

2007
Community Health Assessment
for
Dodge and Jefferson Counties



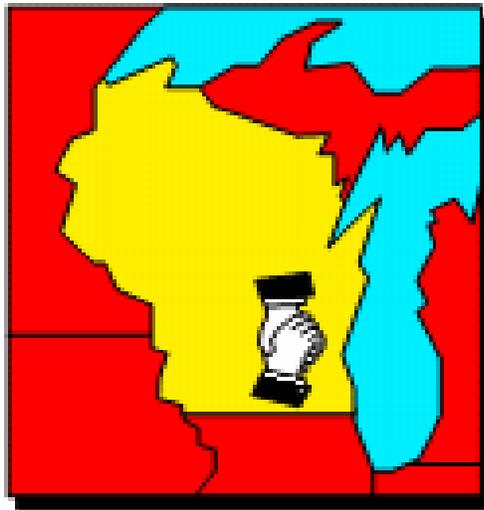
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Executive Summary

Objective

The Health Departments of Dodge County, Jefferson County, and the City of Watertown conduct a joint comprehensive community health needs assessment every five years. The purpose of the assessment is to determine the top health needs of the community through the analysis of quantitative and qualitative health data and to monitor the health needs of the three communities that the health departments serve.

Methods

This report contains an analysis of secondary quantitative data and qualitative data from community focus groups. The quantitative data were gathered from a variety of sources to address all eleven health priorities in the Wisconsin State Health Plan. Some of the main data sources included U.S. Census, Behavioral Risk Factor Surveillance System (BRFSS), birth data, mortality data, and Search Institute Survey Reports. For a complete list of sources and a brief description see appendix D.

The focus groups were conducted during the summer of 2006 by an Area Health Education Center intern. A total of 15 focus groups were conducted with a range of two to twelve people in each group and a total of 82 participants. The focus group data help to fill in gaps in the quantitative data and provides opinions and personal experiences of community members with health-related issues. See appendix C for a copy of the focus group transcripts.

Next Steps

This document will be used by each health department and their community partners to assist in determining health priorities for their jurisdiction. A health plan will be written for each of the priorities that were chosen. Finally, the health plans will be implemented and progress will be evaluated.

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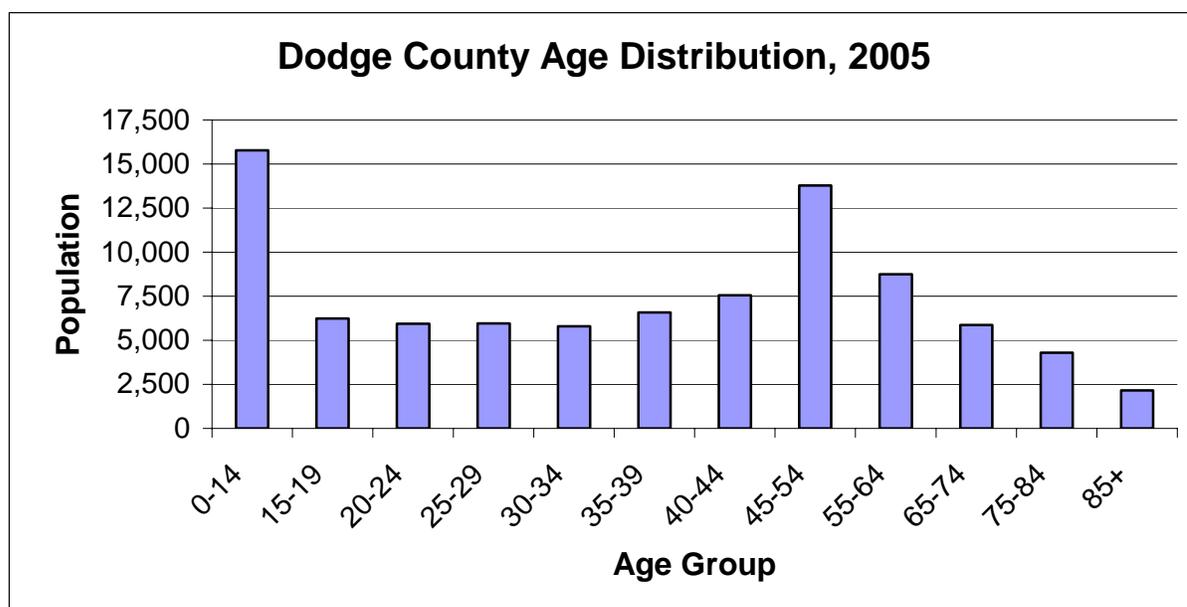
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Population Demographics Overview

Age Distribution (2005)

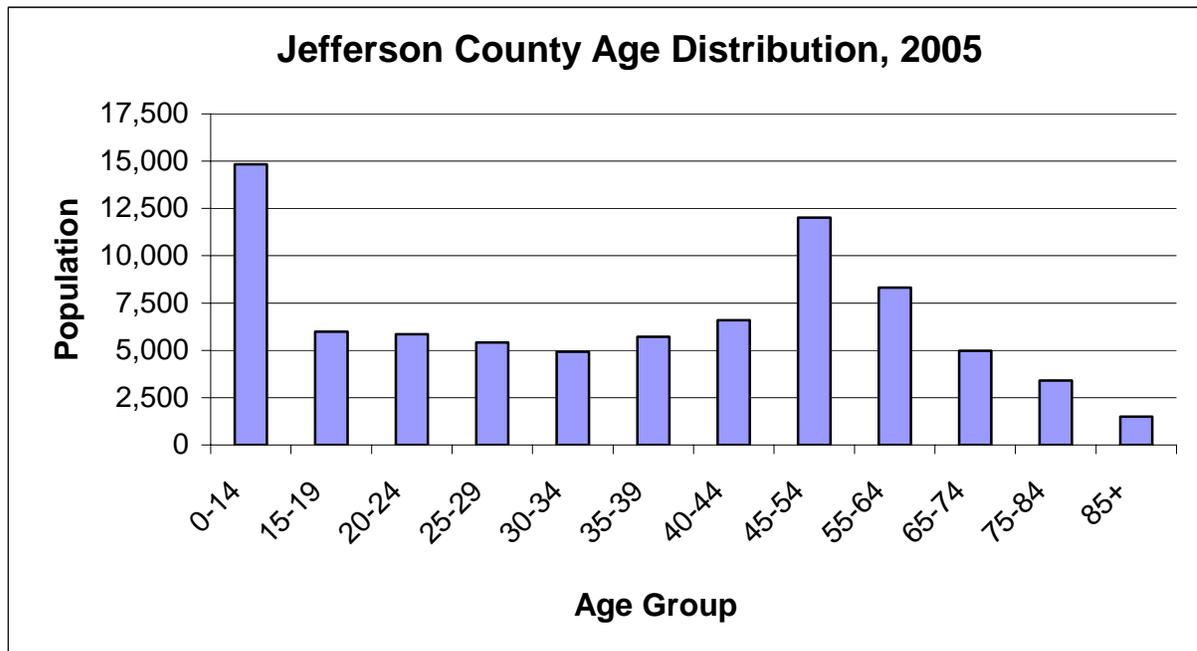
Dodge County

Age Group	Number of Residents	Percent of Total Population
0-14	15,770	17.8
15-19	6,240	7.0
20-24	5,940	6.7
25-29	5,950	6.7
30-34	5,790	6.5
35-39	6,590	7.4
40-44	7,550	8.5
45-54	13,770	15.5
55-64	8,750	9.9
65-74	5,860	6.6
75-84	4,290	4.8
85+	2,160	2.4
Total Population	88,660	100



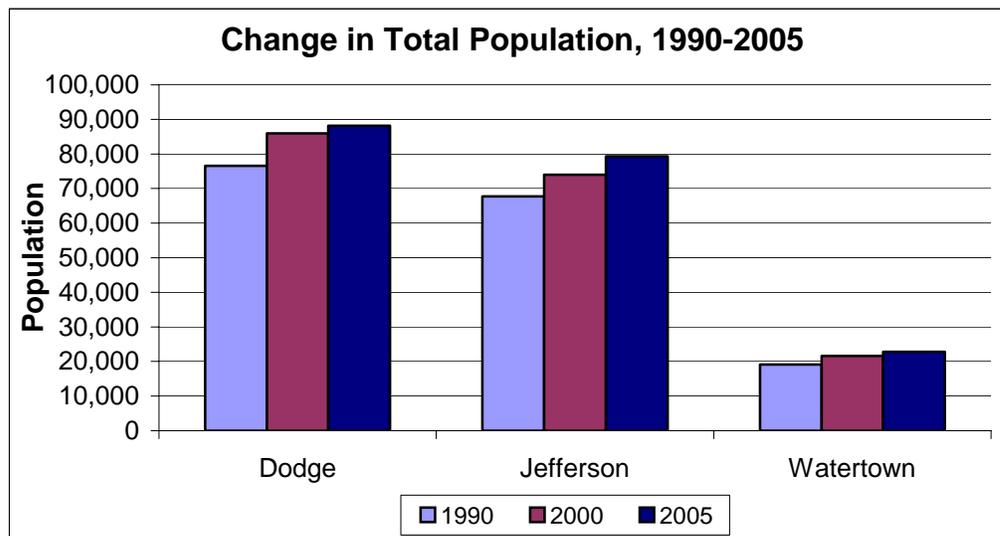
Jefferson County

Age Group	Number of Residents	Percent of Total Population
0-14	14,830	18.6
15-19	5,980	7.5
20-24	5,850	7.4
25-29	5,420	6.8
30-34	4,930	6.2
35-39	5,720	7.2
40-44	6,580	8.3
45-54	12,020	15.1
55-64	8,320	10.5
65-74	4,980	6.3
75-84	3,400	4.3
85+	1,490	1.9
Total Population	74,021	100



Change in Population

From 1990 to 2000 the largest rate of population growth occurred in the city of Watertown, with an increase of about 13%. The population in Dodge County increased by about 12% and Jefferson County grew by approximately 9%. The State of Wisconsin's growth rate for the same time period was a little under 10%. The US Census Bureau estimates that the population for Dodge County in 2005 was 88,103 (growth rate of 3%), Jefferson County's population in 2005 was 79,328 (growth rate of 7%) and Watertown's population was 22,816 (growth rate of 6%).



Year	Dodge	Jefferson	Watertown	Wisconsin
1990	76,559	67,783	19,142	4,891,769
2000	85,897	74,021	21,598	5,363,675
2005	88,103	79,328	22,816	5,536,201

Growth Rate	Dodge	Jefferson	Watertown	Wisconsin
1990-2000	12.2%	9.2%	12.8%	9.6%
2000-2005	2.6%	7.2%	5.6%	3.2%

Source: US Census Bureau, 2000 Census Data and Annual Population Estimates. Available at <http://www.census.gov/>

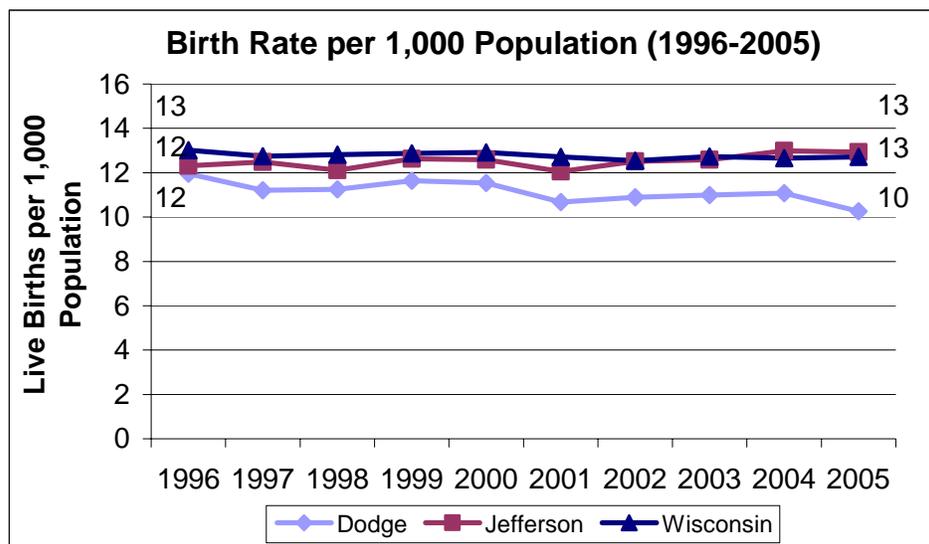
Population by Race/Ethnicity

Hispanic/Latino Population			
	Dodge	Jefferson	Wisconsin
1990	911	1,160	93,232
2000	2,188	3,031	192,921
Growth Rate	140.2%	161.3%	106.9%

Racial/Ethnic Group	Dodge	Jefferson	Wisconsin
White	80,563 (93.8%)	69,765 (94.3%)	4,681,630 (87.3%)
Hispanic/Latino	2,188 (2.5%)	3,031 (4.1%)	192,921 (3.6%)
Black or African American	2,095 (2.4%)	184 (0.2%)	300,245 (5.6%)
American Indian and Alaska Native	322 (0.4%)	216 (0.2%)	43,980 (0.8%)
Asian	293 (0.3%)	323 (0.4%)	87,995 (1.6%)
Native Hawaiian and Other Pacific Islander	25 (0.0%)	13 (0.0%)	1,346 (0.0%)
Other	29 (0.0%)	30 (0.0%)	3,637 (0.1%)
Two or More Races	382 (0.4%)	459 (0.6%)	51,921 (1.0%)

Source: US Census Bureau, 2000 Census, Available at <http://www.census.gov/>

Birth Rate

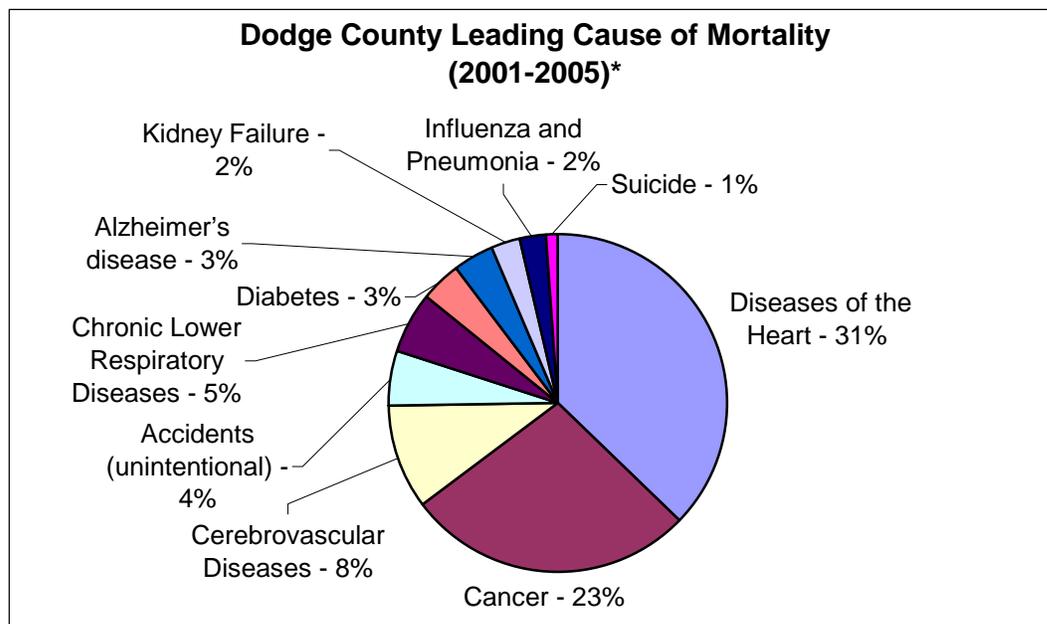


Source: Wisconsin Interactive Statistics on Health (WISH) Births Modules available at: <http://dhfs.wisconsin.gov/wish/main/>

Mortality

Top-Ten Causes of Mortality: Dodge County Age-Adjusted Mortality Rates per 100,000 Persons (2001-2005)

Cause of Death	Dodge County	Wisconsin
Diseases of the Heart	246.3	202.2
Cancer	197.8	184.4
Cerebrovascular Diseases	64.5	52.8
Accidents (unintentional)	41.1	39.1
Chronic Lower Respiratory Diseases	39.9	39.5
Diabetes	28.2	22.2
Alzheimer's Disease	23.3	21.6
Kidney Failure	18.0	14.1
Influenza and Pneumonia	15.1	19.3
Suicide	9.8	11.4



*Percentages do not equal 100% due to other causes of mortality.

Note: Age-adjusted rates were used here and throughout this report. Age adjustment is the application of age-specific rates in a population of interest to a standardized age distribution. It enhances the comparability of populations by controlling for the effects of their differing age compositions. The age-adjusted rate for a population of interest can be compared to that of a different age-adjusted population at the same point in time or the same population at a different point in time.

Source: WISH Mortality Module

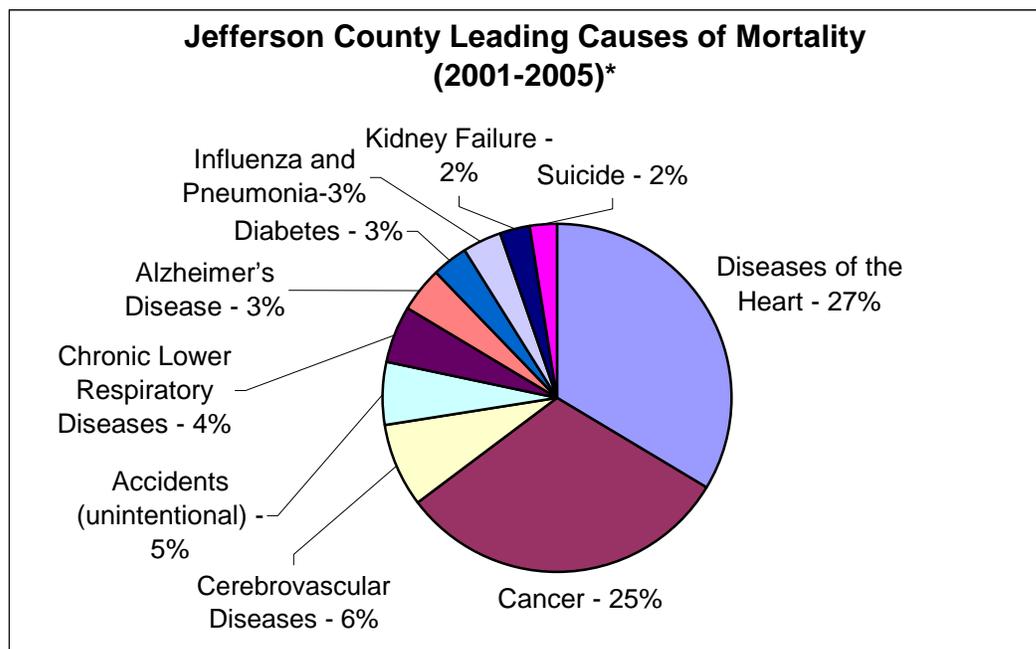
Leading Causes of Mortality – Dodge County Age-Adjusted Mortality Rates for Specific Categories, by Gender (2001-2005). Mortality rates are per 100,000 persons.

Cause of Death	County Total	Female	Male
Acute Myocardial Infarction	95.1	69.3	126.5
All Other Forms of Chronic Ischemic Heart Disease	64.6	50.6	84.0
Cerebrovascular Diseases	64.5	61.3	66.6
Tracheal, Bronchial and Lung Cancer	48.1	41.7	56.4
All Other Forms of Heart Disease	36.0	30.8	40.0
Other Chronic Lower Respiratory Diseases	35.4	24.3	54.3
Heart Failure	30.6	25.1	38.5
Diabetes Mellitus	28.2	21.7	36.4
Motor Vehicle Accidents	24.7	17.6	31.1
Alzheimer's Disease	23.3	26.1	17.6
Colon, Rectal and Anal Cancer	21.3	18.5	23.4
Renal Failure	17.8	17.0	20.1
Breast Cancer	15.7	28.9	*
Pneumonia	14.8	13.5	15.6
Prostate Cancer	32.7	-	32.7
Ovarian Cancer	10.9	10.9	-
Leukemia	10.6	6.8	15.3
Atherosclerotic Cardiovascular Disease	10.3	8.6	11.5
Pancreatic Cancer	9.8	7.5	12.6
Non-Hodgkin's Lymphoma	9.0	6.7	11.5
Hypertensive Heart Disease	7.3	8.0	5.2
Malignant Neoplasm of Esophagus	7.2	1.6	13.7
Malignant Neoplasm of Bladder	6.0	2.0	11.6

*Mortality rate too low to be included.

Top-Ten Causes of Mortality: Jefferson County Age-Adjusted Mortality Rates per 100,000 Persons (2001-2005)

Cause of Death	Jefferson County	Wisconsin
Diseases of the Heart	197.3	202.2
Cancer	187.6	184.4
Cerebrovascular Diseases	45.8	52.8
Chronic Lower Respiratory Diseases	31.8	39.5
Accidents (unintentional)	36.1	39.1
Alzheimer's Disease	23.3	21.6
Diabetes	20.6	22.2
Influenza and Pneumonia	20.4	19.3
Kidney Failure	16.3	14.1
Suicide	15.1	11.4



*Percentages do not equal 100% due to other causes of mortality.

Leading Causes of Mortality – Jefferson County Age-Adjusted Mortality Rates for Specific Categories, by Gender (2001-2005). Mortality rates are per 100,000 Persons.

Causes of Death	County Total	Female	Male
Acute Myocardial Infarction	78.7	54.0	110.0
All Other Forms of Chronic Ischemic Heart Disease	56.2	43.9	74.5
Tracheal, Bronchial and Lung Cancer	47.8	38.1	60.6
Cerebrovascular Diseases	45.8	43.3	47.9
All Other Forms of Heart Disease	32.2	29.9	34.4
Other Chronic Lower Respiratory Diseases	27.2	20.5	39.7
Alzheimer's Disease	23.3	26.7	16.7
Colon, Rectal and Anal Cancer	22.6	17.5	29.9
Diabetes Mellitus	20.6	17.4	24.7
Pneumonia	19.9	14.9	28.2
Heart Failure	17.5	14.6	21.3
Motor Vehicle Accidents	17.0	12.1	22.1
Renal Failure	16.0	10.7	24.5
Pancreatic Cancer	14.6	11.3	18.5
Breast Cancer	10.5	18.1	0.6
Non-Hodgkin's Lymphoma	9.8	8.2	11.1
Prostate Cancer	24.3	-	24.3
Ovarian Cancer	6.9	6.9	-
Septicemia	9.2	10.9	6.4
Falls	8.8	4.8	14.0
Suicide by Other Means	8.7	3.7	13.9
Atherosclerotic Cardiovascular Disease	7.3	6.3	11.3
Suicide by Discharge of Firearms	6.4	1.6	11.3

Age-Adjusted Mortality Rates per 100,000 Persons and Number of Deaths, by Cancer Site (1990-2005)

	Dodge	Jefferson	Wisconsin
	Rates (deaths)	Rates (deaths)	Rates (deaths)
All Cancers			
1990-1993	206.3 (706)	220.8 (599)	212.4 (41,464)
1994-1997	203.4 (720)	204.7 (581)	203.6 (42,022)
1998-2001	211.9 (803)	206.6 (619)	209.4 (42,989)
2002-2005	193.1 (767)	184.9 (590)	189.2 (43,162)
Trachea, Lung, and Bronchus			
1990-1993	44.4 (150)	51.8 (141)	50.2 (9,953)
1994-1997	48.4 (169)	49.4 (141)	49.4 (10,299)
1998-2001	46.4 (172)	52.2 (156)	49.5 (10,836)
2002-2005	47.7 (184)	48.7 (153)	48.4 (11,262)
Colon, Rectum, and Anus			
1990-1993	23.9 (84)	26.7 (72)	23.7 (4,736)
1994-1997	23.9 (84)	27.8 (79)	21.8 (4,601)
1998-2001	23.3 (91)	25.0 (75)	20.6 (4,599)
2002-2005	20.5 (84)	20.6 (67)	17.3 (4,128)
Breast			
1990-1993	23.4 (78)	16.5 (44)	18.7 (3,631)
1994-1997	16.7 (58)	17.4 (49)	16.3 (3,384)
1998-2001	16.5 (63)	15.2 (46)	15.0 (3,316)
2002-2005	16.4 (66)	9.9 (32)	13.1 (3,117)
Prostate			
1990-1993	16.4 (59)	15.9 (43)	15.5 (3,152)
1994-1997	16.8 (62)	14.4 (41)	14.0 (3,008)
1998-2001	13.9 (56)	10.7 (32)	12.0 (2,721)
2002-2005	11.5 (48)	10.0 (32)	10.7 (2,607)
Pancreatic			
1990-1993	10.9 (37)	13.0 (35)	10.7 (2,136)
1994-1997	6.8 (25)	10.9 (31)	10.5 (2,200)
1998-2001	11.8 (45)	13.7 (41)	10.6 (2,354)
2002-2005	9.1 (36)	14.2 (45)	10.9 (2,576)
Non-Hodgkin Lymphoma			
1990-1993	7.4 (25)	9.0 (25)	8.6 (1,723)
1994-1997	11.0 (39)	6.3 (18)	9.4 (1,972)
1998-2001	11.4 (44)	10.7 (32)	8.9 (1,975)
2002-2005	8.7 (35)	10.3 (33)	7.4 (1,766)
Leukemia			
1990-1993	8.0 (28)	10.2 (27)	8.4 (1,685)
1994-1997	8.2 (30)	10.2 (29)	8.7 (1,819)
1998-2001	12.0 (45)	7.6 (23)	8.4 (1,874)
2002-2005	9.1 (36)	5.7 (18)	8.2 (1,919)
Ovarian			
1990-1993	8.3 (28)	8.1 (22)	5.8 (1,128)
1994-1997	7.6 (26)	7.1 (20)	5.8 (1,204)
1998-2001	4.7 (17)	3.4 (10)	5.0 (1,094)
2002-2005	6.2 (24)	4.4 (14)	5.1 (1,191)
Esophageal			
1990-1993	1.7 (6)	7.3 (20)	4.2 (829)
1994-1997	2.0 (7)	5.6 (16)	4.8 (995)
1998-2001	5.8 (21)	6.7 (20)	4.9 (1,084)
2002-2005	6.8 (27)	4.6 (15)	5.1 (1,198)

	Dodge	Jefferson	Wisconsin
	Rates (deaths)	Rates (deaths)	Rates (deaths)
Stomach			
1990-1993	5.9 (20)	4.2 (11)	5.6 (1,111)
1994-1997	2.6 (9)	3.2 (9)	4.5 (947)
1998-2001	3.6 (14)	3.3 (10)	3.9 (862)
2002-2005	3.0 (12)	2.4 (8)	3.2 (753)
Kidney and Renal Pelvis			
1990-1993	4.3 (15)	5.4 (14)	4.8 (941)
1994-1997	7.2 (26)	3.9 (11)	4.6 (964)
1998-2001	5.0 (19)	6.4 (19)	4.4 (965)
2002-2005	4.9 (19)	5.4 (17)	4.5 (1,053)
Bladder			
1990-1993	6.3 (22)	4.4 (12)	4.6 (933)
1994-1997	6.7 (25)	6.4 (18)	4.7 (998)
1998-2001	3.5 (14)	4.7 (14)	4.5 (1,009)
2002-2005	6.4 (27)	5.2 (16)	4.7 (1,138)
Multiple Myeloma			
1990-1993	4.6 (15)	7.9 (22)	4.0 (801)
1994-1997	3.8 (14)	6.0 (17)	3.8 (801)
1998-2001	5.2 (20)	3.4 (10)	3.8 (849)
2002-2005	2.9 (11)	3.3 (11)	3.7 (873)
Meninges, Brain, and CNS			
1990-1993	4.6 (15)	3.9 (11)	4.9 (955)
1994-1997	4.9 (16)	2.5 (7)	5.1 (1,052)
1998-2001	6.5 (23)	4.7 (14)	4.9 (1,070)
2002-2005	5.2 (19)	4.9 (16)	4.6 (1,055)
Skin			
1990-1993	1.8 (6)	1.5 (X)*	2.3 (454)
1994-1997	3.3 (11)	4.2 (12)	2.6 (539)
1998-2001	3.2 (12)	3.4 (10)	2.6 (567)
2002-2005	3.0 (12)	5.1 (16)	2.5 (589)
Liver and Intrahepatic Bile Ducts			
1990-1993	2.6 (9)	2.1 (6)	3.6 (718)
1994-1997	3.3 (12)	3.2 (9)	3.8 (792)
1998-2001	4.5 (17)	3.0 (9)	4.2 (932)
2002-2005	5.3 (20)	3.0 (10)	4.8 (1,113)
Lip, Oral Cavity, and Pharynx			
1990-1993	2.2 (7)	3.5 (9)	3.1 (604)
1994-1997	1.9 (7)	3.9 (11)	2.8 (587)
1998-2001	2.8 (10)	2.4 (7)	2.8 (602)
2002-2005	1.8 (7)	3.1 (10)	2.5 (600)
Corpus Uteri and Uterus			
1990-1993	2.5 (9)	4.2 (12)	2.8 (568)
1994-1997	0.3 (X)*	2.1 (6)	2.4 (502)
1998-2001	3.2 (12)	2.0 (6)	2.5 (563)
2002-2005	3.3 (14)	2.6 (8)	2.4 (577)
Larynx			
1990-1993	1.4 (5)	2.5 (7)	1.3 (257)
1994-1997	1.3 (5)	1.4 (X)*	1.3 (265)
1998-2001	2.2 (8)	0.7 (X)*	1.2 (268)
2002-2005	1.3 (5)	2.2 (7)	1.0 (233)

*Numbers less than five (indicated by an X) are not reported by WISH in order to protect confidentiality.

Source: WISH Mortality Module

Health Priority 1: Access to Primary and Preventive Health Services

Barriers to health care and preventive services can be found in every community, age group, and racial/ethnic group across the country, regardless of socioeconomic status. The needs vary from one community to the next; therefore, it is important to be able to identify specific barriers with the purpose of developing plans to improve the health of these communities.

Key Barriers Identified in Focus Group Discussions *

High cost:

- health related services
- medical bills
- insurance premiums and co-pays
- medications
- healthy food options
- workout equipment and/or gym memberships

Difficulty navigating the health care system

Transportation

Locating providers

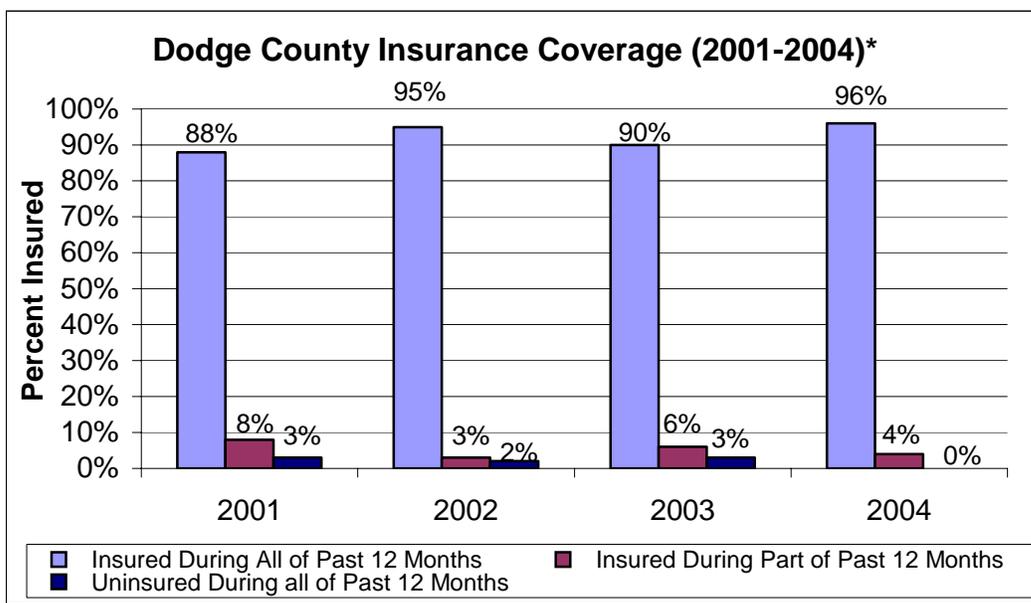
Language barriers

* For more information see Appendix C

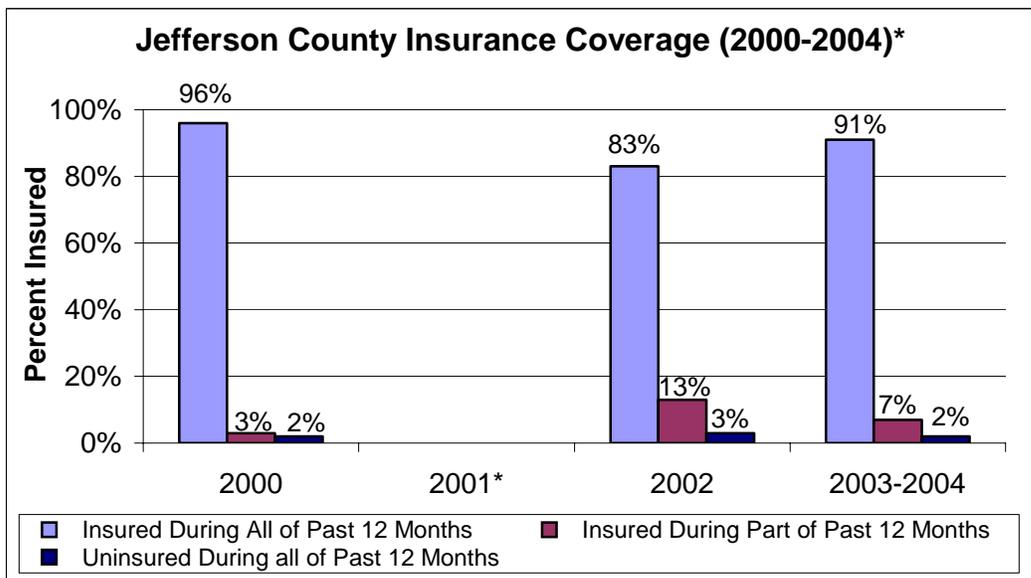
Insurance Coverage

Healthiest Wisconsin 2010 Goal: *By 2010, increase to 92 percent the proportion of the population with health insurance for all of the year.*

The Wisconsin Family Health Survey estimates that in 2004 Dodge County exceeded the Healthiest Wisconsin 2010 goal for insurance coverage of 92% of the population. Jefferson was estimated to be just below the goal. Due to small sample size, the estimates vary widely from year to year.

