

A Health Profile of the Great Rivers Region

Introduction

The purpose of this section of the COMPASS NOW Report is to give an overview of the health of the Great Rivers Region. This section is not meant to duplicate other health summary reports; instead, its purpose is to give context to the COMPASS NOW 2012 needs assessment and focus on the impact that health has on our community. It is a summary of key health indicator data, as well as an integration of COMPASS NOW random household survey and focus group results.

How healthy are we?

Measures of overall health

There are many measures that look at the overall health of a population. Several national organizations provide reports on the overall health of individual states. The best known report, *"America's Health Rankings"* by United Healthcare, placed (nationally) Wisconsin 18th and Minnesota 6th for overall health in 2010.¹

There is a belief that the health of a community depends on many different factors. These range from health behaviors, education, jobs, quality of health care, and the environment. The University of Wisconsin - Population Health Institute and the Robert Wood Johnson Foundation have developed a national system of health rankings, by which every county within each state is ranked on data specific to their population.² There are two overall rankings; an overall health outcomes score, and an overall health factors score. The overall health outcomes measure indicates how long people live (mortality) and how healthy people feel while they are alive (morbidity). The health factors ranking is based on measures that are more predictive of future health outcomes: health behaviors, clinical care, socioeconomic factors, and the physical environment. The overall health outcomes scores for each county are shown in **Table 1**. Vernon County's overall health outcomes score ranked in the first quartile, La Crosse and Houston counties in the second, Monroe County in the third, and Trempealeau County's ranking was in the bottom quartile.

Table 1: 2011 County Health Rankings: Health Outcomes

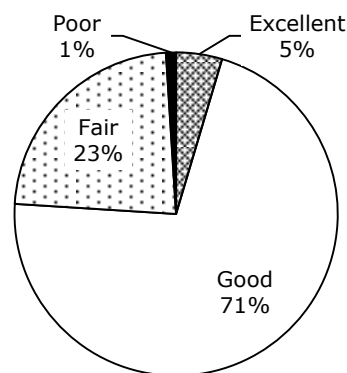
County ¹	Health Outcomes Ranking	Mortality Ranking	Morbidity Ranking
La Crosse	22	13	38
Monroe	49	58	39
Trempealeau	56	62	48
Vernon	15	46	1
Houston	41	46	44

Source: County Health Rankings, Mobilizing Action Toward Community Health.
<http://www.countyhealthrankings.org/>

¹Wisconsin counties' rankings are out of 72 counties, Minnesota's are out of 85 counties.

How healthy do we think we are?

In the COMPASS NOW 2012 random household survey, residents in each of our counties indicated their perception of the overall health of their community (see **Figure 1**). In general, about 75% of the survey respondents rated the health of the people in their community as excellent or good. Houston County residents rated the people in their community healthier than the average, while Monroe and Vernon County residents rated the people in their community as a bit less healthy than the average. Elderly individuals rated the overall health of people in the community statistically better than did those respondents who were younger.

Figure 1: Self-reported overall health of people in your community

Source: COMPASS NOW 2012 Random Household Survey

Summary: While none of the counties in the Great Rivers Region rate outstandingly by objective global measures of health, or by more subjective perceptions of our residents, the Great Rivers Region has better than average health. Vernon County ranks higher than all counties in the County Health Rankings, though its residents rated their overall health lower than residents of other counties.

What is making us ill?

Local birth and death rates

Birth and death rates are important indicators of a community's health. They can reflect general age-sex structure, fertility, economic prosperity, education, and quality of life within a community. Higher live birth rates can be directly linked to better medical attention throughout a pregnancy and birth process. Lower death rates can be attributed to medicines and procedures to save people's lives and help them live longer.

Wisconsin's birth rate is continually lower than Minnesota's birth rate and similar to national trends. Both have been declining slightly over the past four years. Monroe, Trempealeau, and Vernon counties' birth rates of 12-15 people per 1,000 were consistently higher than Wisconsin's overall birth rate. La Crosse and Houston Counties had a continually lower birth rate than their respective state. Wisconsin's death rate (about 8 people per 1,000) is slightly higher than the Minnesota death rate (about 7 per 1,000). The counties of the Great Rivers Region have an average death rate of 7 to 10 people per 1,000.

Caution: Due to the small population size in some of our counties, a few additional births or deaths each year could alter the rates that are given above.

What affects birth rates?

A number of important statistics should be considered when examining birth rates. These maternal and child health figures include teen pregnancy, low birth weight, prenatal care, and infant mortality. A data comparison of the Great Rivers Region is found in **Table 2**.

Teen pregnancy is important as it can lead to a huge economic and health strain on our society. 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. The teen pregnancy rate is highest in Monroe County and has been increasing over the past 4 years.

**Table 2: Comparison of Maternal and Child Health Factors by County
(average rates from 2006-2009)**

County/State	Teen birth rate (per 1000 births)	Low birth weight (%)	Late prenatal care (%)	Infant mortality rate (per 1000 births)
La Crosse	Low: 18.8** Trend: decreasing. Lower than WI.	Medium: 6.0 Trend: flat. Lower than WI.	Low: 15.9%**	Low: 4.4**
Monroe	High: 37.3* Trend: increasing. Higher than the WI & US.	Medium: 5.7 Trend: decreasing. Low in 2009 Same as WI.	High: 28.4%*	Low: 6.8** High in 2008
Trempealeau	Medium: 28.3 Trend: flat/decreasing. Same as WI, higher than US.	Medium: 5.6 Trend: flat High in 2009. Lower than WI.	Medium: 25.3%	Low: 3.5** High in 2006
Vernon	Low: 17.2** Trend: decreasing. Lower than WI.	Medium: 5.7 Trend: flat HIGH in 2006. Lower than WI & US	High: 37.2%*	Low: 6.9** High in 2009
Houston	Low: 14.8** Trend: decreasing. Lower than MN & US.	Low: 4.1 Trend: decreasing. Same as MN.	Low: 14.4%**	Low: 5.6** Higher than MN.
Wisconsin	Medium: 31.1 Trend: flat/decreasing.	Medium: 7.0 Trend: flat.	Low: 17.0%	Low: 6.5
Minnesota	Medium: 26.6 Trend: flat/decreasing.	Medium: 6.6 Trend: flat.	Low: 14.1%	Low: 5.4

Source: COMPASS Now 2012 Health Indicators Report: Teen Births, Low Birth Weight, Late Prenatal Care, Infant Mortality * indicates areas of concern; ** indicates areas performing well

Low birth weight is defined as a newborn weight of lower than 5 pounds – 8 ounces (2,500 grams). Many premature babies born before the thirty-seventh week of pregnancy have low birth weight. If a mother smokes, drinks alcohol, uses drugs, or has exposure to environmental toxins, the risk of low birth weight increases dramatically. In addition, the newborns face health risks such as: respiratory illness and chronic lung disease, vision and hearing problems, and neuron-developmental impairments. Low birth weight deliveries are more common among women who begin prenatal care later in pregnancy, women with no health care coverage or lower socioeconomic status, and teens. Low birth weight rates are neither

high nor low by county, affecting about 6 out of every 1,000 pregnancies in the Great Rivers Region.

Prenatal care that begins during the first trimester of a pregnancy has been shown to increase the odds of a healthy birth and a healthy baby. Medical conditions, environmental hazards, and lifestyle factors are just some of the risks that can be identified and addressed. The well-being of both mother and child is at risk when care is delayed or neglected altogether. Late prenatal care is related to low birth weight babies, preterm deliveries, and an increase in infant mortality. Not only does early prenatal care improve the health of the mother and baby, but it has been shown to be cost effective in terms of health care. Vernon, Monroe, and Trempealeau counties all have a high rate of late prenatal care.

