle Traffic Crash (occupant, motorcyclist bicyclist, pedestrian)	99	26.7	92.1
Poisoning	103	27.8	112.0
Struck By or Against Object or Person	46	12.4	33.0
Nontraffic ( bicyclist, pedestrian, other)	60	16.2	28.4
Overexertion	59	15.9	21.2
Cutting or Piercing	31	8.4	27.6
Natural or Environmental Factors	48	13.0	18.6
Machinery	6	1.6	6.9
Fire, Heat, Chemical Burns	11	3.0	12.0

## Youth Risk Behavior Survey: Comparison Between St. Croix County and Wisconsin <sup>7</sup>

Intentional and Unintentional Injuries and Violence	Wisconsin High Schools 2007	St. Croix County High Schools 2008
Among students who rode a bicycle during the past 12 months, the percentage who never or rarely wore a bicycle helmet	88.5	70.8
Percentage of students who never or rarely wore a seat belt when riding in a car driven by someone else	13.3	8.8
Percentage of students who rode one or more times during the past 30 days in a car or other vehicle driven by someone who had been drinking alcohol	31.5	30.7
Percentage of students who drove a car or other vehicle one or more times during the past 30 days when they had been drinking alcohol	14.3	14.4
Percentage of students who carried a weapon such as a gun, knife, or club on one or more of the past 30 days	12.7	18.6
Percentage of students who carried a gun on one or more of the past 30 days	4.8	9.1
Percentage of students who carried a weapon such as a gun, knife, or club on school property on one or more of the past 30 days	3.6	3.6
Percentage of students who did not go to school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school	6.3	4.6
Percentage of students who had been threatened or injured with a weapon such as a gun, knife, or club on school property one or more times during the past 12 months	5.6	7.6

## Intentional and Unintentional Injuries and Violence

### Youth Risk Behavior Survey: Comparison Between St. Croix County and Wisconsin <sup>7</sup>

Intentional and Unintentional Injuries and Violence	Wisconsin High Schools 2007	St. Croix County High Schools
Percentage of students who were in a physical fight one or more times during the past 12 months	31.2	29.1
Percentage of students who were in a physical fight one or more times during the past 12 months in which they were injured and had to be treated by a	2.2	3.0
Percentage of students who were in a physical fight on school property one or more times during the past 12 months	11.4	9.7
Percentage of students who were ever hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months	8.9	8.3
Percentage of students who seriously considered attempting suicide during the past 12 months	15.0	13.7
Percentage of students who made a plan about how they would attempt suicide during the past 12 months	10.3	11.6
Percentage of students who actually attempted suicide one or more times during the past 12 months	7.3	7.0
Percentage of students who made a suicide attempt during the past 12 months that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	3.0	2.4
Percentage of students who responded that someone had tried to hurt them by hitting, punching, or kicking them while on school property one or more times during the past 12 months	20.8	25.9
Percentage of students who have been harassed, picked on, or bullied so much that they felt unsafe at school or that it was hard to do their best at school during the past 12 months	20.2	13.9
Percentage of students who never or rarely feel safe from physical harm when they are at school	9.6	8.7
Percentage of students who strongly agree or agree that harassment and bullying by other students is a problem at their school	47.1	39.6
Percentage of students who strongly agree or agree that violence is a problem at their school	32.6	25.4
Percentage of students who have ever been forced, either verbally or physically, to take part in a sexual activity	9.6	9.9

# Intentional and Unintentional Injuries and Violence

## New and Emerging Issues

### Prevention of Child Maltreatment

- There is a growing societal awareness of the problem of child sexual abuse. More people are willing to talk about child sexual abuse and identify strategies for addressing it. The Children's Trust Fund is leading the effort and identifying resources to create an awareness campaign.
- The impact of manufacturing or using methamphetamine in homes where children live has given rise to a complex new set of issues surrounding an old problem: drug-endangered children. Rural communities continue to experience the majority of methamphetamine cases.
- Improving the system to make it more seamless and efficient for families is important, especially critical for families who are involved in more than one system (e.g., W2, child welfare). Initiatives that strengthen families and integrate services improve opportunities for prevention and ease a family's passage through these systems.

### Other Injury Objectives

- Healthiest Wisconsin 2010 seeks increasing collaboration among emergency medical services, emergency medical services for children, the State Trauma Advisory Council, and state and local governmental public health agencies. These collaborations will enable identification of cross-cutting issues, decrease duplication, enhance use of scarce resources, and promote the quality of care provided to all ages in all Wisconsin communities.
- Pending legislative initiatives include primary seat belt legislation and legislation on booster seat and other child passenger safety restraint devices.
- Results are forthcoming from a four-year falls prevention grant to learn about interventions that prevent falls among the elderly. Wisconsin was the only state in the nation to receive funding for the U.S. Centers for Disease Control and Prevention's Multi-Factorial Falls Research Study.

## References

1. Healthiest Wisconsin 2010
2. National Committee for Intervention and Control 1989
3. Wisconsin County Rankings, 2008 County Health Snapshot, UW Population Health Institute
4. Konkle, Kate — DHS: PowerPoint Slides
5. Wisconsin Office of Justice Assistance
6. St. Croix County Conditions & Trends Report, West Central Wisconsin Regional Planning Commission, November 2008, Page 126
7. Wisconsin Youth Risk Survey, Department of Public Instruction
8. Burden of Suicide. <http://www.mhawisconsin.org/Uploads/prevention/bosfinal9.5.pdf>
9. 2008 Wisconsin Child Abuse and Neglect Report (2007 Data). Bureau of Program Integrity, Division of Safety and Performance, Wisconsin Department of Children and Families

# Mental Health and Mental Disorders

## Healthiest Wisconsin 2010

### Definition

*Mental health is linked with physical health and is fundamental to good health and human functioning. Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well being, family and interpersonal relationships, and meaningful contribution to community and society.*

*Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior, or some combination thereof, which are associated with distress and impaired functioning and result in human problems that may include disability, pain, or death. (U.S. Department of Health and Human Services, 1999)*

### Objectives

The Mental Health and Mental Disorders priority has four sets of objectives: improve screening and referral; eliminate discrimination and reduce stigma; increase the cultural competence of providers; and improve access to evidence based treatment.

## St. Croix County Summary and Emerging Issues

Over the past few years the estimated rate of non-institutionalized adult serious mental illness in St. Croix County has been slightly above the regional average and slightly below the statewide average, but has remained in the top third of counties statewide. The St. Croix County rate of psychiatric hospitalizations for all age groups for the period from 2003 through 2006 was significantly below both regional and statewide rates.

Overall, suicide rates and rates of suicide-related injuries and hospitalizations in St. Croix County have remained steadily and significantly below statewide rates. However, for older people in St. Croix County, both the suicide death rate and the rate at which individuals were taken to the Emergency Room for suicide-related injuries have been higher than the state or the region. These rates for the county may have been unduly affected by spikes in one or two years rather than by trends.