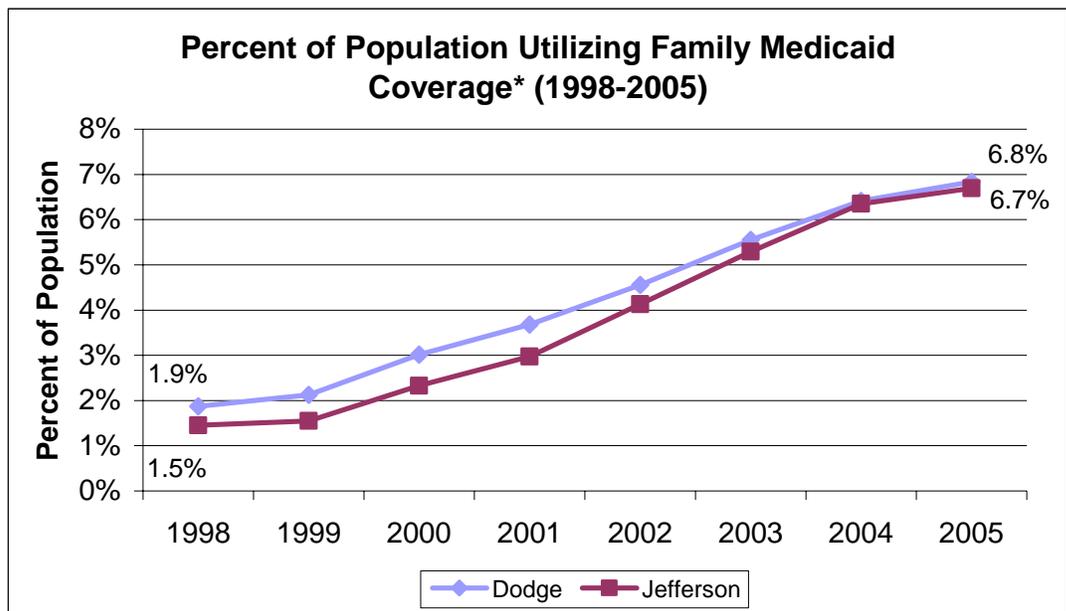


* Population sample in 2000 was not large enough to give an estimate of insurance coverage.



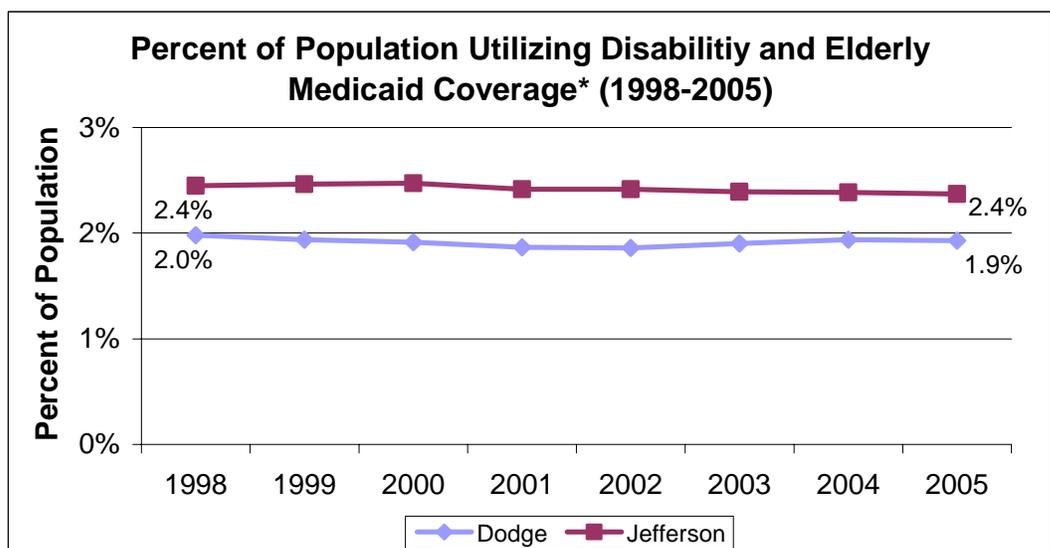
* Population sample in 2001 was not large enough to give an estimate of insurance coverage, and information for 2003-2004 was combined to give a more accurate estimate.

The percentage of the population covered by Medicaid has increased steadily over the past eight years. BadgerCare was added to family coverage in 1999 and the Family Planning Waiver was added in 2002. Other Medicaid programs available to individuals include: Foster Care, Medical Beneficiaries, Subsidized Adoption, TB-Related Medicaid, and the Wisconsin Well Woman Program.



* Family coverage includes individuals enrolled in the following programs: BadgerCare, Aid to Families with Dependent Children, Healthy Start, or Family Planning Waiver.

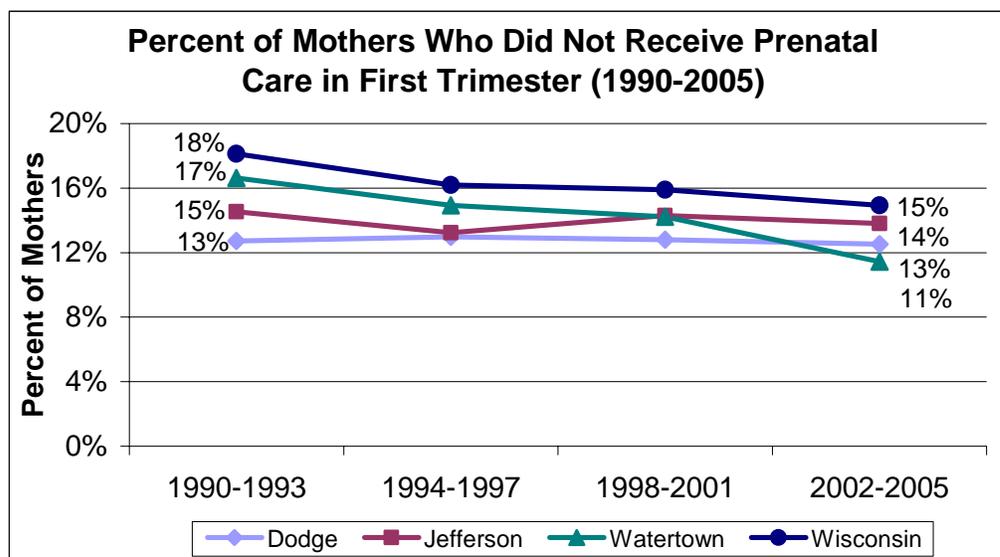
Medicaid Purchase Plan was added to Disability and Elderly Coverage in 2000, and SeniorCare was added in 2002. The number of people in each of the five programs has remained fairly steady over the past eight years.



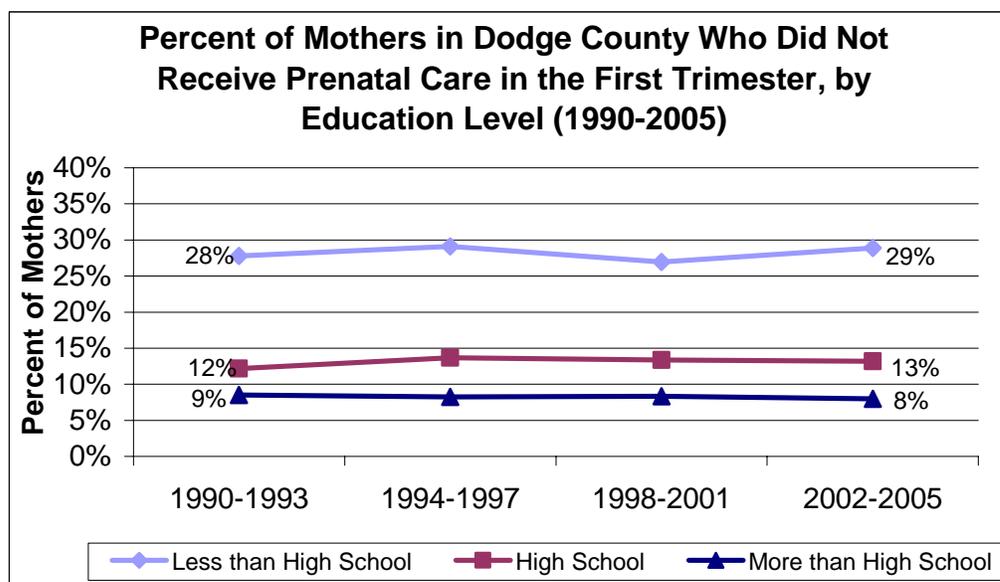
* Disability and elderly coverage includes individuals enrolled in the following programs: Medicaid Purchase Plan, individuals residing in nursing homes, Supplemental Security Income, Community Waivers Program, or SeniorCare.

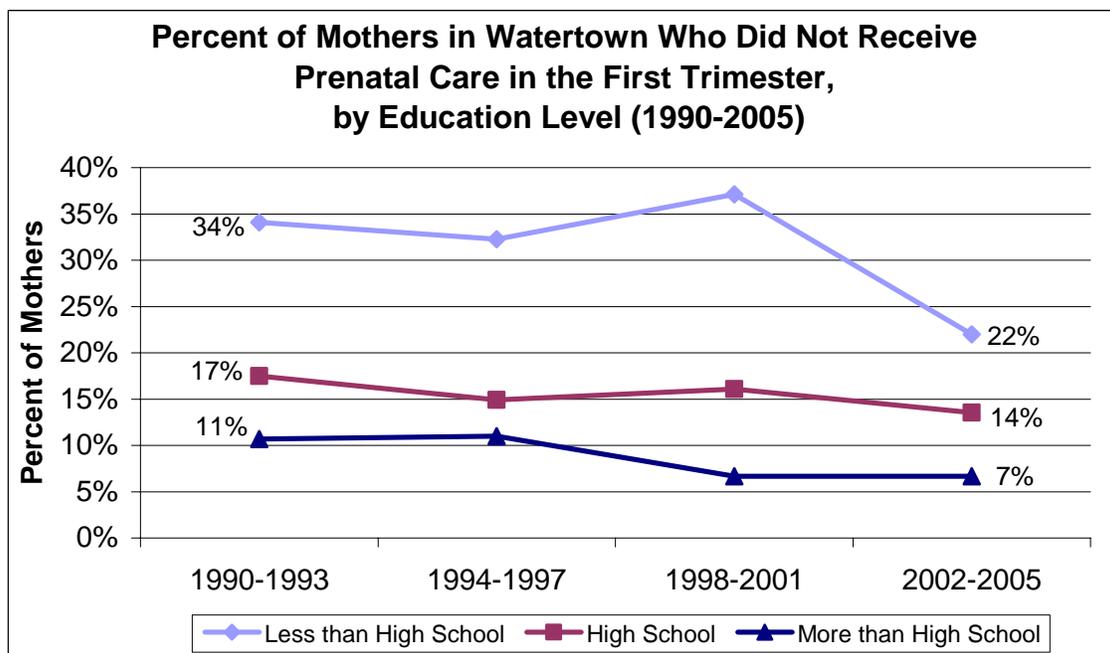
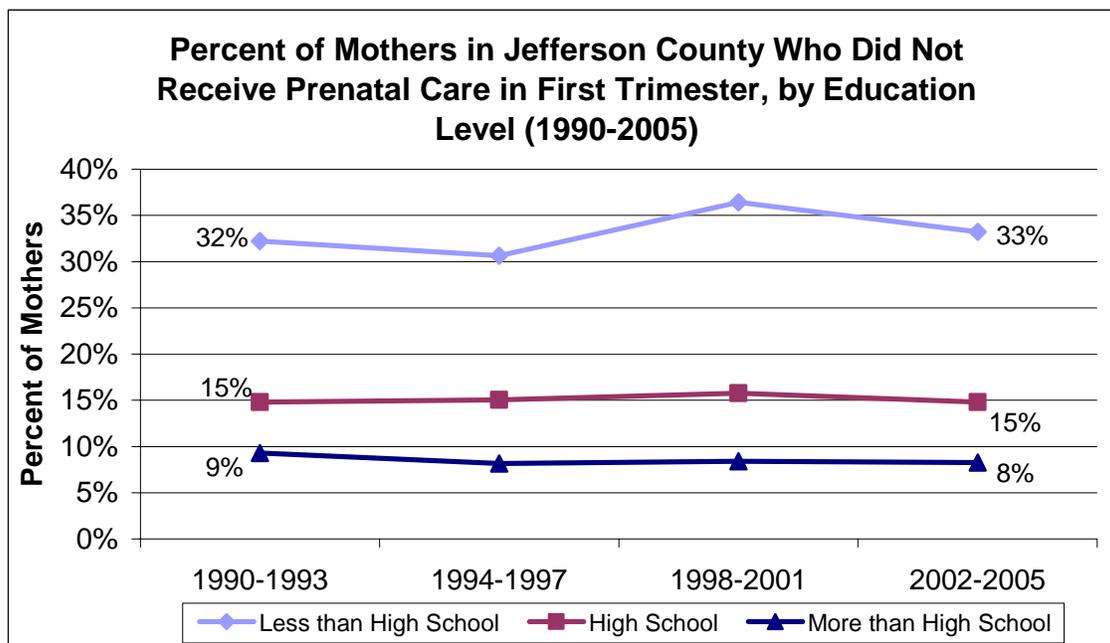
Prenatal Care

Prenatal care is important to the safety and health of mother and child. Mothers without access to health care are less likely to receive prenatal care in the first trimester of pregnancy. Overall, the percent of mothers who do not receive care in the first trimester varies from year to year, but has slightly decreased over the past 16 years for Watertown and Wisconsin. The percentage has remained steady in both counties, with 13% to 15% of mothers not receiving prenatal care in the first trimester.

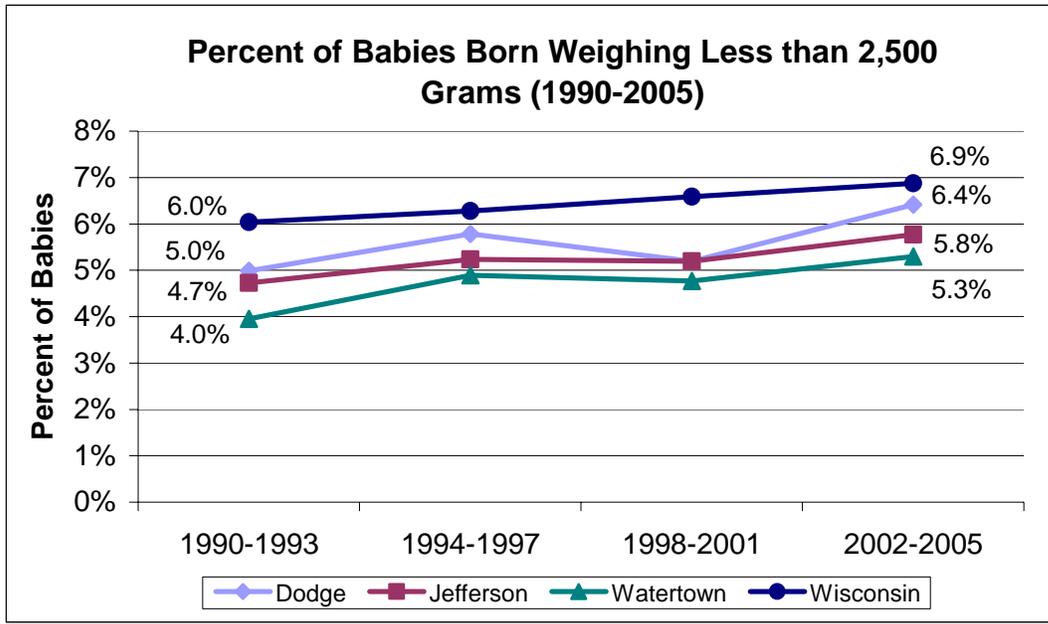


Educational attainment can be an indicator for socioeconomic status. Women with less education are less likely to receive prenatal care in the first trimester of pregnancy. Rates for both counties and the City of Watertown have remained fairly steady and mothers with more education are consistently more likely to receive care in the first trimester. The percent of women who received prenatal care after the first trimester with less than a high school education appears to be decreasing in Watertown. However, some of the variation for Watertown may be due to a smaller sample size compared to Dodge and Jefferson Counties.

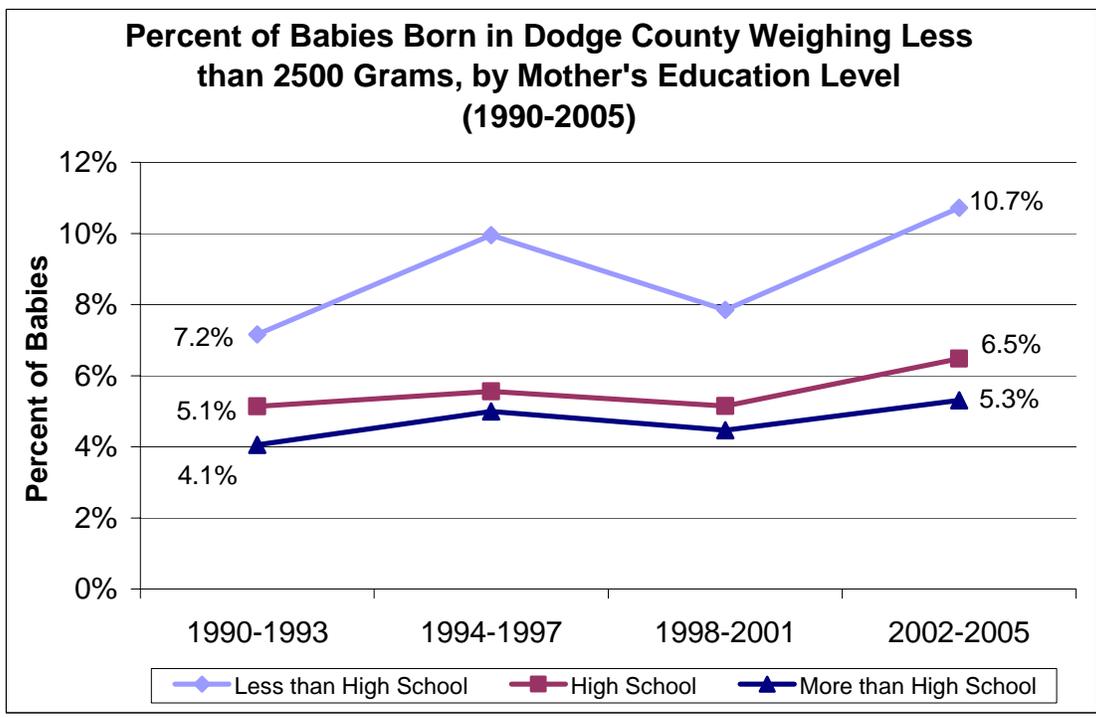




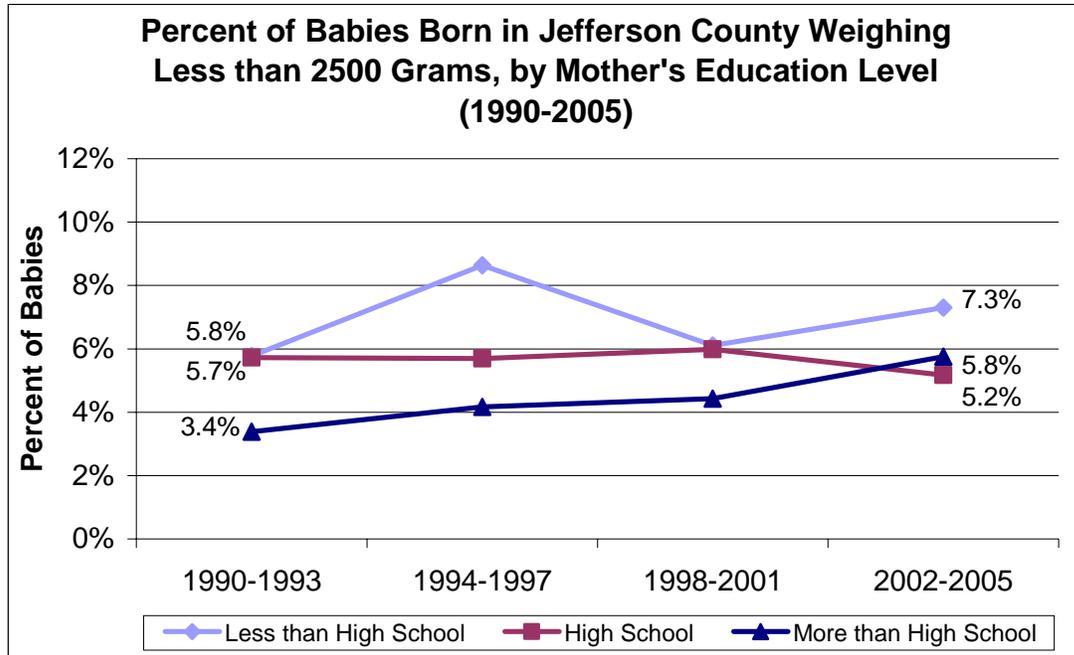
Low birthweight babies, or babies born weighing less than 2,500 grams (5 pounds, 8 ounces), are known to have a higher likelihood of health complications in infancy and throughout life. There are several factors that may influence birthweight, including prenatal care, smoking, and socioeconomic status.



Low birthweight babies appeared to be decreasing in frequency in both counties from 1996 to 2000, however, the percentage began to rise after 2000. Rates among mothers with more education have slightly increased, while those with less education vary greatly from year to year due to small numbers in the group.



Source: WISH Births Module



Source: WISH Births Module

Chronic Disease Screening

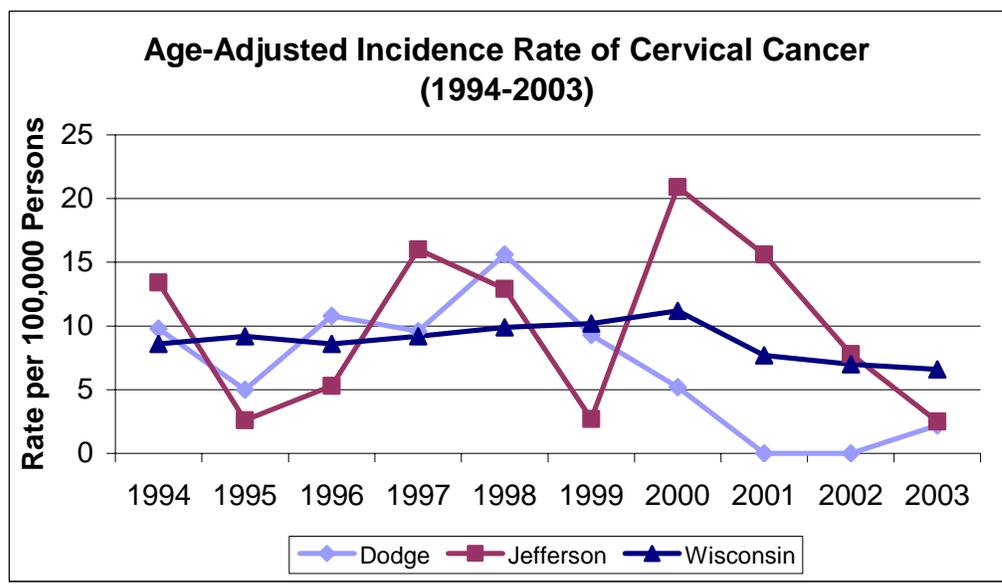
Healthiest Wisconsin 2010 Goal: *By 2010, increase provider screening for chronic diseases and other health risks.*

Screening and early detection of many different chronic diseases and cancers greatly increase life expectancy and help increase positive health outcomes.

Cervical Cancer Screening

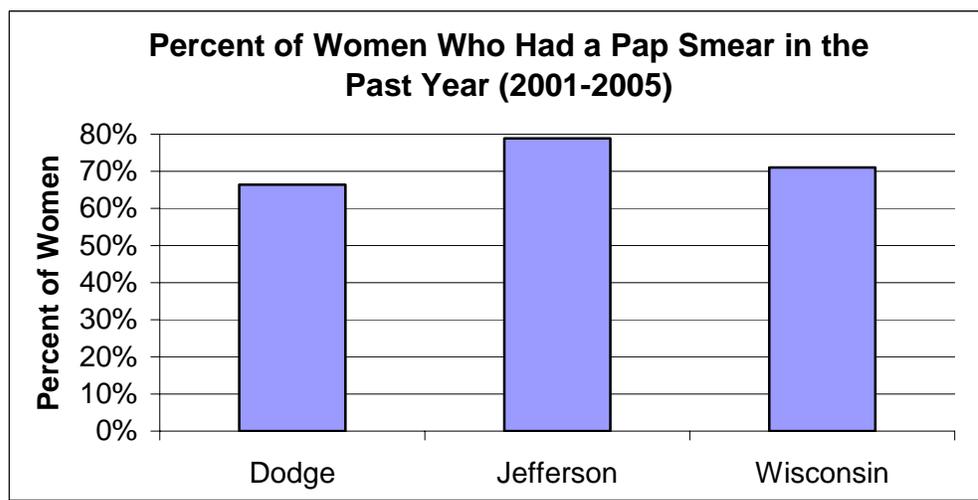
Healthiest Wisconsin 2010 Goal: *Increase screening for cervical cancer for women 18 years and older.*

The incidence rate of cervical cancer has been slowly decreasing in Wisconsin for several years. Due to low numbers of cervical cancer cases in Dodge and Jefferson counties, there is great variation in their rates.



Source: Wisconsin DHFS: Bureau of Health Information and Policy

The percent of women receiving a pap smear in the past year is the highest in Jefferson County, about 80%, compared to 66% in Dodge County and 71% across the state.

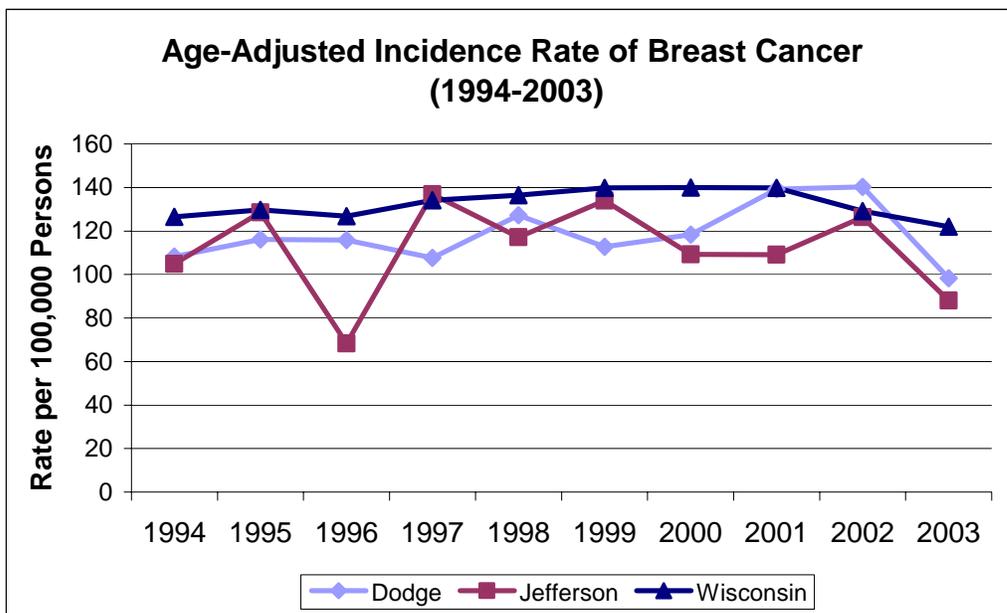


Source: Wisconsin Behavioral Risk Factor Survey (BRFS), 2001-2005

Breast Cancer Screening

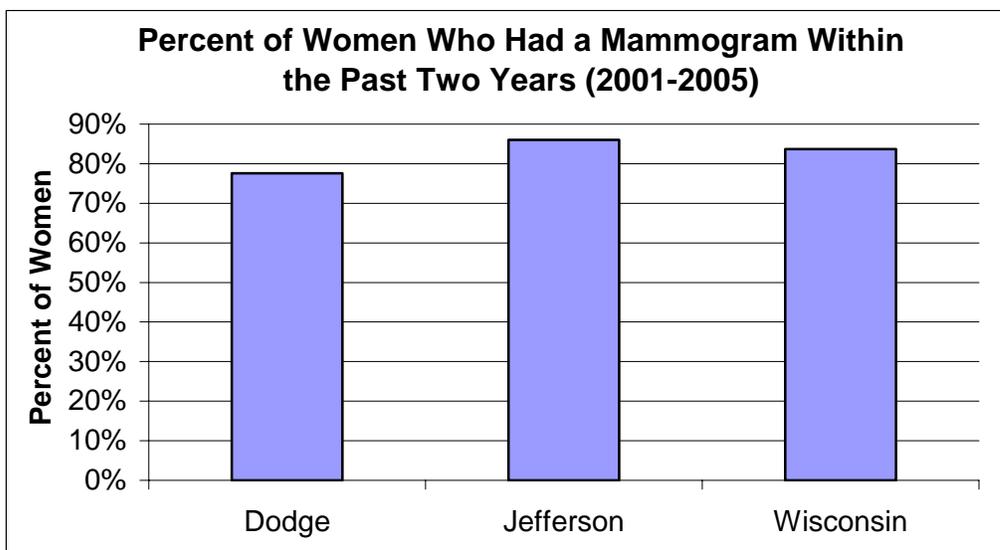
Healthiest Wisconsin 2010 Goal: *Increase the number of women over 40 years of age that have a mammogram every 1-2 years.*

The age-adjusted incidence rate of breast cancer has remained fairly consistent between the years 1994 through 2003.



Source: Wisconsin DHFS: Bureau of Health Information and Policy

The percent of women who received mammograms in the past two years is slightly lower for Dodge County, 78%, compared to the state average of 84%. Jefferson County is slightly above the state average, with 86% of women screened in the past two years.

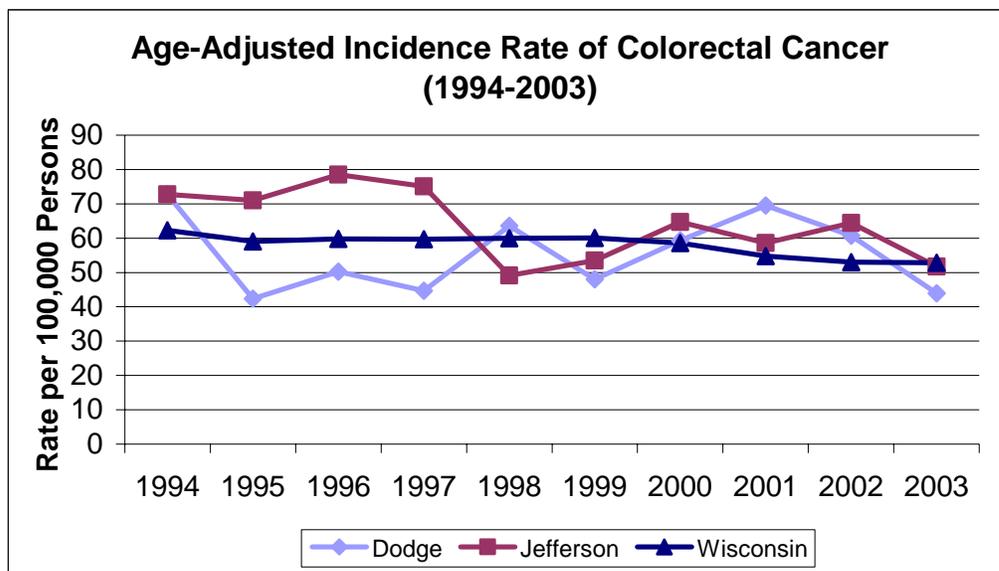


Source: Wisconsin BRFS, 2001-2005

Colorectal Cancer Screening

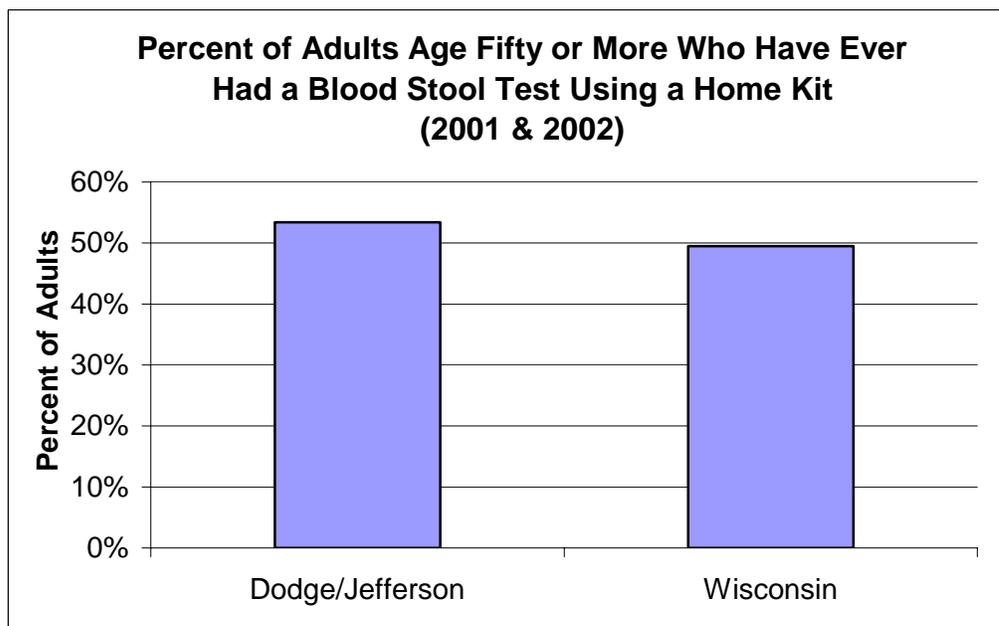
Healthiest Wisconsin 2010 Goal: *Increase the number of adults over the age of 50 that are screened for colorectal cancer every 5-10 years.*

The age-adjusted incidence rate of colorectal cancer has slowly decreased over the years 1994 to 2003 in Wisconsin. There has been greater variation in the county rates due to smaller numbers of cases.



