

Health Indicators

Preventing disease and promoting healthy behaviors improves lives, lowers health care costs and improves quality of life.

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Births

Indicator 1

Birth rate in WI is lower compared to MN

Data Highlights

Monroe, Trempealeau, and Vernon counties birth rates were consistently higher than Wisconsin's birth rate.

La Crosse and Houston Counties had a continually lower birth rate than Wisconsin.

La Crosse, Monroe, Trempealeau, and Vernon counties had a consistent birth rate each year, whereas Houston counties birth rate was continually on the decline.

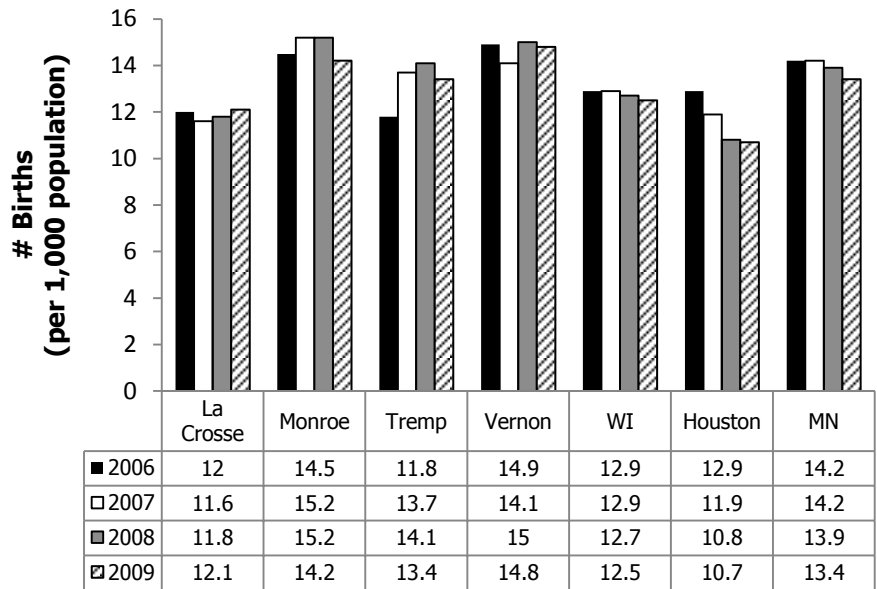
Sources

Wisconsin Department of Health Services

www.dhs.wisconsin.gov ;

Minnesota Department of Health

www.health.state.mn.us



Implications for Our Community

The birth rate is a measure of childbirths per 1,000 people, per year. It is calculated by dividing the number of live births by the number of people in the total population and multiplying that by 1,000. The death rate is calculated in the same way. In this way you can compare both birth and death rates to get an idea of population growth for a county, state or nation.

Birth and death rates are indicators of many aspects of a community. They can measure general age-sex structure, fertility, economic prosperity, education, and quality of life of a community. When the birth rate exceeds the death rate the population increases. When examining birth rates it is also important to consider other maternal and child health indicators such as teen pregnancy rates, low birth weight, prenatal care and infant mortality.

Higher birth rates can be linked to better medical attention throughout a pregnancy and during birth. Wisconsin's birth rate is continually lower than Minnesota's birth rate and similar to national trends.

Deaths

Indicator 2

Wisconsin's death rate is continually higher than Minnesota's.

Data Highlights

Minnesota's death rate was continually lower than Wisconsin's death rate.

In 2009, the Wisconsin death rate (deaths per 1,000 population) was 8.0. This was the lowest rate ever reported for Wisconsin.

The death rates for Monroe, Trempealeau, Vernon, and Houston counties were all higher than the state of Wisconsin's death rate.

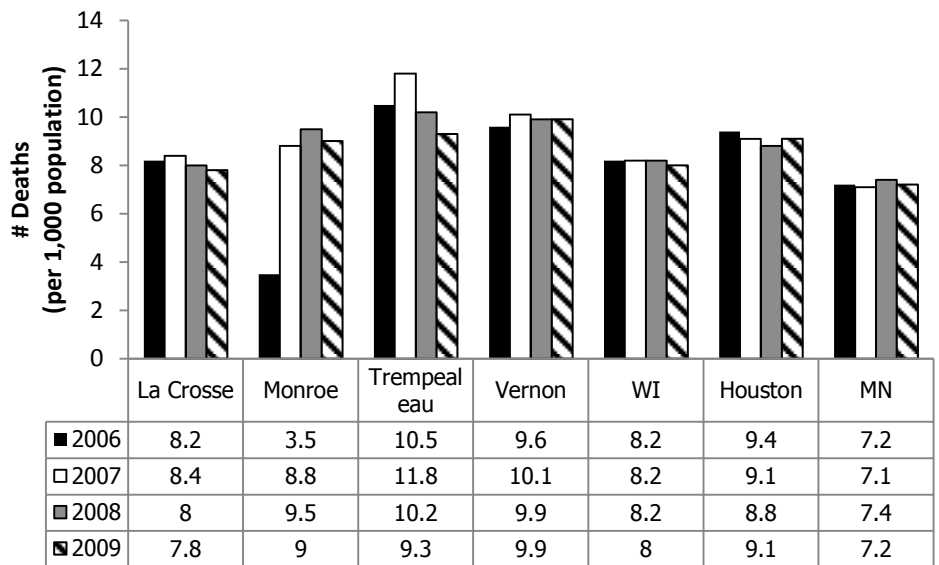
La Crosse County had the lowest death rate in the Great Rivers Region and Trempealeau had the highest death rate.

La Crosse is the only county that had a lower death and birth rate than Wisconsin. Minnesota continually had the lowest death rate.

Houston County continually had a higher death rate than the state of Minnesota.

Sources

Wisconsin Department of Health Services
www.dhs.wisconsin.gov;
 Minnesota Department of Health
www.health.state.mn.us



Implications for our Community

The death rate is calculated in the same way as the birth rate. To calculate the death rate divide the number of deaths in a population by the number of people in the population and divide that number by 1,000. With this information, you can combine both birth and death rates to get an idea of population growth for a county, state or nation.

Birth and death rates are indicators of many aspects of a community. They can measure general age-sex structure, fertility, economic prosperity, education, and quality of life of a community. When the birth rate exceeds the death rate the population increases.

Lower death rates can be attributed to disease prevention, medicines and medical procedures used to help people live longer. Due to small population size in some counties, a few additional deaths each year could alter rates quite significantly.

Infant Mortality

Indicator 3

Infant mortality rates in the region are low and relatively stable.

Data Highlights

In Wisconsin, 426 infants under the age of one year died in 2009.