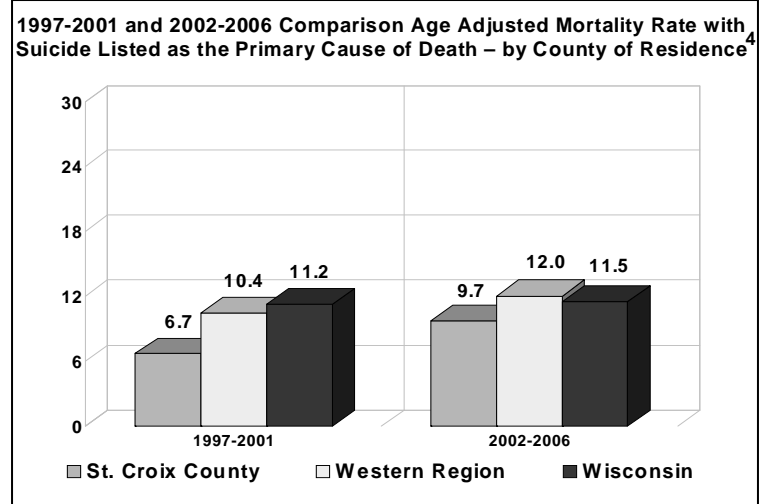
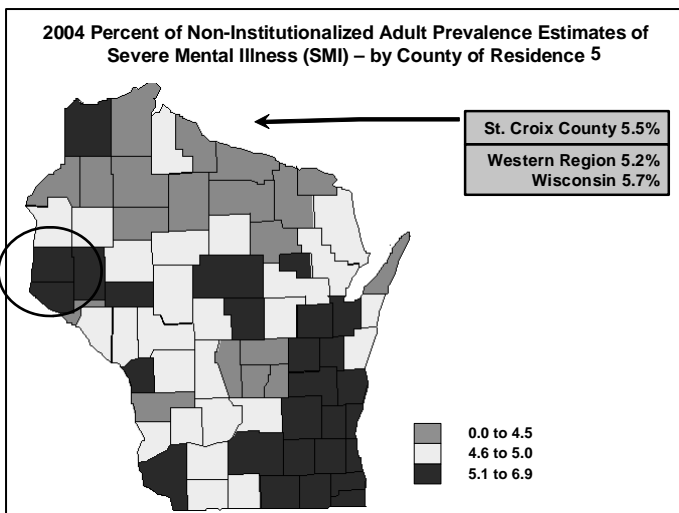
According to the 2007 Youth Risk Behavior Survey, St. Croix County high school students felt sad or hopeless almost every day for 2 weeks or more at about the same rate as their peers statewide, however the rate for males in the county was slightly above the state rate and the rate for females was slightly below the state rate. The county rate for high school students who reported making a plan about how they would commit suicide was also slightly above the state rate for both males and females.

- 4,282 people have major depression <sup>2</sup>
- 2004 percent of non-institutionalized adult prevalence estimates of severe mental illness:
  - St. Croix: 5.5% <sup>3</sup>
  - Western Region of state: 5.2%
  - Wisconsin: 5.7 %
- Wisconsin 9<sup>th</sup> and 12<sup>th</sup> grade students <sup>3</sup>
  - 1 in 5 students considered suicide
  - One-half (about 10% of students overall) reported attempting suicide
  - 2% attempting suicide sought treatment
- (SBIRT) Screening, Brief Intervention, Referral and Treatment approach is being piloted through the Wisconsin Initiative to Promote Health Lifestyles (WIPHL).

## Mental Health and Mental Disorders

- Mental health issues are becoming more prevalent among young children. The “Ace Study” identified impact that adverse early childhood events have on later life, including increased risk of illness and substance abuse.
- Financing and process concerns for mental health crisis events are straining family resources and governments at all levels. Prepare for impact of mental health and substance use disorders treatment parity in Wisconsin.
- County governments that by law are required to meet the needs of individuals with mental health and substance use disorders without access to other resources (Chapter 51) are struggling to maintain staff and funding to provide or pay for mental health and substance abuse services. Also, the federal government is seeking to redefine Medicaid services (e.g., Targeted Case Management), which could have a tremendous negative impact on county mental health programs.
- Rural Wisconsin continues to have limited access to specialty mental health and substance abuse providers and services, including geriatric psychiatrists, child and adolescent psychiatrists, and psychologists.
- Wisconsin Medicaid is expanding managed care for the Supplemental Security Income population. Individuals with a mental illness make up a large proportion of those persons eligible for SSI.

### Key St. Croix County Data

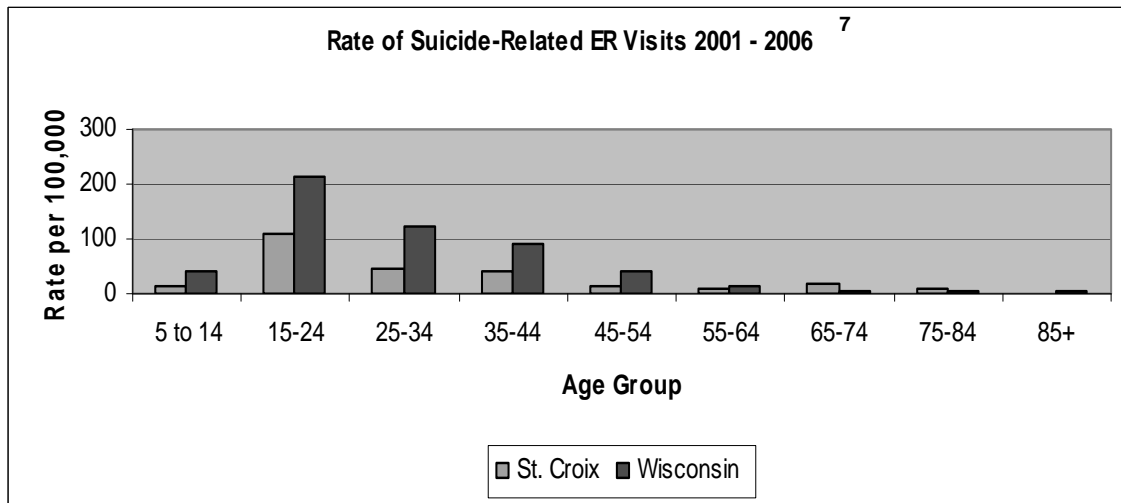
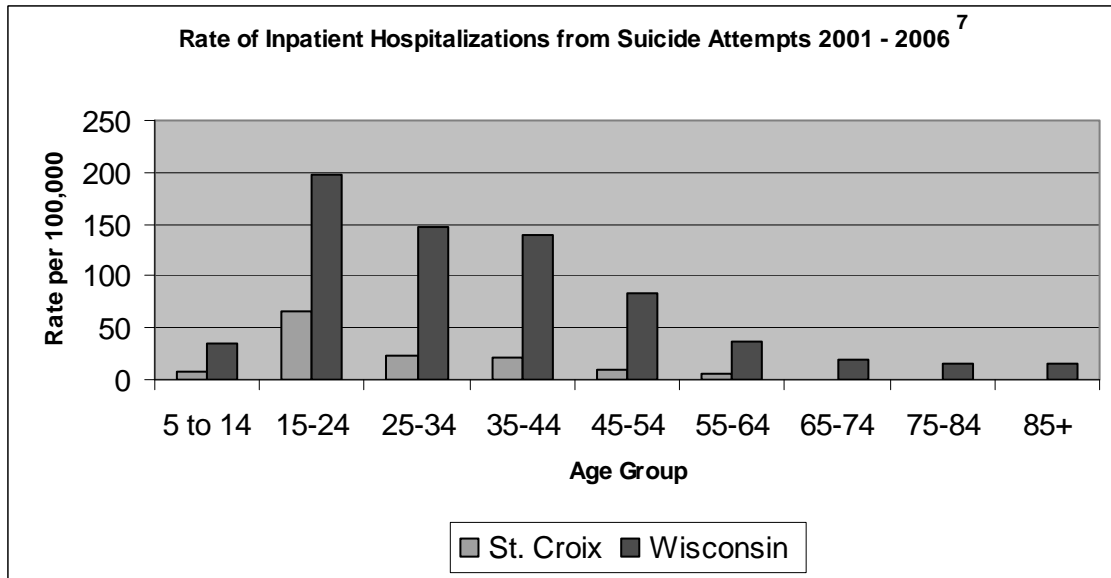
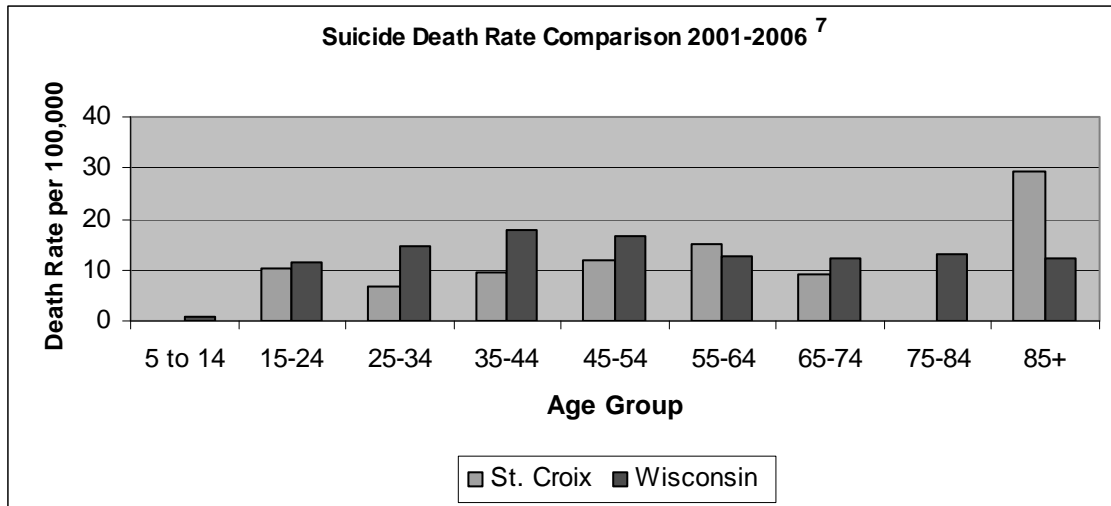