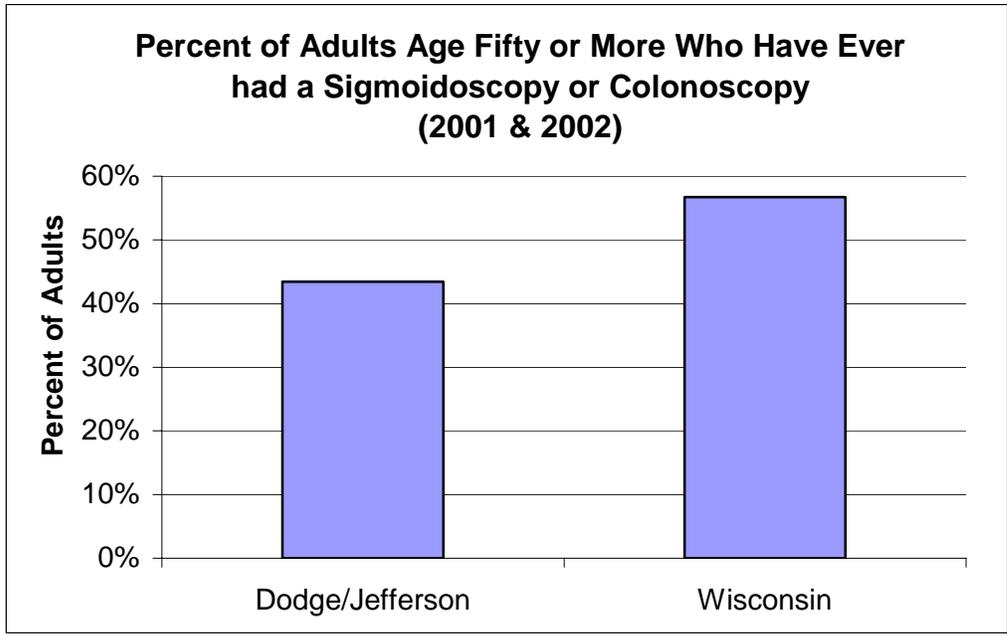
Source: Wisconsin DHFS: Bureau of Health Information and Policy

Around 50% of adults in Wisconsin and Dodge and Jefferson counties combined report ever having used a blood stool test kit at home.



Source: Wisconsin BRFSS, 2001 & 2002

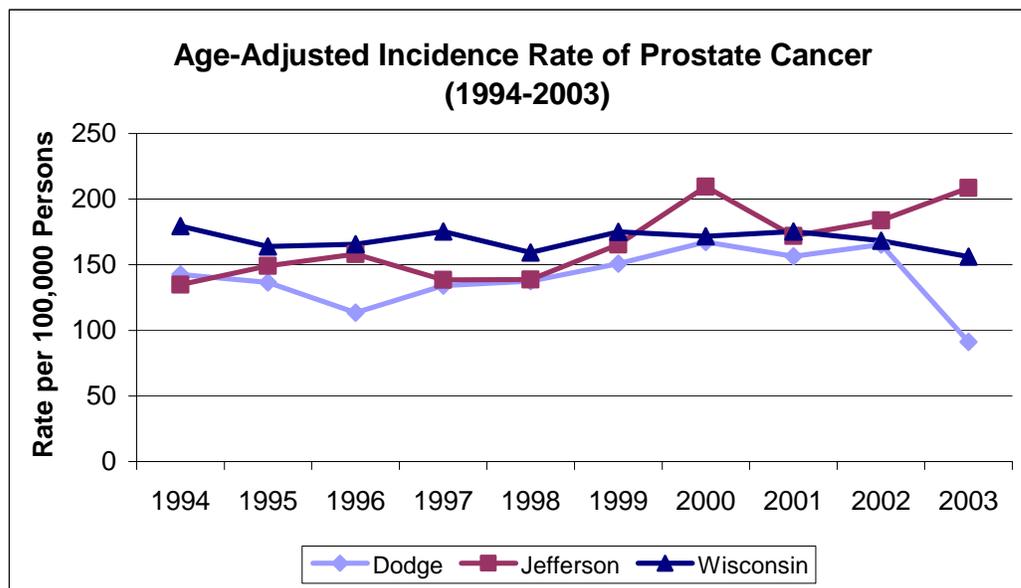
Adults fifty and over in Dodge and Jefferson counties combined were less likely to report ever having a sigmoidoscopy or colonoscopy, compared to the state as a whole, 43% versus 57%.



Source: Wisconsin BRFS, 2001 & 2002

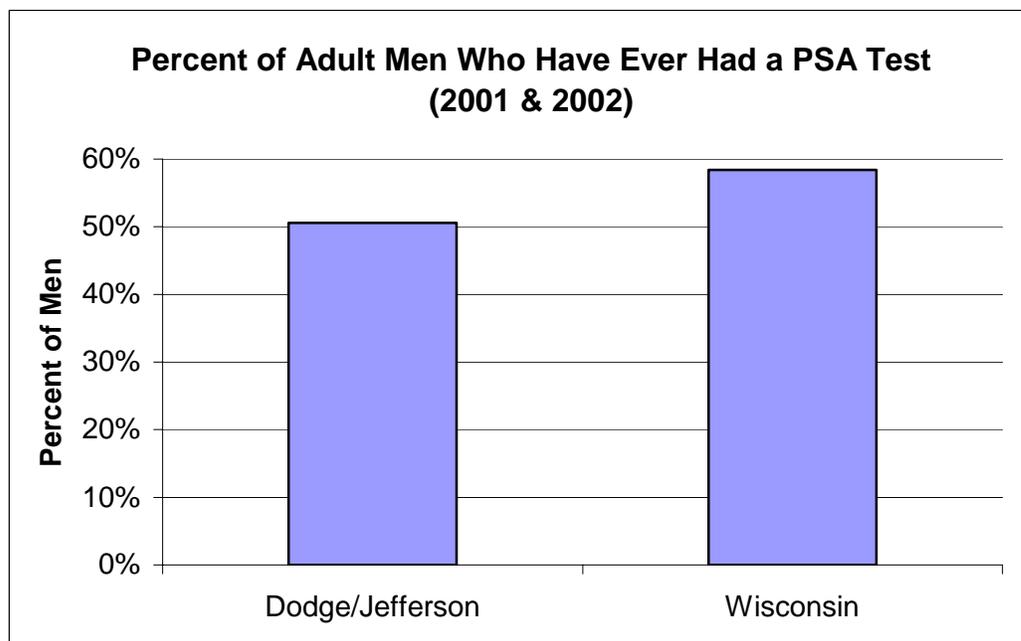
Prostate Cancer Screening

The age-adjusted incidence rate of prostate cancer in Wisconsin has decreased from 1994 to 2003. Due to smaller numbers of cases in the counties, the rates have more variation from year to year.



Source: Wisconsin DHFS: Bureau of Health Information and Policy

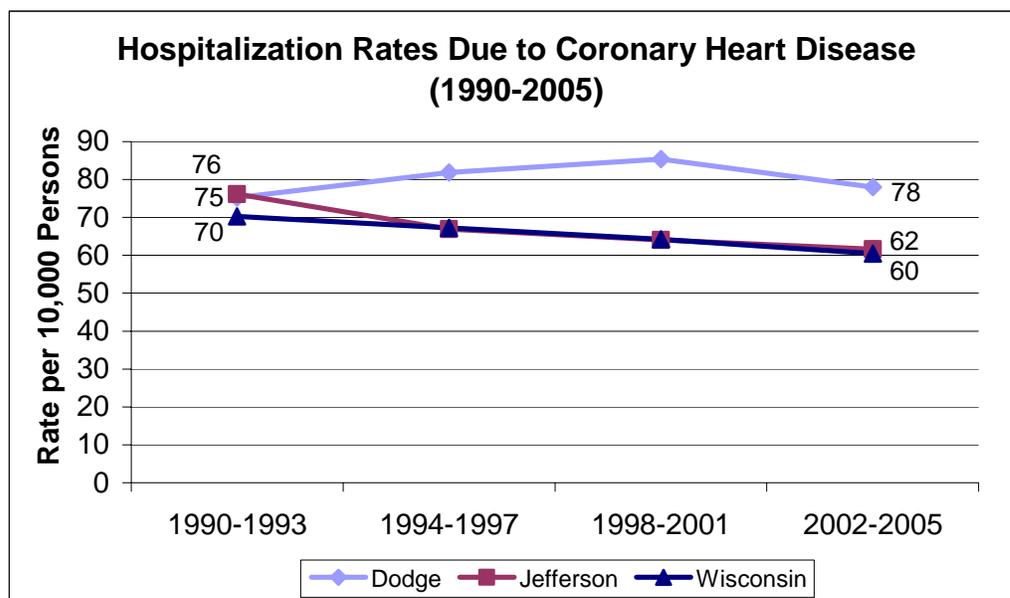
Approximately 50% of adult men in Dodge and Jefferson counties combined report ever having a PSA test, which is slightly less than the state average, 51% compared to 58%.



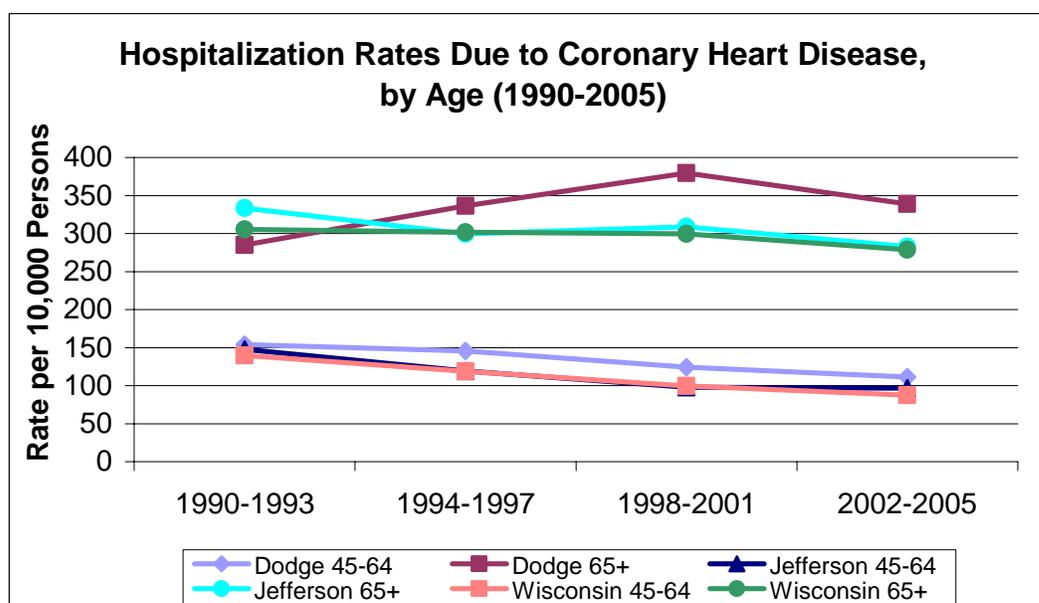
Source: Wisconsin BRFSS, 2001 & 2002

Coronary Heart Disease

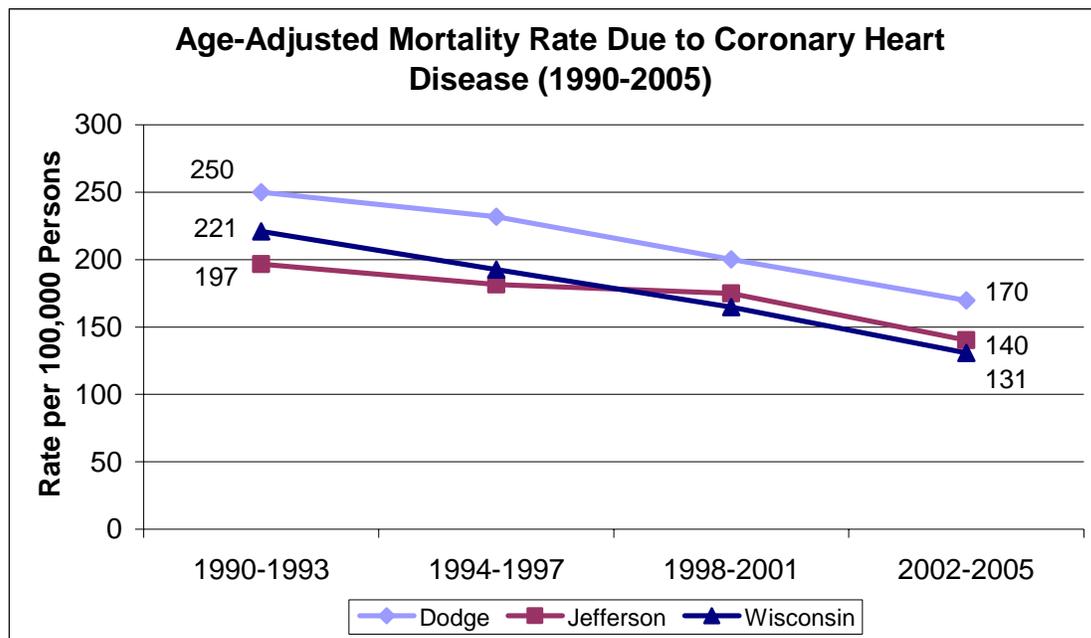
Coronary heart disease is one of the potential consequences of unhealthy eating and lack of physical activity. Hospitalization rates for this condition have remained fairly steady over the past 16 years, and the rates in Dodge County have consistently remained a little above the Wisconsin state average. The rates in Jefferson County and the state have decreased slightly over the past 16 years.



Adults 65 years or older are much more likely to be hospitalized due to coronary heart disease compared to 45-64 year olds in both Dodge and Jefferson counties. Rates for both age groups have remained fairly stable over the past 16 years in Jefferson County and the state. However, the rates for adults 65 and over in Dodge County are a little higher compared to the people of the same age in Jefferson County and throughout the state.



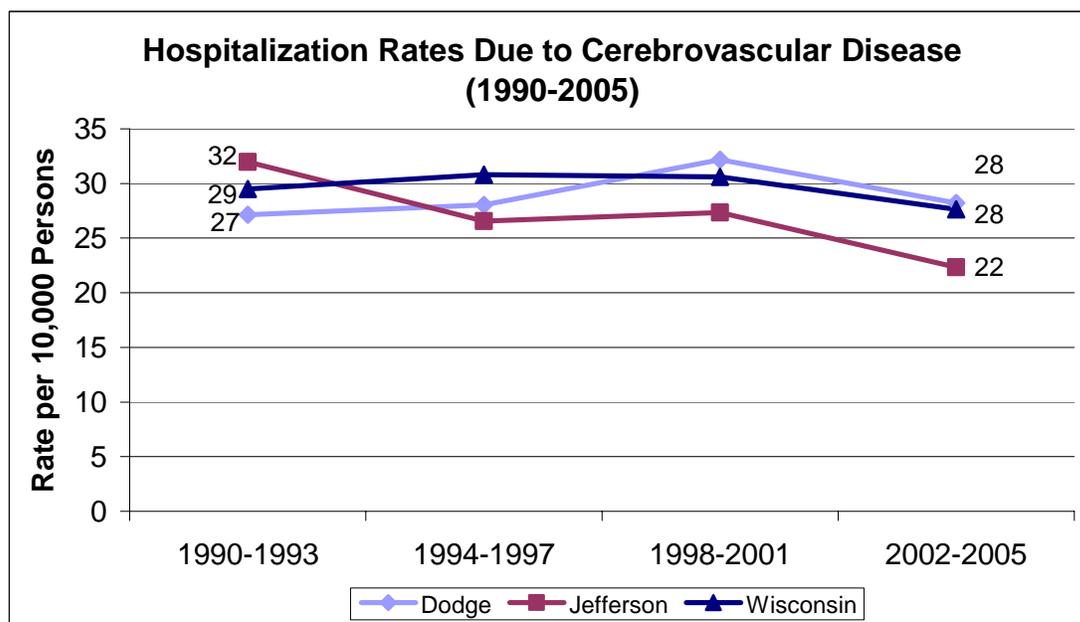
Mortality rates due to coronary heart disease have decreased in both counties and throughout Wisconsin over the past 16 years.



Source: WISH Mortality Module

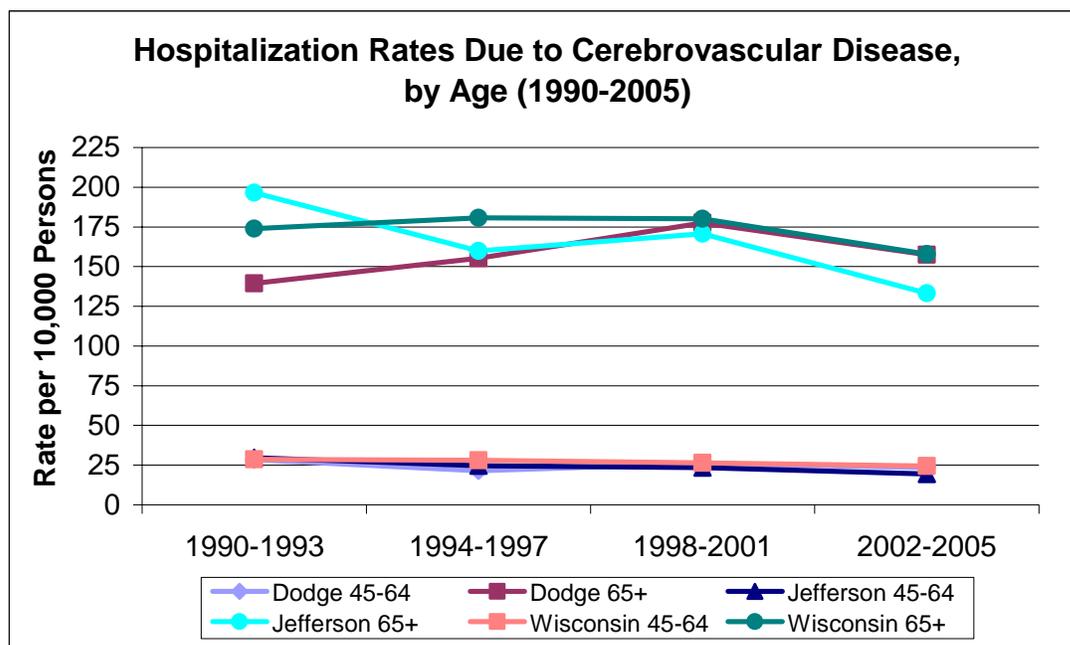
Cerebrovascular Disease

Cerebrovascular disease is also known to be highly associated with unhealthy lifestyle behaviors. The rates have decreased slightly in Jefferson County and have remained relatively unchanged in Dodge County and throughout Wisconsin.



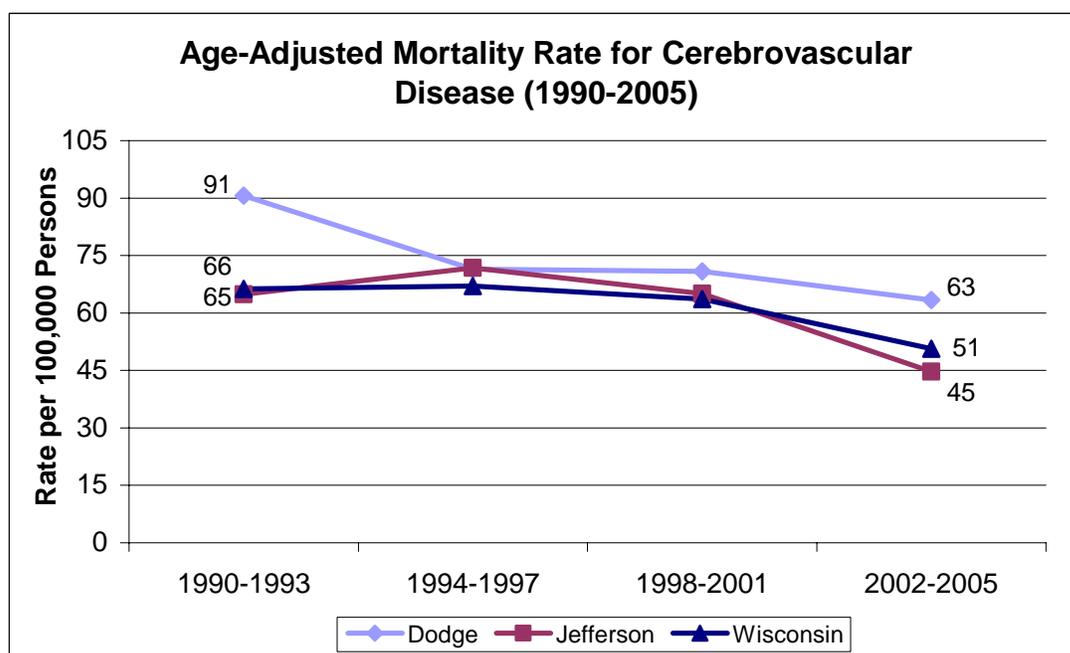
Source: Wisconsin DHFS: Bureau of Health Information and Policy

Adults over the age of 65 have much higher hospitalization rates for cerebrovascular disease, compared to adults between 45 and 64 years old.



Source: Wisconsin DHFS: Bureau of Health Information and Policy

Mortality rates due to cerebrovascular disease have decreased gradually over the past 16 years for Dodge and Jefferson counties and throughout Wisconsin.



Source: WISH Mortality Module

Health Priority 2: Adequate and Appropriate Nutrition

Adequate access to and consumption of nutritious foods promotes overall well-being and good health, and may help prevent many chronic diseases relating to diet and weight. Inadequate nutrition at an early age has an impact on cognitive development, behavior, and school performance. Unhealthy diets, including those high in fat, low in fiber, and low in fruits and vegetables have been linked to the leading causes of mortality, including: heart disease, cancer, and stroke. Therefore, Wisconsin is focusing on increasing appropriate nutrition and access to adequate and appropriate food sources.

Key Barriers Identified in Focus Group Discussions:

High cost:

Workout equipment and/or gym memberships

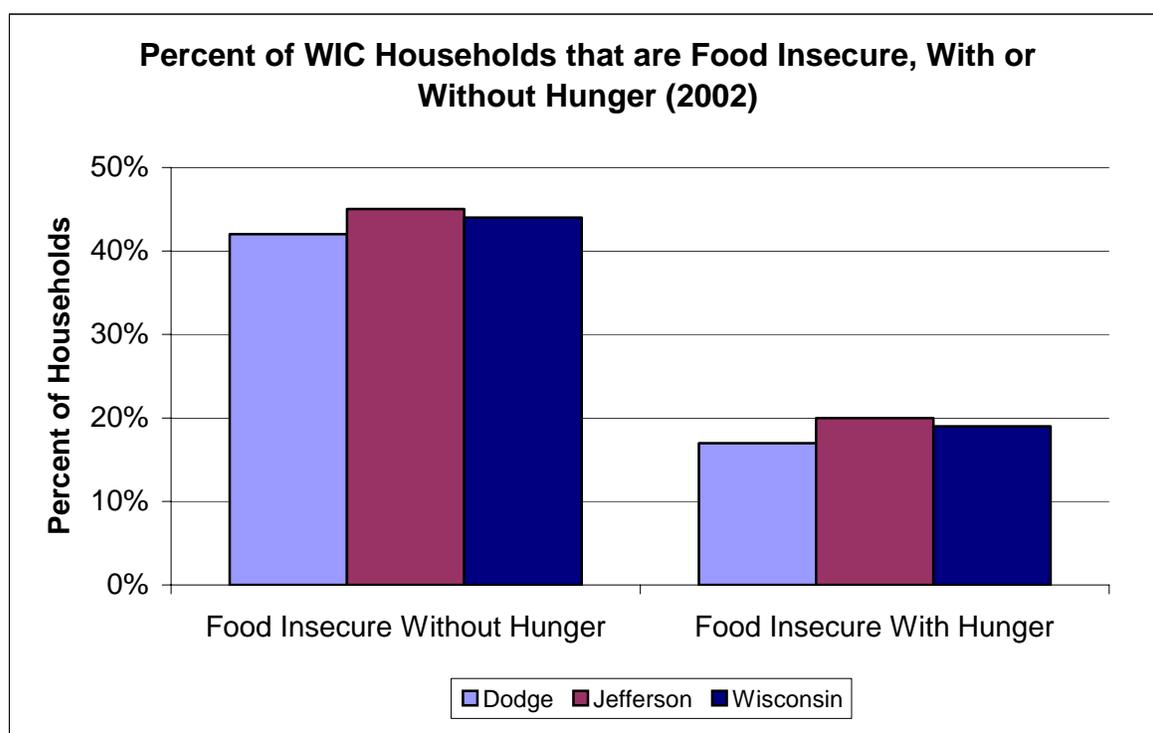
Healthy food options

Eating disorders (especially high school students)

Food Security

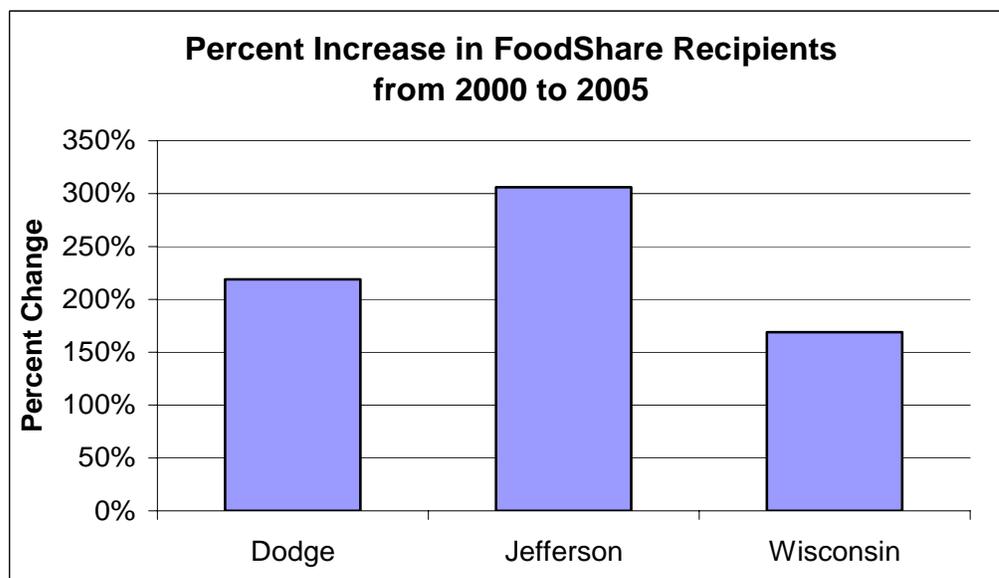
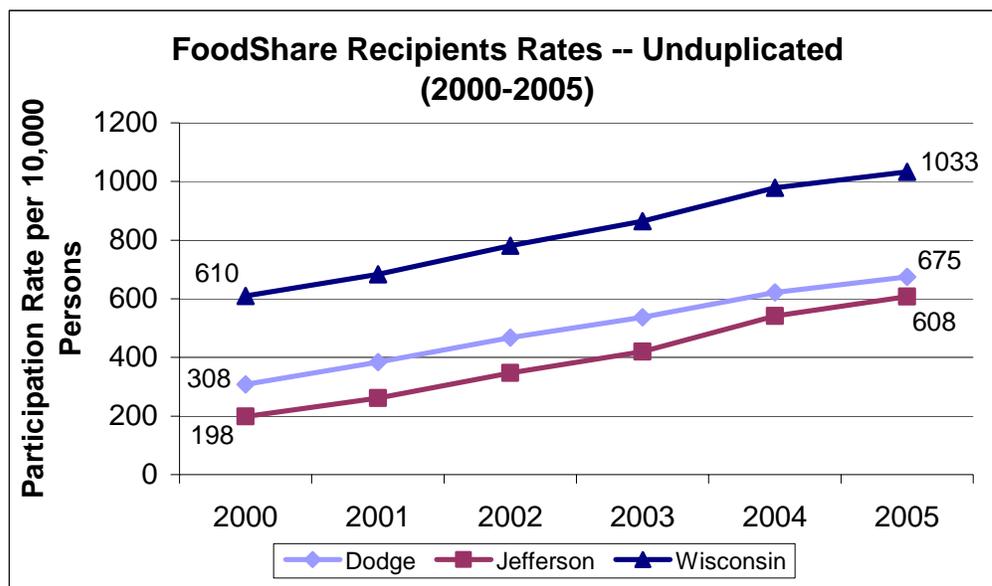
Healthiest Wisconsin 2010 Goal: *By 2010, increase the number and proportion of Wisconsin households that have access to adequate, safe, and appropriate food at all times.*

Food insecurity is defined as having uncertain or limited access to food through normal channels. Jefferson County was slightly above the Wisconsin average for the percent of WIC households that have food insecurities in 2002, while Dodge County was slightly below.



Source: Wisconsin Food Security Project: Wisconsin DHFS & UW-Extension
<http://www.uwex.edu/ces/flp/cfs/index.cfm>

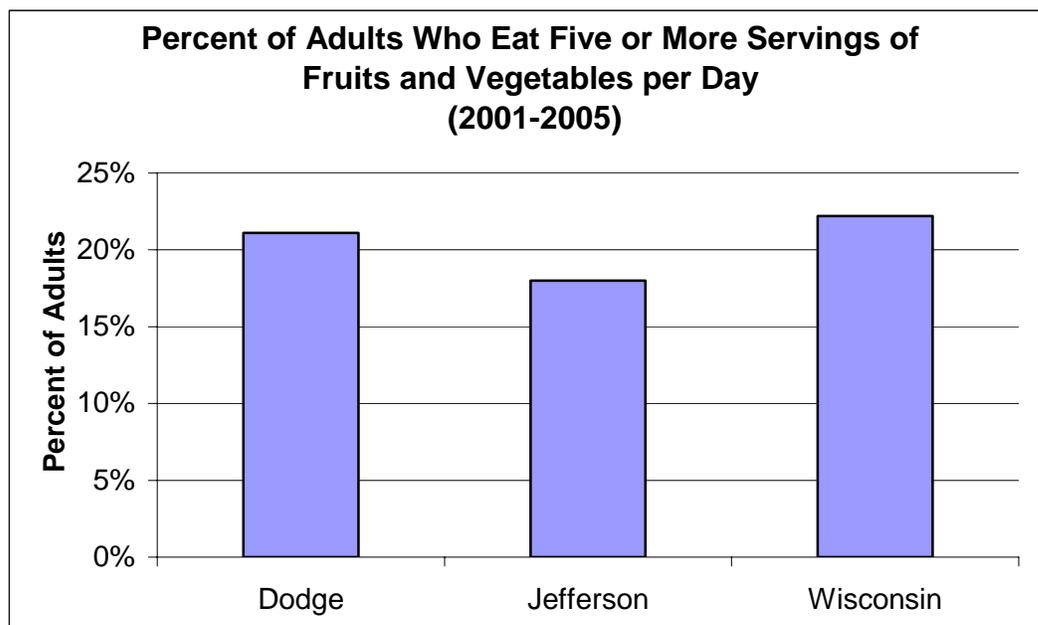
In order to combat food shortages and insecurities, Dodge and Jefferson counties have increased the number of FoodShare recipients steadily over the past five years. FoodShare recipients have increased in Dodge County 219% and in Jefferson 306% over the past five years. Dodge County has two locations where applications for the FoodShare program can be obtained, and Jefferson County has one location.



Fruits and Vegetables

Healthiest Wisconsin 2010 Goal: *By 2010, increase the proportion of Wisconsin's population that makes healthy food choices to 40 percent.*

The percent of adults who eat at least five servings of fruits and vegetables per day in Wisconsin is 22%, which is similar to Dodge County (21%). Jefferson County residents (18%) were slightly less likely to report eating five or more fruits and vegetables per day compared to the state.



Source: Wisconsin BRFSS, 2001-2005

Health Priority 3: Alcohol and Other Substance Use and Addiction

Substance abuse can cause significant problems with health, social interactions, public safety, and economic costs. Alcohol and drug abuse is the fourth leading cause of death in Wisconsin, behind heart disease, cancer, and stroke. Substance abuse is associated with suicide, homicide, domestic violence, child abuse, teen pregnancy, family dysfunction and break-up, among other concerns. Wisconsin ranks the worst in the nation for adults frequently consuming five or more drinks on one occasion and for driving while intoxicated. In addition, Wisconsin is the third worst state for adults that consume 60 or more drinks in a month. Wisconsin is focusing on decreasing drinking and driving, increasing the age of first alcohol and marijuana use, and decreasing binge drinking in adolescents and adults.

Key Issues Identified in Focus Group Discussions:

Driving while intoxicated

Peer pressure

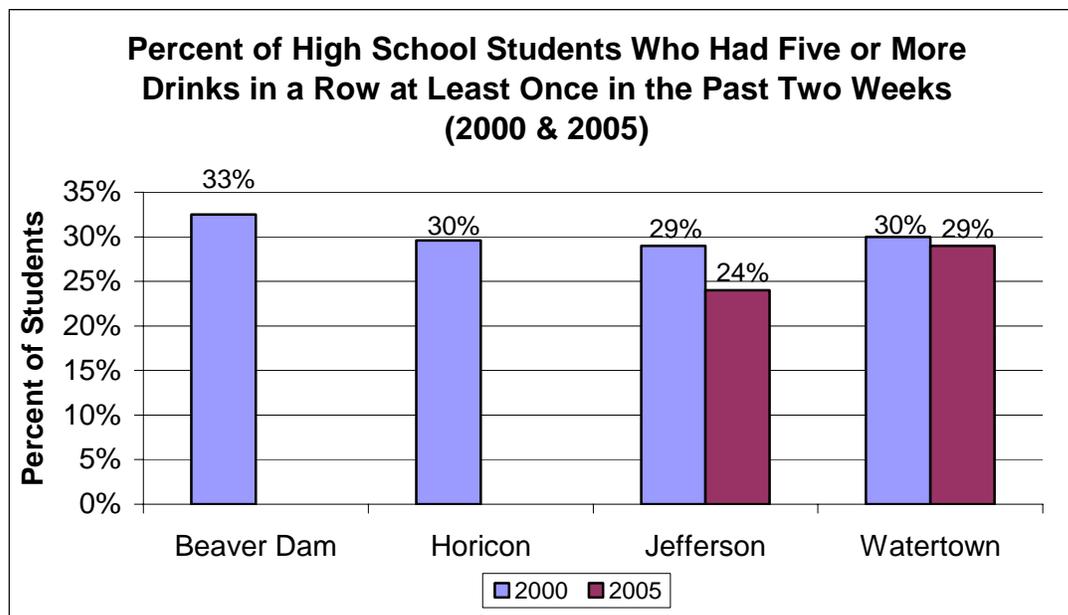
Thrill seeking behavior

Secrecy of drug use

Youth Alcohol Use

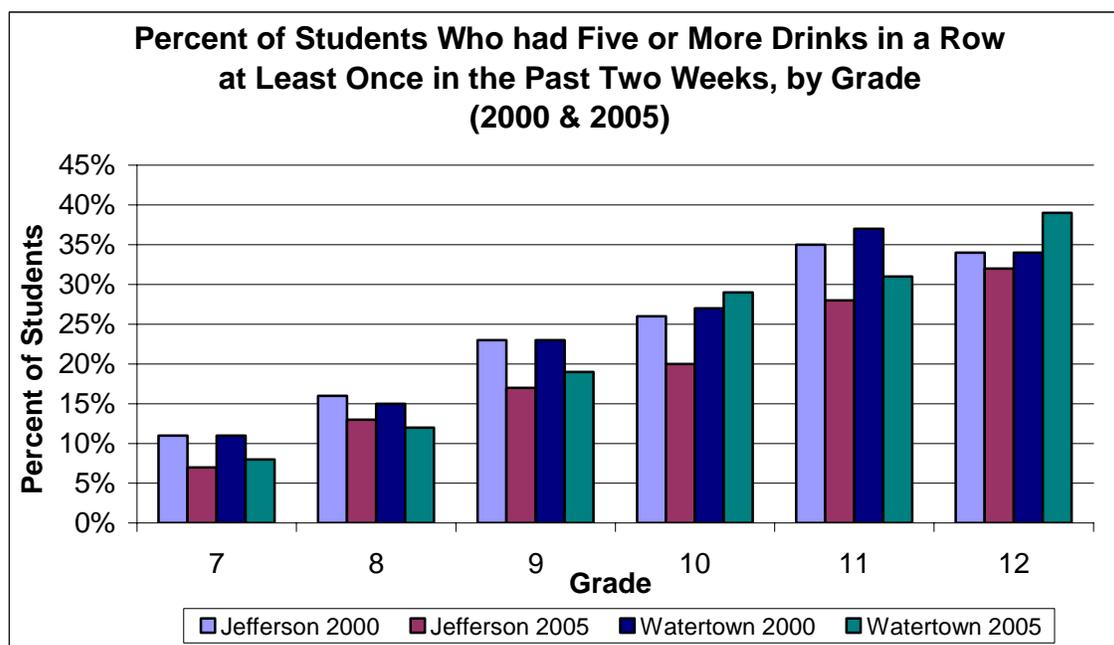
Healthiest Wisconsin 2010 Goal: *By 2010, reduce the percentage of youth who report binge drinking in the past 30 days to 26.7 percent.*

The percent of students that have had five or more drinks in a row (binge drinking) for the two weeks before they were surveyed has decreased from 2000 to 2005 in Jefferson School Districts to below the 2010 goal of 26.7%, but only slightly decreased in Watertown School District.