In 2009, congenital malformations, deformations and chromosomal anomalies accounted for 20% of infant deaths in Wisconsin in 2009;

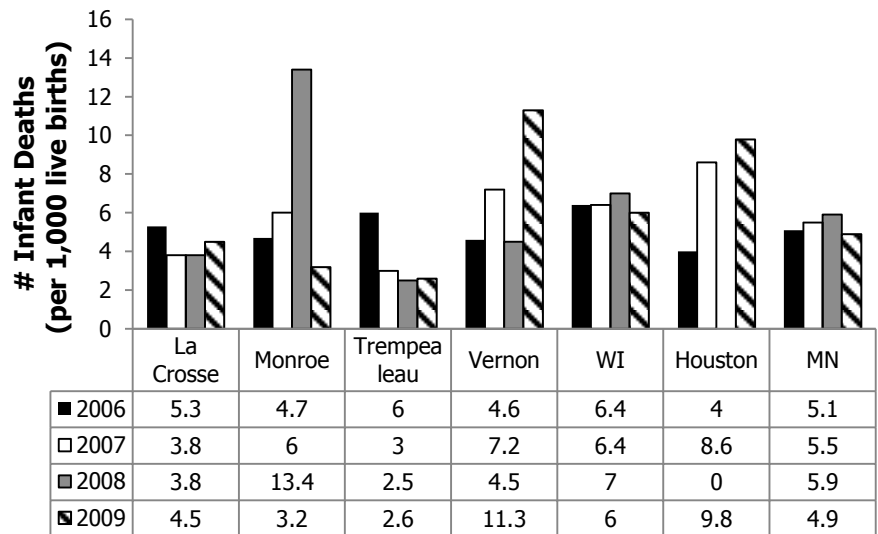
7% of infant deaths in Wisconsin in 2009 were attributed to Sudden Infant Death Syndrome (SIDS);

In 2009, 8% of infant deaths were the result of accidents;

In 2009, almost 15% of pregnant women in the region reported smoking during pregnancy, a significant risk factor for infant mortality.

Sources

Wisconsin Department of Health Services
www.dhs.wisconsin.gov;
 Minnesota Department of Health
www.health.state.mn.us



Implications for Our Community

Infant mortality is defined as the number of infant deaths (one year of age or younger) per 1,000 live births. Infant mortality rate (IMR) is a useful indicator of a community's level of health and development. Infant mortality can be caused by a number of factors. Health conditions originating in the perinatal period account for about 50% of infant deaths. This category includes a variety of conditions that occur just before, during and after birth, such as: pregnancy complications, complications of the placenta, cord and membranes; and unspecified prematurity and low birth weight. Other causes of infant death may be attributed to infections and parasitic diseases, accidents, SIDS, congenital malformations, deformations, and chromosomal anomalies. Infant mortality rates in the Great Rivers Region are low and relatively stable. Care must be exercised in interpreting changes in the infant mortality rate as the number of infant deaths is very small. A sudden change in number or rate, though appearing to be rather large, may not be statistically significant.

Communities should continue to focus on modifying the behaviors, and conditions that affect birth outcomes, such as smoking, substance abuse, poor nutrition, lack of prenatal care, and chronic illness. Particular attention should be given to religious or ethnic groups that have lower rates of pre-natal care or initiate pre-natal care later during pregnancy.

Immunization compliance is high but waiver opt-outs are also increasing.

Data Highlights

WI county and state K-12 immunization compliance is based on reports required of all public and private schools. The number of non-compliant children does not include those who have filed waivers based on personal conviction, religious or medical grounds.

The percentage of students who opt-out of immunizations has been steadily increasing nationally and in WI.

Minnesota immunization statistics report the percentage of children ages 24-35 months with at least 2 shots in the state registry program MIIC. In 2011, the percentage of Houston County children with at least 2 shots in the registry was 96.7%

Sources

Wisconsin Department of Health Services

www.dhs.wisconsin.gov ;

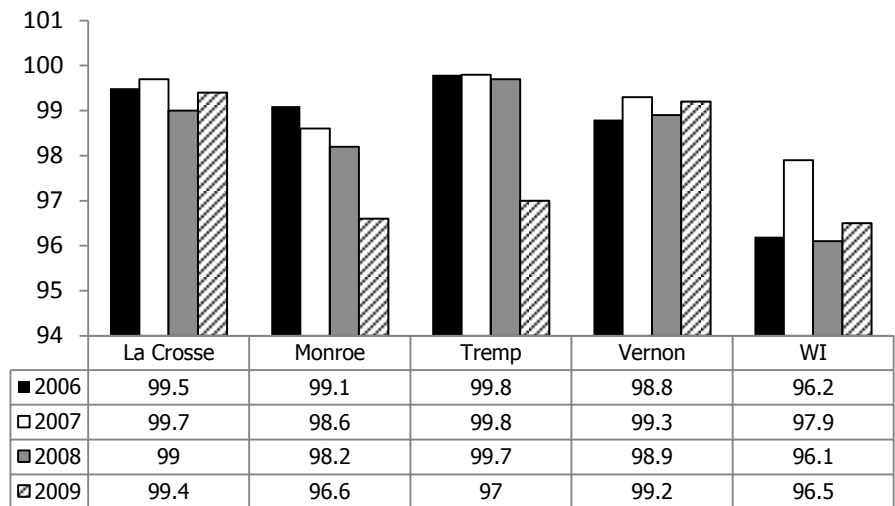
Minnesota Department of Health

www.health.state.mn.us

Centers for Disease Control and Prevention;

www.cdc.gov/vaccines/

K-12 Immunization Compliance



Implications for Our Community

Disease prevention is the key to public health. It is always better to prevent a disease than to treat it. Vaccines prevent disease in the people who receive them and protect those who come into contact with unvaccinated individuals. Vaccines safeguard children from illnesses and death caused by infectious diseases. Vaccines protect children by helping prepare their bodies to fight often serious, and potentially, deadly diseases. Vaccines are responsible for the control of many infectious diseases that were once common in this country, including polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, and *Haemophilus influenzae* type b (Hib). Although most vaccine preventable diseases are rare in the United States, the viruses and bacteria which cause them still exist widely. The ease of international travel creates the potential for transmission of viruses from other countries. Recent outbreaks of pertussis point to the importance of accurate information regarding the importance of compliance to immunization schedules including boosters.

Fear of vaccinations and misinformation about vaccination side effects including any link to autism is a major reason that vaccination coverage has dropped in the US. In the Great Rivers Region, cultural beliefs among certain ethnic and religious communities for example the Amish have also driven coverage rates downward in some counties.

Adult smoking in the Great Rivers Region is decreasing but remains a concern.

Data Highlights

Wisconsin adult smoking rate dropped from 24% in 2000 to 19% in 2010.

In Minnesota the rate declined from 19.8% to 14.9% in 2010.

Tobacco remains the number one preventable cause of death.

In 2010, 16.1% of adults in Houston County report being a smoker down from 17% in 2007.

In 2009, Vernon County had the lowest percentage of births to women who smoked during pregnancy at 12%. Trempealeau had the highest percentage at 19%.

Sources

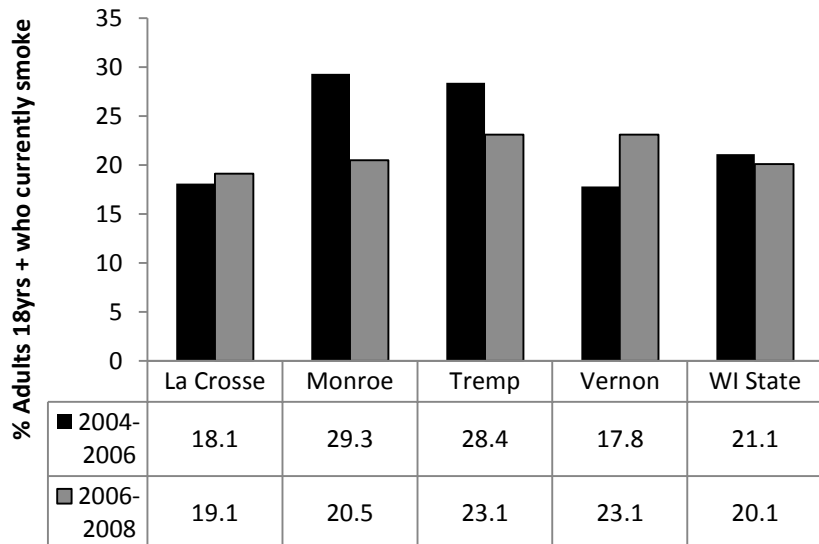
Wisconsin Department of Health Services

www.dhs.wisconsin.gov ;