“We have a very underserved population of people with mental health issues. These are some of our most vulnerable people and we need to a better job of helping them and helping them learn to help themselves without having to feel ashamed.”

*(Use Your Voice)*

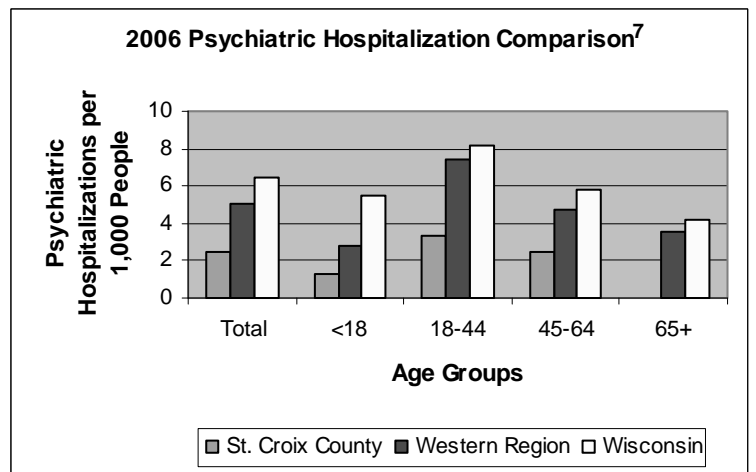
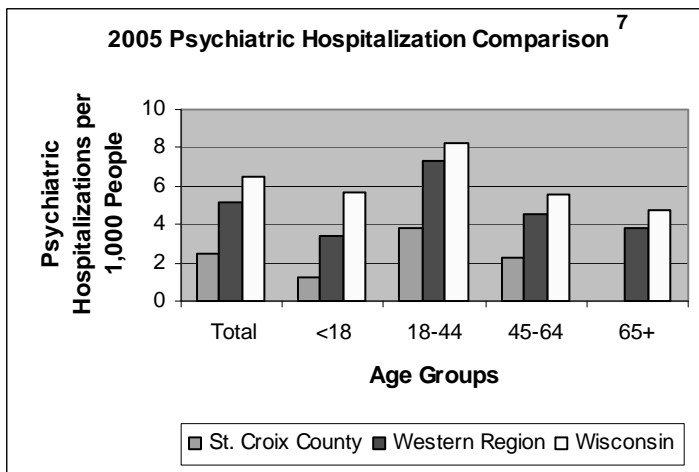
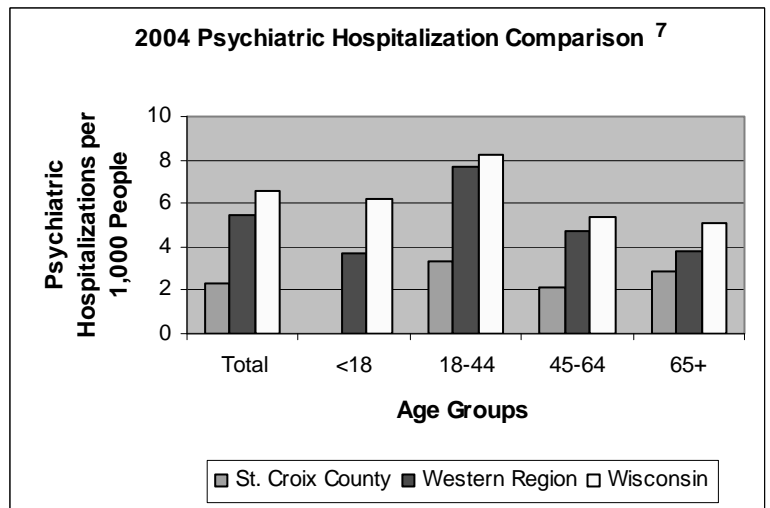
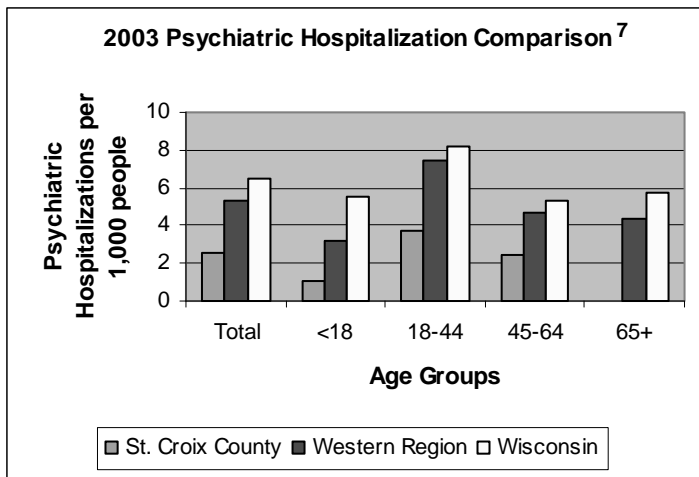
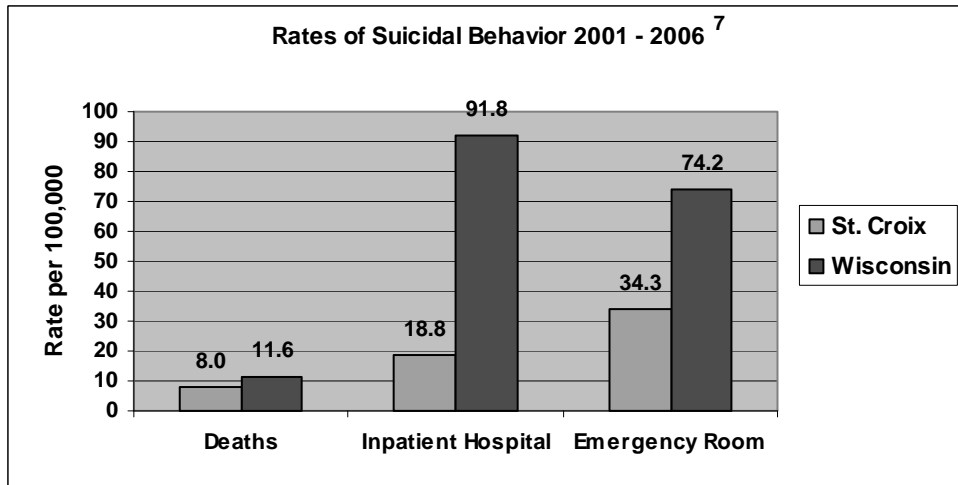
# Mental Health and Mental Disorders