Infant mortality is measured by the number of infant (1 year of age or younger) deaths per 1,000 live births. The infant mortality rate (IMR) is a useful indicator, used world-wide, as measure of health and development. Infant mortality can be caused by a number of factors. Health conditions originating in the prenatal period account for about 50% of infant deaths. This category includes an assortment 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. The infant mortality rate is low in the Great Rivers Region.

Within the Great Rivers Region, maternal and child health is exceptional. Of the 5 counties in the Great Rivers Region, La Crosse and Houston counties rate higher than their respective states on all of these measures. Vernon County has the lowest teen pregnancy figures; however has the highest rate of late prenatal care and a high infant mortality (2009) in the Great Rivers Region. Monroe County has a higher teen pregnancy and late prenatal care rate than Wisconsin and United States. Trempealeau County also rates higher than the average national levels in teen pregnancy, low birth rate deliveries, and late prenatal care.

It is important to note that some religious or ethnic groups within the Great Rivers Region do not believe in medical care except in an emergency. This may affect statistics like initiation of prenatal care. It can be difficult as a county to change these cultural practices. However, it is important to focus on outcomes and intervene when necessary.

What are the primary causes of death in the region?

The primary causes of death for counties in the Great Rivers Region are shown in **Table 3**. Most of these causes are from chronic diseases which have a preventable component to them. Age also plays a part in how we die. Typically, chronic disease is the leading cause of death in older adults. Injury, unintentional, and accidental causes are more common for deaths occurring in the younger population.

Table 3: Top 10 causes of death per 100,000 lives by County (2009)

Cause of Death	La Crosse	Monroe	Tremp.	Vernon	Houston
Cancer all types	174.4	260.3*	205.0	251.3*	235.7
Heart disease	152.4	197.0	201.4	254.7*	205.6
Stroke	60.6	65.7	39.6	75.7*	40.1
Chronic lower respiratory disease	47.7	51.6	57.5*	37.9	65.2*
Nephritis	32.1	21.1	46.7	27.5	15.0
Alzheimer's Disease	29.4	35.2	32.4	13.8	20.1
Pneumonia/ influenza	25.7	14.1	18.0	34.4*	15.0
Diabetes	17.4	21.1	21.6	13.8	40.1*
Suicide	13.8	23.5*	18.0	17.2	5.0
Motor vehicle accidents	7.3	14.1	21.6*	27.5*	15.0

Source: La Crosse Medical Health Science Consortium Scorecard. www.communityscorecard.com

* indicates areas of concern.

What are the primary illnesses in the Great Rivers Region?

Those **chronic diseases** that are the main causes of death in our region are also the main causes of illness. Unfortunately, it is difficult to find solid data on these diseases in our area. Heart disease, hypertension, high cholesterol, cancers, lung diseases like asthma and COPD, are all too common of conditions among our residents. Nearly 50% of Americans live with at least 1 chronic disease.³ Heart disease is the number one cause of death and affects over 12% of all Americans. Additionally, 33% of Americans have hypertension and 15% have high cholesterol. Nationally, 1 million Americans are disabled from strokes and many can no longer perform daily tasks such as bathing and eating. Over 25 million Americans have diabetes; which is the leading cause of kidney failure, lower leg amputations, and blindness among adults. There are also approximately 11 million

Americans in remission for cancer as well as an estimated 500,000 deaths from newly diagnosed cancers each year.

In the early 1900s, **infectious diseases** were the cause of most of our illnesses and deaths. Deaths from pneumonia, tuberculosis, and diarrhea were the primary causes of death. With the advancement of immunizations, antibiotics and other treatments, deaths from these causes have been greatly reduced. Several infectious diseases are reportable illnesses that are now monitored at a local and national level. Immunization compliance rates by county for school-age children range from 70 and 90%. As indicated above, some population-based cultural differences may lead to a need to modify public health and healthcare provider's strategies to ensure adequate immunization to prevent outbreaks of vaccine preventable illnesses.

Table 4 includes a number of infectious diseases that are monitored today.

**Table 4: Rates for Reportable Infectious Diseases
(Rate per 100,000 population)**

	La Crosse	Monroe	Tremp.	Vernon	Houston	WI State	MN State
Chlamydia (2008)	301*	251	234	55	182	375	276
All Sexually transmitted infections (2009-2010)	414*	250	261	88	125	492	287
Food and Waterborne illnesses (2009-2010)	21.1	32.8	25.2	75.7*	15.0	NA	19.9
Vaccine Preventable (2009-2010)	4.6	5.9	1.8	20.7*	110.3	NA	20.8
Lyme disease (2009-2010)	103.3*	166.5*	80.9	105.0*	92.8	40.3	23.0

Source: County Health Rankings, Mobilizing Action Toward Community Health. <http://www.countyhealthrankings.org/>, www.health.state.mn.us/divs/idepc/dtopics/stds/stats/stdstats2010.html#1, www.dhs.wisconsin.gov/communicable/STD/Statistics_State.htm

* indicates areas of concern.

Risky sexual behavior leads to an increase in **sexually transmitted infection** (STI) and/or **sexually transmitted diseases** (STD). Rates of STIs have declined significantly from the late 1980s when HIV/AIDS was a major concern. Prevention efforts for HIV included major educational efforts within the secondary and higher educational systems. These efforts significantly decreased the rates of all STIs. As treatment for HIV has improved, the focus on prevention of STIs has decreased and there has been a gradual increase in the STI rates as a result. Statistics on STDs are based on the three conditions that physicians are required to report; chlamydia, gonorrhea, and syphilis. These represent only a fraction of the true burden of STDs. Some common diseases such as human papilloma virus (HPV) and genital herpes are not reported to the CDC. In total, the CDC estimates that

there are approximately 19 million new STIs each year. This can cost the U.S. healthcare system \$16.4 billion annually and cost individuals even more in terms of acute and long-term health consequences.⁴ Nationally, the rate of gonorrhea is at an all-time low while the rate of syphilis has reached a plateau. The rate of chlamydia has also increased; due mainly to improved diagnosis and screening. On a local level, chlamydia and other STDs are more prevalent in La Crosse County. This is likely due to the high concentration of college students who participate in risky sexual behavior. These students are also more likely to be diagnosed and treated in their college community, rather than in their home community.

Food and waterborne illnesses that are known to arise locally include: salmonella, giardia, and hepatitis. Salmonella and hepatitis are usually caused by consuming contaminated food. Giardia can be spread from person-to-person or through contaminated water. Most food and waterborne illnesses cause minor diarrhea, nausea, and vomiting. However, these symptoms can become severe. Over the past several years, the rates of food and waterborne illnesses have decreased in our area. However, an accidental contamination of food at a large event can cause these statistics to spike. For example, Vernon County had 32 cases of salmonella reported in 2010; compared to a usual rate of about 5 cases a year.