Minnesota Department of Health

www.health.state.mn.us

Centers for Disease Control and Prevention; Office on Smoking and Health, www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/



Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health Data Query System (WISH), <http://dhs.wisconsin.gov/wish>, BRFS Module

Implications for Our Community

Tobacco use has been shown to be the cause of more deaths than alcohol, car accidents, illegal drugs, murders, suicides, and AIDS combined. In Wisconsin, approximately 7,700 deaths are attributed to tobacco use. Tobacco use is a major risk factor for heart disease and lung disease. Non-smokers are also affected by tobacco use. Secondhand smoke is the combination of smoke from the burning end of a cigarette and the smoke breathed out by smokers. Secondhand smoke causes numerous health problems in infants and children, including severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS). In July 2010, Wisconsin enacted an indoor smoking ban prohibiting smoking in public places and workplaces including public and privately owned restaurants and taverns. Minnesota has had a smoking ban in place since 2007. Tobacco use has declined nationally as well as in the Great Rivers Region. However, smokeless tobacco use may be on the rise as a result of smoke-free laws. Smokeless tobacco also has negative health consequences including oral, throat and pancreatic cancer, tooth loss, and gum disease. Smoking during pregnancy puts women and their unborn babies at risk for other health problems. The dangers of smoking during pregnancy include premature birth, certain birth defects, and infant death.

Adult and youth binge drinking remains high throughout the region.

Data Highlights

Percentage of youth reporting binge drinking in the past 30 days:
 La Crosse: 19.9%
 Monroe: 20.4%
 Trempealeau: 15.0%
 Vernon: 25.3%
 WI State: 25.2%
 Houston: 22.3% (in the past 2 wks)

State wide alcohol related hospital charges have reached over \$1 billion dollars a year.

Sources

Substance Use in Minnesota State Epidemiological Profile 2009,
<http://docs.sumn.org/mnstateepiprofile2009.pdf>

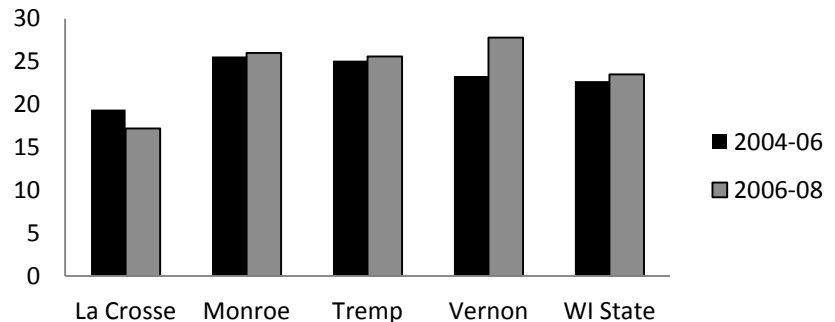
Wisconsin Department of Health Services, Wisconsin Interactive Statistics on Health Data Query System (WISH) BRFSS Module;
<http://dhs.wisconsin.gov/wish>

WI Epidemiological Profile on Alcohol and other Drug Use
<http://www.dhs.wisconsin.gov/publications/P4/P45718.pdf>

Alcohol Related Injury and Death in La Crosse County – A Report on the Burden of At-Risk Alcohol Use and Abuse, June 2008.

CDC, YRBS data 2009-11
www.ces4.k12.wi.us/

Percentage of Binge Drinking Adults



Binge drinking = 5 (men), 4 (women) or more alcoholic drinks on an occasion, one or more times in the past 30 days.

Implications for Our Community

Alcohol abuse is a major cause of premature death and illness in this country. The abuse of alcohol can also lead to mistreatment of children, domestic violence, car accidents, drowning, assault, suicide, and violent crime. The health effects of alcohol abuse include liver disease, cancer, cardiovascular disease, neurological damage, depression, and anxiety. Alcohol abuse has a negative effect on the health, economy, and quality of life in a community. Rates of alcohol dependence and alcohol abuse continue to be higher in Wisconsin than throughout United States. Counties in the Great Rivers Region have similar rates of binge drinking and heavy drinking. Binge drinking is defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, and heavy drinking is defined as drinking more than 1 (women) or 2 (men) drinks per day on average. The environment plays an important role in whether or not these behaviors have a significant public health impact. Rural areas of our region have a greater chance of alcohol-related motor vehicle crashes; whereas urban areas in our region are more likely to see alcohol poisoning, drowning, and other acts of violence worsened by high alcohol concentrations. Young people are at particular risk for the negative health consequences of alcohol use. According to the most recent Youth Risk Behavior Survey data for the region, between 15-25% of high school students reported binge drinking in the past 30 days. Coupled with other risky acts and behaviors such as unprotected sexual activity, substance abuse, driving after drinking, youth are at great risk for injury or death.

Prenatal Care

Indicator 7

Percentage receiving prenatal care in 1st trimester is stable in the region.

Data Highlights

The overall proportion of women who received first-trimester prenatal care was 83 percent in 2009, compared to 84 percent in 1999.

Minnesota had a higher percentage of 1st trimester prenatal care than Wisconsin in all years listed.

Vernon County, with percentages in the low 60's, had the worst overall rate of prenatal care of all the counties and years listed.

Out of all the counties, Trempealeau is the only one with a continuous declining rate in 1st trimester prenatal care.

The percentage of 1st trimester prenatal care at state level has remained constant over the 2006-2009 time periods.

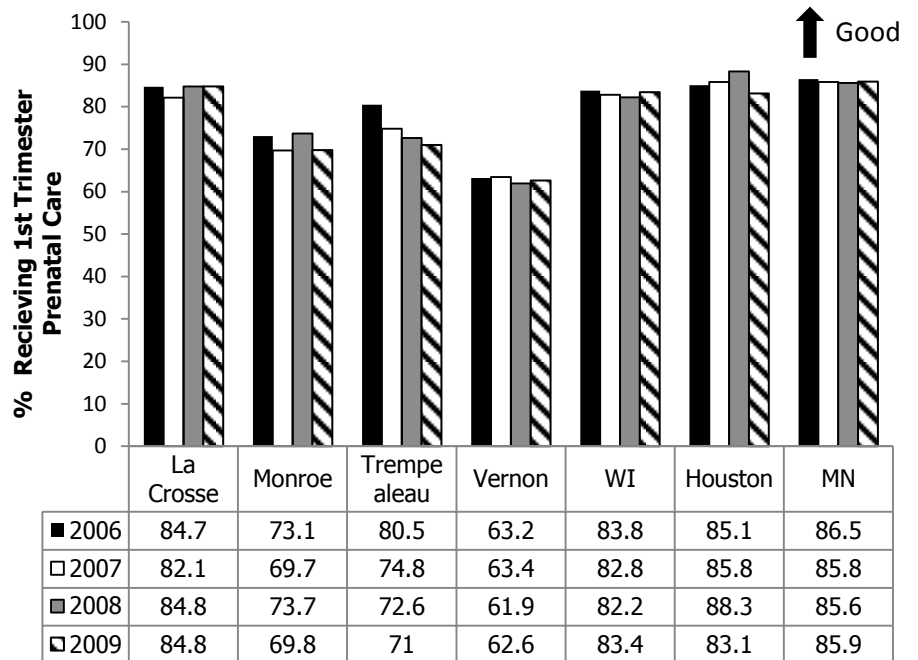
Sources

Wisconsin Department of Health Services

www.dhs.wisconsin.gov ;

Minnesota Department of Health

www.health.state.mn.us



Implications for Our Community

Prenatal care beginning during the first trimester of a pregnancy has been shown to increase the odds of a healthy birth and a healthy baby. The wellbeing of both the mother and child is at risk when care is delayed or neglected altogether. These risks—medical conditions, environmental hazards, and lifestyle factors—can be identified by early prenatal care.