## Key St. Croix County Data



# Mental Health and Mental Disorders

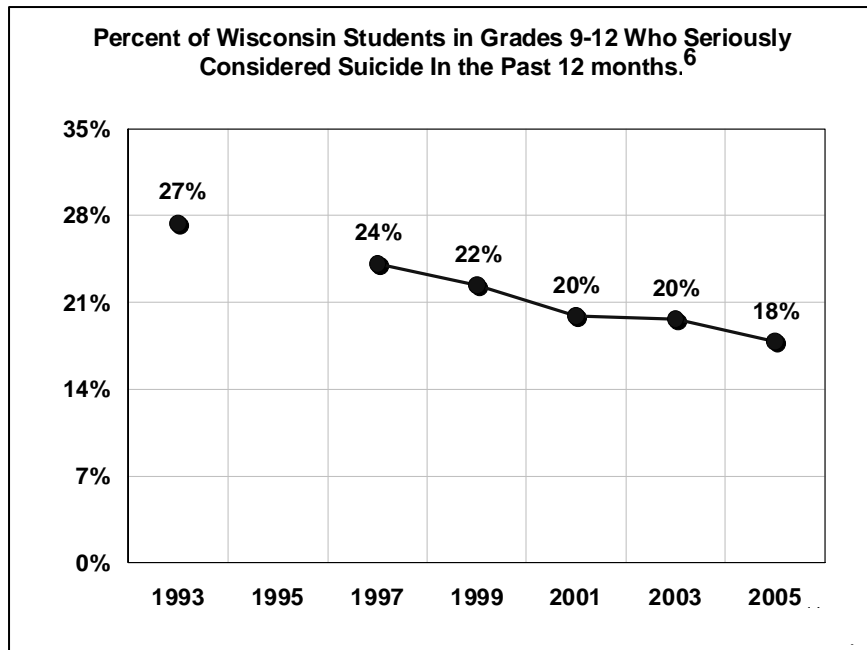
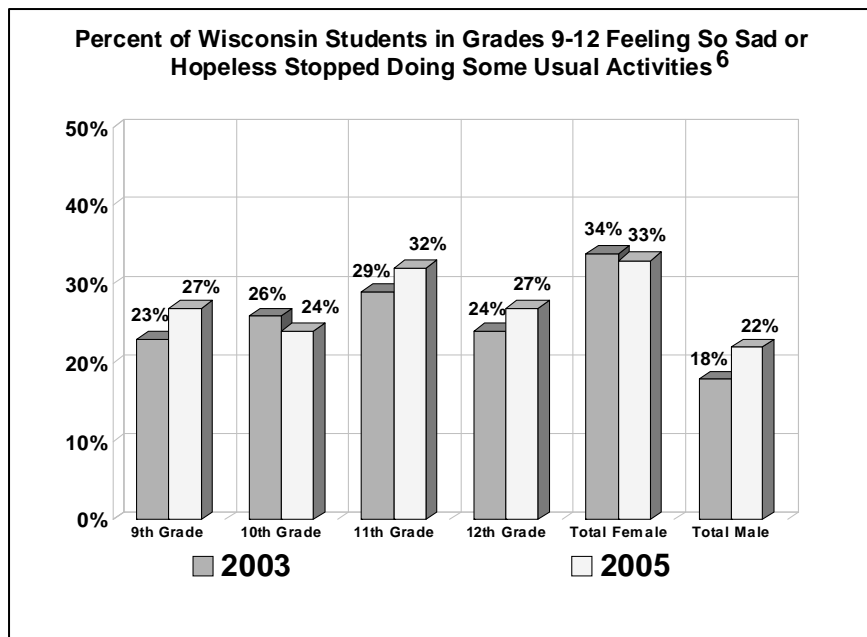
## Key St. Croix County Data



# Mental Health and Mental Disorders

## St. Croix County Youth Risk Behavior Survey: February and March 2008

During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?	22.9% said "Yes"
Do you have any long-term emotional or mental health problems like depression, anxiety, ADD/ADHD, eating disorders, or cutting? Long-term means 6 months or more.	18.1% said "Yes" 7.8% were "Not sure"



## Mental Health and Mental Disorders

### Youth Risk Behavior Survey: Comparison Between St. Croix County and Wisconsin <sup>6</sup>

Mental Health and Mental Disorders	Wisconsin High Schools 2007	St. Croix County High Schools 2008
Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months	22.4	22.9
Percentage of students who seriously considered attempting suicide during the past 12 months	15.0	13.7
Percentage of students who made a plan about how they would attempt suicide during the past 12 months	10.3	11.6
Percentage of students who actually attempted suicide one or more times during the past 12 months	7.3	7.0
Percentage of students who made a suicide attempt during the past 12 months that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	3.0	2.4
Percentage of students who have any long-term emotional or mental health problems like depression, anxiety, ADD/ADHD, eating disorders, or cutting	16.0	18.1
Percentage of students who have been harassed, picked on, or bullied so much that they felt unsafe at school or that it was hard to do their best at school during the past 12 months	20.2	13.9
Percentage of students who never or rarely feel safe from physical harm when they are at school	9.6	8.7
Percentage of students who strongly agree or agree that harassment and bullying by other students is a problem at their school	47.1	39.6
Percentage of students who have ever been forced, either verbally or physically, to take part in a sexual activity	9.6	9.9
Percentage of students who strongly agree or agree that their family loves them and gives them help and support when they need it	86.6	81.4
Percentage of students who strongly agree or agree that their teachers really care about them and give them a lot of encouragement	59.9	55.9
Percentage of students who strongly agree or agree that they feel like they belong at this school	69.8	66.3
Percentage of students who would feel comfortable seeking help from one or more adults besides their parents if they had an important question affecting their life	88.8	87.2

# Mental Health and Mental Disorders

## References

1. Healthiest Wisconsin 2010
2. U.S. Department of Health and Human Services 1992
3. Community Health Status Report, [communityhealth.hhs.gov](http://communityhealth.hhs.gov)
4. Konkle, Kate—DHS PowerPoint Slides
5. Wisconsin's Adult Mental Health Plan
6. Wisconsin Youth Risk Behavior Survey Department of Public Instruction
7. Burden of Suicide: St. Croix County
8. Public Health Profiles

# Social and Economic Factors that Influence Health

## Healthiest Wisconsin 2010 <sup>11</sup>

### Definition

The direct relationship between the socioeconomic position of a population and its health is well established. Studies have clearly documented that people who are socioeconomically better off do better on most measures of health status. These differences in morbidity and mortality between socioeconomic groups have been observed in many studies and constitute one of the most consistent epidemiological research findings <sup>5,6,7</sup>.