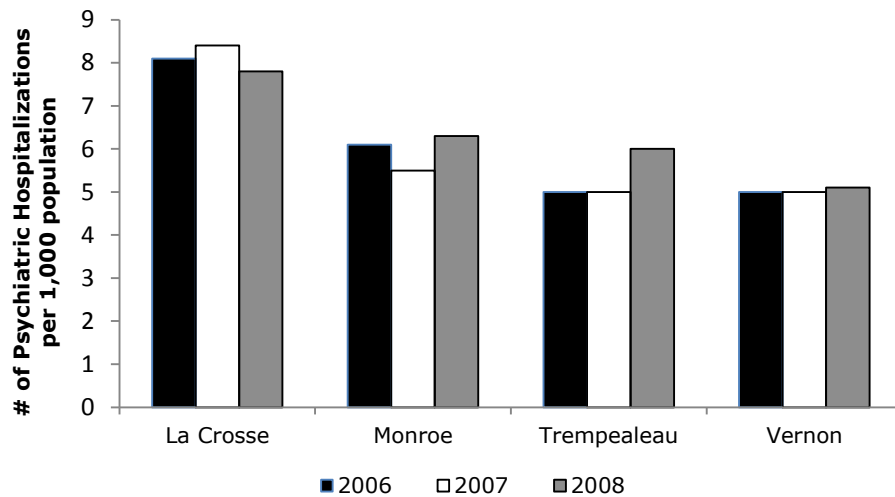
Vaccine preventable illnesses that are reported and monitored include measles and pertussis. Pertussis, also known as whooping cough, is a bacterial respiratory infection which is characterized by severe spasms of coughing. Before the introduction of the vaccination in the 1940s, pertussis was a major cause of illness and death among infants. Since the introduction of the pertussis vaccination, case reports of this illness decreased more than 99%. However, an increasing number of pertussis cases have been reported to the CDC since the 1980s; especially among adolescents aged 10-19 years and adults.⁵ It is also felt that pertussis is underreported since many people who develop the illness do not seek treatment. The best way for pertussis to be managed to a lower level in the community is to insure that all adults are vaccinated for this by receiving the tetanus, diphtheria, and pertussis vaccine (Tdap) in place of the usual tetanus-diphtheria vaccine (Td). Due to some of the religious, ethnic, or cultural differences within the region, immunization rates in some counties are not as high. Locally, there was a significant increase in the number of pertussis cases reported in Houston County in 2009 and in Vernon County in 2010, though all counties in the Great Rivers Region have seen a significant increase in the number of cases. County health departments need to monitor outbreak rates and when possible develop appropriate solutions.

Lyme disease was first discovered in the 1980s.⁶ It is common to the Great Rivers Region due to the specific tick (generally carried by white-tail deer) that spreads the disease. Disease prevention strategies include: educating residents to identify the disease, how to properly remove the ticks, and how to avoid being bitten. Lyme disease is treatable; however, those that go undiagnosed or are diagnosed later in the disease cycle have a slower recovery rate. The rate of Lyme disease in our area was greater in 2010 than previous years. La Crosse County reported 181 cases of Lyme disease compared to the average (25-30 cases) in previous years.

Mental illnesses are common in the United States and throughout the world. The National Institute of Mental Health estimates 26.2% of Americans (ages 18 and older) suffer from a diagnosable mental illness in any given year.⁷ Even though mental disorders are widespread, the main burden of illness is typically concentrated in a much smaller proportion (about 6%) of the population; primarily, those who suffer from a serious mental illness. Additionally, mental disorders are the leading cause of disability in the US for people ages 15-44. Mental illness has a significant impact on the workplace that often goes unrecognized. Mental illness causes more days of work loss and work impairment than chronic health conditions such as asthma, diabetes and heart disease.

Data surrounding the issues of mental illness are scarce. A recent project, *"The Burden of Mental Illness for the La Crosse and the Surrounding Area,"* highlights some of the data that has been gathered to illustrate the picture of mental illness in the Great Rivers Region.⁸ Data from high school students (see **Table 9**) suggest that 12 to 14% of youth have considered suicide in the past year. Approximately 30% of college students in the Great Rivers Region reported having depression. The rate of psychiatric hospitalizations has remained stable over the past 3 to 5 years (see **Figure 2**). Although hospitalizations are stable, health care charges 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).⁸

Figure 2: Rate of psychiatric hospitalizations for Wisconsin Counties from 2006-2008



Source: Public Health Profiles, 2006-2008, Wisconsin Department of Health Services, <http://www.dhs.wisconsin.gov/localdata/pubhlthprofiles.htm>
Houston County data was not available.

Table 5: Suicide rate for 2007-2009 (all age groups)

County	Deaths by Suicide (2007-2009)		Years of Potential Life Lost (YPLL)
	#	Rate/100,000	# of Years
La Crosse	41	12.1	1,279
Monroe	23	17.4	757
Trempealeau	17	20.1	509
Vernon	11	12.4	271
Houston	9	15.5	NA

Source: WISH, Wisconsin Department of Health Services, Division of Public Health, *The Burden of Mental Health A Report on La Crosse and the Surrounding Region*, 2011.

Table 5 indicates the number of deaths by suicide in the counties of the Great Rivers Region for 2007-2009. Suicide is one of the leading causes of death among the younger generations (11 to 24 year olds), resulting in many years of productive life lost. This is measured by the statistic, years of potential life lost (YPLL). Trempealeau County has the highest rate of suicides in 2007-2009. *"The Burden of Suicide in Wisconsin"* report released in 2008 indicates a higher rate of suicide in Wisconsin than in neighboring states.⁹ Furthermore, suicidal behavior places a large burden on individuals, families, and communities. In Compass NOW 2012 key stakeholder and focus group meetings in all counties, several participants felt that mental illnesses are stigmatized

in our society and that this stigma hindered people from seeking assistance in a timely manner.

Oral health is not only important for quality of life, but is related to the health of the rest of the body. The state of Wisconsin released "*The Burden of Oral Disease*" report in 2010.¹⁰ The report states, "While Wisconsin has made sufficient progress in improving the overall health status of Wisconsinites, oral disease continues to be a key health concern for the state." There is little information available on the overall oral health of children and adults in the Great Rivers Region. What is available is at a state level. In 2008-2009, 26% of Wisconsin Head Start children had untreated tooth decay, compared to 19% nationally. Twenty percent of children (aged 6 to 8 years) had untreated tooth decay. At present, there is no information available for older children or adults. Data that is available for Wisconsin adults indicates 75% of adults ages 35-44 years have no tooth loss compared with 38% nationally. Additionally, 15% of Wisconsin adults aged 65-74 are toothless compared with 24% nationally. Regarding oral preventive care, 51% of children have had sealants on their molars (32% nationally), and 75% of children and adults had a dental visit within the past twelve months (45% nationally). Lastly, 90% of Wisconsinites live in an area served by fluoridated water systems. Wisconsin counties within the Great Rivers Region vary on their availability of fluoridation, with the rural counties having more wells and private water systems (see **Table 6**).

Table 6: Percent of Population exposed to Fluoridation

County	% of Population served with Fluoridated Water:	
	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

Source: Wisconsin Department of Health Services.

2010 Burden of Oral Disease in Wisconsin. Available at:

<http://www.dhs.wisconsin.gov/publications/P0/P00209.pdf>

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

In their own words

"Mental health issues are really affecting our community. People do not understand what mental illness even is. There is so much stigma with mental illness and then compound that in a small town where everybody knows everybody. There needs to be awareness that ignoring the issue is not the answer. Communities need to know that people are losing hope, people are suffering from depression and this leads to suicide and other issues."

COMPASS NOW
Focus Group Report

Summary: Chronic diseases such as heart disease, diabetes, and asthma are concern for the people of the Great Rivers Region. Maternal and child health is fairly good in La Crosse and Houston counties. Teen pregnancies and late prenatal care initiation are a potential health risk in Monroe, Trempealeau, and Vernon counties. Immunizations for infectious diseases vary somewhat by county, and are often affected by cultural norms. This provides a challenge for healthcare and public health to ensure adequate vaccination coverage to avoid outbreaks of infectious diseases. Mental health is a growing concern affecting health of residents in the counties of the Great Rivers Region. Little information is available on the dental health of residents of the region.