Late prenatal care is related to low birth weight babies, preterm deliveries, and an increase in infant mortality. Not only does early prenatal care increase the health of the mother and baby, but it has been shown to be cost effective in terms of healthcare. Every healthcare provider should stress the importance of beginning pregnancy care during the first trimester. For the care to be adequate, healthcare providers claim that women should have at least nine visits throughout her full term pregnancy.

The five counties listed had a range of 61.9%-88.3% receiving 1st trimester prenatal care between 2006 and 2009.

Teen Births

Indicator 8

Teens need access to education and services that support their sexual health.

Data Highlights

The teen pregnancy rate is highest in Monroe County surpassing state levels for all the years reported.

Trempealeau County teen birth rates are similar to the WI state and higher than the MN state level.

Teens need access to accurate information about sexuality and need support to make healthy decisions.

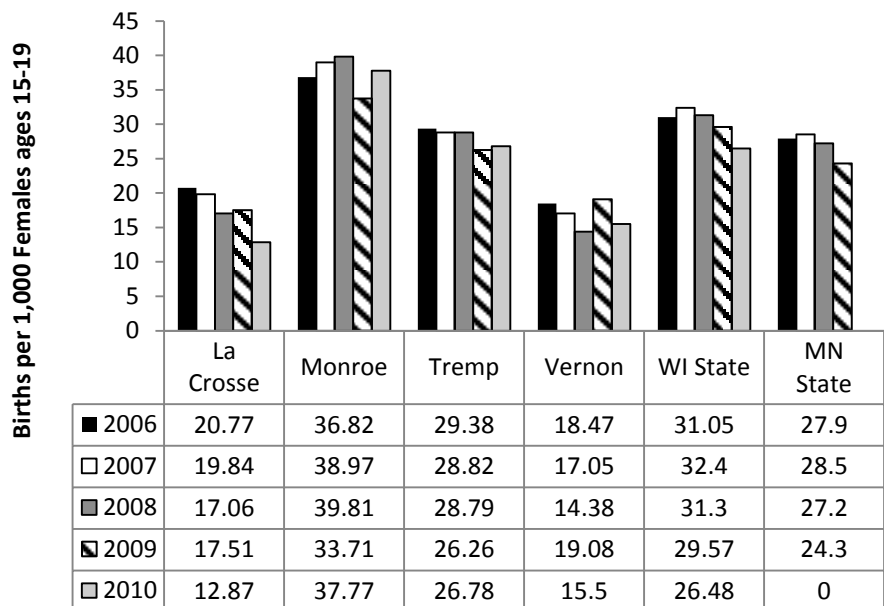
Because of the small population size, Houston County data is reported for combined years. The teen birth rate for 2006-2008 was 16.6 and 14.8 for 2007-2009. These rates are considerably lower than the MN state rates for the same years.

Sources

Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics, WIS Data query system.

<http://dhs.wisconsin.gov/wish/>

MN Adolescent Sexual Health Reports, Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting, www.moapp.org



*2010 MN data not available at time of printing.

Implications for Our Community

Each year, almost 750,000 U.S. women aged 15–19 become pregnant.¹ Teen pregnancy has health, social, and economic consequences on the mother, child, father and community. Teen mothers, and their children, are less likely to complete high school and thus live at a poverty level. The negative health results of a teen pregnancy can include: premature birth, a low birth weight infant, and an increase in the infant death rate. Eighty-two percent of teen pregnancies are unplanned; teens account for about one-fifth of all unintended pregnancies annually.² The long term trend over the past decade for youth sexual activity remains largely unchanged. Thirty-nine percent of high school students in the Great Rivers Region report ever having sex. Teen pregnancy is often a result of peer pressure, lack of access and use of contraceptives, and poor family relationships. Honest, accurate information from parents is the first step toward raising healthy children who make responsible decisions about sex, sexuality and relationships.

¹ Kost K, Henshaw S and Carlin L, *U.S. Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity*, 2010, <http://www.guttmacher.org/pubs/USTPtrends.pdf>, accessed Jan. 26, 2010.

² Finer LB and Zolna MR, *Unintended pregnancy in the United States: incidence and disparities*, 2006, *Contraception*, 2011, doi: 10.1016/j.contraception.2011.07.013

Low Birth Weight

Indicator 9

Teen mothers are the greatest risk of having low birth weight babies.

Data Highlights

The state of Wisconsin had a higher rate of low birth weight babies than the state of Minnesota in all years listed.

The low birth weight rate for the state of Wisconsin continuously increased each year.

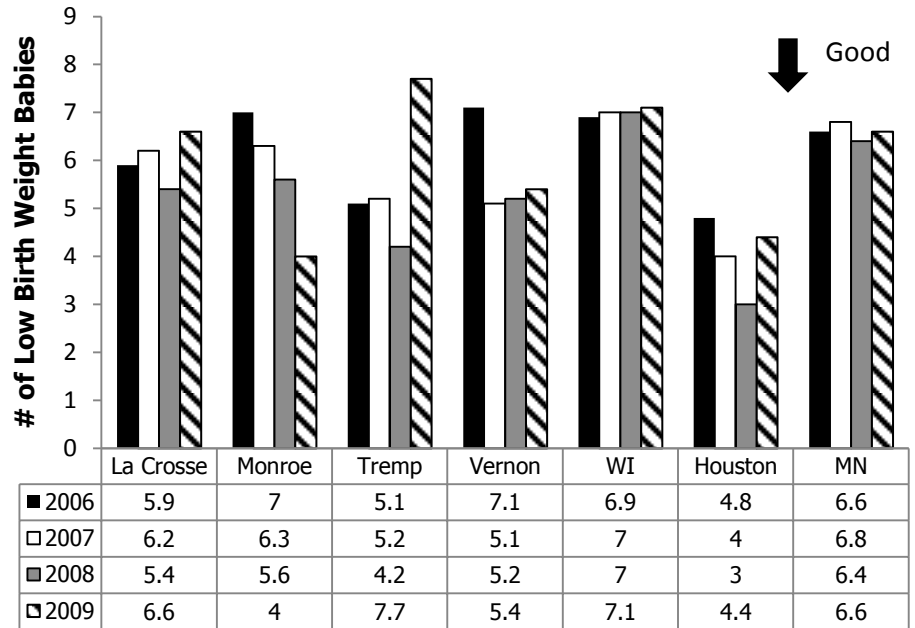
Out of all the counties listed, Trempeleau reached the highest rate of low birth weight babies in 2009 with a rate of 7.7.

Houston County continuously had the lowest rate of low birth weight babies each year.

Monroe County was the only county with a continuous decline in the rate of low birth weight babies.

Sources

Wisconsin Department of Health Services
<http://www.dhs.wisconsin.gov> ; Minnesota Department of Health"
<http://www.health.state.mn.us>



Implications for our Community

Low birth weight is defined as a birth weight lower than 5 pounds, 8 ounces (2,500 grams); very low birth weight is defined as a birth weight below 3 pounds, 5 ounces (1,500 grams); and extremely low birth weight is defined by a birth weight less than 2 pounds, 2 ounces (1,000 grams). Many premature babies, born before the 37th week of pregnancy, are also low birth weight.