### Objectives

The identification of Social and Economic Factors that Influence Health as one of the 11 Health Priorities in Healthiest Wisconsin 2010 reflects the strong influence of socioeconomic status on health and life expectancy. Many public health programs and services are directly linked to social and economic initiatives throughout Wisconsin. Examples include the "Talk, Read, Listen" campaign in the KidsFirst Initiative; child-care certification and provision; the education and training of childcare providers; the Governor's "Grow Wisconsin Initiative;" and Medicaid.

The Social and Economic Factors that Influence Health priority has four sets of objectives: improve income levels of Wisconsin households; foster social connectedness and cultural competence; improve literacy and educational attainment; and improve child care.

## Key St. Croix County Data <sup>7</sup>

### Wisconsin 2010 Scorecard (Change from Baseline in 2000)

Statewide Scorecard on Changes in Social and Economic Factors that Affect Health since 2000	Baseline	Most Recent	Change	St. Croix Measure
Percent of households with income at or above 300% of the federal poverty level	48%	50%	Improved	
Percent of residents living in households with income at or above 300% of the federal poverty level	49%	49%	No change	
High school graduation rate	89.3%	91.8%	Improved	96%

Health Determinant Factors	St. Croix County	Best County in Wisconsin	Wisconsin Average	St. Croix Ranking (1 = best)
<b>High school non-completion:</b> % of students not graduating as expected	3.7%	0.0%	10.4%	7
<b>No high school diploma:</b> % of people age 25+ without a high school diploma	8.4%	7.8%	14.9%	4
<b>Unemployment</b> (Before the recent economic downturn. Current)	5.0%	3.5%	4.9%	32
<b>Children in poverty (%)</b>	4.7%	3.0%	12.4%	4
<b>Divorce (%)</b>	8.4%	6.7%	9.0%	24
<b>Single parent households</b>	6.7%	5.3%	8.2%	25

## Social and Economic Factors that Influence Health

### Social and Economic Factors that Influence Health <sup>12</sup>

St. Croix County's economic and social landscape might reasonably be expected to undergo change, given the rapid pace of population growth. In several areas of review, the county statistical status compare very favorably with other counties and with statewide data, while current St. Croix County trends may challenge that status over time. Each of these comparisons must be reviewed cautiously, though, since many changes result from the interplay of several factors and do not point directly to a worsening environment. Indeed, in some instances, apparently negative trends may be due to positive changes, such as increased reporting or changes in reporting procedures.

St. Croix County's phenomenal population growth has naturally translated into the state's fastest total personal income growth rate.

The Associated Press released an interactive Economic Stress Index with an interactive Map pegged to March 2009 and compared to October 2007.

The Index measures the combined impact of unemployment, foreclosures and bankruptcies on an area's economy. While St. Croix County's overall Stress Index was mid-range for Wisconsin, the county's Foreclosure rate is the 2nd highest in the state (Milwaukee), and only four counties have a higher bankruptcy rate than St. Croix County (Kenosha, Racine, Milwaukee, and Florence).

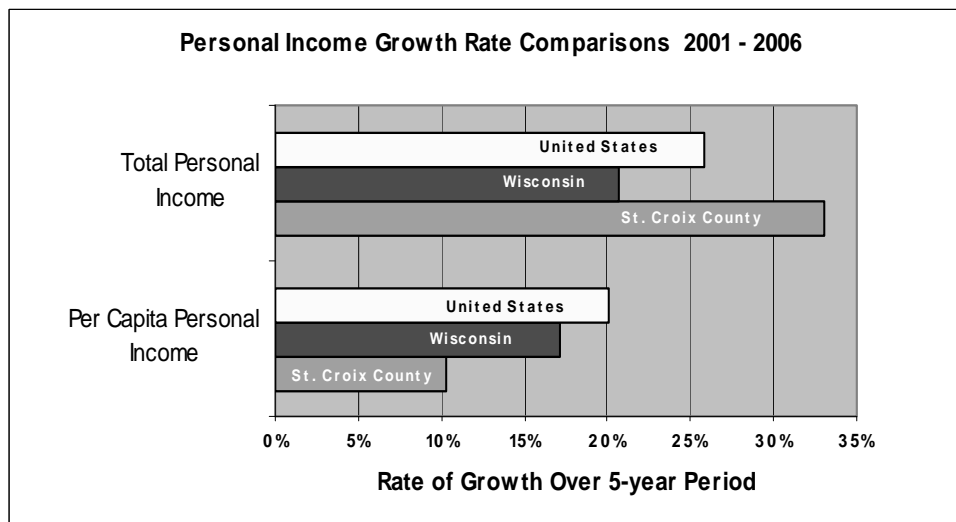
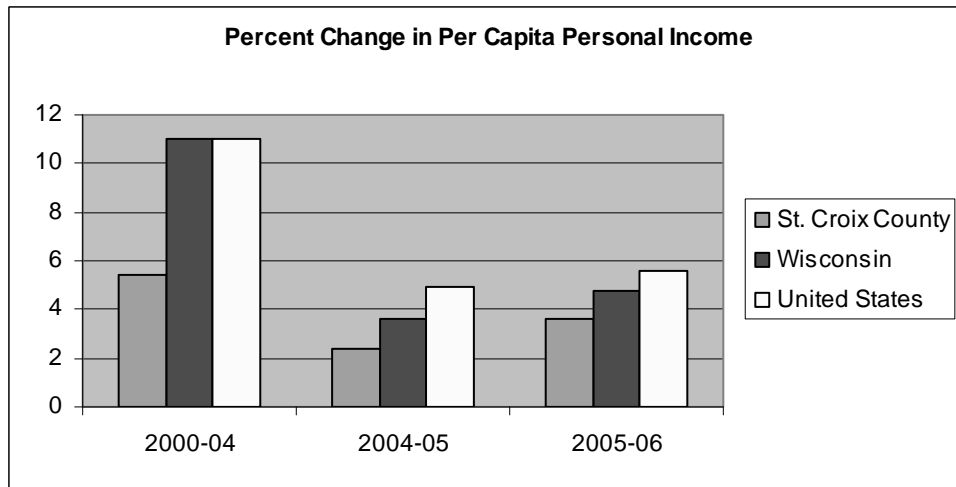
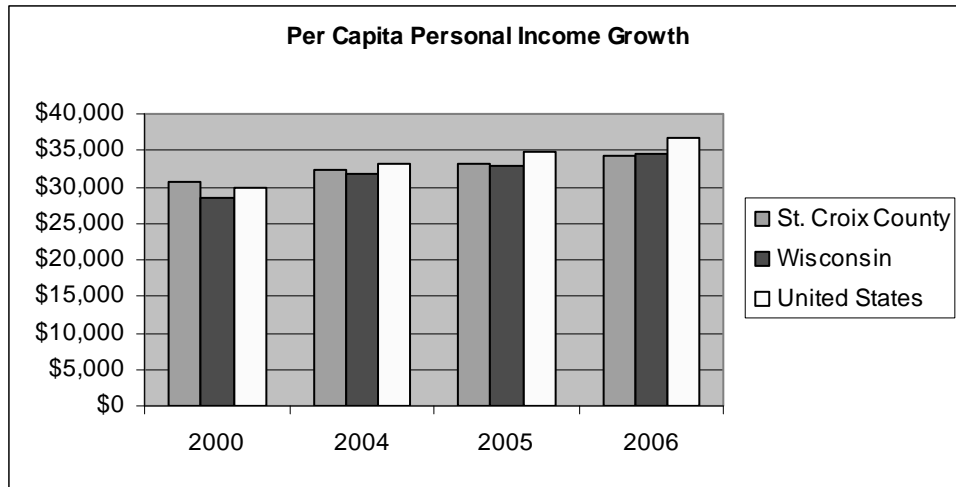
<b>St. Croix County Population 82,487 <sup>10</sup></b>				
<b>Rates</b>	March	Point Change		October
	2009	Monthly	Annual	2007
<b>Stress Index</b>	11.96	1.04	5.43	4.5
<b>Unemployment</b>	9.80%	1	4.8	3.1
<b>Foreclosure</b>	1.33%	0.02	0.53	0.69
<b>Bankruptcy</b>	1.07%	0.05	0.26	0.76

“We are self-employed and can only afford health insurance for one of two adults and the three kids in the family. With this high deductible insurance we end up spending over \$5500 a year in addition to the \$6600 we pay for the insurance premium. What results is that we do no preventive care and our one adult without insurance avoids receiving care. The \$12,000 a year, not including the dental expenses we have, is a major portion of our income. Would we be better off uninsured? We can't be the only self-employed family facing this issue. We're trying to do the right thing, we do not want to be a burden on the system, however, we may need to look into our options if our premiums continue to rise.”