What are the underlying risk factors or causes of illnesses?

How lifestyle affects health

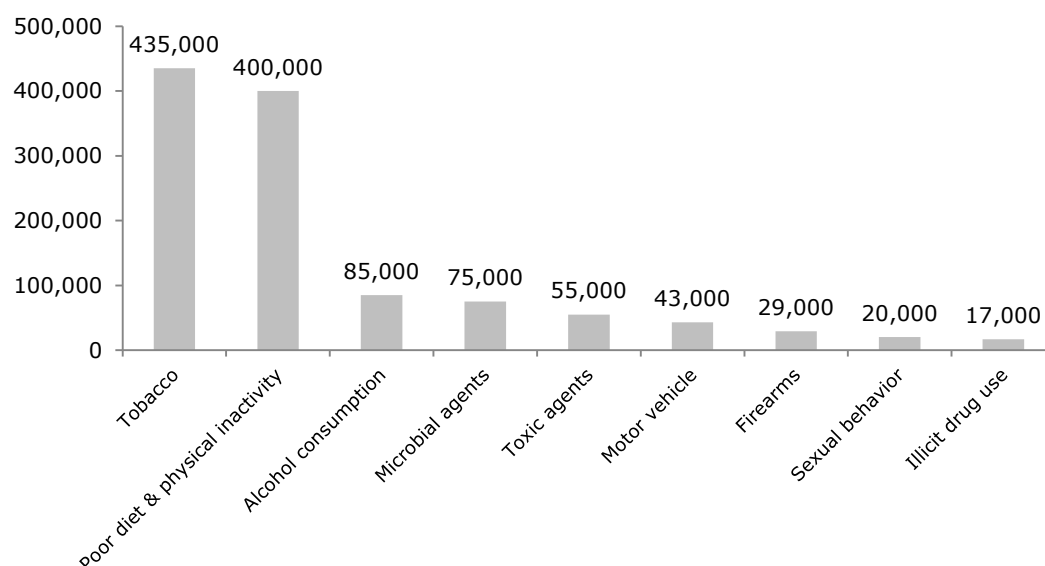
There is a clear connection between certain lifestyles or health habits. These habits are known as modifiable risk factors and are considered to be the major causes of death today. Research has suggested that between 35 and 40% of all deaths are caused by these risk factors.

Table 7 shows the connection between the risk factors and chronic diseases. **Figure 3** shows the number of deaths attributed to different health risks and thus called the “actual causes of death.”

Table 7: Relationship of risk factors to chronic disease

Risk Factor	Heart Disease/ Stroke	Cancer	Diabetes	Chronic Lung Disease/ Asthma	Injury & Violence
Tobacco	X	X		X	
Poor diet and physical inactivity	X	X	X		
Alcohol consumption		X			X
Excess stress	X				X
Lack of preventive care	X	X	X	X	

Source: The Epidemic of Chronic Disease in Wisconsin. WI Department of Health Services. 2011. Available at: www.dhs.wisconsin.gov/tobacco/1398WIDHSRiskFactorReportFinal.pdf

Figure 3: Actual Causes of Death in the United States in 2000

Source: Mokdad AH, et al. Actual causes of death in the United States, 2000. JAMA 2004; 291:1238-1245

How common are these behaviors among adults in the region?

According to the 2011 County Health Rankings, La Crosse County ranks the highest (8th out of 72) of all counties in the Great Rivers Region when averaging the four risk factors: adult smoking, obesity, excessive drinking, and motor vehicle crashes (plus sexually transmitted infections and teen pregnancy rate). Houston County ranked 19th out of 85 counties in Minnesota. Trempealeau County ranked the lowest of the 5 counties on these factors. (see **Table 8.**)

Tobacco use is the leading cause of death in the United States; causing over 435,000 deaths nationally and approximately 7,700 deaths in Wisconsin yearly.¹¹ Tobacco use has declined nationally from 23.2% in 2000 to 17.3% in 2010. Wisconsin's tobacco use rate has also declined from 24% in 2000 to 19% in 2010 and Minnesota's rate went from 19.8% to 14.9%.¹² The use of tobacco in the Great Rivers Region has declined slightly over the past 5 years; though due to small county numbers in the overall statewide surveys, this is difficult to say with certainty. Houston County may have slightly fewer tobacco users than the other counties, partially due to a difference in tobacco policies in Minnesota passed prior to Wisconsin.

Table 8: Select Health Risks by County

County ¹	Health Behavior Ranking	Adult smoking	Adult obesity	Excessive drinking	Motor vehicle crashes (per 100,000)
La Crosse	8	20%	26%	23%	9
Monroe	48	24%	28%	27%*	18
Trempealeau	63	23%	30%*	24%	28*
Vernon	32	22%	28%	24%	19
Houston	19	18%	27%	23%	20
Wisconsin		21%	28%	25%	15
Minnesota		19%	26%	20%	13

Source: County Health Rankings, Mobilizing Action Toward Community Health. <http://www.countyhealthrankings.org/>

* indicates areas of concern. ¹Wisconsin counties' rankings are out of 72 counties, Minnesota's are out of 85 counties.

Obesity, the second leading cause of death in the United States, has increased significantly from 2000 to 2010. This increase has occurred nationally as well as within Minnesota, Wisconsin, and within the Great Rivers Region. Nationally, obesity rates have increased by one third in the past decade, despite an increase in the percent of adults that are getting a sufficient amount of physical activity. From 2001 to 2009, there has been a 3 to 5% increase in the rate of adults meeting national physical activity guidelines. Nationally, 51% of adults are getting sufficient exercise. However, 25% of adults are getting no physical activity at all.¹² Also, only about 1 in 4 to 5 adults are consuming 5 or more servings of fruits and vegetables each day. Obesity is a significant issue in all of the counties in our region. Several initiatives have been initiated in some areas of the Great Rivers Region which attempt to address obesity issues. These efforts increase access to fresh and affordable fruits and vegetables and other whole grains and increase the bike-ability and walk-ability of our region. These programs are intended to have long-term effects on obesity. Unfortunately, there is little uniformity to these programs in all areas of the Great Rivers Region. Several areas within the Great Rivers Region, mainly in Vernon and Monroe counties, have been labeled "food deserts." See the Community Profile for more information on this.

Excessive and risky alcohol use has long been an issue of concern in the Great Rivers Region. It has been identified as a major problem in each of the previous COMPASS NOW reports. Alcohol use has a deep-rooted culture in our community going back to the late 1800s in part due to the strong role of the brewing industry in our region. According to the Centers for Disease Control (CDC), excessive alcohol use, either in the form of heavy drinking (more than 2 drinks per day

on average for men or more than 1 for women) or binge drinking (drinking 5 or more drinks on a single occasion for men or 4 or more for women), can lead to increased risk of health problems such as liver disease and/or unintentional injuries.¹² Excessive alcohol use is the third leading cause of death for people in the United States each year. 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 heavy drinking and binge drinking. 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 of our region are more likely to see alcohol poisoning, drowning, and other acts of violence worsened by high alcohol concentrations.