Many low birth weight babies face an increased health risk including respiratory illness, chronic lung disease, vision and hearing problems, and neuron-developmental impairments. If a mother smokes, drinks, uses drugs, or has exposure to poor environmental toxins or health, it can lead to the risk of low birth weight.

Low birth weight deliveries have remained constant, state and nationally, this can have a significant economic impact on the family, and community. Low birth weight deliveries are also more common among teen pregnancies, mothers who began prenatal care later in the pregnancy, and women with no health care coverage or lower socioeconomic status.

WIC Participants

Indicator 10

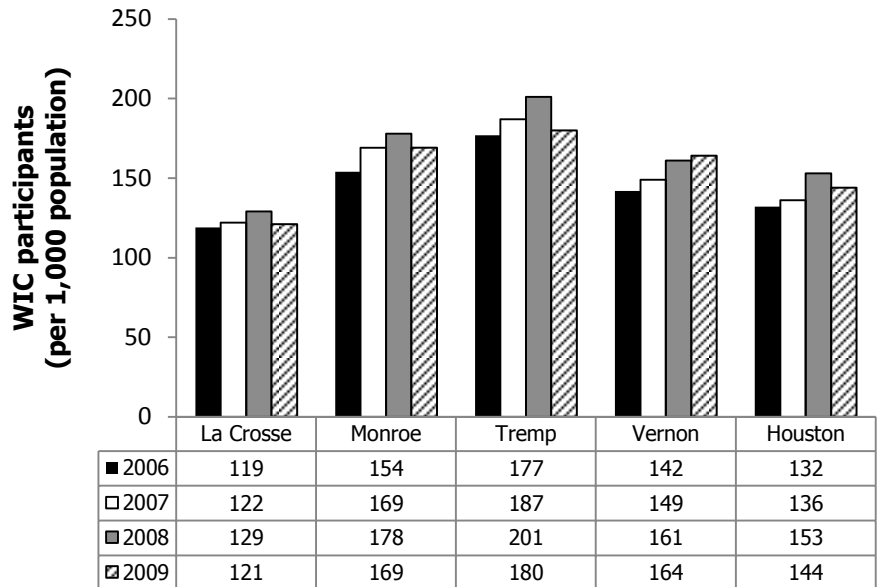
WIC improves the health of nutritionally at-risk women, infants and children.

Data Highlights

WIC participants spiked throughout the region in 2008

Children are the largest participants group in the WIC program

WIC participation rates are a proxy measure for families with young children living in poverty



Sources

Wisconsin Department of Health Services

www.dhs.wisconsin.gov ;

Minnesota Department of Health

www.health.state.mn.us

Implications for Our Community

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a supplemental nutrition program for low-income women, infants and children administered at the Federal level by the Food and Nutrition Service of the U.S. Department of Agriculture. WIC has been proven to reduce the incidence of low birth weight and increase breastfeeding rates among participating families. The program focusses on preventing nutrition related health problems and improving the health status of low-income, at-risk pregnant and post partum/breastfeeding women and children up to age 5. WIC provides supplemental nutritious foods, nutrition, breastfeeding, and parenting information, and referral to doctors, dentists, and programs such as FoodShare, Medicaid, BadgerCare Plus, Wisconsin Works (W-2) and Head Start.

Eligibility into the WIC program is based on an income threshold of 185% of US Department of Health and Human Services poverty guideline and nutrition risk such as anemia, underweight, overweight, history of pregnancy complications, or poor pregnancy outcomes.

Wisconsin also administers a WIC Farmers' Market Nutrition Program to provide WIC participants with checks to purchase locally-grown fresh fruits, vegetables and herbs at farmers' markets.

Sexually Transmitted Diseases

Indicator 11

Unprotected sexual activity increases the risk of sexually transmitted diseases.

Data Highlights

In 2007 genital herpes was removed by the CDC from the list of reportable STD's.

The CDC estimates approximately 19 million new cases of STDs each year.

Chlamydia is the most frequently reported STD in the US. The rate of chlamydia has increased throughout the country and region. Chlamydia can permanently damage a woman's reproductive organs and can lead to infertility.

Sources

Wisconsin Public Health Profiles;

www.dhs.wisconsin.gov/communicable/STD/Statistics_State.htm

www.dhs.wisconsin.gov/communicable/STD/2010data/2010%20Wisconsin%20Summary%20Report.pdf

www.lmhscscorecard.com/sc/risk.cgi?r=273&z=0

www.health.state.mn.us/divs/idepc/dtopics/stds/stats/stdstats2010.html#1

Number of Confirmed Case of Reportable STD's

La Crosse	2006	2007	2008	2009	2010
Chlamydia Trachomatis	355	335	369	362	415
Gonorrhea	27	62	43	61	28
Syphilis	1	0	0	1	1
Hepatitis B	19	13	9	9	26
Monroe	2006	2007	2008	2009	2010
Chlamydia Trachomatis	89	126	123	93	107
Gonorrhea	17	0	17	4	3
Syphilis	0	18	1	0	0
Hepatitis B	<5	0	3	4	2
Trempealeau	2006	2007	2008	2009	2010
Chlamydia Trachomatis	62	57	74	60	71
Gonorrhea	0	2	1	0	0
Syphilis	0	0	0	0	0
Hepatitis B	0	0	<5	5	9
Vernon	2006	2007	2008	2009	2010
Chlamydia Trachomatis	20	27	21	40	7
Gonorrhea	3	2	0	1	0
Syphilis	0	0	0	0	0
Hepatitis B	0	0	0	2	1
WI State	2006	2007	2008	2009	2010
Chlamydia Trachomatis	20,092	19,844	20,767	20,895	23,000
Gonorrhea	6,883	6,794	6,042	5,206	5,074
Syphilis	160	165	193	164	183
Hepatitis B	598	549	963	N/A	N/A
Houston, MN	2006	2007	2008	2009	2010
Chlamydia Trachomatis	26	17	35	23	22
Gonorrhea	0	4	4	0	2
Syphilis	N/A	N/A	N/A	N/A	N/A
Hepatitis B	0	0	0	2	1
MN State	2006	2007	2008	2009	2010
Chlamydia Trachomatis	12,935	13,412	14,350	14,186	15,294
Gonorrhea	3303	3459	3036	2302	2119
Syphilis	47	186	263	263	347
Hepatitis B	32	25	25	39	24

Other Communicable Diseases

Indicator 12

Lyme disease is prevalent in the region.

Data Highlights

Communicable diseases are illnesses that are contagious and usually spread through direct or close contact with body fluids, food, water, insects, or animals.

Communicable diseases can cause significant complications, long term health effects and even death. They threaten the quality of life in many communities.

Communicable diseases can be prevented by good hygiene and sanitation, up-to date immunizations, and the safe use of needles.

Pertussis (whooping cough) has seen a resurgence in the US and in many of our counties in the Great Rivers Region.