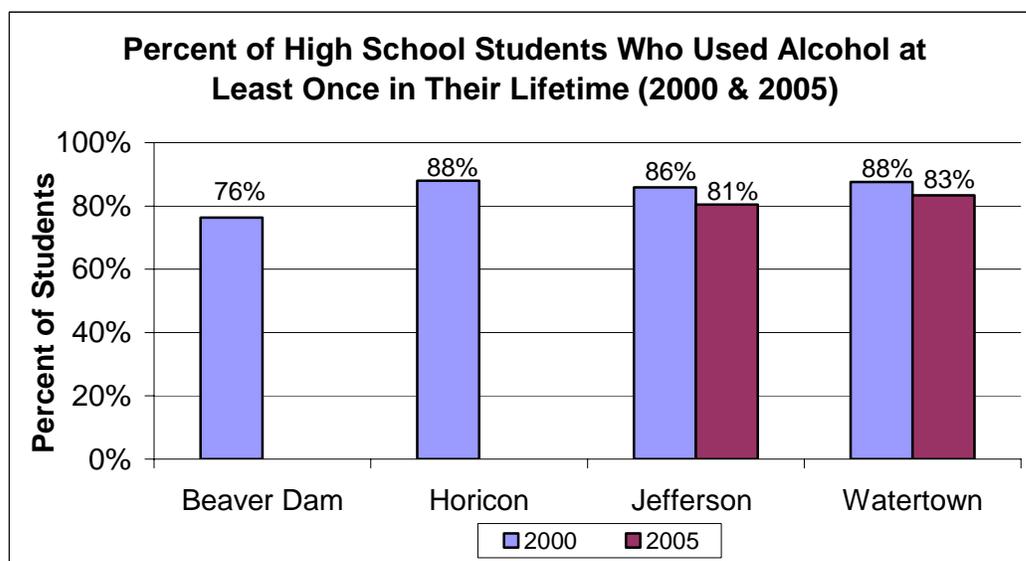
Note: Beaver Dam and Horicon are school districts in Dodge County. Data for Beaver Dam were not collected for grade 12. The data for Horicon were collected at the end of 1998.

Overall binge drinking rates have dropped within most grade levels from 2000 to 2006 for all school districts. Binge drinking rates steadily increase across all grade levels.



Source: Search Institute Youth Survey (1998, 2000 & 2005)

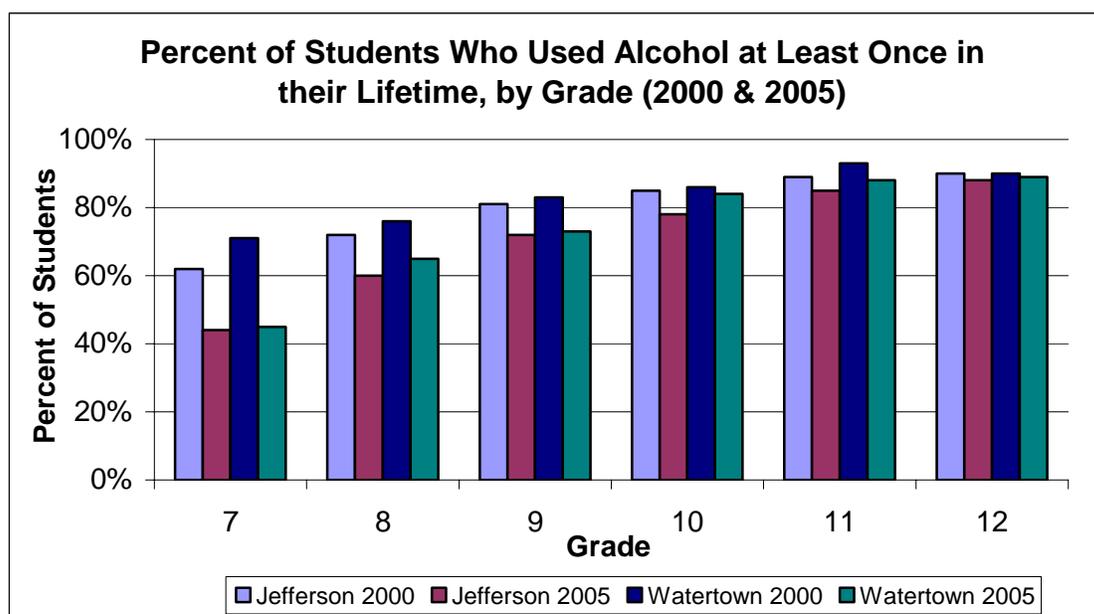
The percentage of students that had ever consumed alcohol in 2000 was slightly less in Beaver Dam compared to the other school districts. From 2000 to 2005 the percent of high school students who have ever consumed alcohol decreased in Jefferson and Watertown School Districts.



Note: Beaver Dam and Horicon are school districts in Dodge County. Data for Beaver Dam were not collected for grade 12. The data for Horicon were collected at the end of 1998.

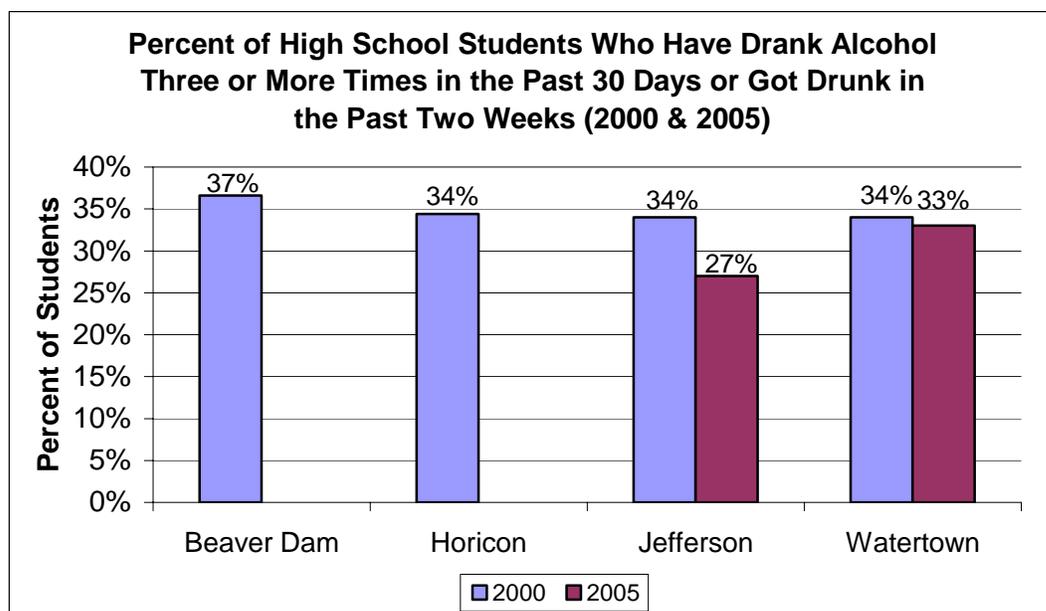
Healthiest Wisconsin 2010 Goal: *By 2010, reduce the percentage of youth who report first use of alcohol prior to age 13 to 24.1 percent.*

The percentage of ever having used alcohol has decreased slightly from 2000 to 2005, but the rate of ever using alcohol before the age of 13 (grades 7-8) remains well above the 2010 goal of 24.1%.



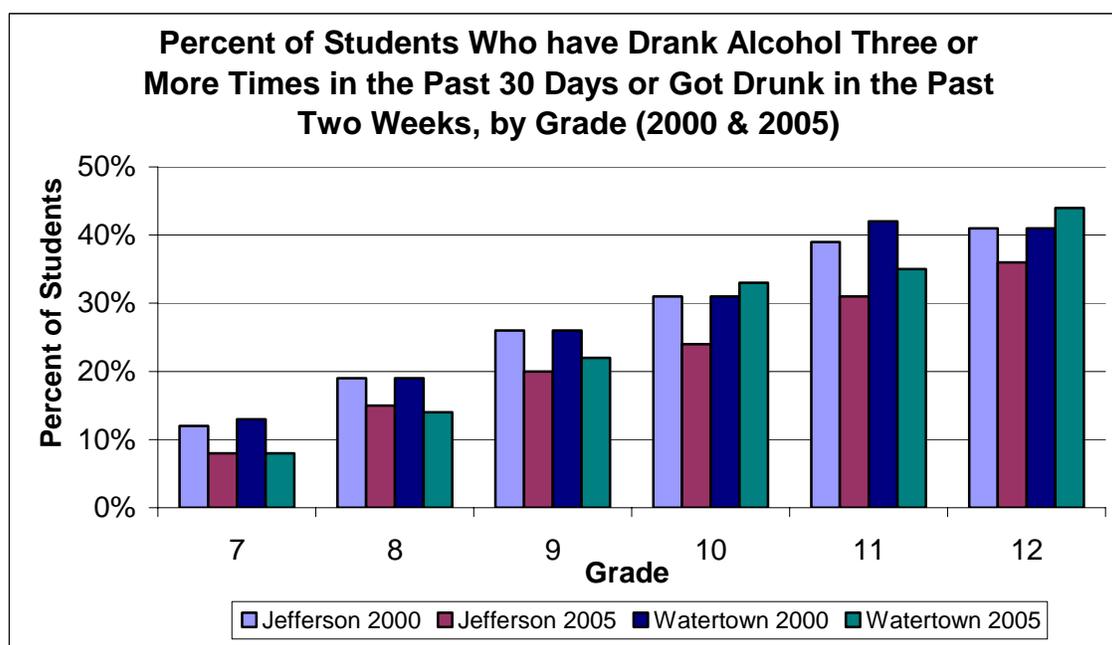
Source: Search Institute Youth Survey (1998, 2000 & 2005)

Alcohol use is considered to be high when a student has used alcohol three or more times in the past 30 days or got drunk once or more in the past two weeks. High alcohol usage among high school students has decreased slightly from 2000 to 2005.



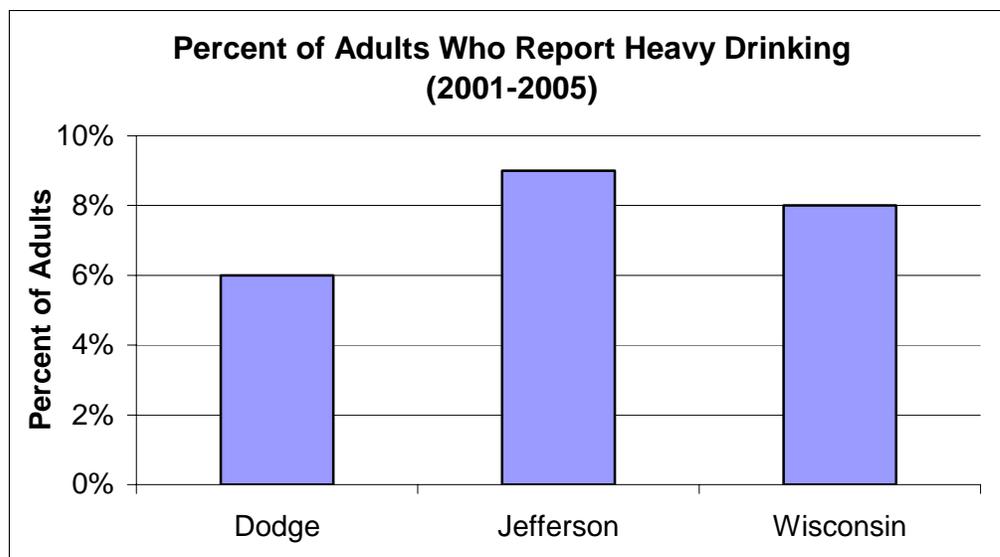
Note: Beaver Dam and Horicon are school districts in Dodge County. Data for Beaver Dam were not collected for grade 12. The data for Horicon were collected at the end of 1998.

High usage continues to steadily increase with each successive grade level. However, the rates within each grade level have decreased slightly from 2000 to 2005.



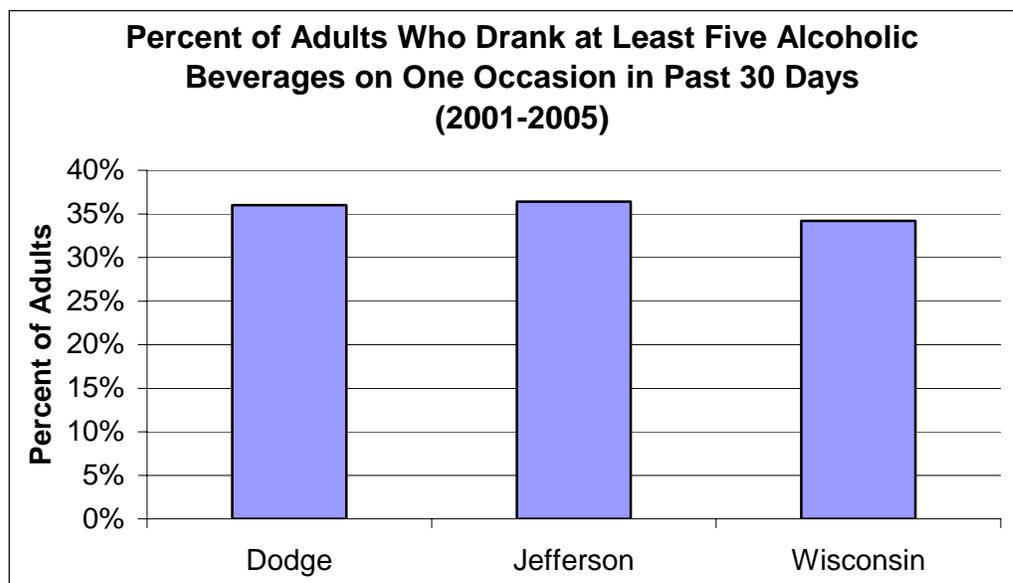
Adult Alcohol Use

Heavy drinking is defined for men as consuming an average of two or more drinks per day and, for women, consuming an average of one or more drinks per day. Dodge County is below the state average for percentage of adults that report frequent heavy drinking, while Jefferson County is slightly above the state average. Adults in Wisconsin are known to consume more alcohol than the national average. According to the 2005 National BRFSS 4.9% of adults report heavy drinking in the United States.



Source: Wisconsin BRFSS, 2001-2005 and the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System Prevalence Data <http://apps.nccd.cdc.gov/brfss/index.asp>

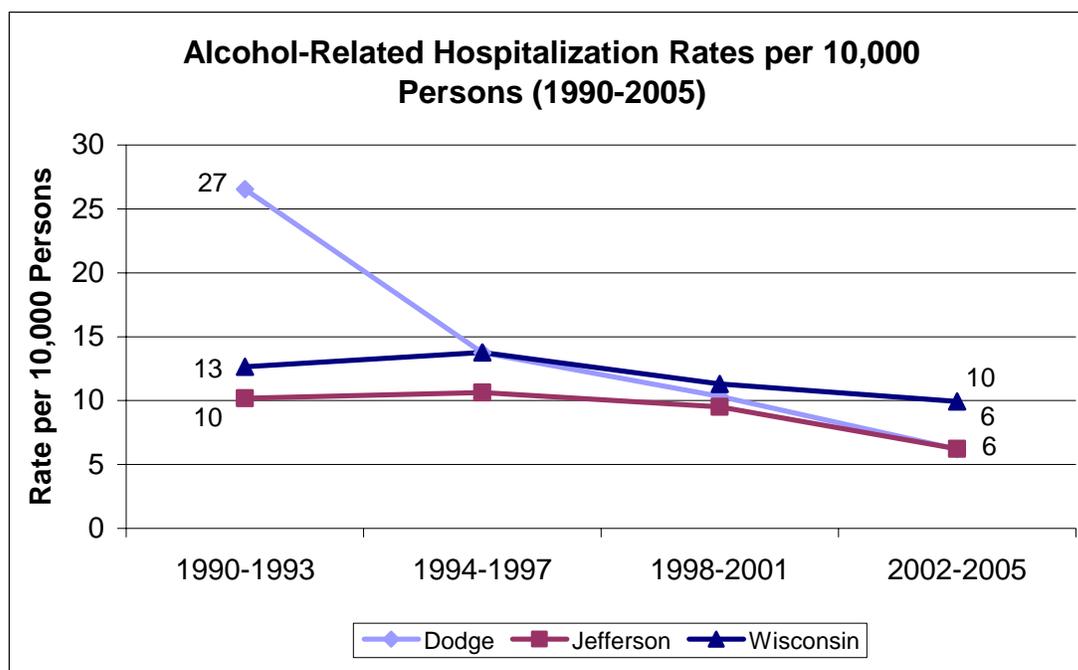
Binge drinking is defined as the consumption of at least five alcoholic drinks on one occasion. The percent of adults engaging in binge drinking is around 36% for both Dodge and Jefferson counties. The state average for binge drinking is slightly less, at 34%. The National BRFSS rate for binge drinking in 2005 is 14.4%.



Source: Wisconsin BRFSS, 2001-2005 and the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System Prevalence Data <http://apps.nccd.cdc.gov/brfss/index.asp>

Alcohol-Related Hospitalizations and Mortality

Hospitalizations relating to alcohol have decreased over the past 16 years in both counties and across Wisconsin, with the greatest decrease occurring in Dodge County.



Source: Wisconsin DHFS: Bureau of Health Information and Policy

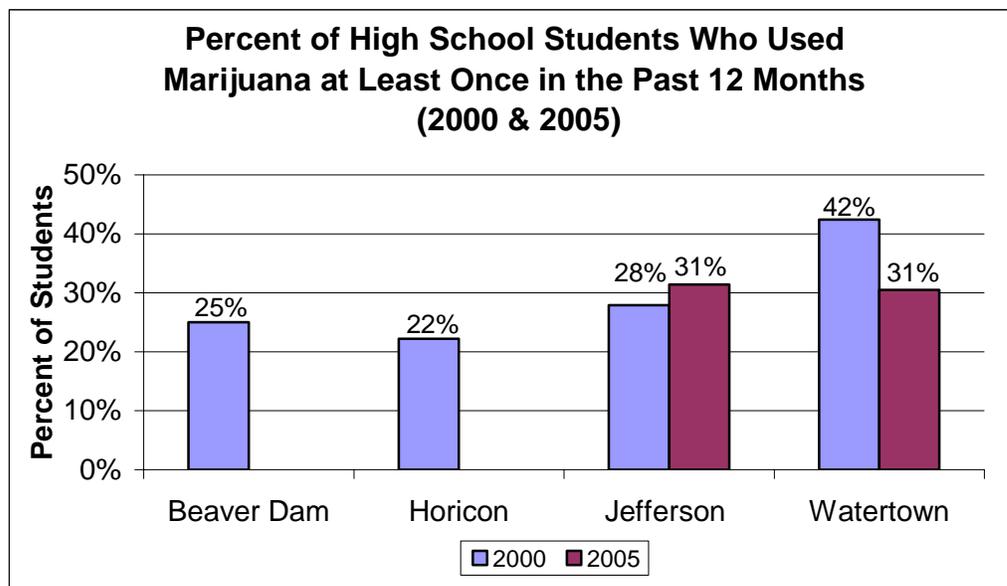
On average about five people die in Dodge County each year from alcohol-related causes and approximately six people die annually in Jefferson County. The numbers of deaths are too small to calculate mortality rates for the counties.

Source: WISH Mortality Module

Marijuana Use

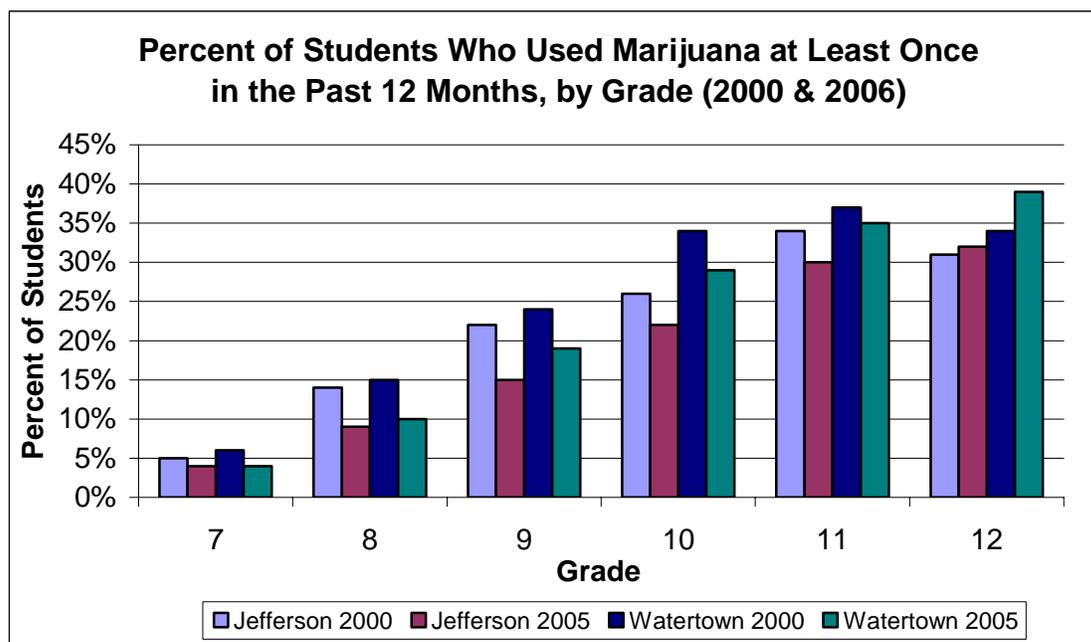
Healthiest Wisconsin 2010 Goal: *By 2010, reduce the percentage of youth who report using marijuana in the past 30 days to 20.7 percent.*

The percentage of high school students that have used marijuana at least once in the past 12 months has decreased from 2000 to 2005 in Watertown school district and increased slightly in Jefferson school districts.



Note: Beaver Dam and Horicon are school districts in Dodge County. Data for Beaver Dam were not collected for grade 12. The data for Horicon were collected at the end of 1998.

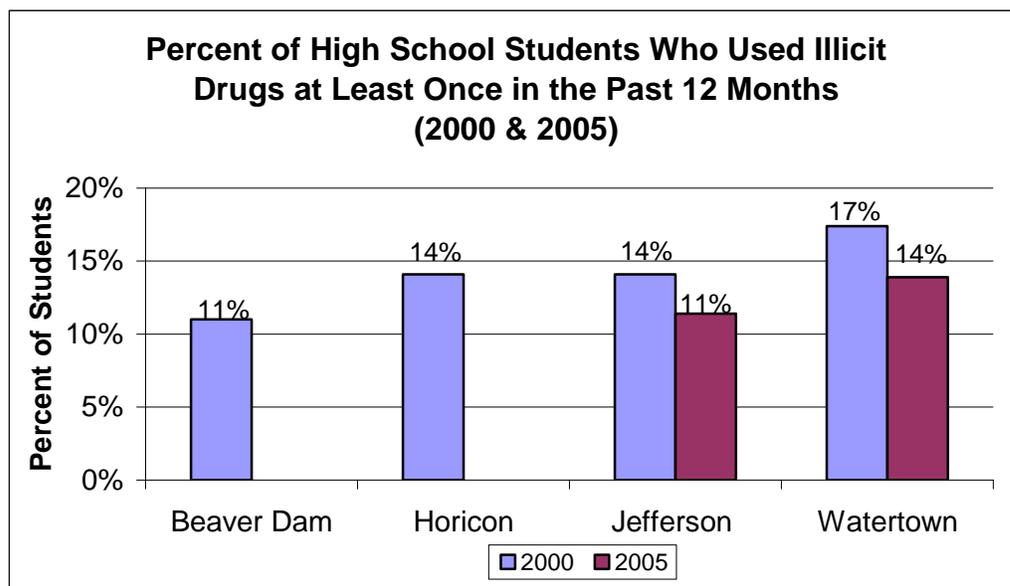
The percent of students that have used marijuana in the past 12 months increases dramatically from 6th to 12th grade. However, within each grade level the use has decreased.



Source: Search Institute Youth Survey (1998, 2000 & 2005)

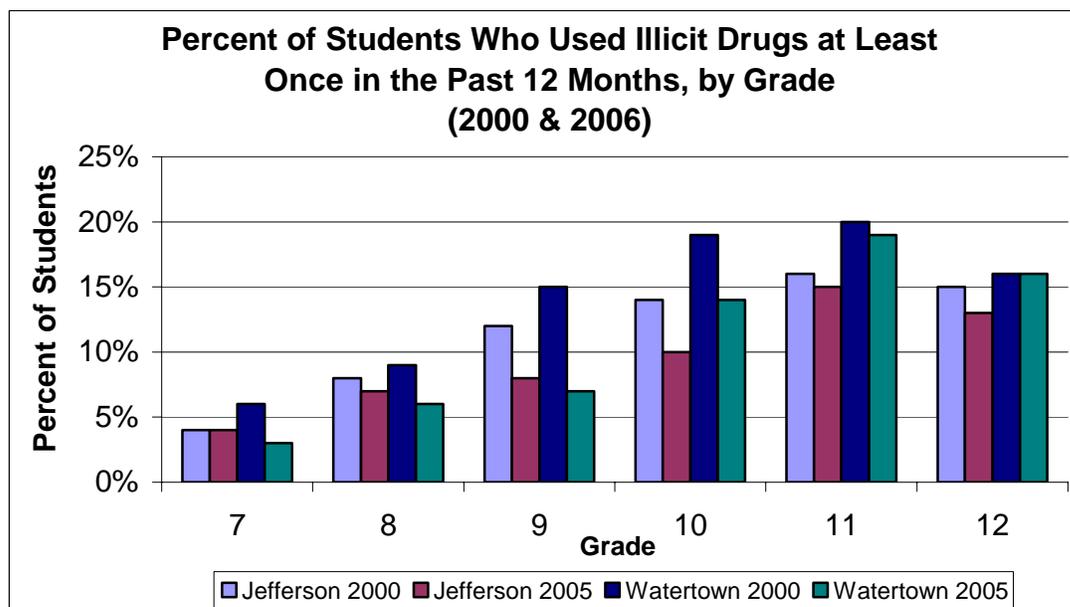
Other Youth Drug Use

The use of illicit drugs, excluding marijuana, has decreased slightly in Jefferson and Watertown school districts from 2000 to 2005. Illicit drugs include: cocaine, LSD, PCP or angel dust, heroin, and amphetamines.



Note: Beaver Dam and Horicon are school districts in Dodge County. Data for Beaver Dam were not collected for grade 12. The data for Horicon were collected at the end of 1998.

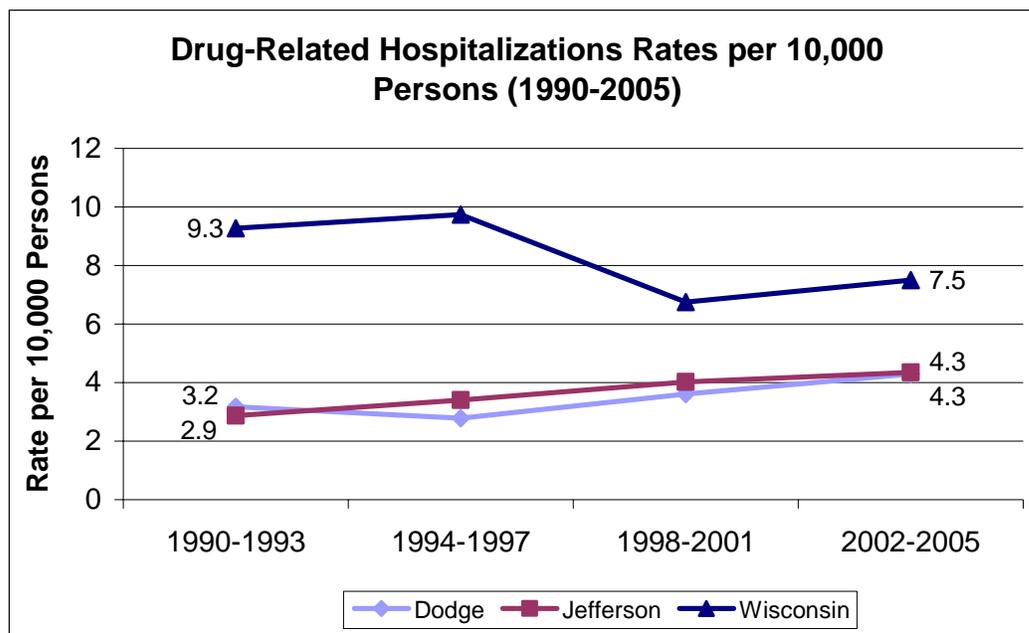
The use of illicit drugs has decreased from 2000 to 2005, and increases across grade levels until 11th grade and then appears to decrease in 12th grade.



Source: Search Institute Youth Survey (1998, 2000 & 2005)

Drug-Related Hospitalizations and Mortality

Drug-related hospitalizations have decreased across Wisconsin over the past 16 years, but have increased slightly in Dodge and Jefferson counties. However, drug-related hospitalization rates in both counties have remained below the overall Wisconsin rate.



Drug-related mortality in Dodge and Jefferson counties is too low to report the actual numbers or rates based on those numbers. There were less than five deaths in each county in the past five years.

Source: Wisconsin DHFS: Bureau of Health Information and Policy

Health Priority 4: Environmental and Occupational Health Hazards

Several different environmental and occupational factors can contribute to negative health outcomes. Some of these include: poor water quality, poor air quality (indoor and outdoor), the presence of hazardous wastes, environmental radiation exposure, lead exposure, and workplace hazards. These factors can contribute to respiratory conditions, cancers, poisonings, illness, injury, and death. Wisconsin is focusing on reducing the number of children poisoned by lead, reducing occupational-related cancers, and reducing the number of injuries and deaths from workplace accidents.

Key Issues Identified in Focus Group Discussions:

Air Pollution:

car emissions
childhood Asthma
environmental tobacco smoke

Water Pollution

Childhood Lead Poisoning

Weather

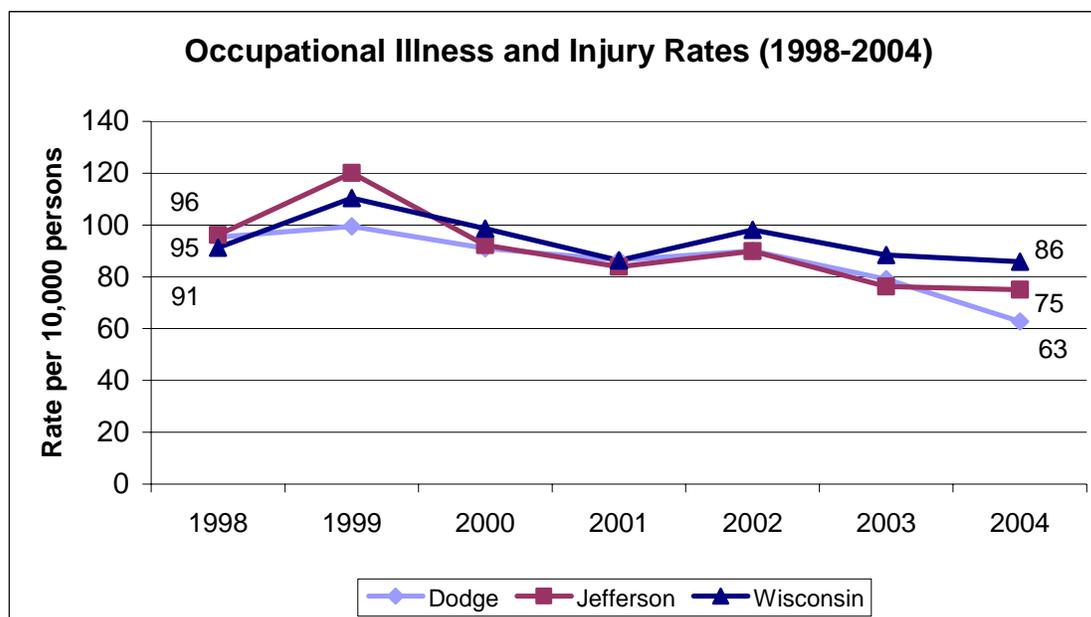
Occupational Illness and Death

Healthiest Wisconsin 2010 Goal: *By December 31, 2010, the incidence of occupational injury, illness, and death will be reduced by 30 percent.*

Dodge and Jefferson have achieved the *Healthy People 2010* goal by reducing their occupational mortality rate to zero. The numbers of occupational deaths per year have ranged from two deaths in 1998 to zero in 2003.