Motor vehicle crashes (MVC) are the fourth leading cause of death in the United States. Rates of MVCs vary significantly between counties in the Great Rivers Region. As stated above, counties with a greater percent of their highways as county roads, such as Monroe, Trempealeau, Vernon, and Houston, have a higher crash rate than La Crosse County. These rates are also higher than Wisconsin and Minnesota. Rates of alcohol-related motor vehicle fatalities have also been higher in Wisconsin than throughout the United States for many years. Wisconsin has 1.5 times the national rate of arrests for operating a motor vehicle while intoxicated and more than three times other liquor law violations.

Important note: *The rates in Table 8 are reported in the County Health Rankings for 2011. These rates represent a combination of several years' worth of data. For example, adult smoking is based on data combined from 2003-2009. Excessive drinking is a combination of binge and excessive drinking over this timeframe. These statistics come from the Behavior Risk Factor Surveillance Survey, a telephone survey of residents in La Crosse County. Unfortunately, survey numbers are too small to report a yearly rate with any confidence. Thus, any recent changes in the rates of these behaviors are not reflected in the numbers in **Table 8**. However, short of completing a new survey, these are the best estimates that are available.*

How common are risky behaviors among our youth?

High school youth in the Great Rivers Region were surveyed on various health risks by completing the Youth Risk Behavior Survey (YRBS) in Wisconsin or the Minnesota Student Survey in Houston County. Results of key health behaviors are shown in **Table 9**.

Tobacco use among students has been on the decline for many years. In the 1990s, over 40% of high school students reported smoking in the past 30 days. Today, most counties in the Great Rivers Region report a daily smoking rate of about 12% and a 30-day smoking rate of 13 to 20%. Vernon County had more youth reporting 30-day tobacco use than all other counties. Daily tobacco use in Houston County was the lowest on the 2010 survey. However, the rate of 30-day tobacco use was higher than would be expected.

About 90% of the **alcohol** consumed by youth under age 21 (and 75% of those over age 21) in the United States is in the form of binge drinks. About 20 to 25% of youth in the Great Rivers Region reported binge drinking in the past 30 days. These numbers are similar to adult binge drinking rates. Between 8 and 15% of youth surveyed report driving after having too much to drink. This is a significant concern, given the nature of many poorly-lit and narrow rural roads in our area. High speed, inexperienced drivers, and alcohol are a dangerous combination.

Marijuana and other drug use rates have increased significantly in Wisconsin since 1993. Rates among youth in the Great Rivers Region (with the exception Trempealeau County) are similar to the state average. Trempealeau County's rate is the lowest at 18.5%. The most alarming trend is the increased rate of inhalant use, ecstasy use, and use of prescription drugs without a prescription with the intent to get high.

Presently, a majority of high school students reported feeling safe at school. Among Wisconsin youth, reports of physical fighting decreased significantly from 1993 to 2009. However, **violence** (reporting being hit or hurt) is still a strong concern among many high school students in our area. There is also a significant number of students that report being bullied while at school; especially electronically. Electronic bullying didn't exist in the 1990s; but as technology advances, the rate of cyber-bullying increases. At this time, about 1 in 5 youth in the Great Rivers Region now report being bullied electronically.

Many of the **high risk sexual behaviors** reported by high school students on the YRBS have decreased significantly since 1993. However, a significant percentage of students are still engaging in risky sexual behaviors. Between 35 and 45% of youth in the Great

Rivers Region reported ever having sexual intercourse. Using alcohol before sexual intercourse was reported in about a quarter of students who are sexually active. Thus, there is an increased risk of making poor decisions such as using protection.

Table 9: Select Youth Risk Behaviors

YRBS Data	La Crosse 2010	Monroe 2011	Tremp. 2011	Vernon 2009	WI 2009	Houston 2010¹
Tobacco use						
Daily smoking	11.1%	18.1%*	12.1%	12.7%	11.3%	6.6%
Smoked (30 days)	13.8%	18.5%	12.3%	23.7%	16.9%	17.1%
Alcohol Use						
Binge drinking (30 days)	19.9%	20.4%	15.0%	25.3%*	25.2%	NA
Drove after drinking (30 days)	7.7%	9.3%	8.0%	9.8%	8.9%	15.4%*
Drug Use						
Marijuana use (ever)	29.9%*	25.1%	18.5%	28.0%*	34.2%	13.9% (30 day)
Used inhalant (ever)	9.3%	9.3%	6.3%	12.9%	9.6%	NA
Used ecstasy (ever)	8.0%*	4.5%	5.2%	4.4%	4.9%	4.4%
Used prescription drug without a prescription	14.7%	18.4%	17.2%	20.6%	20.5%	NA
Violence						
Were hit, slapped or physically hurt by their boyfriend or girlfriend (12 months)	12.3%*	8.3%	7.2%	8.0%	8.4%	7.6%
Bullied on school property (12 months)	23.9%	23.4%	31.3%*	27.1%	NA	NA
Electronically bullied (12 months)	19.4%	17.0%	19.1%	NA	NA	NA
Sexual Activity						
Had sexual intercourse (ever)	35.0%	44.2%	35.9%	46.6%	40.9%	34.6%
Mental Health						
Seriously considered suicide (12 months)	13.8%*	12.5%	12.2%	12.2%	13.2%	22.1%* (ever)
Obesity/diet/physical activity						
Obese (self-reported height and weight)	9.2%	NA	NA	NA	9.3%	7.8%
Physically inactive (less than 60 min/day 5+ days/week)	52.8%	48.4%	45.4%	53.4%	51.5%	NA
Watch tv 3+ hours/day	21.6%	26.9%	28.0%	23.0%	23.1%	71.3%*
Computer time 3+ hours/day	23.5%	25.1%*	20.8%	17.3%	19.2%	35.5%*
Less than 5 fruits & vegetables/day	91.4%*	NA	NA	NA	80.9%	84.6%