Sources

Wisconsin Department of Health Services;
www.dhs.wisconsin.gov/communicable/Index.htm
 Wisconsin Public Health Profiles;
www.dhs.wisconsin.gov/localdata/pubhlthprofiles.htm

Minnesota Department of Health
www.health.state.mn.us/divs/chs/countyttables/

Confirmed Cases of Reportable Communicable Diseases

La Crosse	2006	2007	2008	2009	2010
Food and Waterborne					
Salmonella	12	21	13	13	17
Giardiasis	14	15	19	9	5
Hepatitis A	0	1	2	0	2
Vaccine Preventable					
Measles	0	0	0	0	0
Pertussis	4	6	8	2	8
Other					
Lyme Disease	29	26	27	40	181
Tuberculosis	2	1	0	2	2
Monroe	2006	2007	2008	2009	2010
Food and Waterborne					
Salmonella	7	6	2	3	7
Giardiasis	<5	<5	8	9	5
Hepatitis A	0	0	1	4	0
Vaccine Preventable					
Measles	0	0	0	0	0
Pertussis	7	28	5	1	4
Other					
Lyme Disease	55	56	51	42	100
Tuberculosis	0	1	1	0	0
Trempealeau	2006	2007	2008	2009	2010
Food and Waterborne					
Salmonella	<5	<5	<5	2	8
Giardiasis	<5	<5	<5	3	1
Hepatitis A	<5	0	0	0	0
Vaccine Preventable					
Measles	0	0	0	0	0
Pertussis	8	<5	0	0	1
Other					
Lyme Disease	23	34	31	22	23
Tuberculosis	1	3	0	0	0
Vernon	2006	2007	2008	2009	2010
Food and Waterborne					
Salmonella	6	<5	<5	5	32
Giardiasis	<5	<5	<5	3	4
Hepatitis A	0	0	0	0	0
Vaccine Preventable					
Measles	0	0	<5	0	0
Pertussis	5	<5	0	1	11
Other					
Lyme Disease	27	36	30	36	25
Tuberculosis	0	0	0	0	0
Houston, MN	2006	2007	2008	2009	2010
Food and Waterborne					
Salmonella	3	5	3	5	1
Giardiasis	0	0	3	1	0
Hepatitis A	0	0	0	0	0
Vaccine Preventable					
Measles	0	0	0	0	0
Pertussis	0	0	1	44	0
Other					
Lyme Disease	0	0	17	26	11
Tuberculosis	0	0	0	0	0

Many people with mental illness are undiagnosed and do not receive treatment.

Data Highlights

26.4% of respondents of the COMPASS survey rated their access to mental health care as only fair or poor and 50.9% rated the affordability of mental health services in their community also as either fair or poor.

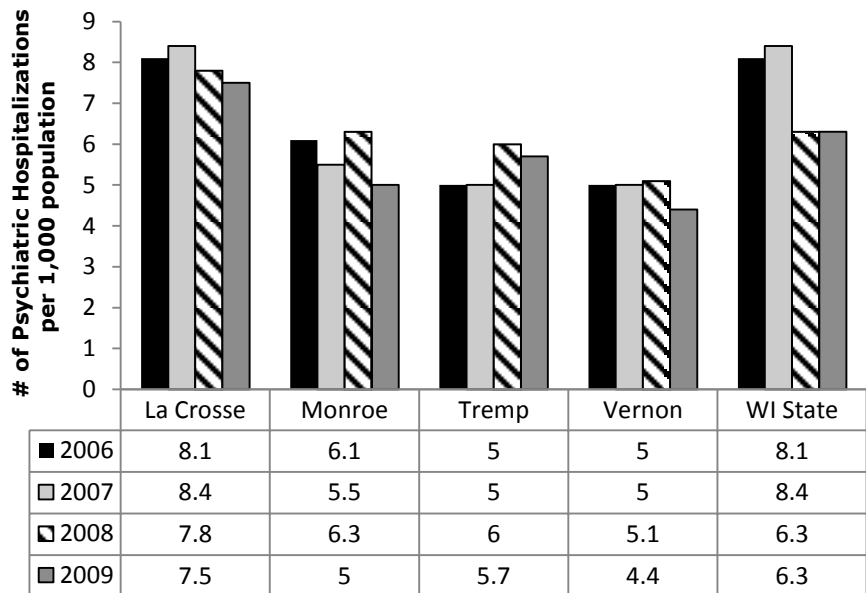
Focus group participants highlighted the challenges of addressing mental illness, in a society where such illnesses are stigmatized. They further explained that the stigma of mental illness hindered people from seeking assistance in a timely manner.

Sources

Wisconsin Department of Health Services,
www.dhs.wisconsin.gov;

Minnesota Department of Health,
www.health.state.mn.us;

Public Health Profiles, 2006-2008, Wisconsin Department of Health Services,
www.dhs.wisconsin.gov/localdata/pubhlthprofiles.htm



Implications for Our Community

Mental health is generally a term used to describe a level of cognitive or emotional well-being or an absence of a mental illness. An individual's mental health can be affected by stress, nutrition, alcohol, exercise, illness, prescription medications, over-the-counter medications, and illicit drug use. Those with a mental illness are more likely to have an increased risk of suffering, being disabled, injury, or death. Receiving proper mental health care can improve and extend life.

Concerns regarding mental health care in the community include shortages of mental healthcare workers leading to poor access for patients when needed, limited hospital beds for hospitalizations, and limited insurance coverage for proper follow-up care. Population data on mental health is limited in our region. Public health surveillance measures the rate of psychiatric hospitalizations. Although the rate of psychiatric hospitalizations has remained stable over the past 3 to 5 years health care charges related to mental health are substantial and rising. Charges for clinic and emergency room visits and hospital stays due to mental illnesses for 2009-2010 in our region were over \$52.4 million dollars (approximately \$24.9 million in 2009, and \$27.6 million in 2010).

Suicide

Indicator 14

Suicide rates in our region are higher than states averages.

Data Highlights

Suicide is the 3rd leading cause of death among youth ages 12-18 in America.

In Wisconsin in 2008-2009, suicide was the second leading cause of death among males ages 15-44.

In Minnesota, there were 3 times as many deaths from suicide than from homicide.

Trempealeau County had the highest suicide rate of 28.5 in 2007.

39% of respondents of the COMPASS survey expressed concern for suicide in their community and 51% of respondents rated the affordability of mental health services as fair or poor.

Sources

Wisconsin Department of Health Services

www.dhs.wisconsin.gov ;

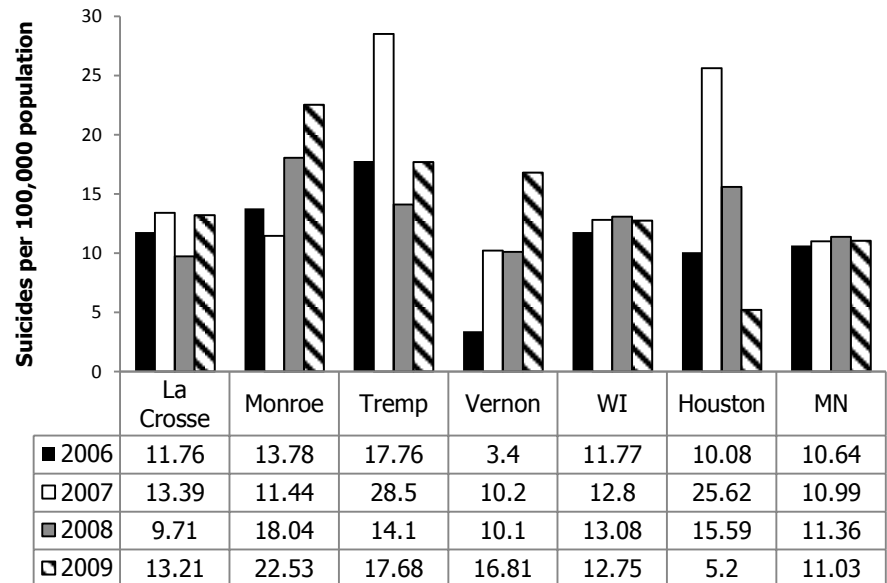
Minnesota Department of Health

www.health.state.mn.us

Centers for Disease Control

www.cdc.gov/ViolencePrevention/suicide/index.html

Centers for Disease Control and Prevention Youth Risk Behavior Survey 2009-2011; <http://www.cesa4.k12.wi.us/>