*(Use Your Voice)*

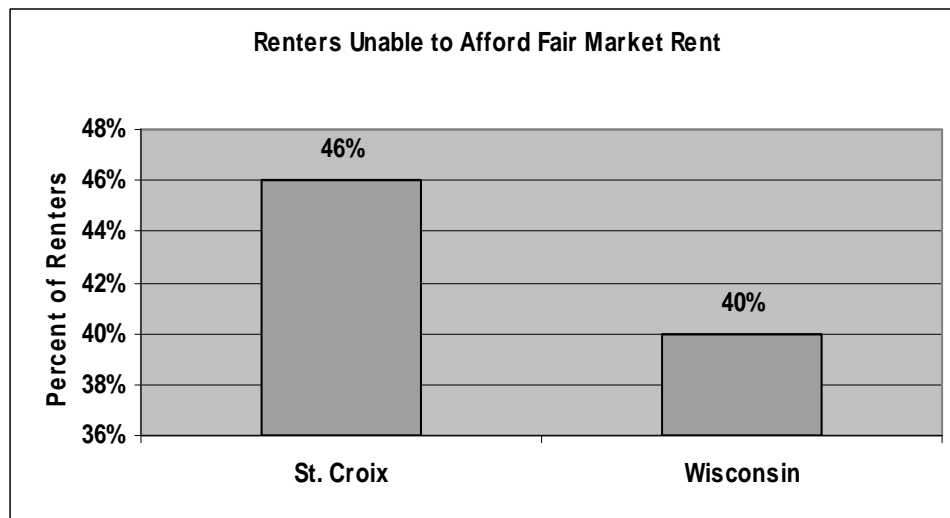
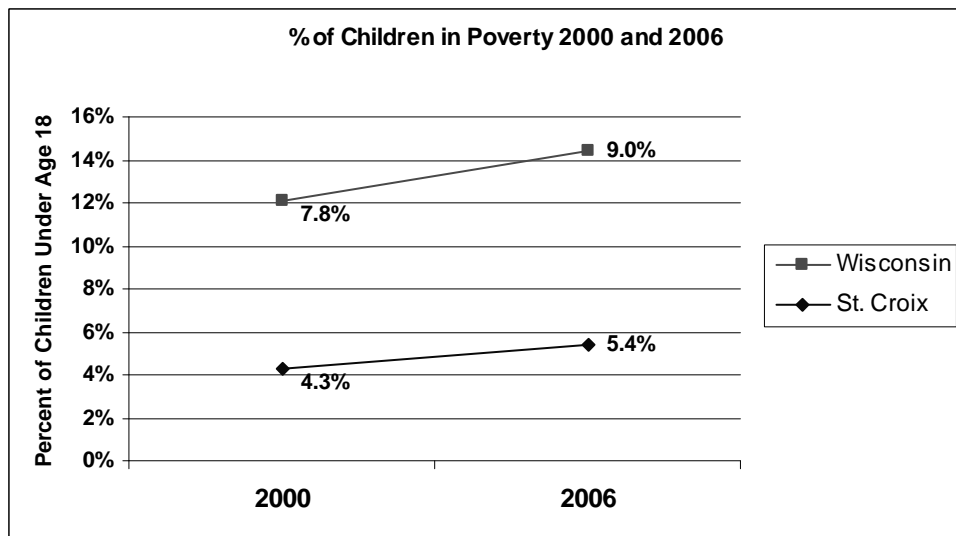
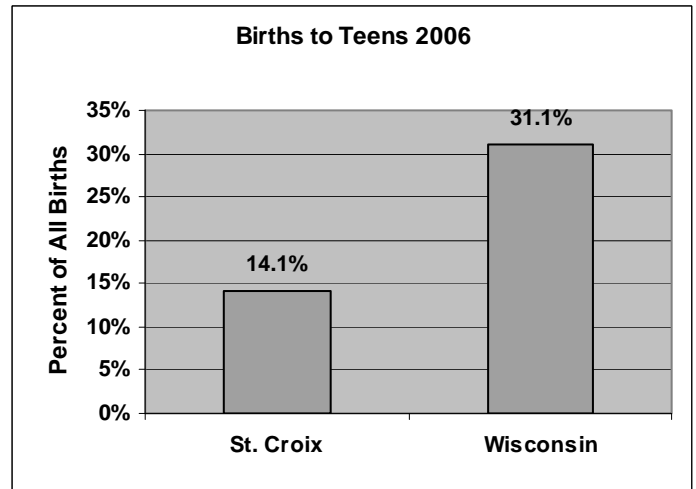
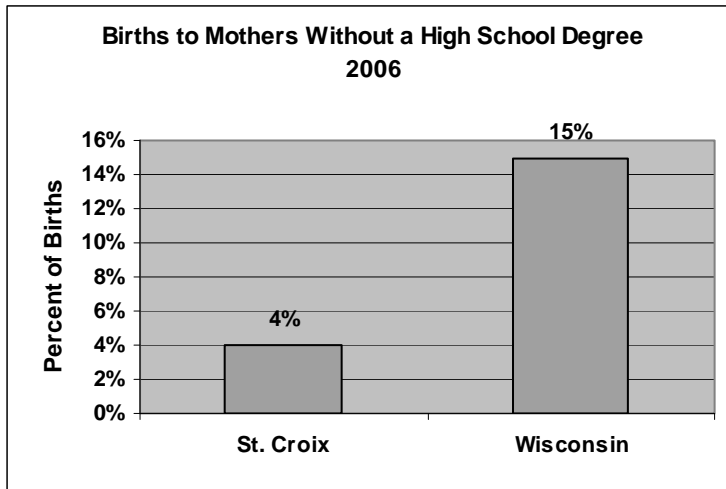
# Social and Economic Factors that Influence Health

## Key St. Croix County Data <sup>14</sup>



# Social and Economic Factors that Influence Health

## Key St. Croix County Data <sup>12</sup>



## Social and Economic Factors that Influence Health

### Key St. Croix County Data <sup>12</sup>

		2001	2002	2003	2005	2006
<b>Licensed Child Care Slots</b>	St. Croix County	-	376	-	190	196
	Wisconsin	-	313	-	342	352
<b>Certified Child Care Slots</b>	St. Croix County	34	-	-	36	28
	Wisconsin	69	-	-	57	52