Source: COMPASS NOW 2012: Health Indicators Report: Youth Risk Behavior Data

* indicates areas of concern

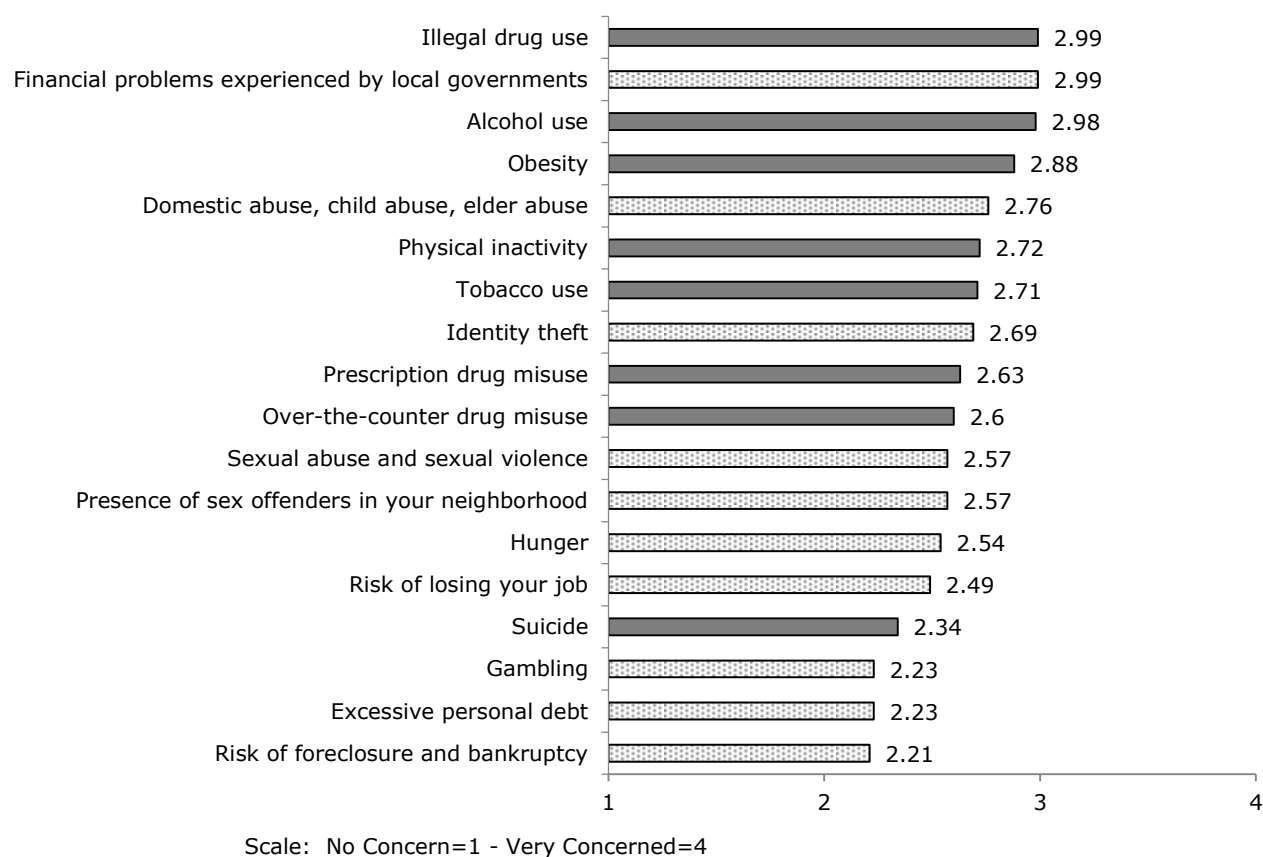
Important note: Wisconsin and Minnesota administer different surveys to their high school students. Students in grades 6, 9 and 12 from Houston County complete the Minnesota Student Survey every three years. For Table 9, an average rate for those 9th and 12th grade students was determined. Not all indicators were comparable to the YRBS. County averages for many of the Wisconsin counties have not been available until this year, so trending of data is not possible. Not all questions are asked at every school or reported in the county summaries.

About 12 to 15% of youth in our area report that they considered a **suicide** attempt in the past twelve months. Females are more likely to report this than males. Students reporting they feel less connected to their school are also more likely to report considering suicide. These students are more likely to use alcohol and drugs as well.

As is seen with adults, **obesity** is increasing at an alarming rate in our nation. Based on self-reported height and weight, about 10% of youth in the Great Rivers Region are obese. National studies estimate this rate to be higher in the United States. The CDC estimates the national level of childhood obesity to be about 20%. Survey results in the Great Rivers Region indicate a low number of youth getting sufficient exercise, a high number reporting excess screen time (television and computer use), and a high number of youth consuming insufficient amounts of fruits and vegetables.

How concerned are we about these health risks?

In the COMPASS NOW 2012 random household survey, residents were asked to rate a series of eighteen concerns in the community. These results are shown in **Figure 4**. Illegal drug use, alcohol use, obesity, physical inactivity, and tobacco use were all rated in the top half of concerns. A comparison of issues by county is also shown in **Table 10**. There was a consistent agreement that illegal drug use, alcohol use, and obesity are a major concern among residents in all 5 of our counties. It is interesting to note that suicide was consistently ranked as a low concern in each county.

Figure 4: Rating of Community Health Concerns

Source: COMPASS NOW 2012 Random Household Survey

Table 10: Ranking of Health Concerns by County out of 18 topics

Concern	All counties	La Crosse	Monroe	Tremp.	Vernon	Houston
Illegal drug use	1	2	1	2	3	1
Alcohol use	3	3	2	3	1	2
Obesity	4	4	3	1	2	4
Physical inactivity	6	6	10	5	5	6
Tobacco use	7	8	5	7	6	5
Prescription drug misuse	9	9	6	10	10	10
Over-the-counter drug misuse	10	10	7	12	11	11
Suicide	15	15	15	15	16	15

Source: COMPASS NOW 2012 Random Household Survey

In their own words

"We need to look at this problem as an all community problem; not just a problem of those on the fringes. It is easy to pass the blame. Alcohol is promoted too much. Look at all the billboards. There is still a lot of marketing to young people."

[Alcohol use] "It's an expense. Wisconsin is the worst state in terms of binge drinking and La Crosse is the worst county in the state. It affects our courts, jail, and mental health care. It takes a huge toll on our community."

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These topics were addressed at key stakeholder and focus group meetings in all 5 of our counties. The majority of focus group participants agreed that a problem of alcohol abuse exists. Several participants felt that the "culture of alcohol" contributed to the problem and perceived that La Crosse was unique in its concentration of bars, in its pervasive alcohol consumption, and in how inexpensive alcohol is locally. Many participants, including youth, also mentioned an increase in the availability of illegal drugs such as crack, heroin, cocaine, and marijuana. Focus groups in Houston County were also asked for their comments regarding bullying and cyber-bullying. The youth in that community agreed that bullying is a growing dilemma and that cyber-bullying is an escalating occurrence at school.

Summary: Excess alcohol use and obesity, while high in Monroe and Trempealeau counties, is especially high for all adults in the Great Rivers Region and for adults in Wisconsin. This issue has a significant impact on chronic diseases and motor vehicle crashes in our region. The behaviors of our youth are also shown to mirror that of our adults. However, our youth's overall health habits are better than the state averages. Tobacco use is greater in Monroe County; whereas risky alcohol use is higher in Vernon and Houston counties. Marijuana and ecstasy use is high in La Crosse County. Physical activity and proper diets are generally poor throughout the majority of the Great Rivers Region. Bullying and cyber bullying is escalating on a local and national level and should be monitored in all of our schools.

What are we doing to manage our health?

Quality of health care

Many national and regional organizations measure the quality of our health care. Minnesota and Wisconsin have consistently ranked very high in most of these measurements. According to the Agency for Healthcare Research and Quality (AHRQ), Minnesota ranked second nationally while Wisconsin ranked seventh in 2010.¹³ Wisconsin scored better than the average on 49 measures such as vaccinating children and limiting avoidable hospitalizations for hypertension and chronic obstructive pulmonary disease. But Wisconsin also scored below average on 27 measurements. Two of these measurements were adequate dialysis and preventing infections in the hospital.

Within the state of Wisconsin, nineteen of the largest health systems have partnered to create the Wisconsin Collaborative for Healthcare Quality (WCHQ).¹⁴ Founded in 2003, the collaborative began developing, sharing, and publishing measures of clinical quality that were critical to overall healthcare improvement. The participants stated, "We see performance measurement and public reporting as

vital and dual mechanisms for promoting greater transparency, improvement, efficiency, and equity within health care.”¹⁴ Sharing health system level results and learning from each other has had a significant impact on overall health care quality. Gundersen Lutheran Health System and Mayo Clinic Health System are the two primary healthcare providers within the Great Rivers Region that participate in this collaborative. Both organizations provide data on all of their hospital and clinic encounters.

Quality of health care is one of the measures included in the “2011 County Health Rankings Report.” The clinical care measures include 5 specific measurements within two dimensions; access to care (uninsured adults and number of primary care providers per population) and quality of care (preventable hospital stays, diabetic screening, and mammography screening based on data from 2006 and 2007). By these measures, La Crosse County ranked first in Wisconsin and Houston County ranked eighth in Minnesota (see **Table 11**). La Crosse and Houston counties have the lowest rate of preventable hospital stays of the 5 counties. Vernon County scored the lowest on the clinical care measurement and on diabetic and mammography screening and the highest on preventable hospital stays. These measures are not available for non-Medicare patients.