Source: WISH Mortality Module

Occupational illness and injury rates have decreased across Wisconsin and both counties in the past seven years.



Source: Wisconsin FACE http://www.dwd.state.wi.us/wc/safety/Fatal_Summaries/

Source: Wisconsin FACE http://www.dwd.state.wi.us/wc/research_statistics/default.htm

Lead Poisoning

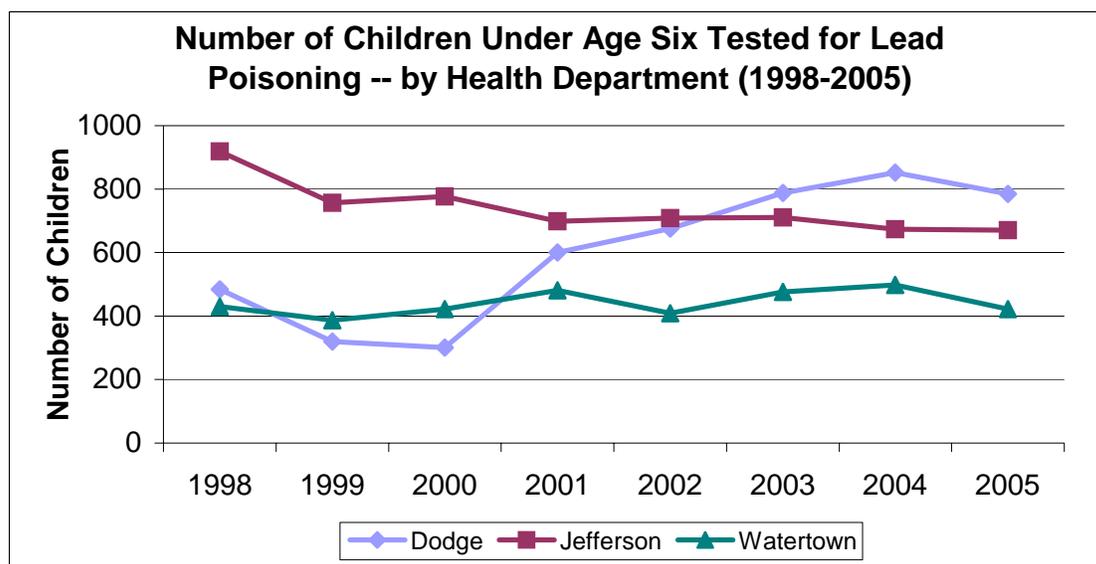
A child is considered to be suffering from lead poisoning when a capillary or venous blood lead level is greater than or equal to 10 micrograms per deciliter (mcg/dL).

Children tested and found to have a blood lead level ≥ 10 mcg/dL are given a confirmatory test. The parents are educated to decrease the child's lead exposure and/or the child's environment is inspected for sources of lead poisoning.

Schedule for confirmatory tests and treatment:

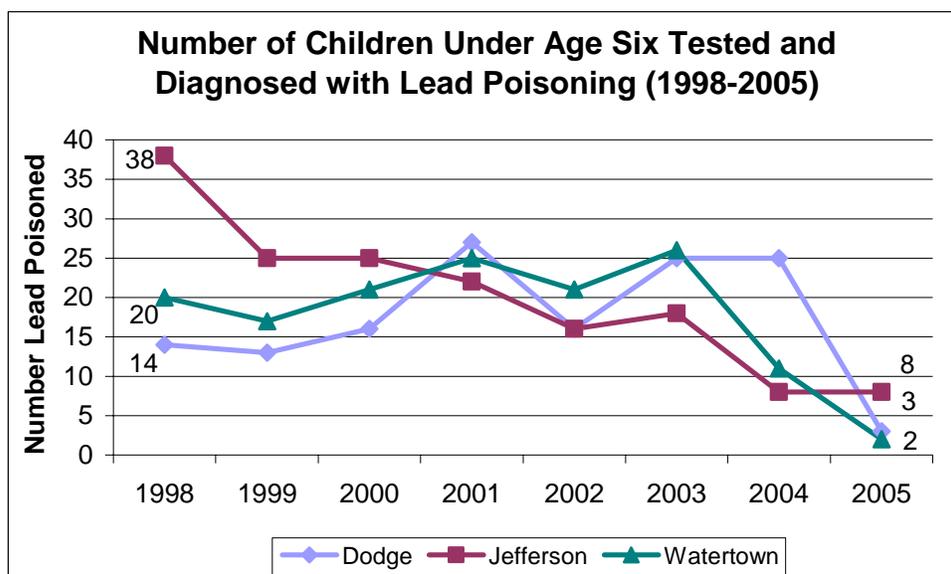
10-19 mcg/dL	Test within 3 months, educate parents to decrease exposure and obtain environmental history.
20-44 mcg/dL	Test within 1 week to 1 month depending on severity, provide parental education and conduct environmental investigation.
45-59 mcg/dL	Test within 48 hours, provide parental education and conduct environmental investigation, begin chelation therapy.
60-69 mcg/dL	Test within 24 hours, provide parental education and conduct environmental investigation, begin chelation therapy.
> 70 mcg/dL	Test immediately, hospitalize and begin chelation therapy immediately.

Since 1998, testing for lead poisoning among children six years of age or less has increased in Dodge County, decreased slightly and then remained constant in Jefferson County, and remained constant in Watertown over the past eight years. The number of children tested in Wisconsin increased from 69,665 in 1998 to 82,178 in 2005.



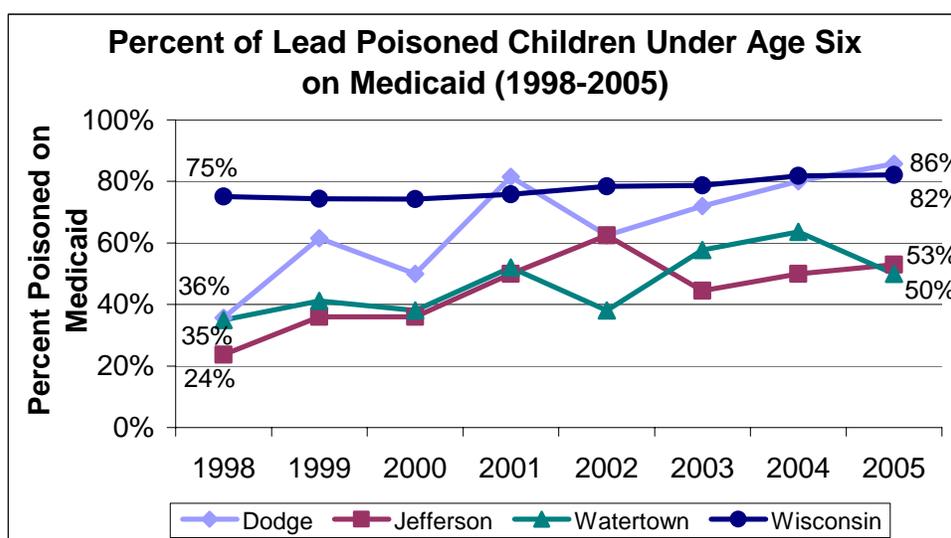
Healthiest Wisconsin 2010 Goal: *By the end of 2010, among all Wisconsin children age six or younger, there will be no children newly identified with lead poisoning.*

The number of children that are tested and found to have lead poisoning has decreased over the past eight years in all health department jurisdictions. The number of children diagnosed with lead poisoning in the state has also decreased over the years, from a high of 7,867 to a low of 2,788 in 2005.



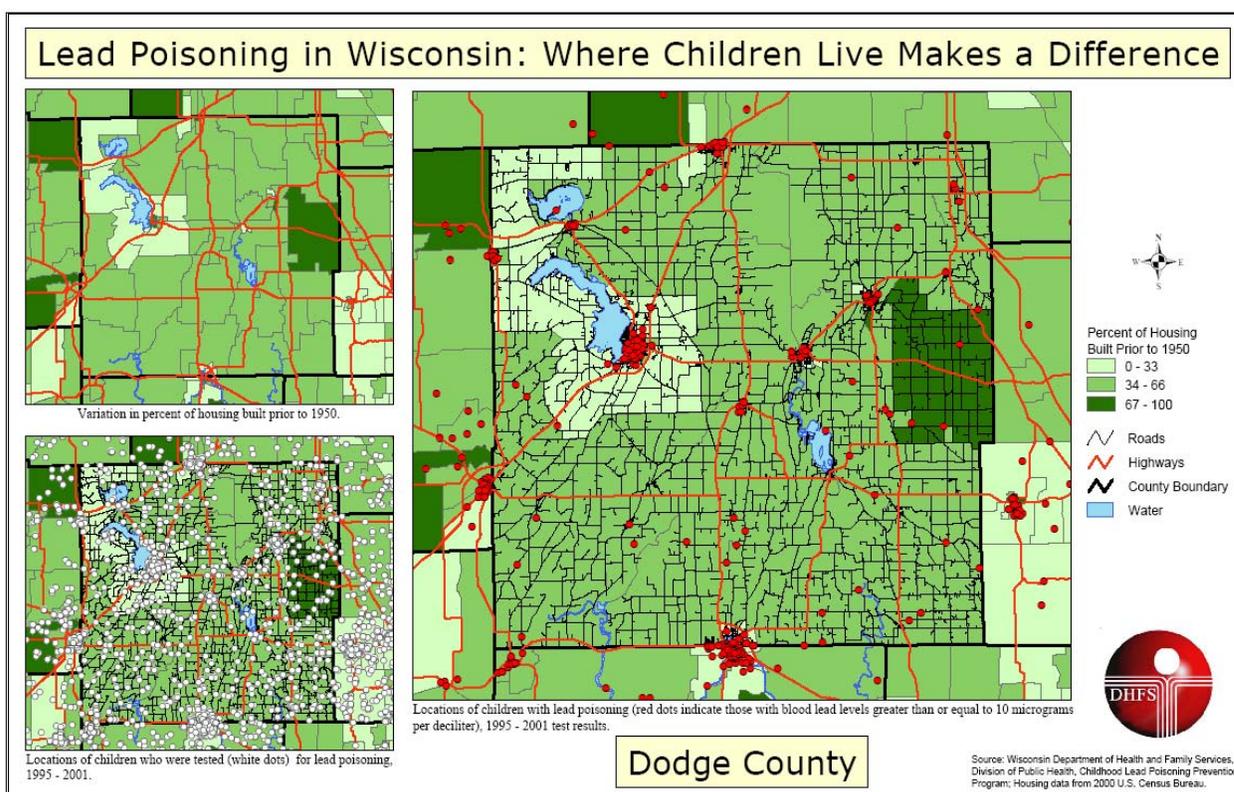
Healthiest Wisconsin 2010 Goal: *By 2010, 100 percent of Wisconsin children enrolled in Medicaid will receive age-appropriate blood lead tests.*

The majority of lead poisoned children come from low income families and are therefore usually covered by Medicaid. For that reason, testing children on Medicaid should be a priority to identify possible poisonings as soon as possible.



The maps shown below depict the association between identified cases of childhood lead poisoning and housing built prior to 1950 in Dodge County. The map in the top left corner shows the percent of housing built before 1950. In the bottom left corner the home locations for children tested for lead poisoning between 1995 and 2001 are shown. Finally, the large map on the right shows red dots for the children who were identified as lead poisoned and where they lived within Dodge County.

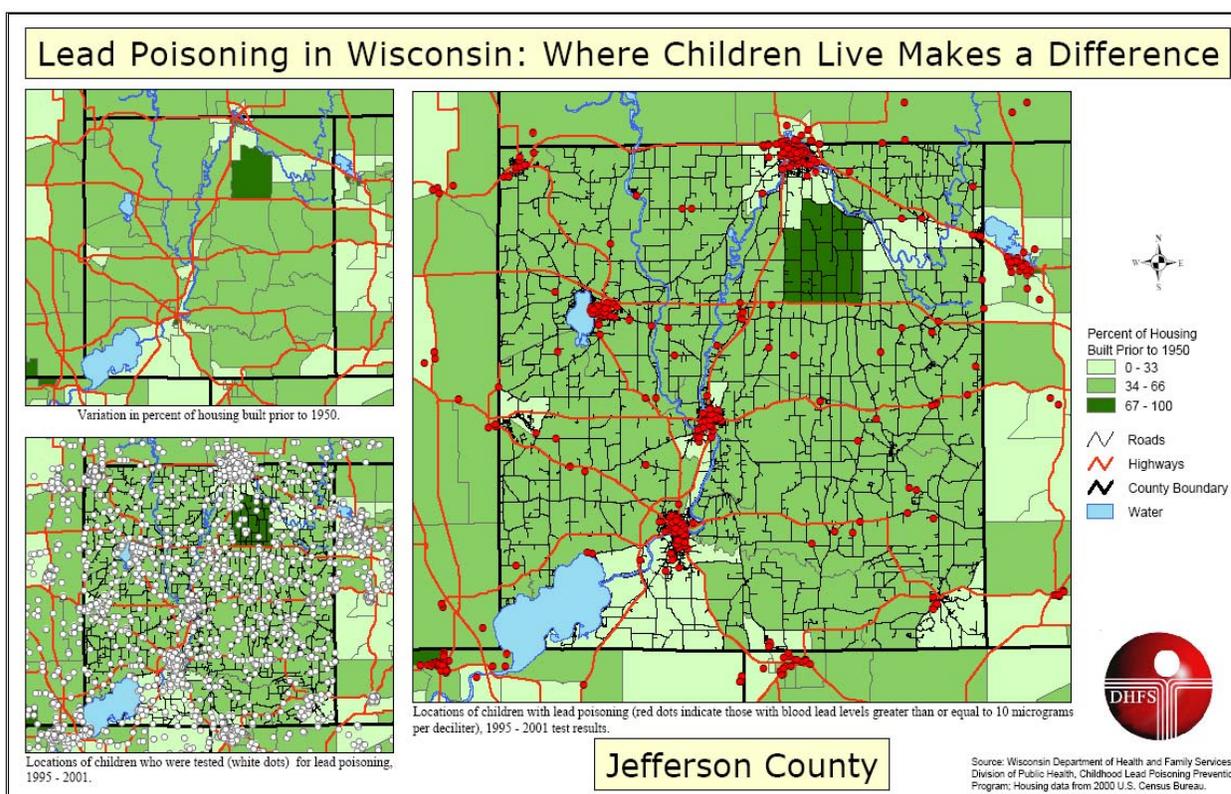
The maps for Dodge County show that the area of the county with the largest portion of houses built prior to 1950, shown in dark green, have had only a few identified cases of lead poisoned children over the seven year period. This area of Dodge County is rural, whereas the largest numbers of identified lead poisoned cases are within the city areas of Beaver Dam, Waupun, and Watertown, where there are more children that could be exposed to the dangers of lead.



Source: Childhood Lead Poisoning Prevention <http://dhfs.wisconsin.gov/lead/Maps/index.HTM>

The maps shown below depict the association between identified cases of childhood lead poisoning and housing built prior to 1950 in Jefferson County. The map in the top left corner shows the percent of housing built before 1950. In the bottom left corner the home locations for children tested for lead poisoning between 1995 and 2001 are shown. Finally, the large map on the right shows red dots for the children who were identified as lead poisoned and where they lived within Jefferson County.

The maps for Jefferson County are similar to those for Dodge County. The area of Jefferson County with the largest portion of houses built prior to 1950, shown in dark green, have had no identified cases of lead poisoned children over the seven year period. This area of Jefferson County is rural, whereas the largest numbers of identified lead poisoned cases are within the city areas of Lake Mills, Jefferson, Fort Atkinson, and Watertown, where there are more children that could be exposed to the dangers of lead.

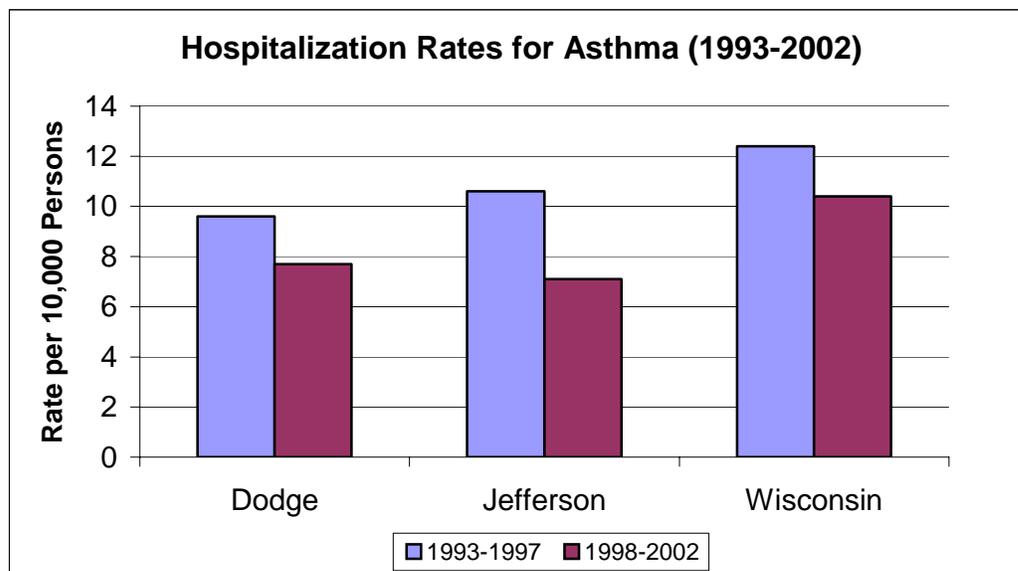


Source: Childhood Lead Poisoning Prevention <http://dhfs.wisconsin.gov/lead/Maps/index.HTM>

Asthma Incidence

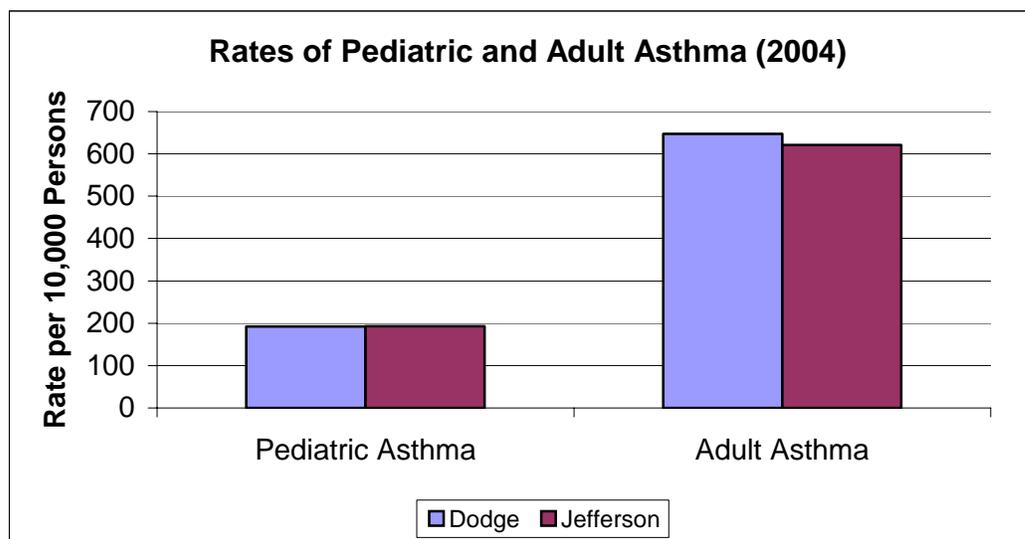
Healthiest Wisconsin 2010 Goal: *By 2010, reduce the asthma hospitalization rate to 8.5 per 10,000 population from the 2000 baseline asthma hospitalization rate of 10.6 per 10,000.*

Asthma-related hospitalization rates decreased from 1993-1997 to 1998-2002. Rates in Dodge and Jefferson counties are lower than those for Wisconsin and are below the *Healthiest Wisconsin* goal.



Source: Healthy People 2010 Local Data DHFS; Wisconsin hospital inpatient data (BHIP, DHFS)
<http://dhfs.wisconsin.gov/localdata/healthy2010data.htm>

In 2004, Dodge County was estimated to have slightly higher incidence rates for adult asthma compared to Jefferson County. However, rates were the same for children with asthma.



Source: American Lung Association: State of the Air (2004) <http://lungaction.org/reports/stateoftheair2004.html>

Health Priority 5: Existing, Emerging, and Re-Emerging Diseases

Existing, emerging, and re-emerging diseases continue to have a significant impact on the health of individuals and cost to the health care system. According to an article in the Journal of the American Medical Association, there have been at least 30 new viral, bacterial, and parasitic diseases classified as emerging in the past 30 years. Due to an increase in immuno-compromised individuals living in the general population, opportunistic and rare infections have become more common. The burden of existing, common diseases continues to have a high impact on mortality and cost. Wisconsin is focusing on decreasing the incidence rates of enteric diseases (food and water-borne diseases), and increasing the percentage of the population that is vaccinated for preventable diseases.

Key Issues Identified in Focus Group Discussions:

Flu shots

Hand washing

Cleanliness of restaurants

Enteric Communicable Diseases

Healthiest Wisconsin 2010 Goals:

By 2010, the incidence of Campylobacteriosis will be 11 per 100,000 population or less.

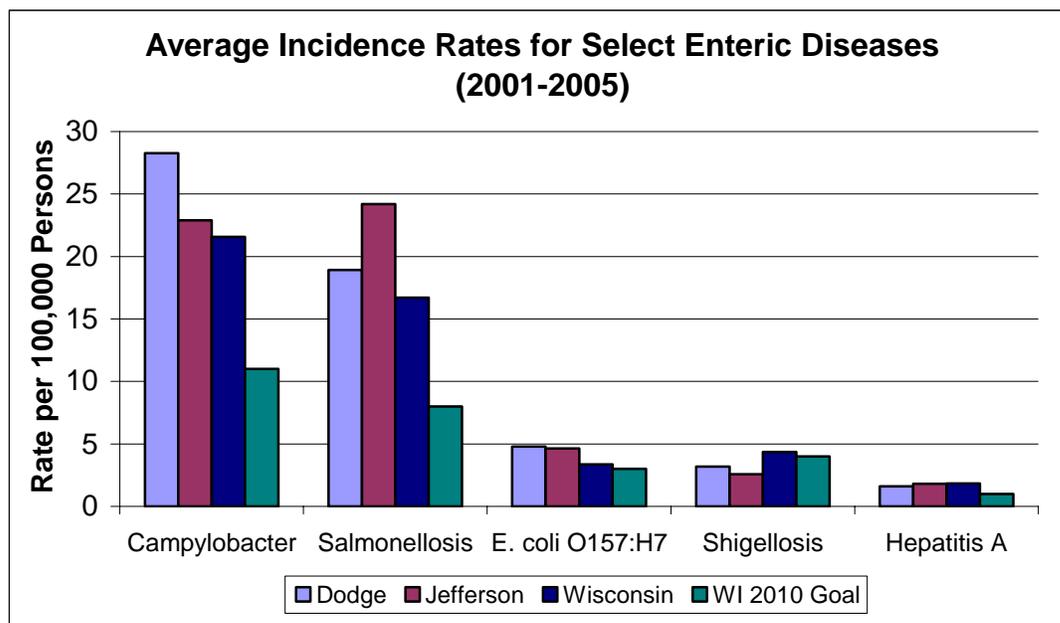
By 2010, the incidence of Salmonellosis will be 8 per 100,000 population or less.

By 2010, the incidence of E. coli O157:H7 infection will be 3 per 100,000 population or less.

By 2010, the incidence of Shigellosis will be 4 per 100,000 population or less.

By 2010, the incidence of Hepatitis A will be 1 per 100,000 population or less.

The average disease incidence rates for these selected diseases are higher than the *Healthiest Wisconsin 2010* goals for Dodge and Jefferson counties, with the exception of shigellosis.

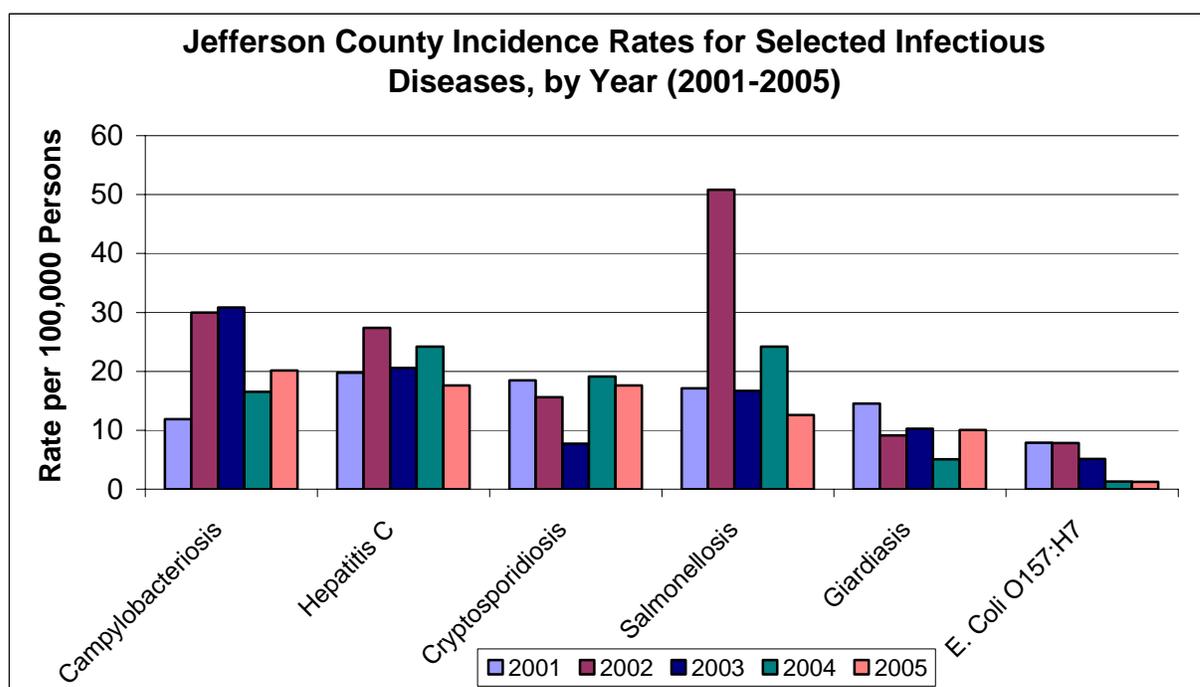
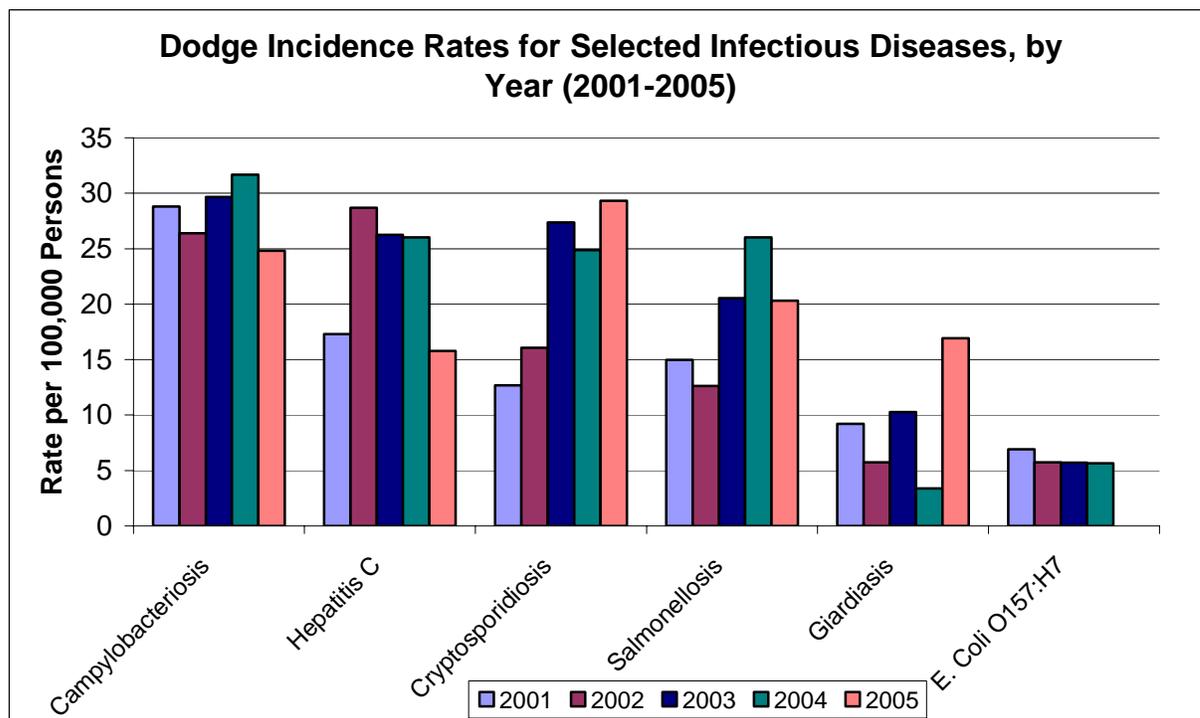


This table gives the disease incidence rates per 100,000 persons for 2001-2005 for Dodge and Jefferson counties compared to Wisconsin and *the Healthiest Wisconsin 2010* goal.

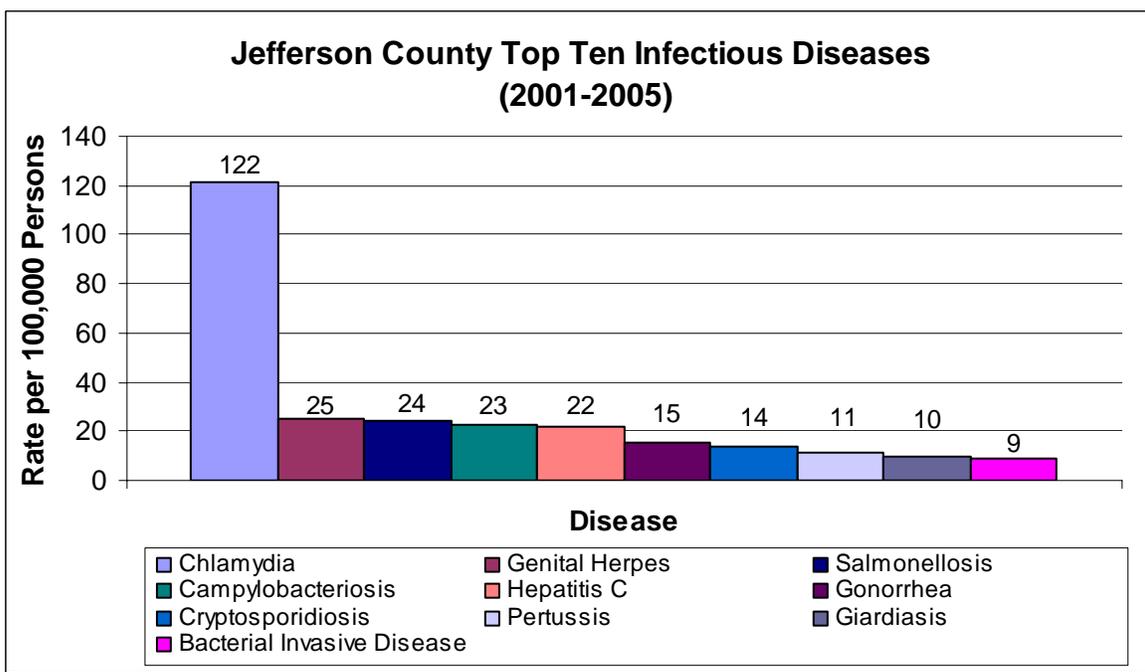
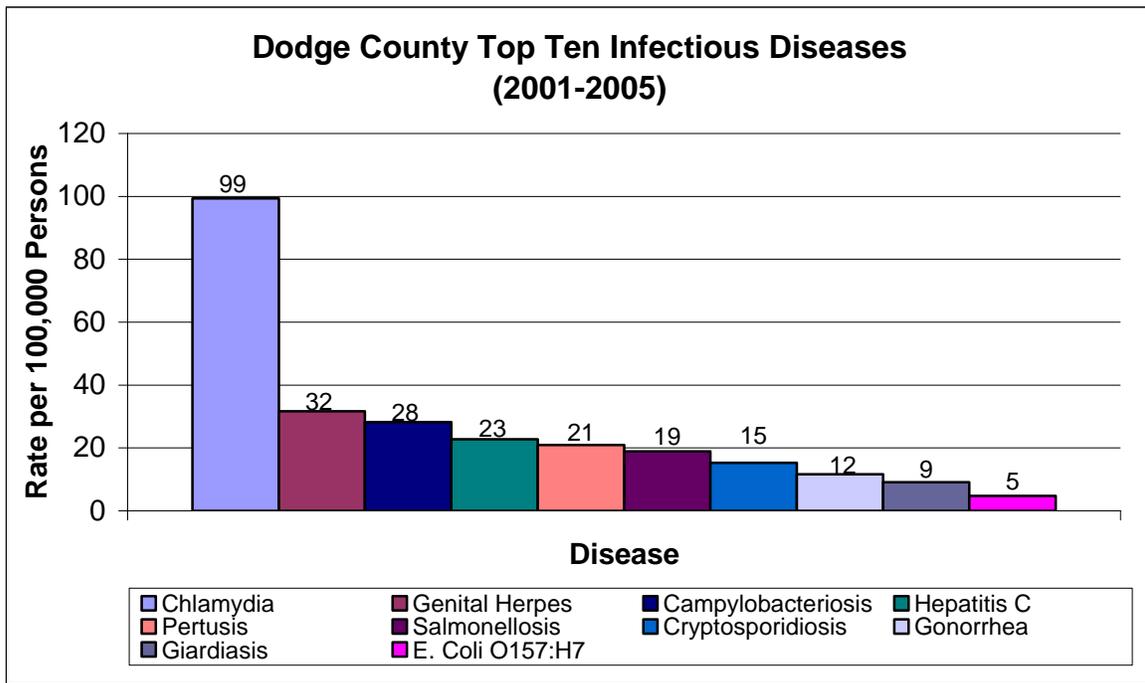
Disease	Dodge	Jefferson	Wisconsin	WI 2010 Goal
Campylobacter	28.3	22.9	21.6	11.0
Salmonellosis	18.9	24.2	16.7	8.0
E. coli O157:H7	4.8	4.6	3.4	3.0
Shigellosis	3.2	2.6	4.3	4.0
Hepatitis A	1.6	1.8	1.8	1.0

Annual Incidence Rates for Selected Infectious Diseases

Disease incidence rates for both Dodge and Jefferson counties vary from year to year and can jump dramatically if an outbreak occurs. With the exception of sexually transmitted diseases, these six diseases comprise the majority of the reportable infectious diseases seen in these two counties.