#### Participation in the Free and Reduced Lunch Program in St. Croix County Schools

2000	2002	2003	2005	2006
11%	11%	12%	13%	14%

#### High School Graduation (percent)

2000	2003	2005
97%	98%	96%

#### Students taking the ACT (percent)

	2000	2003	2005
St. Croix County	62%	65%	58%
Wisconsin	NA	57%	55%

#### Total Adult Drug Arrests and Percent Change 2006 - 2007

	2006	2007	% Change
St. Croix County	172	148	-14%
Wisconsin	21,114	20,927	-0.9%

#### Total Juvenile Drug Arrests and Percent Change 2006 - 2007

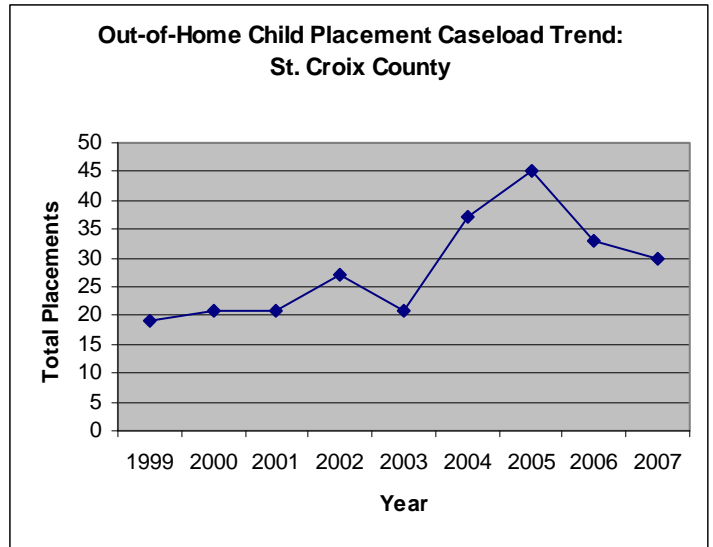
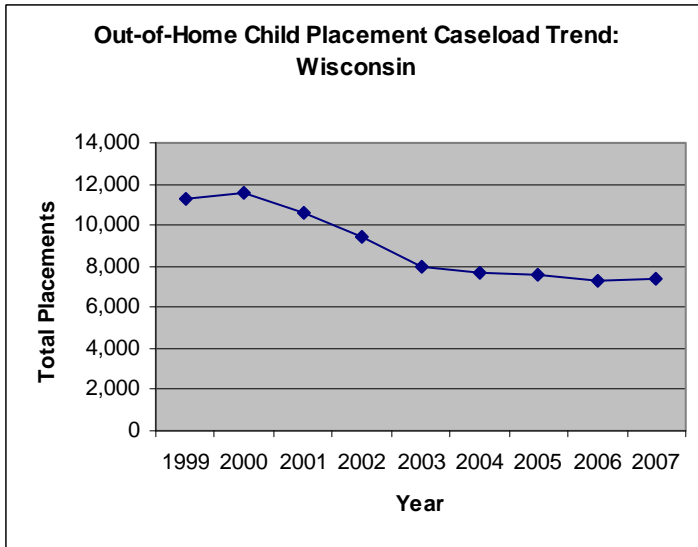
	2006	2007	% Change
St. Croix County	54	44	-19%
Wisconsin	5,088	4,946	-2.8%

# Social and Economic Factors that Influence Health

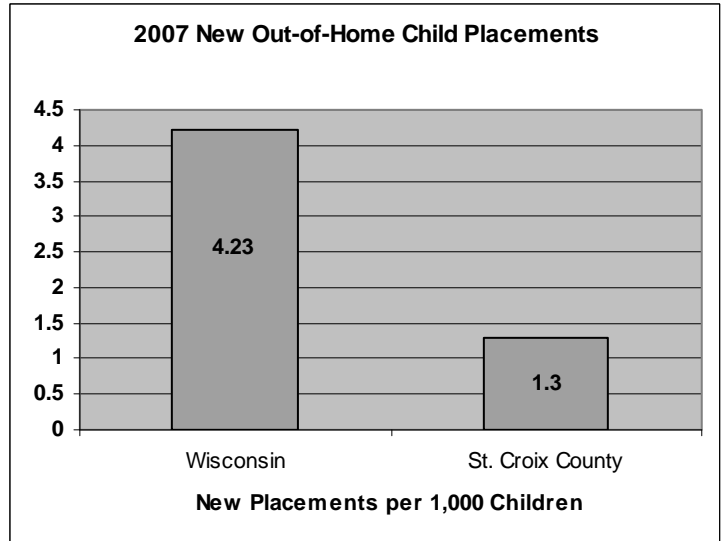
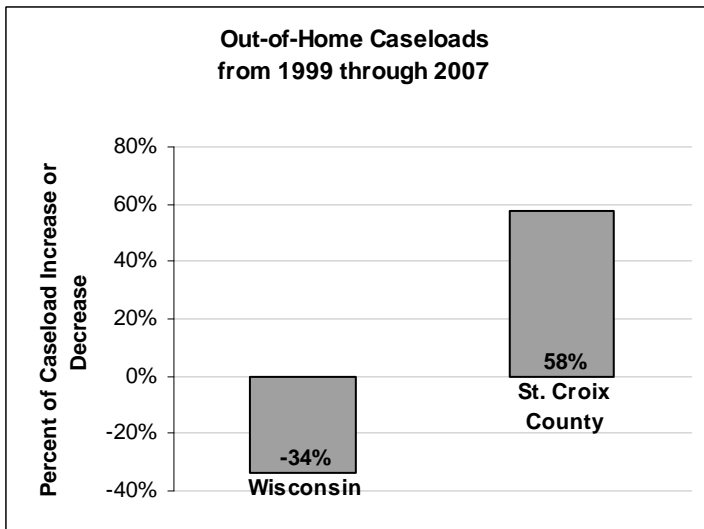
## Key St. Croix County Data <sup>15</sup>

### St. Croix County Child Placement Outside the Home: Trends 1999–2007

Statewide placements of children in foster care, group homes and other institutions have decreased steadily since 1999—an overall decrease of 34%. St. Croix County outplacements have risen and fallen over those same years, with 2007 showing an increase of 58% over 1999.



As with several other county-to-state comparisons, St. Croix County's trends have been worsening over the past few years, but the county's actual current rate remains well below the statewide rate.