Table 11: 2011 County Health Rankings - Quality of Clinical Care

	La Crosse	Monroe	Tremp.	Vernon	Houston
Clinical Care ¹	1	31	38	65*	8
Measures of Quality of Care					
Preventable hospital stays (rate per 1,000 Medicare enrollees)	42	68	65	73*	29
Diabetic screening (% of diabetic Medicare enrollees screened)	92%	94%	96%	82%*	89%
Mammography screening (% of female Medicare enrollees screened)	75%	69%	76%	50%*	80%

Source: County Health Rankings, Mobilizing Action Toward Community Health. <http://www.countyhealthrankings.org/>

* indicates areas of concern

¹Wisconsin counties' rankings are out of 72 counties, Minnesota's are out of 85 counties.

Access to health care

Two measures of access are included in the County Health Rankings report and are available for counties in the Great Rivers Region (see **Table 12**). These measures are the rate of uninsured adults (based on 2007 data) and the number of people per primary care providers (based on 2008 data). La Crosse County scored the highest on both of these measures. Trempealeau and Houston counties scored the lowest on these measures. Also shown are the uninsured rates for children and adults from 2009.

Table 12: 2011 County Health Rankings - Access to Care

	La Crosse	Monroe	Trempe.	Vernon	Houston
Clinical Care	1	31	38	65	8
Measures of Access to Care					
Primary care providers (ratio of population to providers)	415:1	886:1	1,258:1*	745:1	1,379:1*
Uninsured adults (18-64) 2009	11.3%	13.9%	13.2%	17.3%	10.6%
Uninsured children (0-18) 2009	3.7%	7.2%	7.1%	11.0%	7.0%

Source: County Health Rankings, Mobilizing Action Toward Community Health. <http://www.countyhealthrankings.org/>
US Census Bureau. SAHIE//State and County by Demographic and Income Characteristics/2009

*indicates areas of concern ¹Wisconsin counties' rankings are out of 72 counties, Minnesota's are out of 85 counties.

An interesting finding is that Houston County has the lowest ratio of population to primary care providers and yet their other health care quality measures are excellent and in general; their health risk profile is better than other counties. This does lead one to ask if these measures of access are relevant. In fact, access to health care is difficult to define and measure. The WCHQ hosted a pilot study asking patients about their experiences in scheduling appointments and receiving care when needed.¹⁴ Three health systems in the state participated in this pilot study, and only Gundersen Lutheran from the region. In the Great Rivers Region, clinics in Viroqua, Onalaska and La Crosse participated. Overall, 75% of patients in Vernon County stated they were always able to make appointments and receive care when they needed it. In addition, 60 to 70% of patients in La Crosse County indicated the same ability. The state average for this pilot study was 64%.

Access to dental care is also difficult to measure. Several areas within the Great Rivers Region are designated to be Federal Health

Professional Shortage areas for dental care. This indicates a shortage of dentists providing care to low income populations. These areas include Vernon, Monroe, and parts of Trempealeau County. 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, 25% of Wisconsin Medicaid and BadgerCare Plus members received at least one form of dental service. **Table 13** shows the number of dentists certified to provide Medicaid services by county. This data also shows that only one-quarter of the eligible population is receiving these services. The reason for this low number may be that eligible residents are not seeking services or certified providers are not really accepting patients.

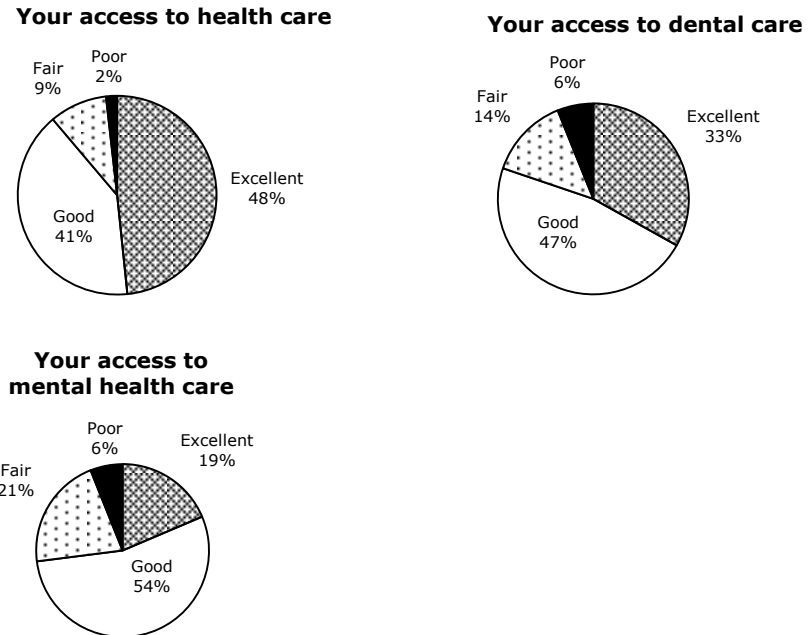
Table 13: Dental Utilization for Medicaid and BadgerCare programs 2008

County	Dentists certified to provide Medicaid/BadgerCare services	% of members obtaining services
La Crosse	67	25.7%
Monroe	18	25.9%
Trempealeau	9	27.6%
Vernon	5	27.6%
Houston	NA	NA

Source: DHS: State Forward Health, Data for Houston County was not available.

Participants completing the COMPASS NOW 2012 random household survey rated access to health care as one of the highest strengths, scoring a 3.36 on a scale from 1 to 4. Overall 89% of respondents rated their access to health care as excellent (48%) or good (41%). Access to dental care was also rated fairly high by participants in the household survey, with 80% rating it as excellent (33%) or good (47%). Access to mental health care was rated lower (mean of 2.85) and 73% of participants rating it as excellent (19%) or good (54%). Older adults rated their community higher on access to health care and dental care than younger adults. Respondents earning a higher income were also more likely to rate their access to health, dental, or mental care higher than those with a lower income (see **Figure 5**).

Figure 5: Access to Health Care, Dental Care and Mental Health Care



Source: COMPASS NOW 2012 Random Household Survey

Access to health care was also a topic discussed in many COMPASS NOW focus groups. These focus group participants emphasized a sense of pride and comfort in having highly rated healthcare facilities within the community. However, most participants realized that access to health care extends beyond the physical location of a hospital or clinic. The most common theme discussed throughout the entire region was the negative health effects of not having *proper* access to health care. Participants expressed concern and resentment that using the emergency room instead of making an appointment, coupled with preventable hospital visits, is contributing to higher health care costs for everyone.

The lack of dental coverage was also an important topic of discussion among focus groups throughout the region. The most common complaint related to dental care was the lack of dentists accepting Medicaid or Medical Assistance. The few dentists in the region that do accept Medicaid are completely overburdened and unable to meet the demand. This coupled with high costs leaves many in our community without access to routine cleanings and preventive dental care.