Top Ten Infectious Diseases

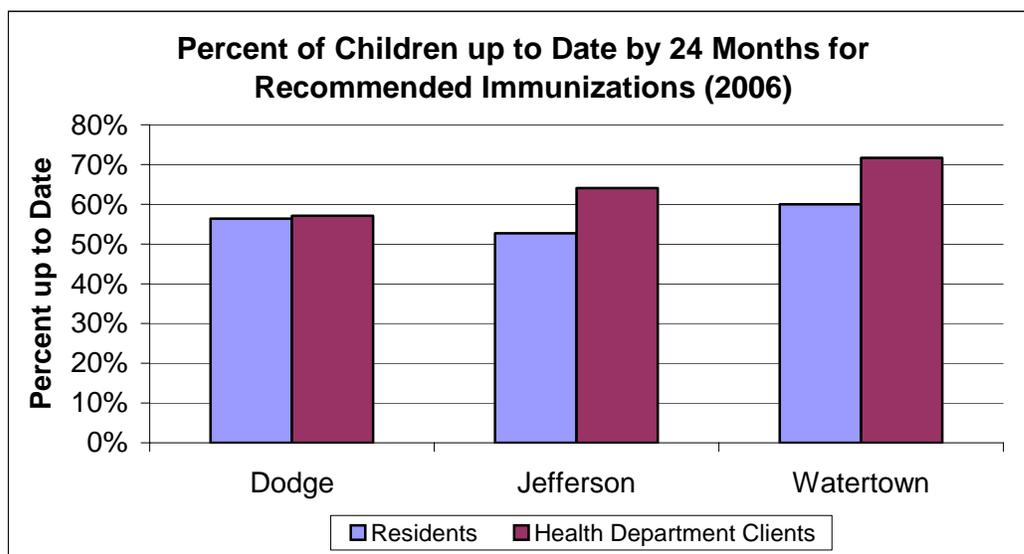


Source: Wisconsin DHFS: Bureau of Communicable Diseases

Immunizations

Healthiest Wisconsin 2010 Goal: *By 2010, at least 90 percent of Wisconsin residents under two years of age will be fully immunized in accordance with current Advisory Committee on Immunization Practices (ACIP) recommendations.*

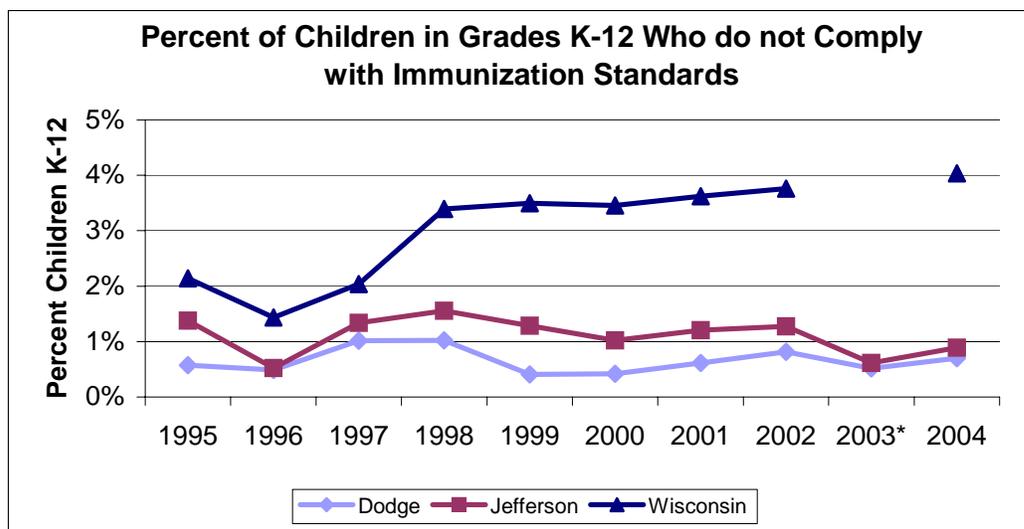
Immunization rates for children two years of age range from 53% to 60% for the general population and 57% to 72% for the population seen by local health departments.



Source: Wisconsin Immunization Registry.

Healthiest Wisconsin 2010 Goal: *By 2010, at least 97 percent of Wisconsin school-age residents will be fully immunized in accordance with current Advisory Committee on Immunization Practices (ACIP) recommendations.*

The percentage of unvaccinated school children has been increasing across the State of Wisconsin, however, in Dodge and Jefferson counties the rates have remained fairly steady and much lower.



* Due to changes in assessment in 2003, rates for Wisconsin are not listed.

Source: Public Health Profiles (1995-2004) <http://dhfs.wisconsin.gov/localdata/pubhlthprofiles.htm>

Health Priority 6: High Risk Sexual Behavior

The number of new cases of sexually transmitted diseases (STDs) continues to rise across Wisconsin and the nation each year. STDs can lead to health problems, such as infertility or cancer, and can have a significant mental health impact. Life-long treatment for some diseases, such as HIV, places a large economic burden on individuals. Wisconsin is focusing on decreasing the incidence of adolescent intercourse and decreasing the incidence rates of several STDs including: chlamydia, gonorrhea, syphilis, and HIV.

Key Barriers Identified in Focus Group Discussions:

Stigma associated with sexually transmitted diseases

Initiation of sexual activity at younger ages

Education:

Little education about contraception, focus on abstinence

Parents provide little or no additional education at home

Sexually Transmitted Diseases

Healthiest Wisconsin 2010 Goals:

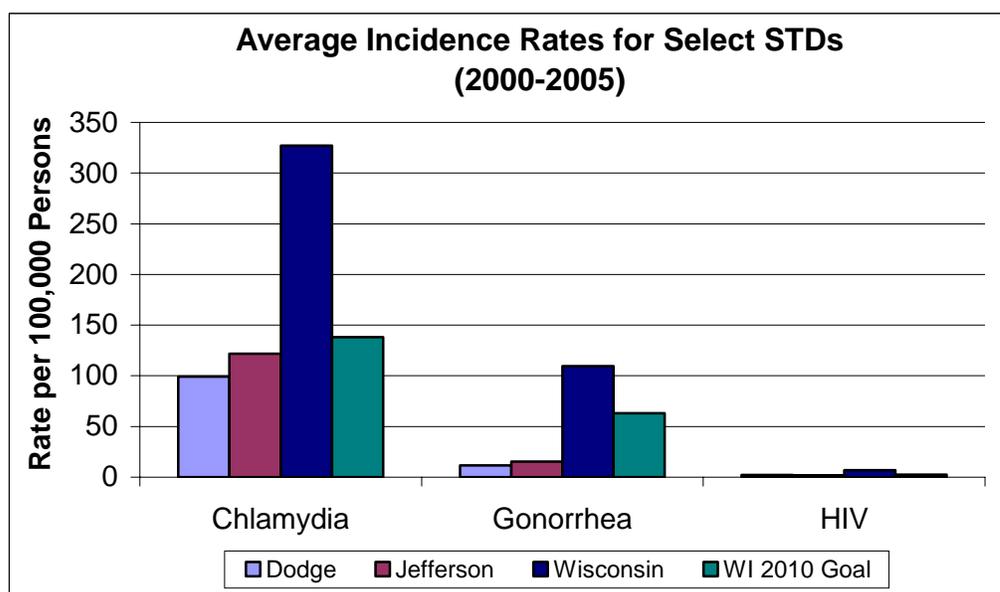
By 2010, the incidence of genital Chlamydia trachomatis infection in Wisconsin will be 138 cases per 100,000 population.

By 2010, the incidence of Neisseria gonorrhoeae infection in Wisconsin will be 63 cases per 100,000 population.

By 2010, the incidence of human immunodeficiency virus (HIV) infection in Wisconsin will be 2.5 cases per 100,000 population.

By 2010, the incidence of primary and secondary syphilis in Wisconsin will be 0.2 cases per 100,000 population.

The incidence rates for sexually transmitted diseases in Dodge and Jefferson counties are below the *Healthiest Wisconsin 2010* goals. However, the incidence of some of these diseases has increased dramatically in the past seven years, and if these trends continue, rates will soon be above the recommended goals.



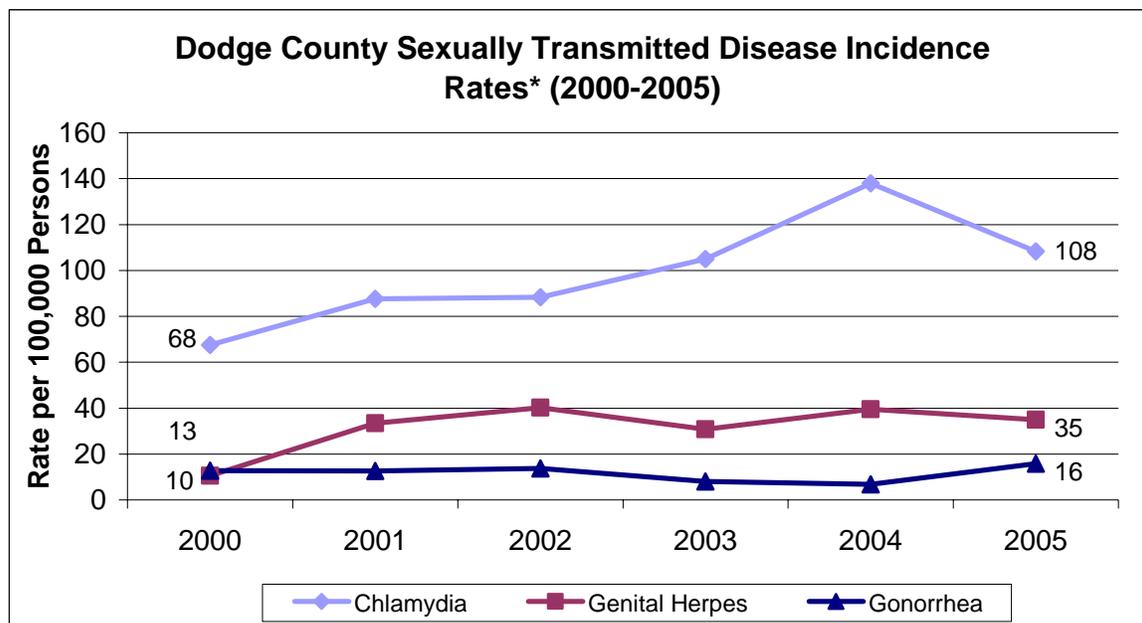
This table gives the disease incidence rates per 100,000 persons for 2000-2005 for Dodge and Jefferson counties compared to *Healthy People 2010* goal.

Disease	Dodge	Jefferson	Wisconsin	WI 2010 Goal
Chlamydia	99.3	121.7	327.1	138
Gonorrhea	11.6	15.3	109.6	63
HIV	2.1	1.9	6.9	2.5
Syphilis	0.2	0.6	2.5	0.2

Note: All STD data for Dodge County exclude the incarcerated population. For the incarcerated data, see appendix A.

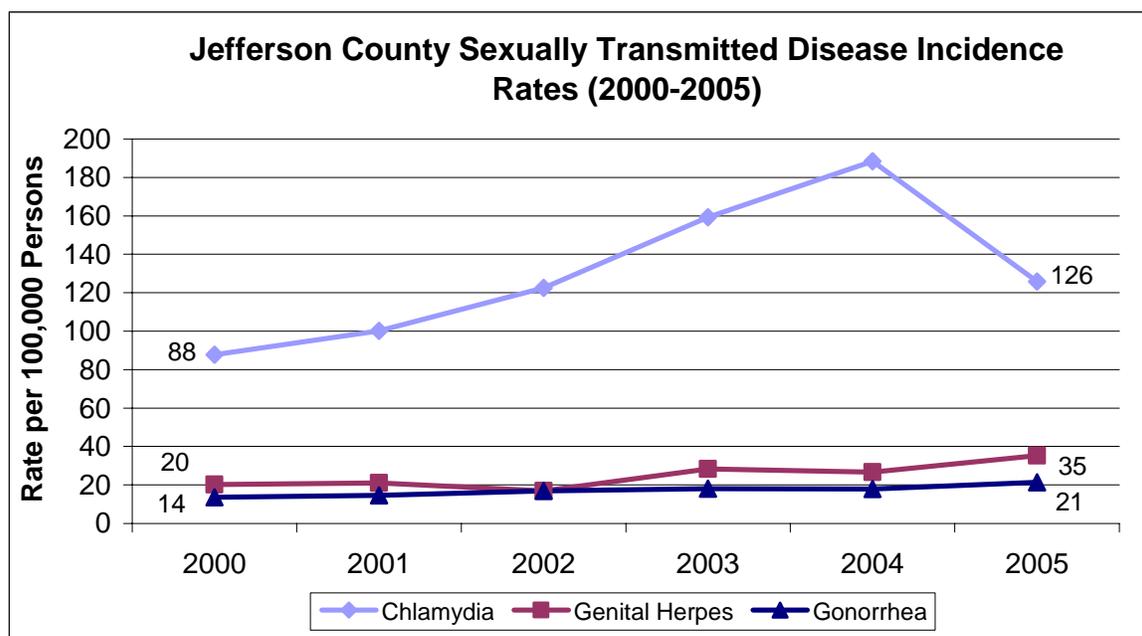
Source: Wisconsin DHFS: Bureau of Communicable Diseases

In Dodge County, the incidence rate of chlamydia has increased sharply over the past seven years. The incidence rate for genital herpes has increased slightly, while the incidence of gonorrhea has remained low.



Note: All STD data for Dodge County exclude the incarcerated population.

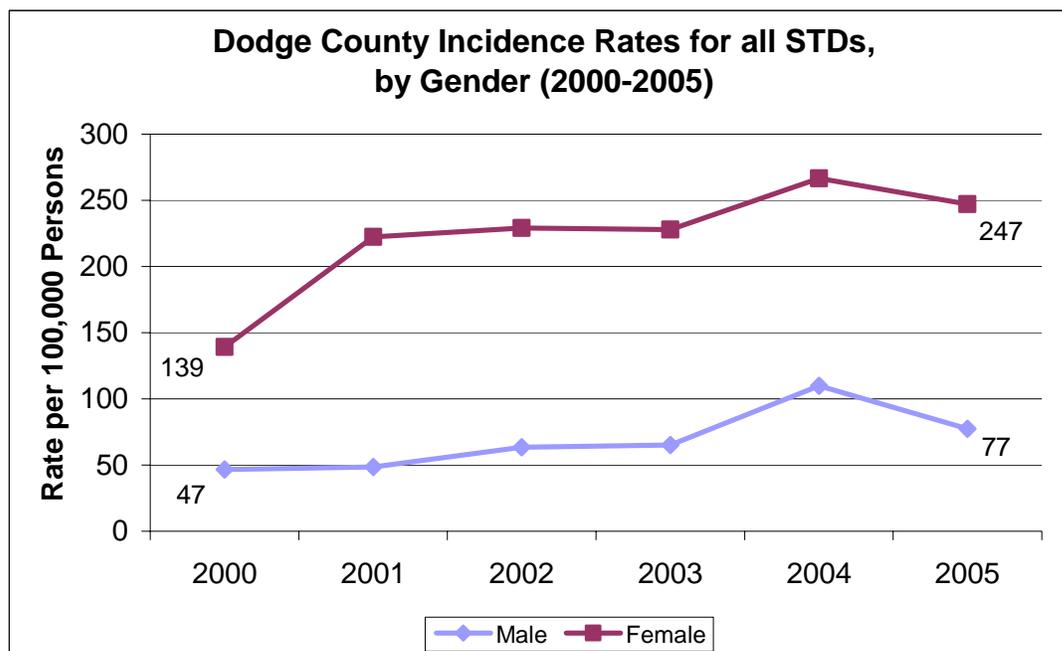
For Jefferson County the rate of chlamydia increased alarmingly from 88 cases per 100,000 persons in 2000 to 189 cases per 100,000 persons in 2005. The rate decreased in 2005 to 126 cases per 100,000 persons. This increase in chlamydia rates seen in both counties is similar to trends seen across Wisconsin and the United States. The incidence for genital herpes and gonorrhea has increased slightly.



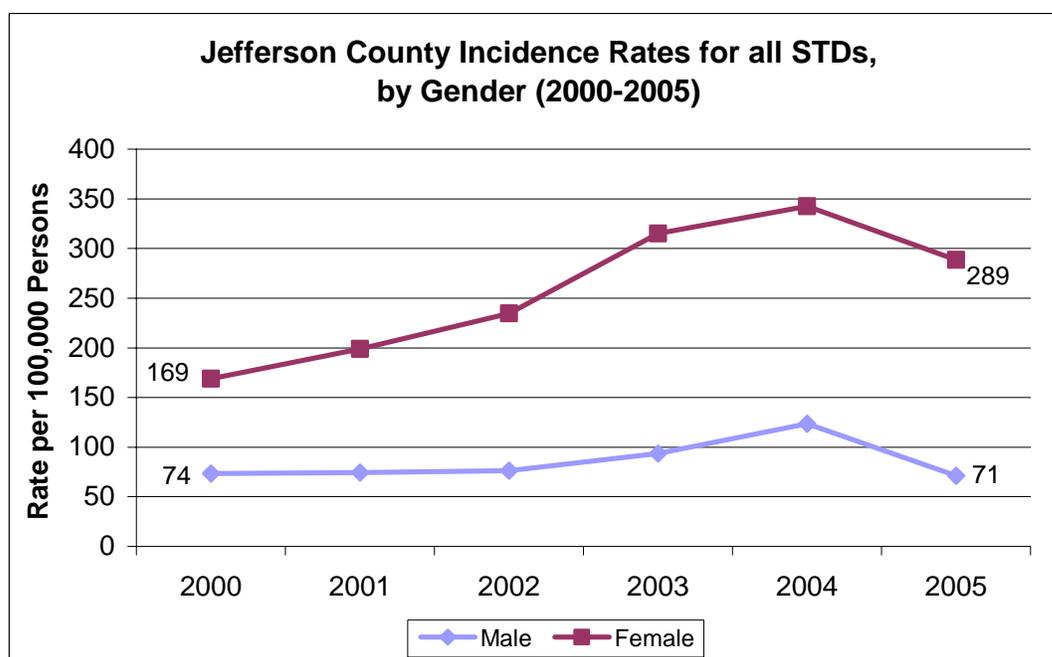
Source: Wisconsin DHFS: Bureau of Communicable Diseases

Data for Dodge and Jefferson counties sexually transmitted disease rates were available to analyze by gender and age.

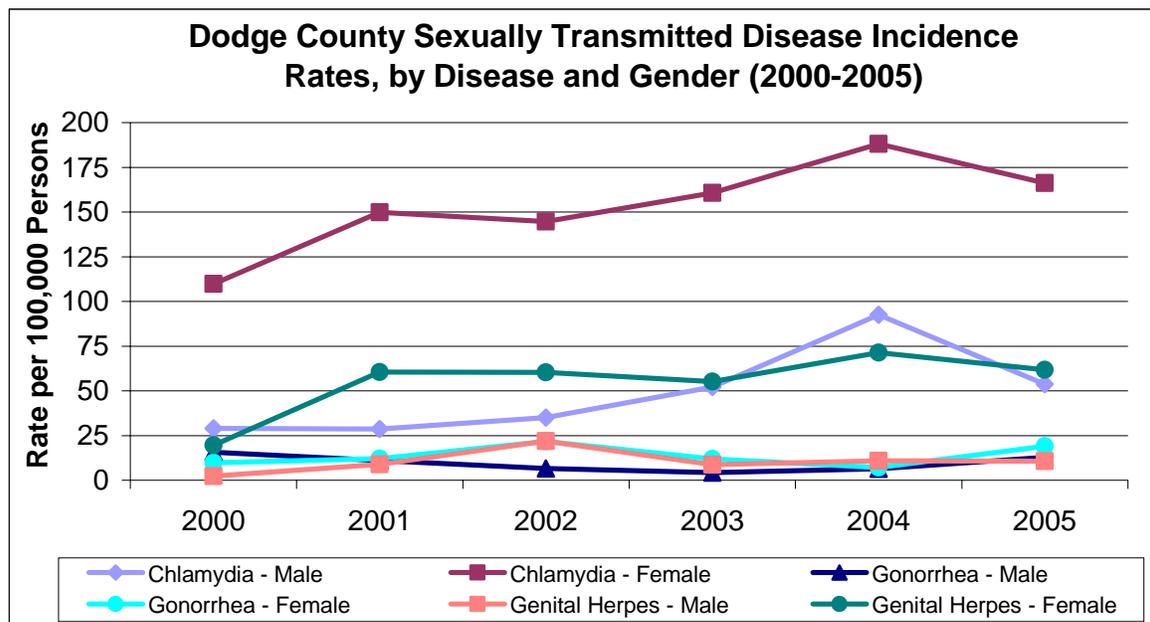
Females have a much higher incidence rate than males for all STDs and rates are increasing faster compared to the male population. A large part of this is due to increased testing among the female population during health care visits.



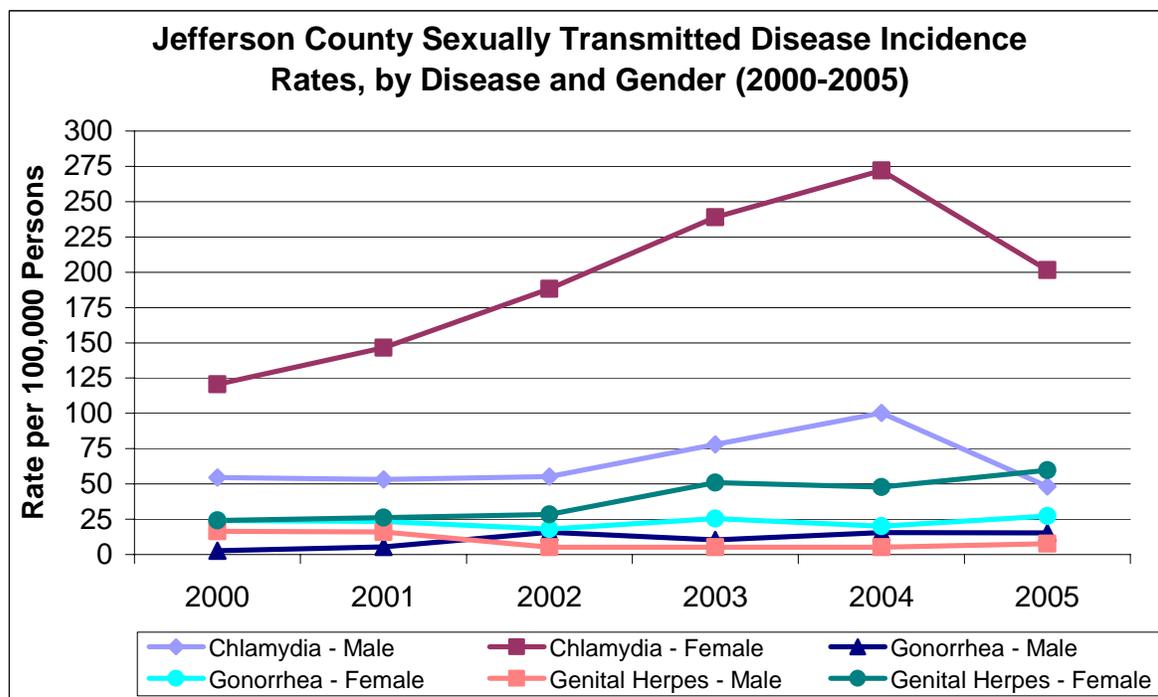
Note: All STD data for Dodge County exclude the incarcerated population.



Females have higher rates of sexually transmitted diseases for all three of these diseases, although the rate is only slightly higher than males for gonorrhea.

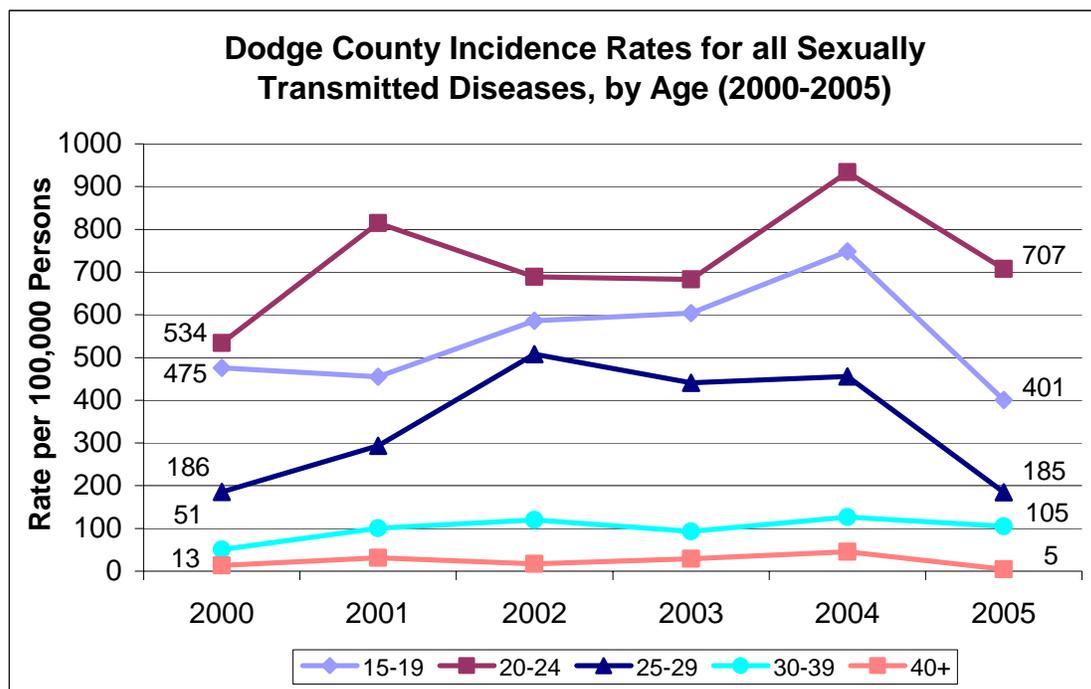


Note: All STD data for Dodge County exclude the incarcerated population.

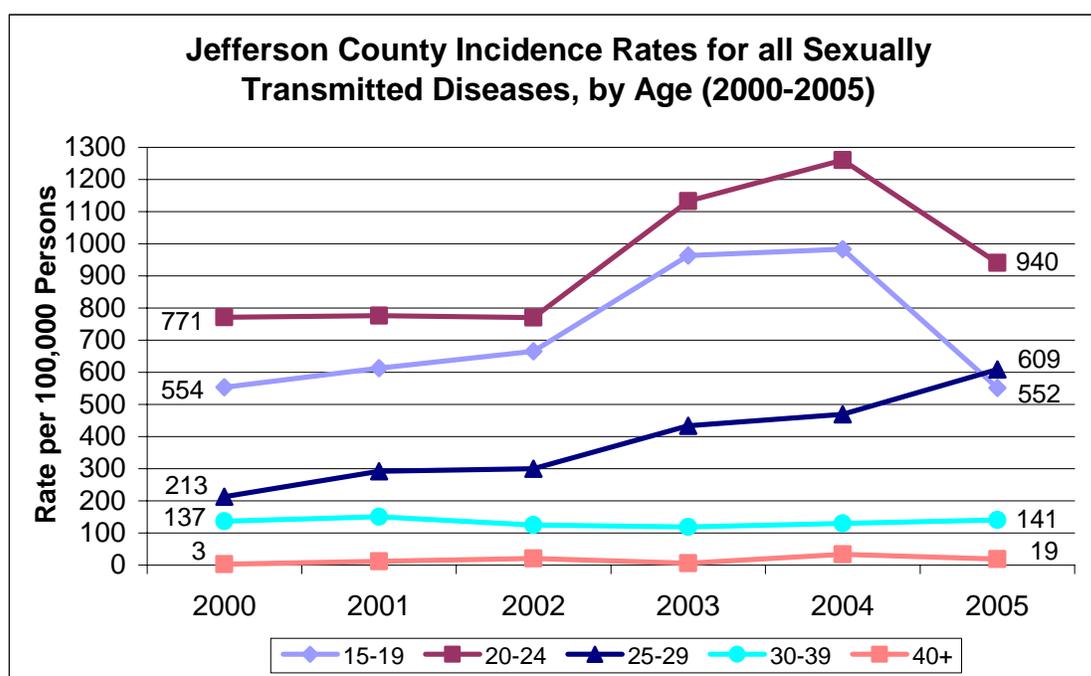


Source: Wisconsin DHFS: Bureau of Communicable Diseases

The incidence rates for sexually transmitted diseases in both Dodge and Jefferson counties are highest among 20-24 year olds, followed closely by 15-19 year olds and 25-29 year olds. Rates increased from 2000 through 2004 across all age ranges, including people over the age of 40. However, from 2004 to 2005 the rates began to decrease. These disease patterns are similar to incidence rates for sexually transmitted diseases across Wisconsin and the United States.



Note: All STD data for Dodge County exclude the incarcerated population.

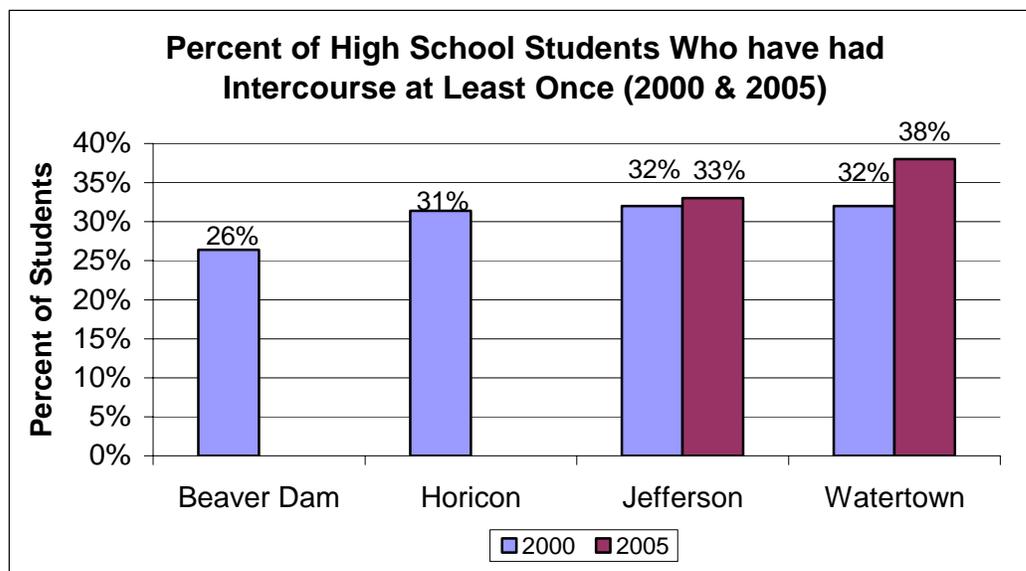


Source: Wisconsin DHFS: Bureau of Communicable Diseases

Youth Risky Sexual Behavior

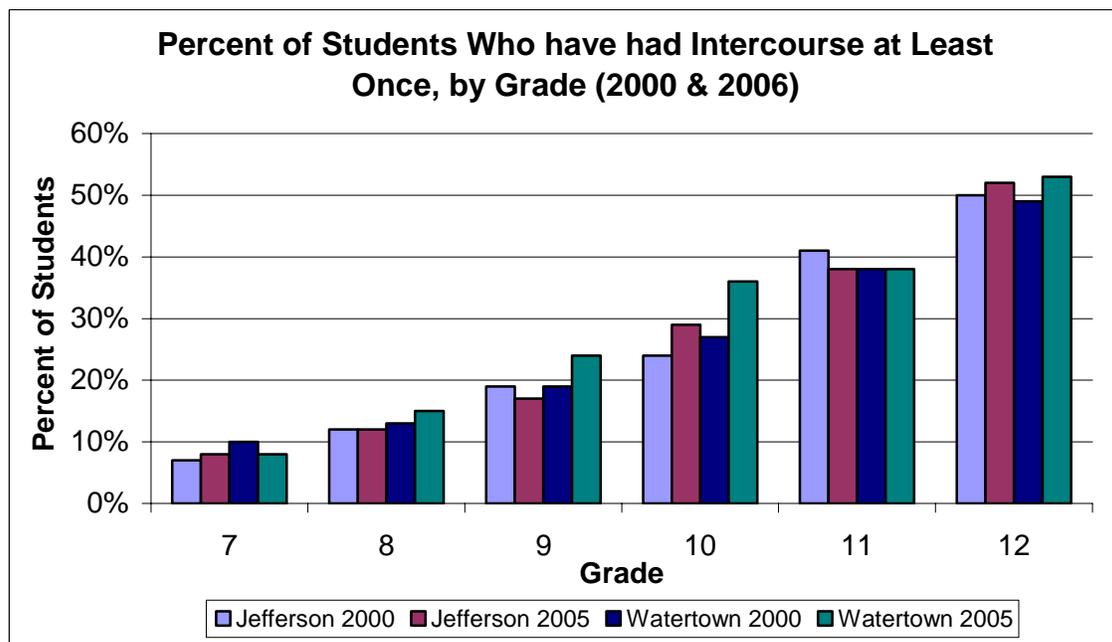
Healthiest Wisconsin 2010 Goal: *By 2010, 30 percent or less of Wisconsin high school youth will report ever having had sexual intercourse.*

The percent of students that have had intercourse at least once in their lifetime has increased from 2000 to 2005 in Watertown School District and has remained about the same in Jefferson school districts.



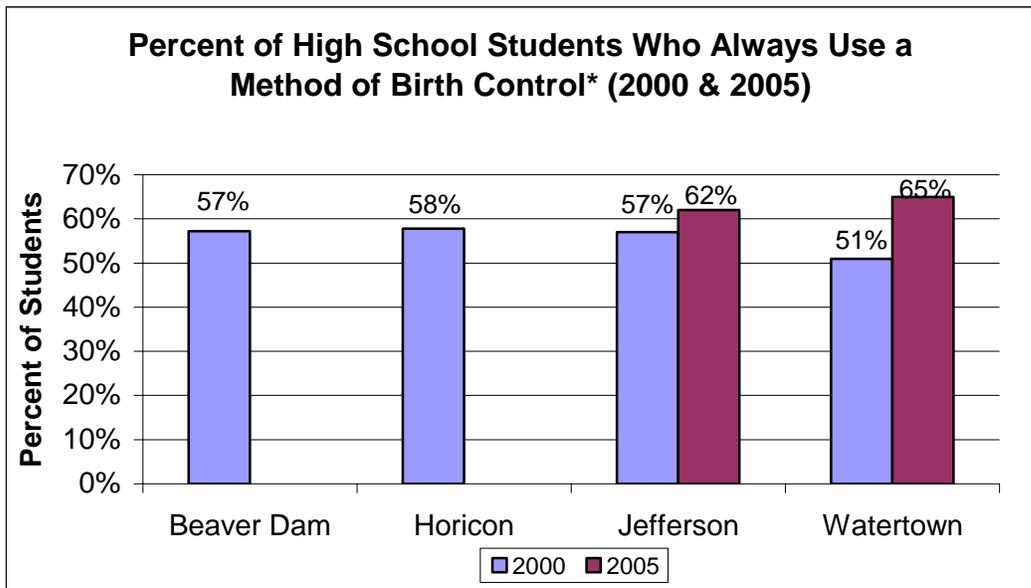
Note: Beaver Dam and Horicon are school districts in Dodge County. Data for Beaver Dam were not collected for grade 12. The data for Horicon were collected at the end of 1998.