Implications for Our Community

Suicide is a serious public health problem that affects individuals, families, and communities. Every 15 minutes, someone dies by suicide in the US. According to the Centers for Disease Control and Prevention, more than 34,000 people attempt suicide in the US, and for every person who dies, there are many more who think about, plan or attempt suicide. Over 376,000 people visit emergency rooms in the US due to self-inflicted injuries. In the Great Rivers Region, suicide is one of the top ten causes of death. Factors that increase a person's risk for suicide include depression or other mental health illnesses, substance abuse, alcoholism, family history of suicide or violence, chronic illness, and feeling alone. Bullying has also been associated with an increased risk of suicide in young people for both the victims and perpetrators of bullying. Suicide is often preventable if individuals recognize and address warning signs. In the Great Rivers Region, data from high school students suggest that 12 to 14% of youth have considered suicide. Suicide among lesbian, gay, bi-sexual transgender individuals tends to be higher than in the general population. The suicide rate is a sign of a community's mental health standing. A low suicide rate could reflect the importance and knowledge placed on mental health issues which contribute to a higher quality of life.

Diabetes

Indicator 15

Diabetes is increasing among adults throughout the region.

Data Highlights

Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations.

Diabetes is the seventh leading cause of death in the United States.

Diabetes is linked to obesity and being overweight.

2006-2008 data on percentage of adults who are overweight:

- La Crosse: 34%
- Monroe: 41.8%
- Trempealeau: 41.3%
- Vernon: 35%
- WI State: 37%

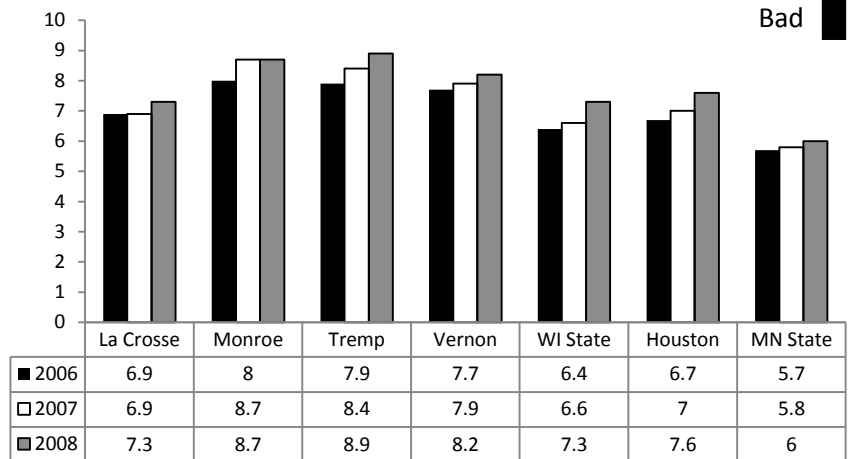
Sources

Centers for Disease Control and Prevention: National Diabetes Surveillance System.

Available online at:
<http://apps.nccd.cdc.gov/DDTSTRS/default.aspx>.

<http://www.cdc.gov/diabetes/pubs/index.htm>

Percentage of adults 20 yrs. + w/diabetes



Implications for Our Community

Diabetes is a group of lifelong (chronic) diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action, or both. Diabetes can lead to serious complications and premature death, however people with diabetes can work together with their support network and health care providers to control the disease and lower the risk of complications. According to the American Diabetes Association 8.3% of the population in the US have diabetes. In 2007, the total costs associated with diagnosed diabetes reached \$174 billion dollars. Diabetes is the leading cause of new cases of blindness among adults 20-74 years old and the leading cause of kidney failure.

Pre-diabetes is a condition in which individuals have blood glucose or A1c levels higher than normal but not high enough to be classified as diabetes. People with pre-diabetes have an increased risk of developing type 2 diabetes, heart disease, and stroke. The Diabetes Prevention Program (DPP), a large prevention study of people at high risk for diabetes, showed that lifestyle intervention to lose weight and increase physical activity reduced the development of type 2 diabetes by 58% during a 3-year period. The reduction was even greater, 71%, among adults aged 60 years or older. Interventions to prevent or delay type 2 diabetes in individuals with pre-diabetes can be feasible and cost-effective. Research has found that lifestyle interventions are more cost-effective than medications.

Obesity and Physical Inactivity

Indicator 16

Adult and childhood obesity are increasing throughout the region.

Data Highlights

64.8% of COMPASS survey respondents expressed concern for obesity in their community.

Inactivity is a risk factor for obesity and diabetes.

The percentage of adults 20+yrs reporting no exercise in the last 30 days are:

La Crosse: 19.3%

Monroe: 25.9%

Tremp: 24%

Vernon: 23.1

Houston: 17.1

The percentage of youth who report being physically inactive are:

La Crosse: 52.8%

Monroe: 48.4%

Tremp: 45.4%

Vernon: 53.4%

The average percentage of youth who watch more than 3 hours of TV are:

La Crosse: 21.6%

Monroe: 26.9%

Tremp: 28%

Vernon: 23%

Houston: 71.3%

Sources

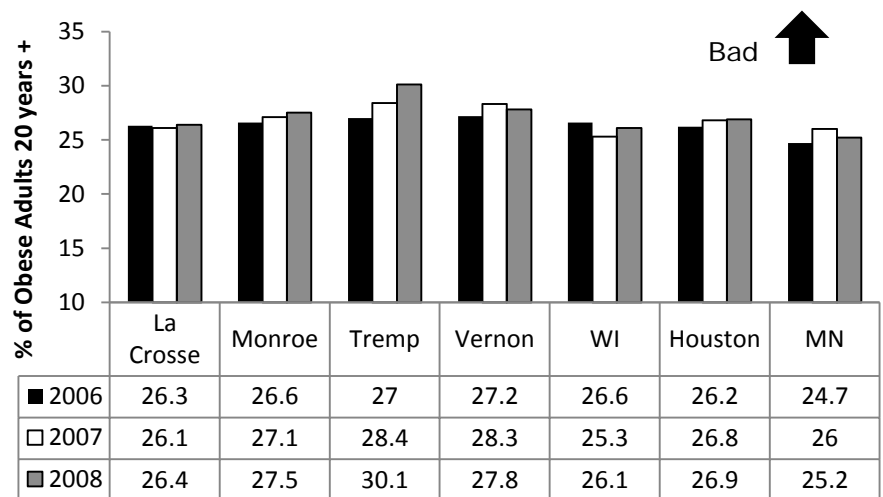
CDC National Diabetes Surveillance System.

<http://apps.nccd.cdc.gov/DDTSTRS/default.aspx>

<http://www.cdc.gov/obesity/causes/index.html>

CESA 4: YRBS Data;

www.cesa4.k12.wi.us/



Implications for Our Community

Obesity is one of the most serious health problems today and the second leading cause of death in the US. Obesity is defined as a body mass index of 30 or more for adults and at or above the 95th percentile for children of the same age and sex (body mass index equals a ratio of weight to height). The associated costs of the obesity epidemic effects our economy through the direct costs of increased healthcare and the indirect cost of lost productivity and lost wages due to the physical and psychological consequences of being obese. The health consequences of obesity include cardiovascular disease, diabetes, cancer, hypertension, sleep apnea, and respiratory problems. Nationally, approximately 300,000 deaths per year may be attributable to obesity. In 2008, the annual healthcare cost of obesity in the US was estimated to be as high as \$147 billion dollars a year.