# Social and Economic Factors that Influence Health

## St. Croix County Summary, Emerging Trends, & Notes

- 5.0% unemployment in 2007, ranked 32 of 73 in Wisconsin<sup>7</sup>
- 8.8 % 2009 unemployment rate<sup>8</sup>
- 8.4% divorce, ranked 24 of 73 in Wisconsin<sup>7</sup>
- 6.7% single parent households, ranked 25 of 73 in Wisconsin<sup>7</sup>
- 4,282 individuals do not have a high school diploma<sup>9</sup>
- 1,952 individuals are unemployed<sup>9</sup>
- 1,414 individuals are work disabled<sup>9</sup>
- Estimates of WIC eligible individuals served in 2006: 97.01%, rank 32 in WI<sup>7</sup>
- Percentage of change in WIC participation 1999-2005: 20.69%, rank 19 in WI<sup>7</sup>
- Average daily participation in free/reduced lunch in 2006: 1593 individuals, rank 32 in WI<sup>7</sup>
- Percent change in free/reduce lunch average daily participation 1999-2006: 71.11%, rank 6 in WI<sup>7</sup>
- Number of food stamp recipients per 100 poor persons (2000/2006): 127.6, rank 26 in WI<sup>7</sup>
- Percentage of change in food stamp recipients from 1999-2006: 210.04%, rank 6 in WI
- Percentage of change in average daily participation in free/reduced price breakfast program 1999-2006: 159.48%, rank 22 in WI
- High school non-completion: 3.7% of students not graduating as expected, compared to 10.4% in Wisconsin
- 8.4% of people age 25+ without a high school diploma, compared to 14.9% in Wisconsin
- Upgrades in the ACCESS Web site will allow participants to see specific information about their eligibility and benefits, and apply for benefits online.
- The Governor's Quality Counts for Kids Task Force is responsible for providing recommendations for establishing a child-care quality rating system. This system is aimed at reforming the way child care is provided, and allowing parents of every socioeconomic group to make informed decisions about child care.
- The Wisconsin Department of Health Services will continue to build collaborations with the University of Wisconsin-Extension, the Child Care Resource and Referral Network, and the Wisconsin Department of Workforce Development's Child Care Section to have a positive impact on child care services provided by the state and accelerate realization of the following three goals: (1) Describe the child care population, using the Child Care Program data in the child care data warehouse; (2) Compare the structural quality of state-subsidized child care with the quality of child care for other licensed programs in the state; and (3) Assess the state's record for supporting high-quality child care for children and families that do and do not receive subsidies for child care.
- In April 2005, the U.S. Institute of Medicine published *Health Literacy: A Prescription for Confusion*. This report documents that nearly 90 million people in the United States have difficulty understanding and using health information, leading to billions of dollars in avoidable health care costs. To address this problem, systemic action needs to be taken by the public health and health care system, educational system, and health care consumers.
- Based on the most recent federal data, Wisconsin's poverty rate rose 1.9 percentage points from 2002-2003 to 2003-2004, the largest increase for any state. Milwaukee's poverty rate rose from 12<sup>th</sup> highest in 2003 to 7<sup>th</sup> highest in 2004 among large cities in the United States.

# Social and Economic Factors that Influence Health

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## Next Steps

The community needs assessment produced a significant amount of noteworthy information that can provide a foundation and baseline for understanding both the current and future health care needs and quality of life issues in St. Croix County.

The intent is that community organizations and individuals will use this information to set priorities, strengthen existing programs and services, and when necessary, develop new ones to improve community health, unify efforts in allocation of community resources, and secure grant funding for current and future projects.

Next steps in the St. Croix County Community Health Improvement Process include:

- mobilizing for action – reconvene steering committee (January 2010)
- disseminating this data to community organizations and residents
- initiating strategic planning/task force assembly to address top issues through collaborative action
- developing community health plan (goals, measurable outcomes and implementation strategies to address top five health priorities)
- implementing the health plan
- tracking health indicators over time to determine effectiveness of interventions and assess impact
- promoting change that improves the health of St. Croix County communities

Thank you for reviewing the St. Croix County Community Health Improvement Plan and considering the information it contains in formulating your own organization's strategies to improve community health.

The *St. Croix County Community Health Improvement Plan 2009–2014 (Executive Summary and full report)* is available online (December 16) at:

[www.co.saint-croix.wi.us](http://www.co.saint-croix.wi.us) (Public Health) or [www.hudsonhospital.org](http://www.hudsonhospital.org) (Community Focus)

**For more information or if you are interested in participating on a community health improvement committee, please contact:**

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(715) 531-6056  
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# Appendix

## St. Croix County Community Health Improvement Survey Demographics

**Total Responses: 696**

What is your Zip Code?	Response Percent	Response Count
54002	8.5%	56
54007	3.8%	25
54013	4.1%	27
54015	4.1%	27
54016	28.4%	188
54017	23.4%	155
54022	5.0%	33
54023	4.4%	29
54025	8.2%	54
54026	1.4%	9
54027	0.5%	3
54028	2.9%	19
54082	5.6%	37
<i>answered question</i>		<b>662</b>
<i>skipped question</i>		<b>34</b>

Are you?	Response Percent	Response Count
Male	39.5%	253
Female	60.5%	387
<i>answered question</i>		<b>640</b>
<i>skipped question</i>		<b>56</b>

What is your Age?	Response Percent	Response Count
Less than 18	0.0%	0
18 - 24	0.6%	4
25 - 34	15.8%	105
35 - 44	18.6%	123
45 - 54	25.9%	172
55 - 64	20.1%	133
65 - 74	13.0%	86
75 - 84	4.8%	32
85+	1.2%	8
<i>answered question</i>		<b>663</b>
<i>skipped question</i>		<b>33</b>

# Appendix

## St. Croix County Community Health Improvement Survey Demographics

What is your Marital Status?	Response Percent	Response Count
Married	75.7%	499
Divorced	7.3%	48
Separated	0.6%	4
Never Married	6.2%	41
Widowed	6.5%	43
Living with someone	3.6%	24
	<i>answered question</i>	<b>659</b>
	<i>skipped question</i>	<b>37</b>

How many people live in your household?	Response Percent	Response Count
1	12.3%	81
2	42.0%	277
3	16.1%	106
4	18.2%	120
5	9.7%	64
6	1.5%	10
7	0.3%	2
8 or more	0.0%	0
	<i>answered question</i>	<b>660</b>
	<i>skipped question</i>	<b>36</b>

How many in your household are children (under age 18)?	Response Percent	Response Count
0	60.8%	397
1	15.5%	101
2	15.9%	104
3	6.1%	40
4	1.4%	9
5	0.3%	2
6	0.0%	0
7	0.0%	0
8 or more	0.0%	0
	<i>answered question</i>	<b>653</b>
	<i>skipped question</i>	<b>43</b>

# Appendix

## St. Croix County Community Health Improvement Survey Demographics

How long have you lived in St. Croix County?	Response Percent	Response Count
Less than 1 year	1.4%	9
Between 1 year and 5 years	17.9%	119
Between 5 years and 10 years	12.8%	85
Between 10 and 20 years	18.3%	121
20 years and longer	49.6%	329
	<i>answered question</i>	<b>663</b>
	<i>skipped question</i>	<b>33</b>

What is the highest level of education you have completed?	Response Percent	Response Count
Grade school or some high school	1.8%	12
High School, GED, or other equivalent	20.6%	136
Associate degree or some college	28.9%	191
Bachelors Degree	30.2%	199
Graduate or Professional Degree	18.5%	122
	<i>answered question</i>	<b>660</b>
	<i>skipped question</i>	<b>36</b>

What is your current employment status? Check as many answers as are applicable.	Response Percent	Response Count
Employed full-time	54.9%	364
Employed part-time	10.7%	71
Self-Employed	8.3%	55
Homemaker	5.4%	36
Retired	19.6%	130
Disabled	2.4%	16
Student	1.5%	10
Unemployed	3.9%	26
	<i>answered question</i>	<b>663</b>
	<i>skipped question</i>	<b>33</b>

# Appendix

## St. Croix County Community Health Improvement Survey Demographics

What was your total household income in 2008? (Before taxes)	Response Percent	Response Count
Below \$24,999	10.3%	65
\$25,000 - \$49,999	17.6%	111
\$50,000 - \$74,999	24.2%	153
\$75,000 - \$99,999	24.7%	156
\$100,000 and above	23.1%	146
	<i>answered question</i>	<b>631</b>
	<i>skipped question</i>	<b>65</b>

What is your Race and Ethnicity? (Please check all that apply)	Response Percent	Response Count
White/Caucasian	97.6%	648
Black/African American	0.2%	1
Hispanic/Latino	0.3%	2
Alaskan Native	0.2%	1
Asian	0.3%	2
Hmong	0.6%	4
American Indian	0.3%	2
Other	1.4%	9
	<i>answered question</i>	<b>664</b>
	<i>skipped question</i>	<b>32</b>

Do you work a in health care field?	Response Percent	Response Count
Yes	25.5%	165
No	74.5%	483
	<i>answered question</i>	<b>648</b>
	<i>skipped question</i>	<b>48</b>