The percent of students that have had intercourse at least once in their lifetime increases similarly across grade levels in Jefferson, Watertown, and Dodge school districts. The percents have increased slightly in 2005 in both school districts.



Source: Search Institute Youth Surveys (1998, 2000 & 2005)

The percent of high school students that always use a method of birth control has increased from 2000 to 2005 in Jefferson and Watertown school districts.



* This question was not specified to students that were sexually active.

Note: Beaver Dam and Horicon are school districts in Dodge County. Data for Beaver Dam were not collected for grade 12. The data for Horicon were collected at the end of 1998.

Source: Search Institute Youth Surveys (1998, 2000 & 2005)

Health Priority 7: Intentional and Unintentional Injuries and Violence

Injuries are non-discriminatory and can be intentional or unintentional, but all are potentially avoidable. Injuries have a significant impact on the health and well-being of individuals, and depending on the scope of the injury, may be life-changing. Injuries can be attributed to many factors including: motor vehicle crashes, falls, suicide, workplace hazards, domestic violence, and homicide. Wisconsin is focusing on decreasing child abuse, motor vehicle accidents, and injuries relating to falls.

Key Barriers Identified in Focus Group Discussions:

Sports-related injuries among youth

Risky driving behaviors among youth

Gang activity in nearby communities

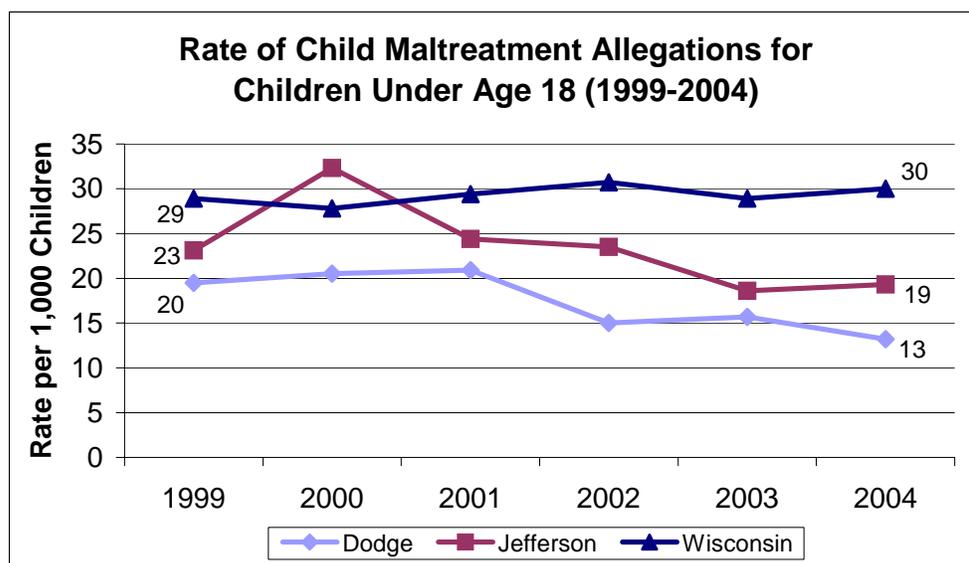
Safety at work and on the farm

Child Abuse

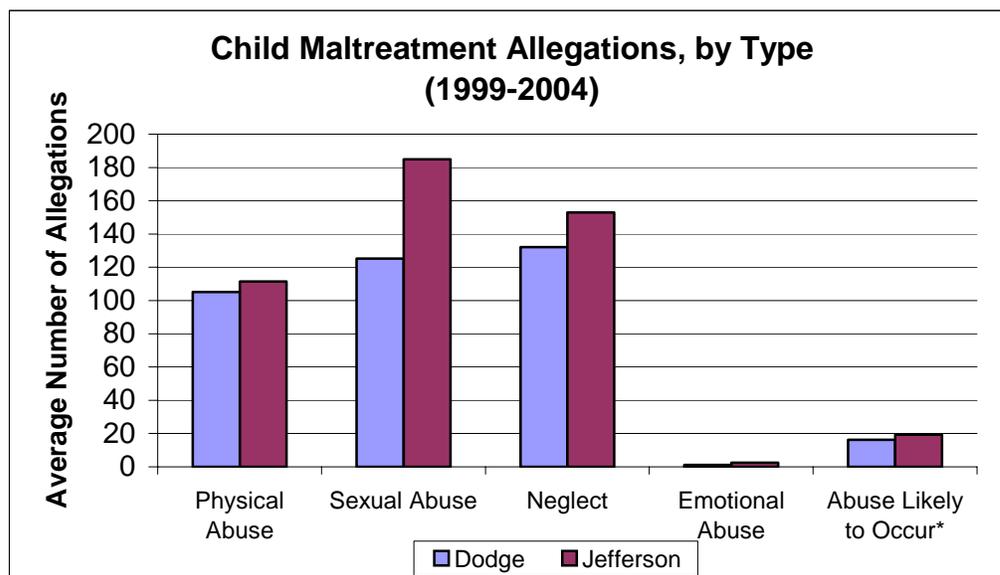
Healthiest Wisconsin 2010 Goal: *By 2010, there will be a 10 percent reduction in the number of children who are abused and neglected in Wisconsin as reported by the Department of Health and Family Services and other appropriate governmental data sources.*

Maltreatment rates include reports of sexual abuse, physical abuse, neglect, and emotional abuse. Between 1999 and 2004 there were two deaths relating to abuse in Jefferson County and none in Dodge County.

Allegations of child maltreatment have decreased in Dodge and Jefferson counties and are well below the state average.



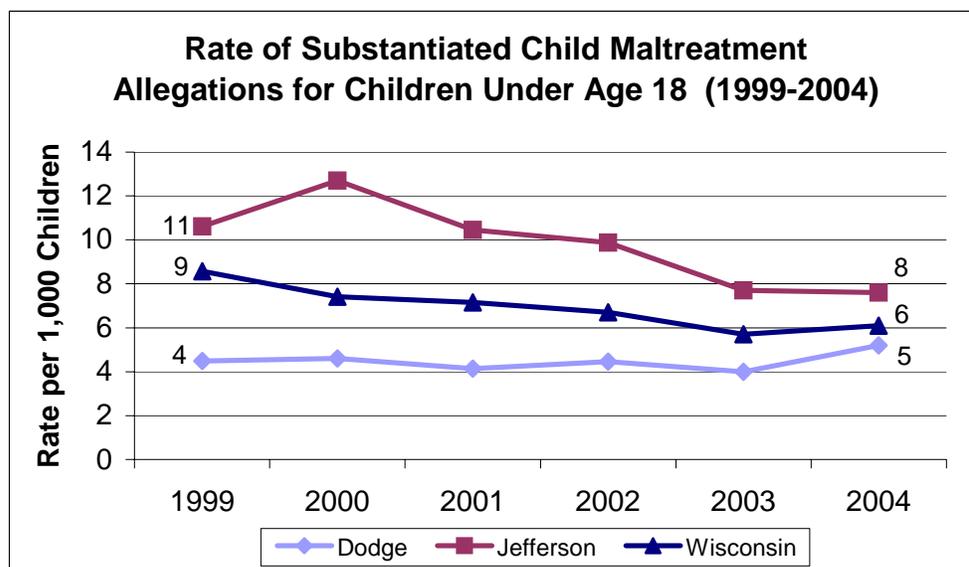
The highest numbers of maltreatment allegations in Dodge and Jefferson counties were for sexual abuse, followed by neglect and physical abuse. There were more allegations of sexual abuse and neglect in Jefferson County, compared to Dodge County.



* Threats of child abuse and neglect are classified as abuse likely to occur.

Source: Child Abuse and Neglect Program: Publications and Reports
<http://dhfs.wisconsin.gov/children/cps/pubs/pubINDX.htm>

The significant variance in the child maltreatment substantiation rate is affected by a number of factors, including: the quality of information gathered at phone intake, the intake screening criteria and decision making, the quality of information gathered during the initial assessment, prevailing community standards, and worker and agency judgment. In addition, the frequency with which an agency receives reports alleging the different types of maltreatment allegations may also affect the county substantiation rate. Substantiated reports of child maltreatment have decreased in Jefferson County, and have remained fairly steady in Dodge County, increasing slightly in 2004.

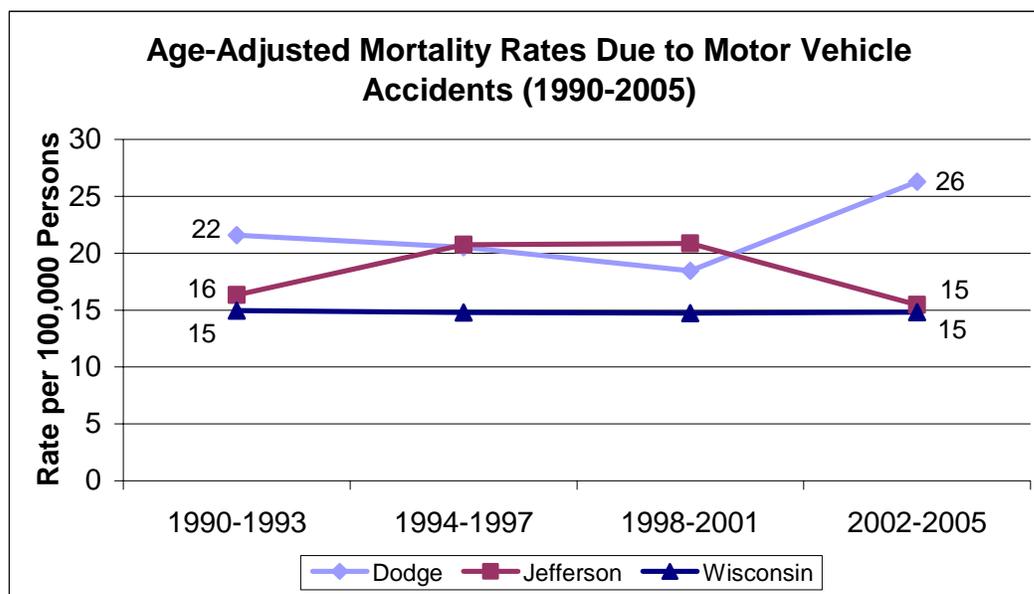


Source: Child Abuse and Neglect Program: Publications and Reports
<http://dhfs.wisconsin.gov/children/cps/pubs/pubINDX.htm>

Motor Vehicle Crashes

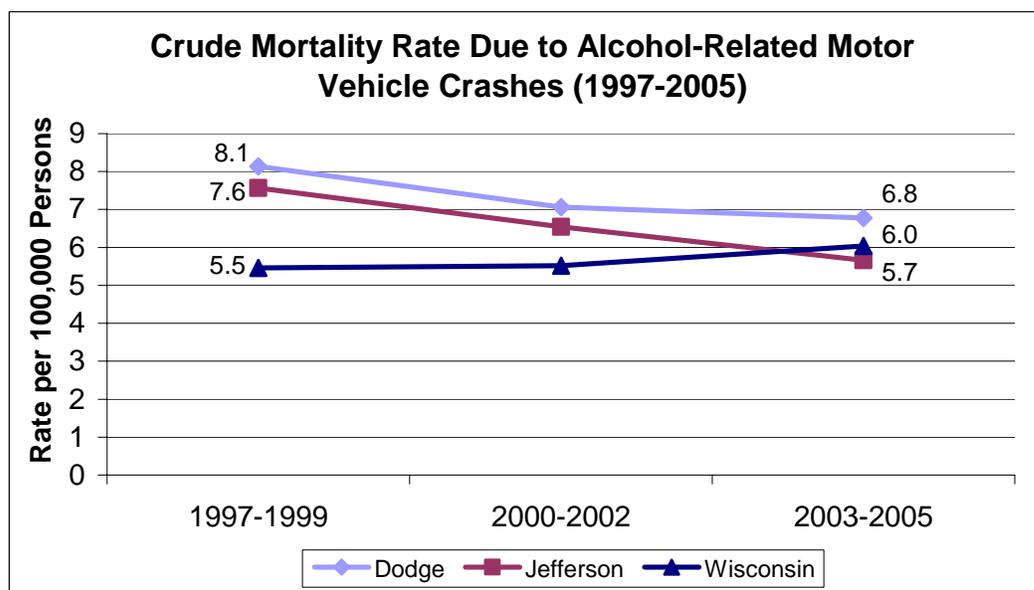
Healthiest Wisconsin 2010 Goal: *By 2010, the age-adjusted overall motor vehicle death rate will be 14.0 per 100,000 population.*

The mortality rate for Dodge County has increased, while the mortality rate for Jefferson County increased slightly and then decreased again between 1998-2001 and 2002-2005.



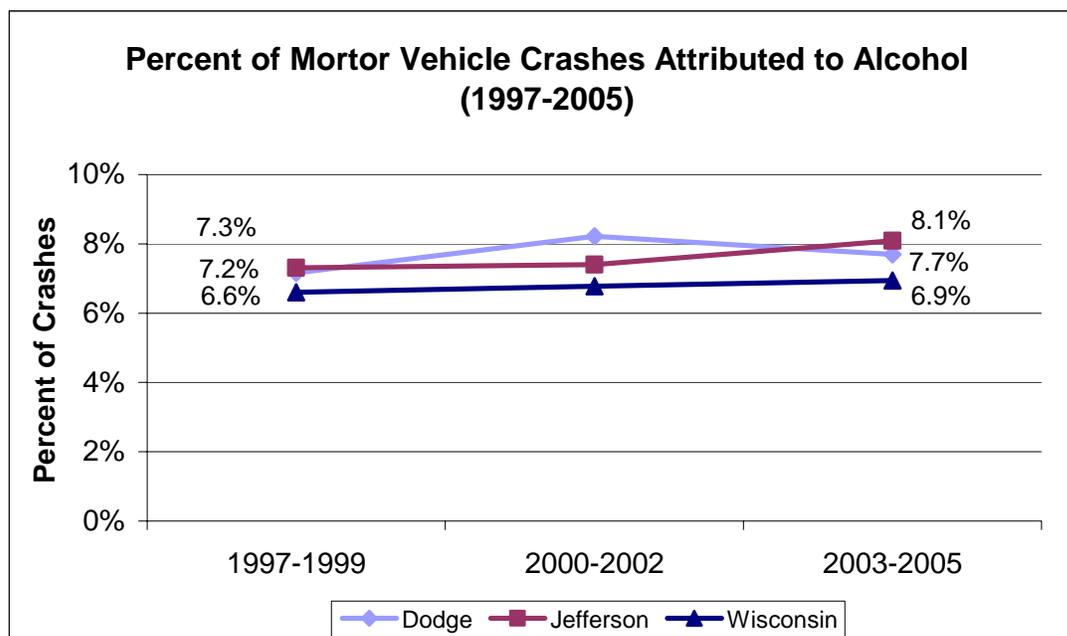
Source: WISH Mortality Module

Alcohol-related motor vehicle mortality rates in both Dodge and Jefferson counties have decreased over the past nine years, while the mortality rates for Wisconsin have remained relatively steady.



Source: Wisconsin Department of Transportation Traffic Crash Facts
<http://www.dot.wisconsin.gov/safety/motorist/crashfacts/>

The percent of motor vehicle crashes that have been attributed to alcohol is slightly higher in both Dodge and Jefferson counties compared to Wisconsin overall.



Source: Wisconsin Department of Transportation Traffic Crash Facts
<http://www.dot.wisconsin.gov/safety/motorist/crashfacts/>

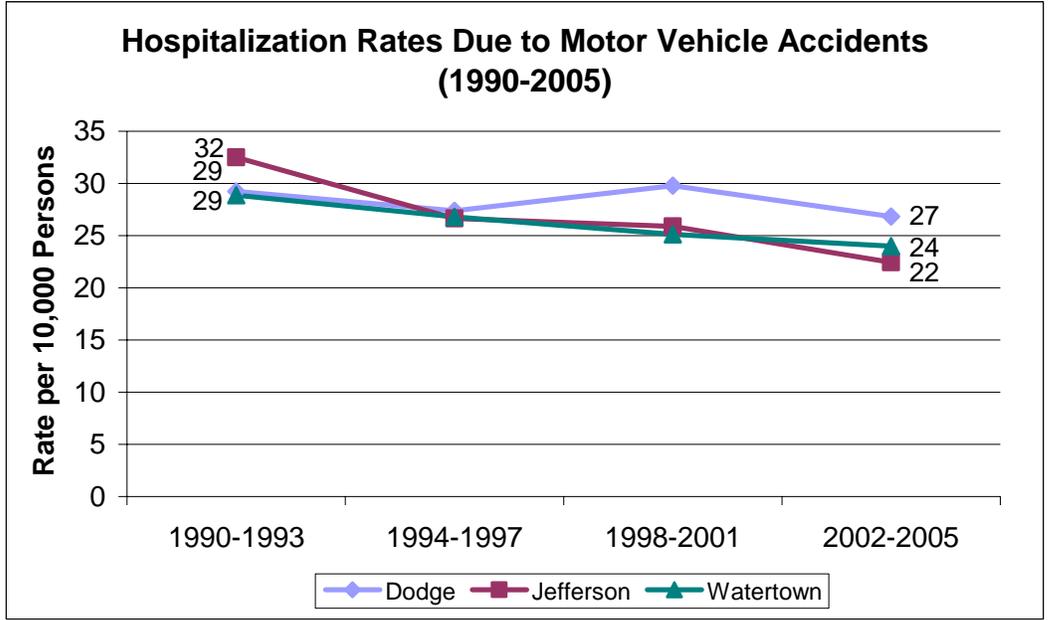
Due to the small number of annual deaths in Dodge and Jefferson counties, the percent of motor vehicle deaths attributed to alcohol varies from year to year.

Motor Vehicle Deaths (MVD) and Alcohol-Related Motor Vehicle Deaths, by County (1999-2005)

Year	Dodge MVD			Jefferson MVD			Wisconsin MVD		
	All	Alcohol-Related	% Due to Alcohol	All	Alcohol-Related	% Due to Alcohol	All	Alcohol-Related	% Due to Alcohol
1999	21	5	23.8%	15	8	53.3%	744	270	36.3%
2000	23	3	13.0%	20	9	45.0%	801	301	37.6%
2001	15	2	13.3%	20	4	20.0%	764	304	39.8%
2002	29	11	37.9%	15	4	26.7%	805	292	36.3%
2003	19	7	36.8%	11	3	27.3%	836	348	41.6%
2004	12	2	16.7%	21	7	33.3%	784	326	41.6%
2005	22	7	31.8%	10	5	50.0%	801	330	41.2%
Total	141	37	26.2%	112	40	35.7%	5535	2171	39.2%

Source: Wisconsin Department of Transportation Traffic Crash Facts
<http://www.dot.wisconsin.gov/safety/motorist/crashfacts/>

The hospitalization rates for motor vehicle accidents have decreased slightly in both Dodge and Jefferson counties and the state as a whole over the past 16 years.

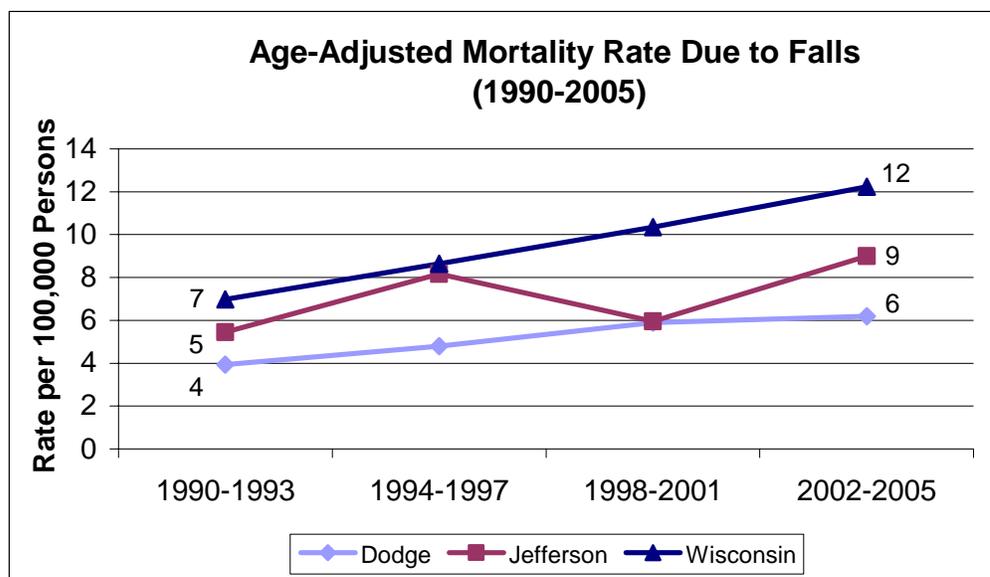


Source: Wisconsin DHFS: Bureau of Health Information and Policy

Injuries and Deaths Due to Falls

Healthiest Wisconsin 2010 Goal: *By 2010, the age-adjusted death rate due to falls will be 9.0 per 100,000 population.*

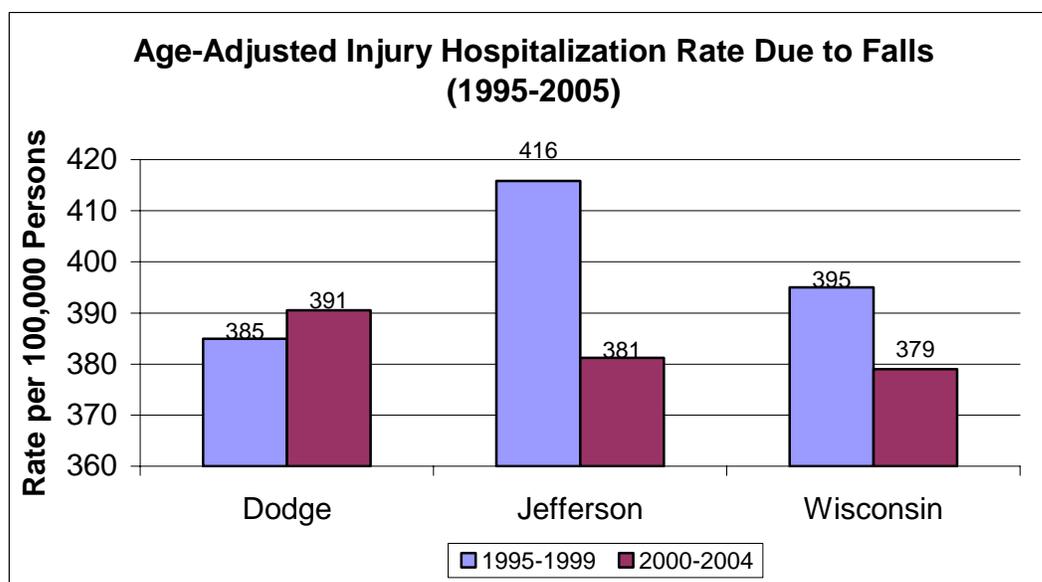
Dodge and Jefferson have both achieved the *Healthiest Wisconsin 2010* goal of less than 9.0 deaths per 100,000 persons due to falls. However, both counties' mortality rates have increased over the past 16 years.



Source: WISH Mortality Module

Healthiest Wisconsin 2010 Goal: *Between 2000 and 2010, reduce the rate of hospitalizations due to falls from 382 per 100,000 population.*

The injury rate due to falls has increased in Dodge County from 1995-1999 to 2000-2004, while rates have decreased for the same time period in both Jefferson County and throughout Wisconsin.



Source: WISH Injury-Related Hospitalization Module

Health Priority 8: Mental Health and Mental Disorders

Mental health problems can and do affect all genders, ages, races, and socioeconomic levels. The burden of mental illness is overwhelming and a major contributor to disability. Most mental illnesses are treatable, but due to stigma, low income, lack of knowledge, and lack of resources many people go untreated. Mental illness can lead to substance abuse, suicide, homicide, and homelessness, among other effects. Wisconsin is focusing on increasing screening for mental illness, decreasing stigma, and increasing access to mental health care.

Key Barriers Identified in Focus Group Discussions:

Negative perceptions/stigma

High cost:

Counseling services

Medications

Medicare not always accepted

Unable to access care

--especially in Jefferson County (HPSA)*

Location of care is not always easy to access

* Health Professional Shortage Area

Self-Reported Mental Health

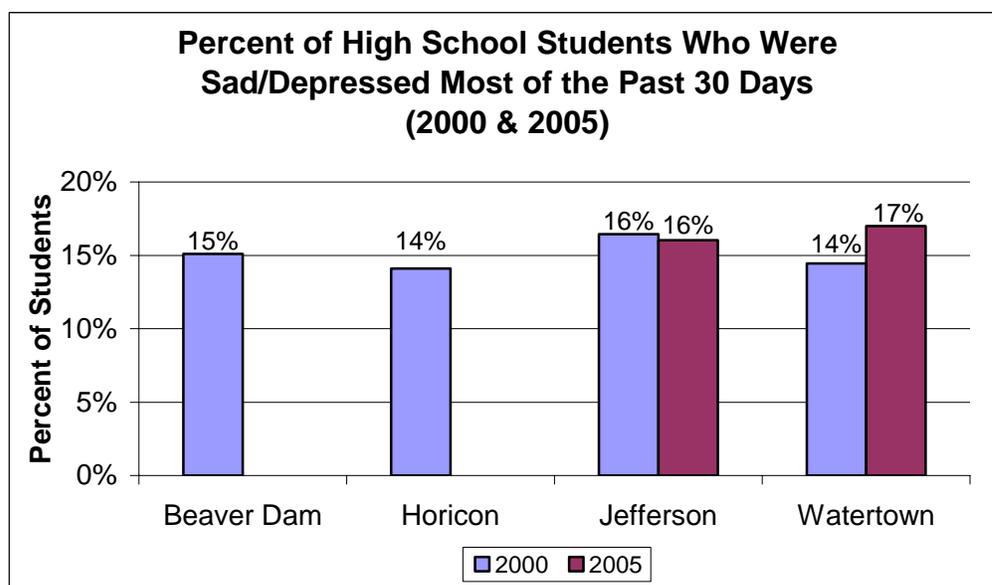
The table below shows the percent of adults reporting poor mental health days in the past 30 days. While the majority of the population in both counties and the state as a whole report zero poor mental health days in the past month, roughly 40% report at least one poor mental health day in the past 30 days. A slightly higher percent of Dodge County adults (26%) report between one to five days in the past 30 days when mental health was not good compared to Jefferson County, at 21%, and the state average of 23%. However, Jefferson County has a higher percent of adults with at least six days of poor mental health (20%) compared to Dodge County (16%) and the state average (14%).

Self-reported number of days in the past 30 days when mental health was not good.

Number of Poor Mental Health Days	Dodge	Jefferson	Wisconsin
0	58.2%	59.3%	63.2%
1-5	25.8%	21.1%	22.5%
6 or more	16.0%	19.6%	14.3%

Source: Wisconsin BRFS, 2001-2005

From 2000 to 2006 there was a small increase in the percentage of high school students that said they were depressed most of the past 30 days in the Watertown School District. Depression rates have remained the same among students in the Jefferson School District.

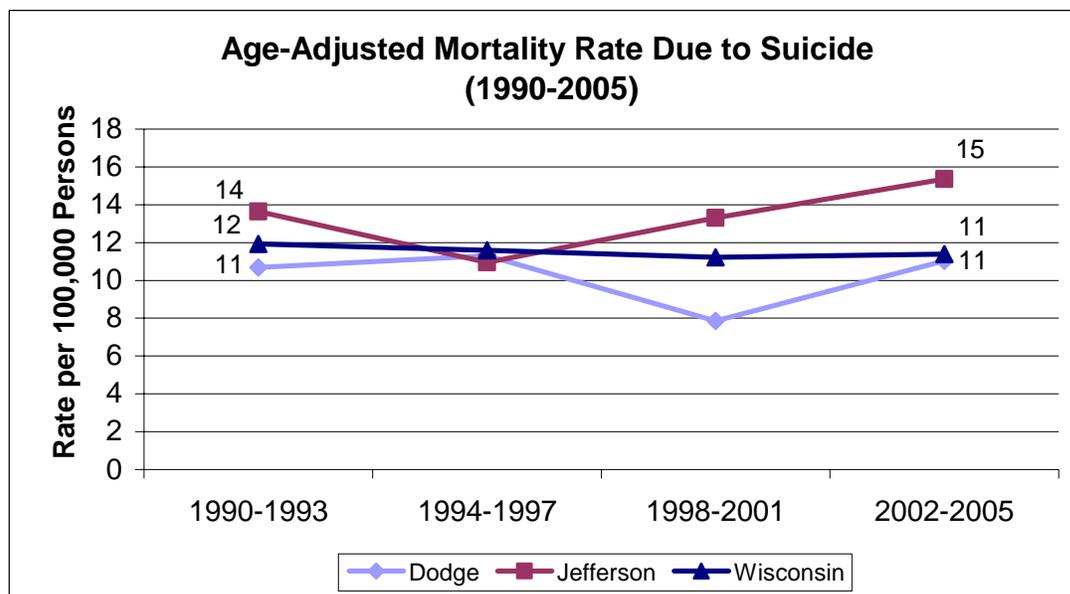


Note: Beaver Dam and Horicon are school districts in Dodge County. Data for Beaver Dam were not collected for grade 12. The data for Horicon were collected at the end of 1998.

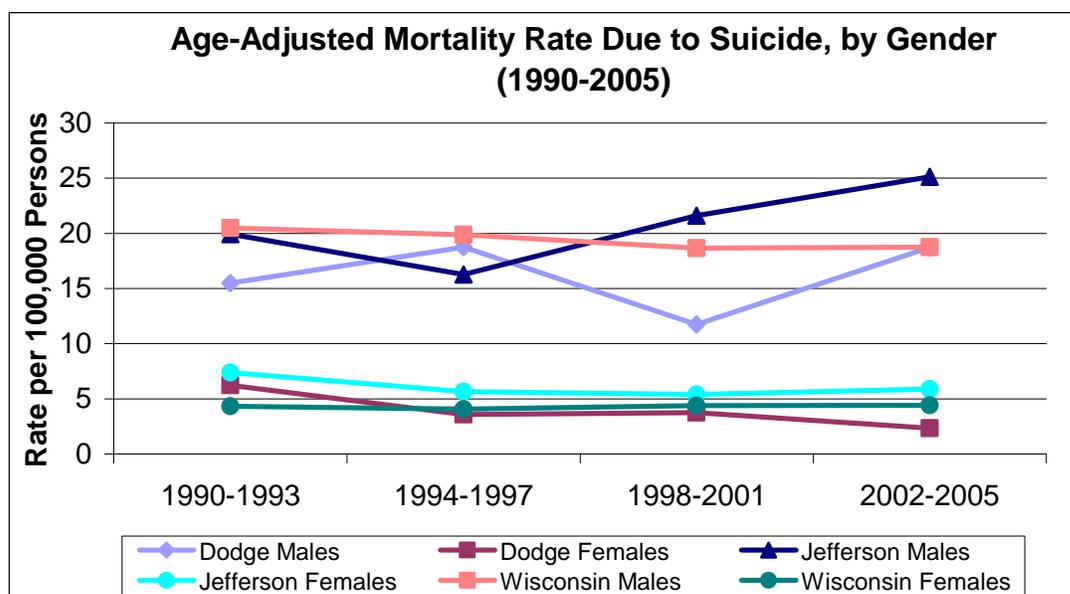
Source: Search Institute Survey (1998, 2000 & 2005).

Suicide Mortality

Mortality rates due to suicide have remained relatively stable over the past 16 years for the state and in Dodge and Jefferson counties.

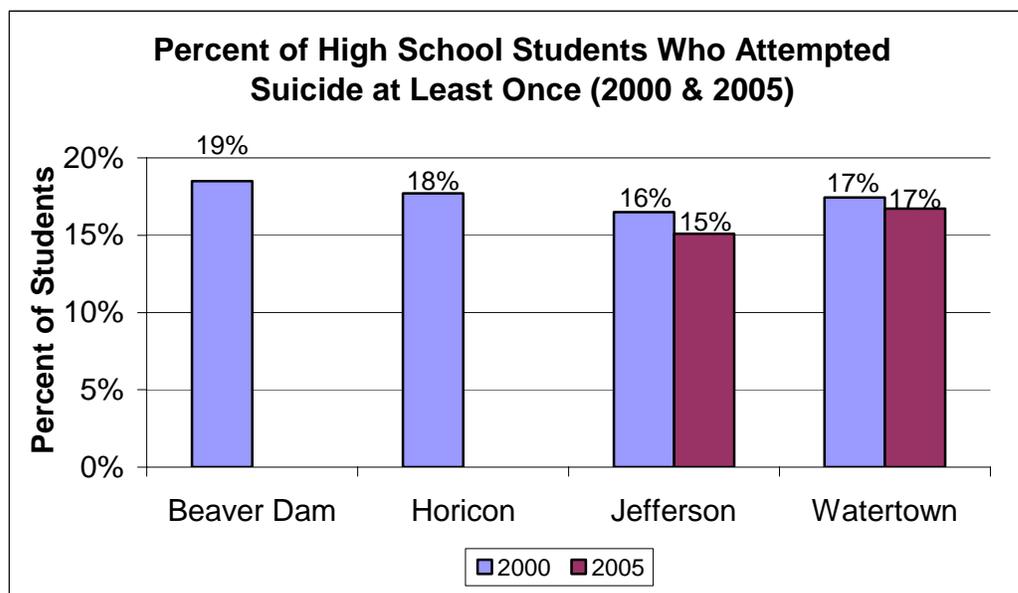


Males in both Dodge and Jefferson counties and the State of Wisconsin have a higher mortality rate due to suicide compared to females over the past 16 years.