Another important health care issue discussed was mental health services. Many participants discussed the lack of mental health providers in the region. Participants familiar with homeless shelters,

the judicial system, county health departments, and hospitals commented on too few psychiatrists and increasing mental health cases. This has resulted in long waiting lists for services, overwhelmed caregivers, and an increase in emergency psychiatric detentions. Participants familiar with mental health issues explained the gap in mental health services for children pointing to a 4 week to 3 month waiting period for a psychiatric consultation. In addition, participants shared the concern that limits to insurance coverage (e.g. BadgerCare) have on mental health care. According to focus group participants, the limited reimbursement for psychiatric visits and lack of coverage for counseling services presents a barrier for those needing to access providers.

The cost of health care

Cost of health care has been the main topic of media stories and political campaigns on a national, state, and local level for the past decade. In 2008, U.S. health care spending was about \$7,681 per resident and accounted for 16.2% of the nation's Gross Domestic Product (GDP). The Kaiser Family Foundation cited four main drivers to the cost of health care:¹⁵ 1) new medical technology and prescription drugs, 2) the dramatic increase in the rate of chronic disease and the stress it causes on the health care system. 3) the aging of the population, and 4) administrative costs.

Cost of health care and health insurance coverage are tightly connected, as one affects the other. In areas where health insurance coverage is low, or government reimbursement is low, overall costs of health care have been higher for private insurers to compensate. The rate of uninsured by county was shown in **Table 12**. Individuals without health insurance are not without health care needs. Nationally, it is approximated that one third of the medical costs for the uninsured are uncompensated.¹⁶ These are costs incurred by health systems. In 2009, uncompensated care in the United States was estimated to be \$39.1 billion. Just 10 years before, the American Hospital Association reported uncompensated care at \$20.7 billion.¹⁷ The Wisconsin Hospital Association (WHA) reported \$1.46 billion in uncompensated care from hospitals alone in 2010.¹⁸ None of these numbers include Medicare underpayment costs, bad debt, or the cost of outpatient clinical care that is not reported to the WHA.

Estimates from the Census Bureau in 2011 found the percentage of U.S. residents without health insurance was statistically unchanged in 2010 (rising to 16.3% from 16.1%).¹⁹ Approximately 49.9 million

In Focus

Issues related to access to health care were discussed by residents who participated in COMPASS NOW Focus Groups. Common themes were

- Lack of access affects our community's health
- Limits to benefits and high costs
- Limited access to dental care
- Mental health issues are not adequately addressed
- Misuse of services
- Need for prevention

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people in 2010 were without any health insurance; up from 49 million in 2009. The numbers also show the percentage of residents with employment-based insurance coverage dropping in 2010 and those with coverage from the Medicare and Medicaid programs holding close to steady. The rate of those with private coverage fell in 2010 (64% from 64.5%), with those covered by employment-based insurance falling 0.8% (55.3% from 56.1%). Census Bureau data from 2010 indicates that 9.4% of Wisconsin and 9.8% of Minnesota residents were without any insurance²⁰ (see **Table 14**). Of residents without any coverage, 11.2% in Wisconsin and 14.7% in Minnesota were less than 18 years of age. See **Table 12** for county-specific rates of uninsured from 2009.

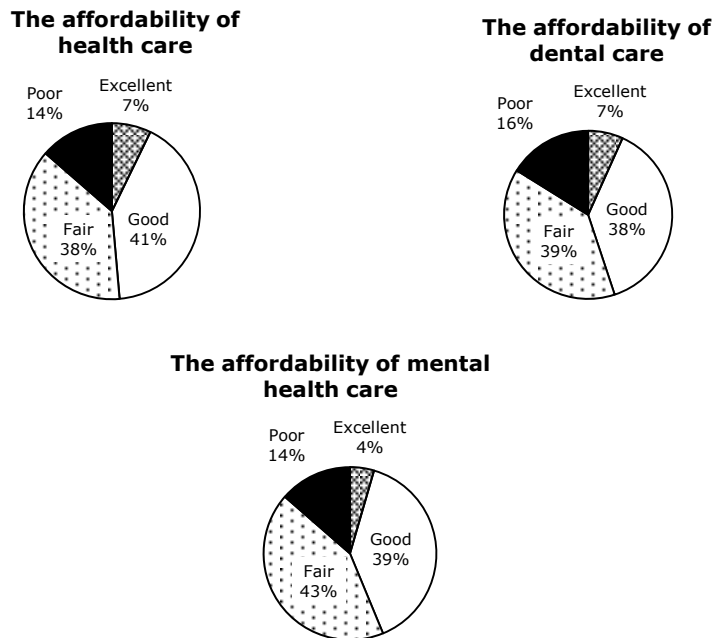
Table 14: Health Insurance Coverage by State, 2010

	Wisconsin	Minnesota
Not covered at any time	9.4%	9.8%
Private health insurance	74.3%	74.8%
Government health insurance	31.2%	29.2%
Covered by Medicaid	3.6%	14.3%
Covered by Medicare	16.6%	14.7%
Covered by military health care	3.1%	2.8%

Source: Health insurance coverage status by state for all people 2010. Available at: <http://www.census.gov/hhes/www/cpstables/032011/health/toc.htm>

Participants completing the COMPASS NOW 2012 random household survey rated the affordability of health care, dental care and mental health care the lowest of all the health items. Overall, 52% of respondents rated the affordability of health care as fair or poor; 55% rated the affordability of dental care as fair or poor, and 57% rated the affordability of mental health care as fair or poor (see **Figure 6**). Older adults rated the affordability of health care, dental care and mental health care better than younger adults. Respondents earning a higher income were also more likely to rate the affordability of dental care higher. However, there were no differences in opinions of affordability of health care or mental health care by income.

Figure 6: The affordability of health care, dental care and mental health care



Source: COMPASS NOW 2012 Random Household Survey

A lack of insurance can lead to avoidance of medical and preventive care when it is needed. In COMPASS NOW focus groups, participants passionately described their concern for those community members who are unable to afford prescriptions, forced to delay surgeries due to cost, or put off needed medical care. There was also a concern for those who suffer from the stress that a lack of health coverage can cause. Participants indicated that higher health care costs for individuals, regardless of their insurance coverage, often resulted in people avoiding health care.

Summary: Health care quality is excellent for the Great Rivers Region. Access to care is difficult to define for residents without considering affordability of care. Delaying or avoiding care will have a significant impact on the health of the people of the Great Rivers Region. These issues are complex and will require major and different solutions.

In their own words

"I know of a resident who was diagnosed with cervical cancer and is stuck with many medical bills. She has nothing to pay for the medical care. It's a huge problem."

"The [Lack of health care] it's destroying us. At 50 my wife and I have no insurance. We are starting from scratch; we both lost our jobs and were unemployed for two years. We went into bankruptcy and are now back in school. I have no idea how we would manage a significant health issue. Health insurance coverage is more than our monthly income."

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Key Issues to Address

Based on this COMPASS NOW Health Profile, results of the focus group and random household survey, and personal knowledge of the COMPASS NOW Leadership Team, the following 10 health issues were examined and scored to determine the issues of greatest concern:

- Alcohol Use
- Dental Care Access and Cost
- Health Care Access and Cost
- Illegal Drug Use
- Maternal and Child Health
- Mental Health
- Obesity
- Risky Sexual Behavior
- Tobacco Use
- Vaccine Preventable Illnesses

The COMPASS NOW Leadership Team determined the following four issues to be the key health issues facing the Great Rivers Region (in alphabetical order):

- Alcohol Use
- Health Care Access and Cost
- Mental Health Care Access and Cost
- Obesity

Issues that were determined to be emerging or areas to watch included:

- Dental Care Access and Cost
- Illegal Drug Use

It is important to note that some of the issues above were important to individual counties, but did not rise to the top when all ratings were examined.

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