The Centers for Disease Control and Prevention recommend the following strategies to prevent obesity: increase physical activity, increase the consumption of fruits and vegetables, decrease the consumption of high energy dense foods including sweetened drinks and increase the initiation and duration of breastfeeding. Childhood obesity is also on the rise. 17% of all children and adults in the US are obese. It has been well documented that obese children are more likely to become obese adults.

Public Health Expenditures

Indicator 17

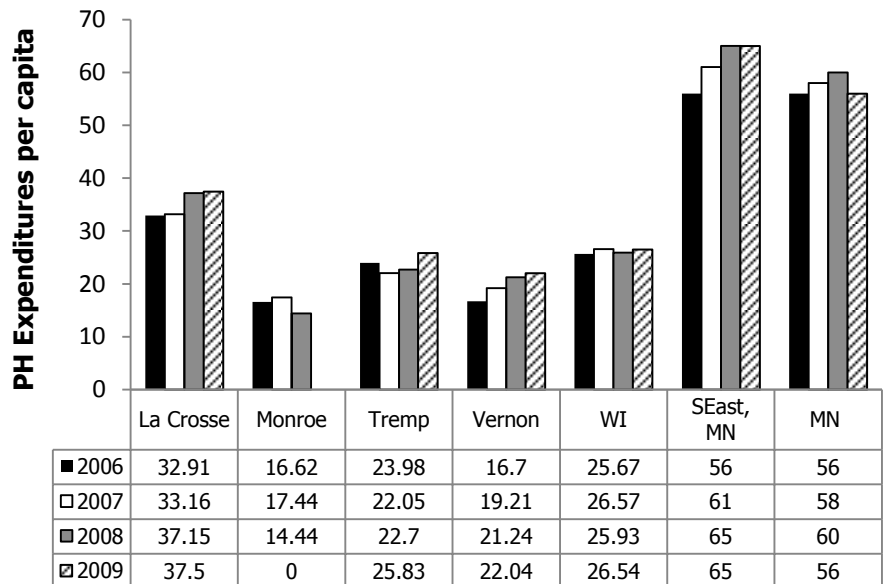
Public health spending improves health and prevents disease in our communities.

Data Highlights

According to the 2012 COMPASS survey, 76.4% of respondents rated their community's ability to respond to health threats (for example, influenza outbreaks) as good or excellent.

Public health expenditures are considerably higher in Minnesota than in Wisconsin.

Houston county has the highest per capita public health expense in the region and is above the WI and MN state average.



*Data for Monroe County in 2009 and Houston County was not available.

Implications for Our Community

Local Health Departments protect and improve community well-being by preventing disease, illness and injury and impacting social, economic and environmental factors fundamental to excellent health. Health departments receive funding from multiple sources including federal, state, and local sources. Public health expenditures are the expenses paid for essential public health services and activities that should be undertaken in every community. The guiding framework for the responsibilities of local public health systems are as follows:

- Monitor health status to identify and solve community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate, and empower people about health issues.
- Mobilize community partnerships and action to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable.
- Assure competent public and personal healthcare workforce.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- Research for new insights and innovative solutions to health problems.

Sources

Wisconsin Department of Health Services
www.dhs.wisconsin.gov ;

Minnesota Department of Health
www.health.state.mn.us

National Association of County and City Health Officials
www.naccho.org/

There is a lack of dental providers that accept Medicaid in the region.

Data Highlights

Vernon, Monroe, and parts of Trempealeau County are underserved for dental care and are designated to be Federal Health Professional Shortage areas.

50.6% of COMPASS survey respondents rated the affordability of dental care in their community as either fair or poor.

The percentage of Medicaid and BadgerCare members who received dental services in 2008 was:

- La Crosse 25.7%
- Monroe 25.9%
- Tremp 27.6%
- Vernon 27.6%

Sources

Wisconsin Department of Health Services State Forward Health
www.dhs.wisconsin.gov ;

2010 Burden of Oral Disease in Wisconsin. Available at:
<http://www.dhs.wisconsin.gov/publications/P0/P00209.pdf>

Percent of Population Exposed to Fluoridation

County	Community Water Systems	All Water systems
La Crosse	50-74.9%	50-74.9%
Monroe	25-49.9%	0-24.9%
Trempealeau	50-74.9%	25-49.9%
Vernon	0-24.9% ¹	0-24.9% ¹
Houston	NA	NA

NA=Data not available for Houston County. ¹ 0% of Vernon County population has community water systems.

Implications for Our Community

Oral health care is important for overall health and quality of life. The most common disease affecting children is tooth decay. It is difficult to measure access to dental care; it is estimated that one-third of Americans do not have any dental insurance. The lack of dental care access impacts lower income populations and rural residents more than the general population. It is important that all community members have adequate access to oral health education, comprehensive prevention, screening and early intervention, and treatment of dental disease. There is little information available on the overall oral health of children and adults in the Great Rivers Region. The data that is available is at a state level. In 2008-2009, 26% of Wisconsin Head Start children had untreated tooth decay, compared to 19% nationally. In addition, 20% of children (aged 6 to 8 years) had untreated tooth decay. Nationally, 43.7% of Medicaid-eligible children received a dental service in 2008 compared to 29.2% in Wisconsin. In Wisconsin, comprehensive dental benefits are available to all children enrolled in the state Medicaid and BadgerCare Plus programs. Pregnant women and women 60 days postpartum also benefit from these programs. In 2009, only one-quarter of the eligible population is receiving these services.

Fluoridation of water systems is the least expensive and most effective way to reduce tooth decay. Wisconsin counties within the Great Rivers Region vary on their availability of fluoridation, with the rural counties having more wells and private water systems that are not fluoridated.

Older housing stock increases risk of lead poisoning in children.

Data Highlights

In 2007, the percentage of children under the age of 6 tested for lead by county in the region were:

La Crosse: 23.6%
Monroe: 29%
Trempealeau: 30.2%
Vernon: 25.8%
Houston: 17.8%

Percentage of Children under 6 years old who were tested and found to have a venous blood level (BLL) greater than or equal to 10 micrograms per deciliter (mcg/dL)

	2005	2006	2007
La Crosse	1.34	1.17	1.38
Monroe	2.01	.84	1.06
Trempealeau	.7	.55	1.58
Vernon	.67	1.37	1.28
Houston	0	0	0

Implications for Our Community

Lead is a toxic metal that was used for many years in paint and other products found in and around our homes. Lead may cause a range of health effects from behavioral problems like aggression, hyperactivity, learning disabilities, seizures and even death. Children 6 years old and under especially those who occupy homes constructed before 1978 are most at risk. The most common sources of lead poisoning are deteriorating lead-based paint, lead contaminated dust, and lead contaminated residential soil. Lead exposure disproportionately affects children in low-income families living in older housing. Children at-risk for lead poisoning should be tested by a health provider. The data in the table above shows the percentage of children tested who were found to be 'lead poisoned', these data are sensitive to the total number of children tested. It is highly recommended that children under the age of six be assessed for lead exposure at least once a year. Blood lead screenings are performed at health clinics, doctor's offices, and health departments. Lead screenings are not conducted randomly; instead rely on the self-selection on behalf of a caregiver or the referral of a health care professional.

Sources

Wisconsin Department of Health Services
www.dhs.wisconsin.gov ;

www.dhs.wisconsin.gov/lead/LegacyofLead/clpinwi.pdf

Minnesota Department of Health
www.health.state.mn.us