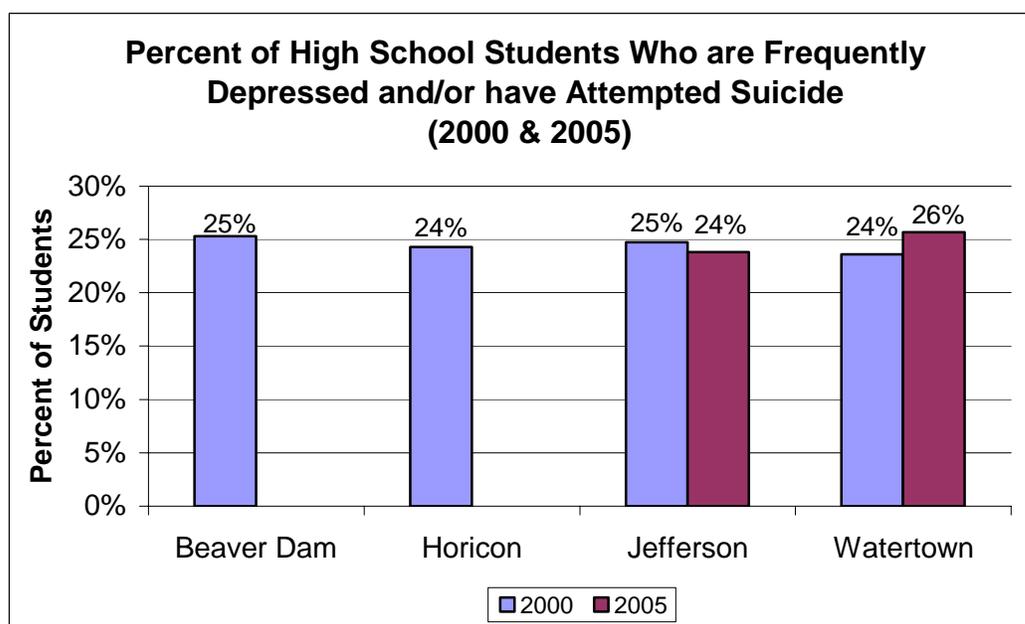
Suicide Attempts Among High School Youth

Suicide attempt rates have remained fairly stable from 2000 to 2005 in both Jefferson and Watertown school districts.



Note: Beaver Dam and Horicon are school districts in Dodge County. Data for Beaver Dam were not collected for grade 12. The data for Horicon were collected at the end of 1998.

The percent of students that have felt depressed most of the past month and/or have attempted suicide has increased slightly in Watertown and decreased slightly in Jefferson school districts. However, rates are still very high among high school students in both of these districts.

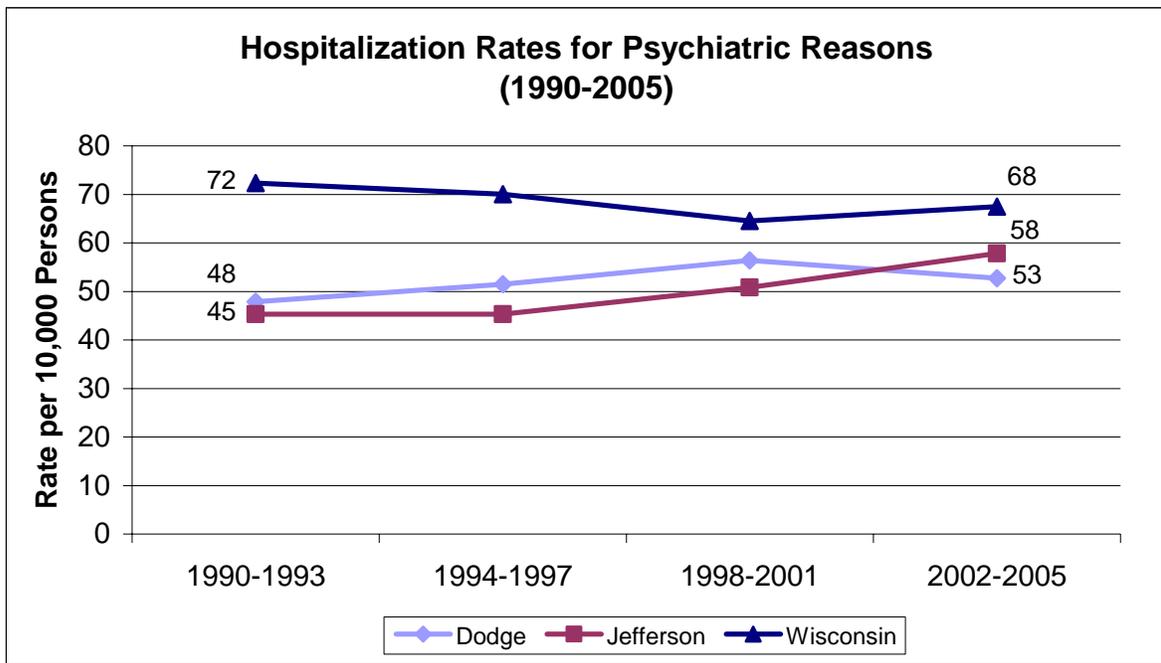


Note: Beaver Dam and Horicon are school districts in Dodge County. Data for Beaver Dam were not collected for grade 12. The data for Horicon were collected at the end of 1998.

Source: Search Institute Survey (1998, 2000 & 2005).

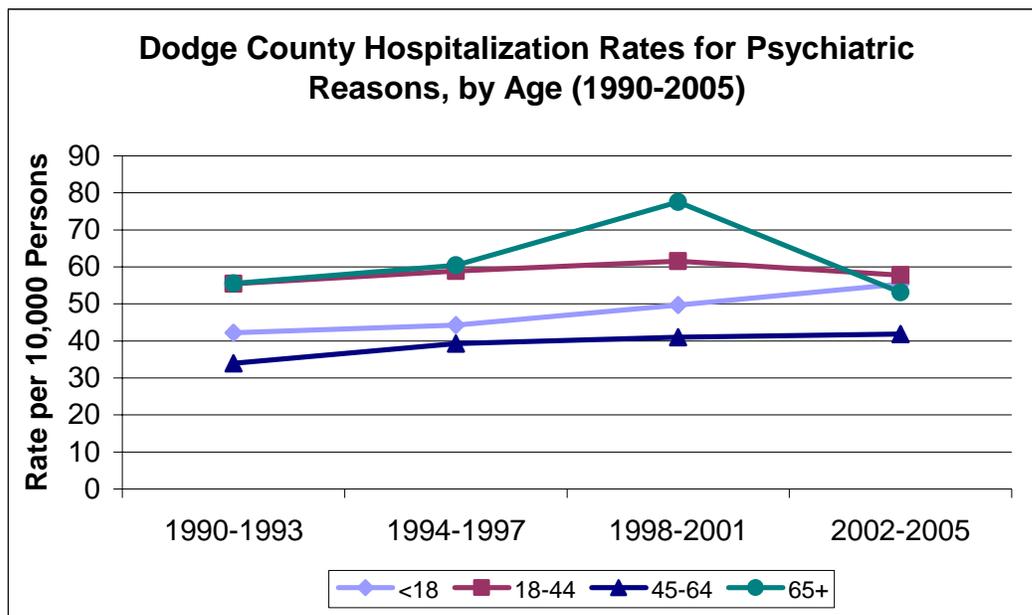
Psychiatric Hospitalizations

Hospitalization rates due to psychiatric causes have remained fairly steady over the past 16 years. Rates for both Dodge and Jefferson counties are below the Wisconsin state average. Psychiatric causes include: psychoses, organic psychotic conditions, other psychoses, neurotic disorders, personality disorders, and other non-psychotic mental disorders, and mental retardation.

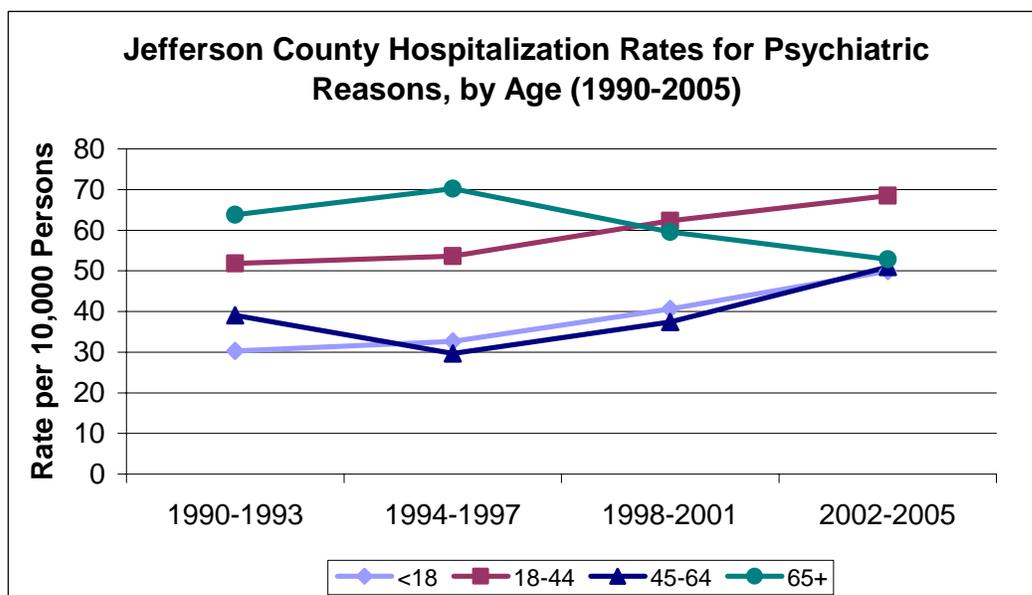


Source: Wisconsin DHFS: Bureau of Health Information and Policy

Adults in Dodge County between the ages 45 and 64 have the lowest rate of hospitalizations for psychiatric reasons. Rates for all age groups have remained fairly steady.



In Jefferson County, hospitalization rates for adults over the age of 65 for psychiatric reasons have decreased over the past 16 years, while rates for adults age 18-44 have increased slightly, so that they currently have the highest hospitalization rates.



Health Priority 9: Overweight, Obesity, and Lack of Physical Activity

The percent of the United States population that is overweight or obese has been increasing at alarming rates. Factors associated with this increase include: increased availability of fast and processed foods, increased television viewing, increased video or computer game playing, fewer jobs requiring physical labor, and walking/bicycling being replaced by automotive transport. Excess weight is associated with many chronic conditions including: cardiovascular disease, type 2 diabetes, hypertension, stroke, dyslipidemia, osteoarthritis, and certain types of cancer. Wisconsin is focusing on reducing the population that is overweight/obese and increasing the amount of physical activity performed each week by adolescents and adults.

Key Barriers Identified in Focus Group Discussions:

High cost:

Healthy food options

Gym memberships

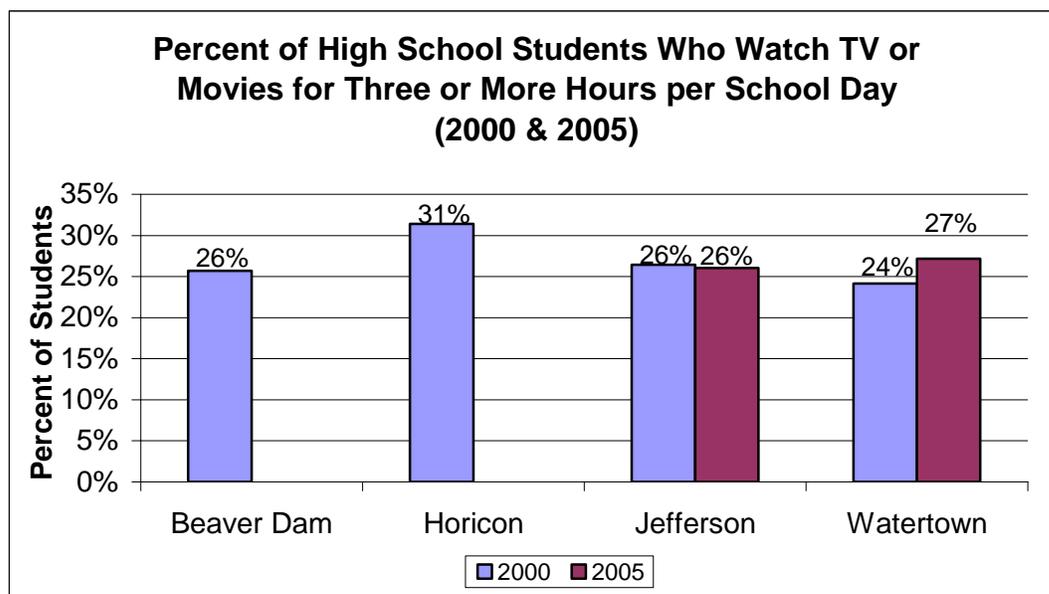
Workout equipment

Being inactive

Poor eating habits (including fast food)

Physical Activity

From 2000 to 2005 the percent of students that watched television for three or more hours a day has increased slightly among Watertown students and remained the same among students in Jefferson school districts. These rates remain high, and also do not include students that spend the majority of their time playing video games or using the computer or the Internet.

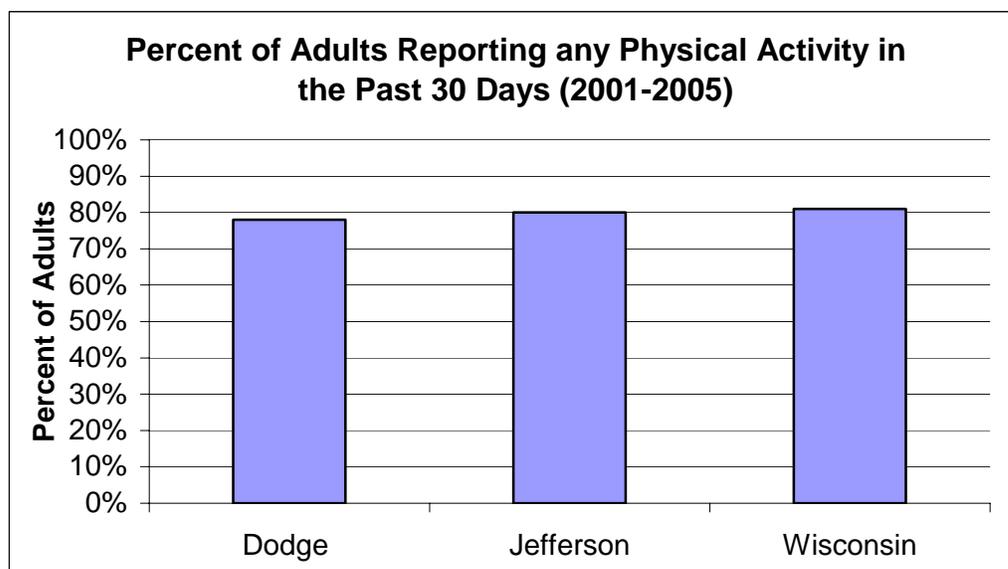


Note: Beaver Dam and Horicon are school districts in Dodge County. Data for Beaver Dam were not collected for grade 12. The data for Horicon were collected at the end of 1998.

Source: Search Institute Survey (1998, 2000 & 2005).

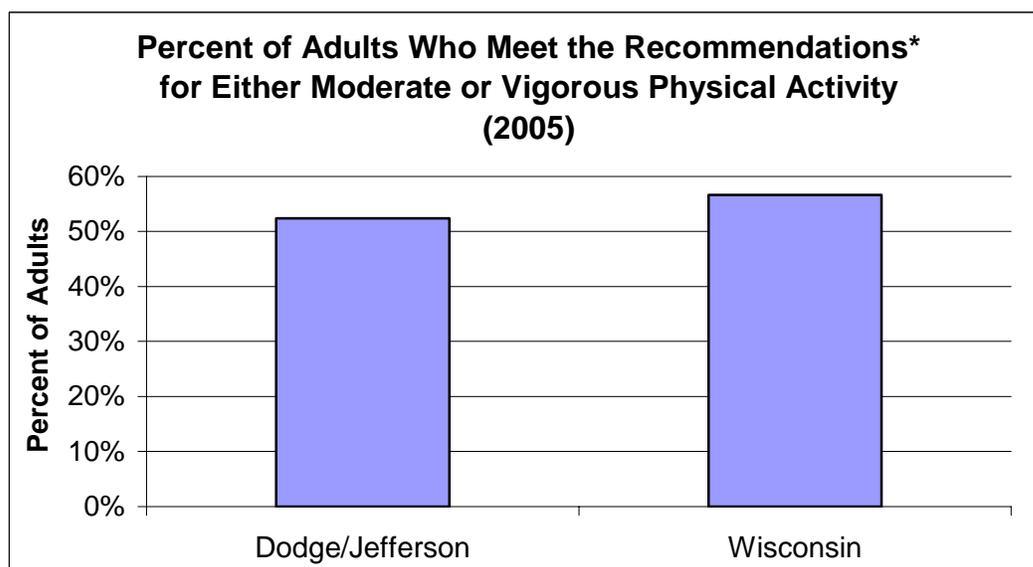
Healthiest Wisconsin 2010 Goal: *Between 2000 and 2010, increase the proportion of Wisconsin adults who reported they engaged in any physical activities during the past month from 78 percent to 88 percent.*

Adults were considered to be physically active if they responded yes to the following question “During the past month, other than your regular job, did you participate in any physical activities or exercise, such as running, calisthenics, golf, gardening, or walking for exercise?” Approximately 80% of adults in both Dodge and Jefferson counties and throughout the state are considered physically active.



Source: Wisconsin BRFSS, 2001-2005

While the majority of adults are considered physically active, only about 50% of adults in Dodge and Jefferson counties combined meet the recommendations for either moderate or vigorous physical activity, which is slightly less than the state average.

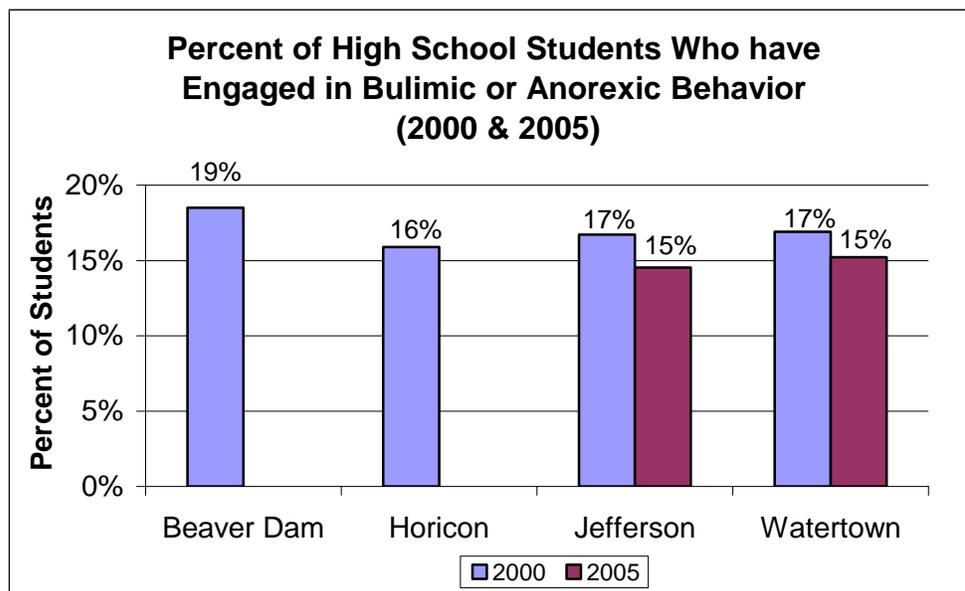


* Recommendations are 30 minutes of moderate exercise per day, five days per week or 20 minutes of vigorous exercise per day, three days per week.

Source: Wisconsin BRFSS, 2005

Overweight & Obesity

Pressure to lose weight may lead students to engage in bulimic or anorexic behavior. The rates of these unhealthy behaviors have decreased slightly in both Jefferson and Watertown school districts.

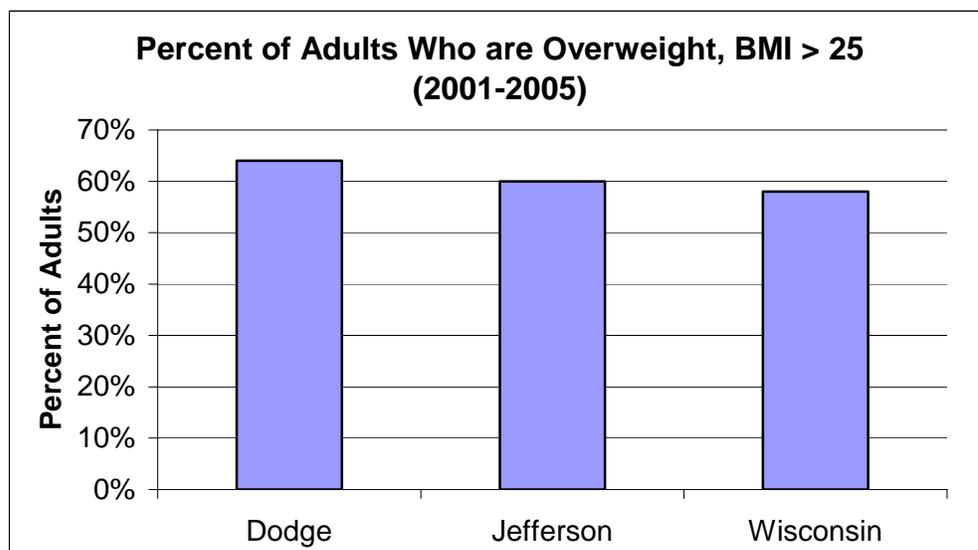


Note: Beaver Dam and Horicon are school districts in Dodge County. Data for Beaver Dam were not collected for grade 12. The data for Horicon were collected at the end of 1998.

Source: Search Institute Survey (1998, 2000 & 2005).

Healthiest Wisconsin 2010 Goal: *Between 2000 and 2010, reduce the proportion of Wisconsin adults who are obese from 20 percent to 15 percent.*

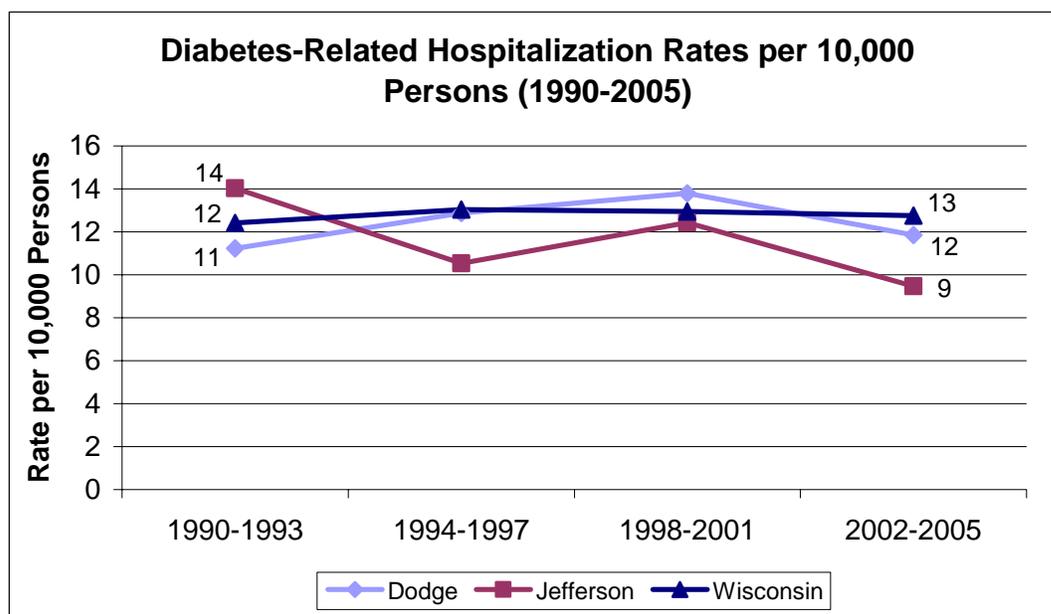
More than half of adults surveyed in Wisconsin and both Dodge and Jefferson counties are overweight, meaning that they have a body mass index (BMI) greater than 25. Slightly more adults are overweight in Dodge County compared to Jefferson County and the state.



Source: Wisconsin BRFSS, 2001-2005

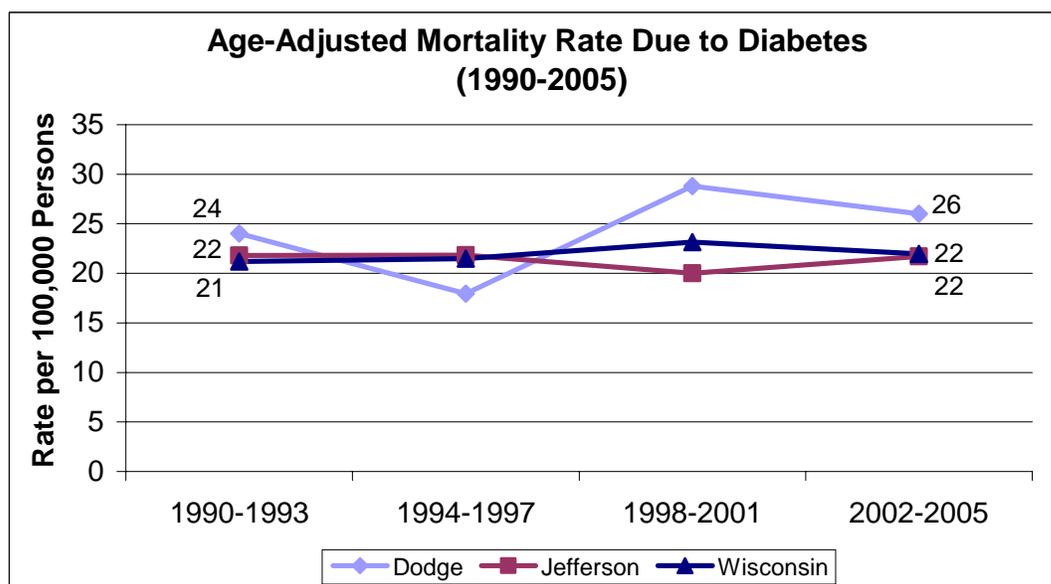
Diabetes

Diabetes is a condition that may be related to unhealthy lifestyle behaviors. Hospitalization rates for Dodge and Jefferson counties have remained fairly steady over the past 16 years and rates have remained near the state average.



Source: Wisconsin DHFS: Bureau of Health Information and Policy

Mortality rates due to diabetes have remained relatively stable in both counties and across Wisconsin over the past 16 years. The mortality rate in Dodge County is slightly higher compared to Jefferson County and the state.



Source: WISH Mortality Module

Health Priority 10: Social and Economic Factors that Influence Health

Low socioeconomic status is well documented to be directly related to health disparities and poor health outcomes. People with low income have difficulty accessing and affording proper health care, living environments, nutrition, and education. Low levels of education is also strongly linked to poor health. Therefore, Wisconsin is focusing on increasing high school graduation rates and decreasing the percent of the population below the poverty level.

Key Barriers Identified in Focus Group Discussions:

Low income

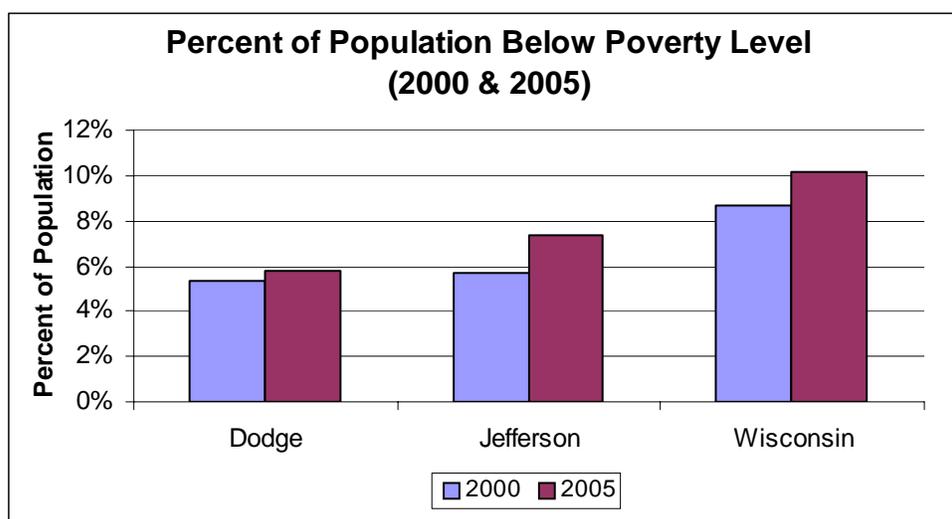
Bad jobs

Inability to work

Poverty Level

Healthiest Wisconsin 2010 Goal: *By 2010, at least 70 percent of Wisconsin households will have annual income at or above 300 percent of the federal poverty level.*

From 2000 to 2005, the percent of the population below the poverty level has increased in both Dodge and Jefferson counties and throughout Wisconsin.



Source: U.S. Census Bureau, 2005 American Community Survey
U.S. Census Bureau, Census 2000 Summary File 3, Matrices P53, P77, P82, P87, P90, PCT47, and PCT52.

Education

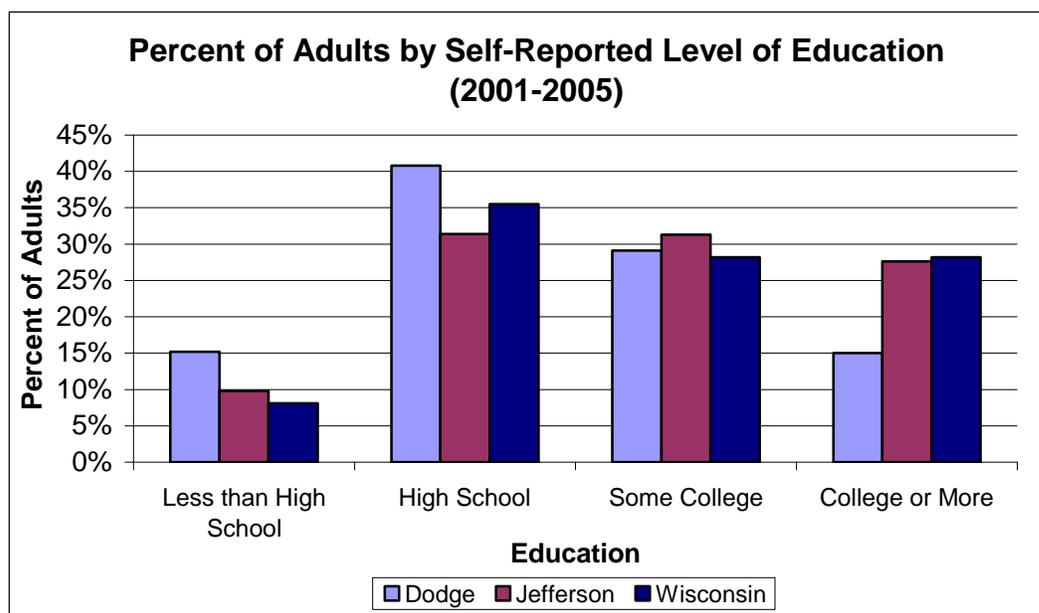
Healthiest Wisconsin 2010 Goal: *Between 2000 and 2010, attain an overall high school graduation rate for Wisconsin students of 95 percent.*

The percent of students that graduate from high school has had slight fluctuations over the past nine years. Each school district has a slightly different graduation rate, with Watertown having the lowest graduation rate and Dodge County having the highest.

Year	Dodge	Jefferson	Watertown	Wisconsin
1997	97.3%	96.6%	94.6%	89.0%
1998	96.7%	95.5%	95.0%	89.8%
1999	96.6%	90.8%	89.5%	89.7%
2000	98.5%	93.7%	91.9%	89.3%
2001	95.9%	94.1%	91.9%	90.0%
2002	97.2%	94.7%	90.3%	90.8%
2003	98.0%	94.8%	90.5%	91.8%
2004	99.0%	96.0%	88.3%	92.6%
2005	96.0%	93.0%	89.1%	90.4%

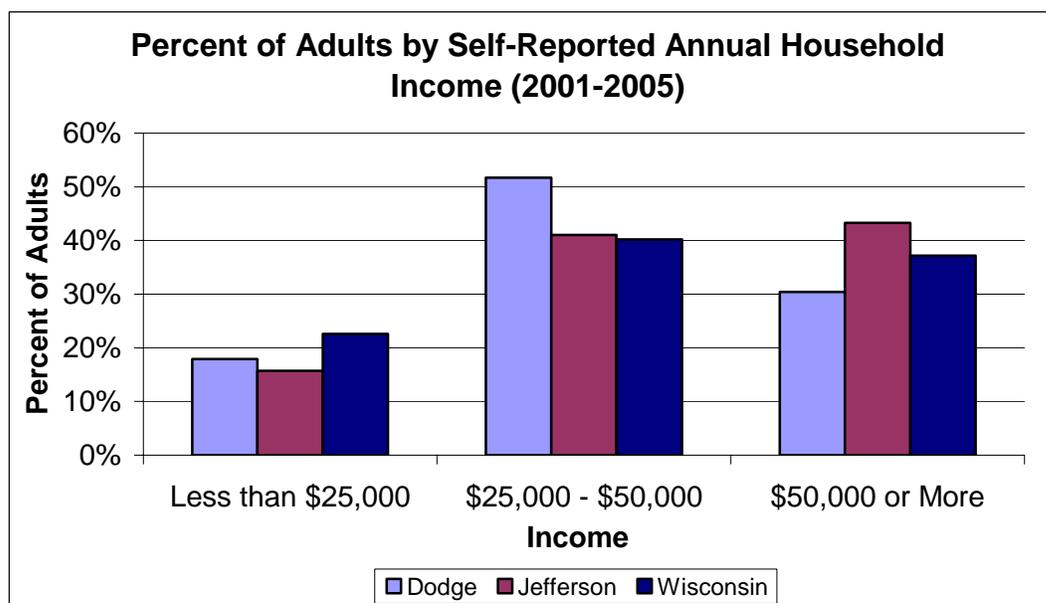
Source: Wisconsin Department of Public Instruction: Academic Achievement Data -- Graduation Rates
<http://dpi.state.wi.us/sig/dm-acadachmt.html>

Most adults surveyed in both Dodge and Jefferson counties and the state as a whole had at least a high school diploma. However, about 15% of people in Dodge County reported having less than a high school diploma, which is higher compared to Jefferson County (10%) and the state average (8%). Adults from Jefferson County and the state were more likely to have a college degree compared to Dodge County.



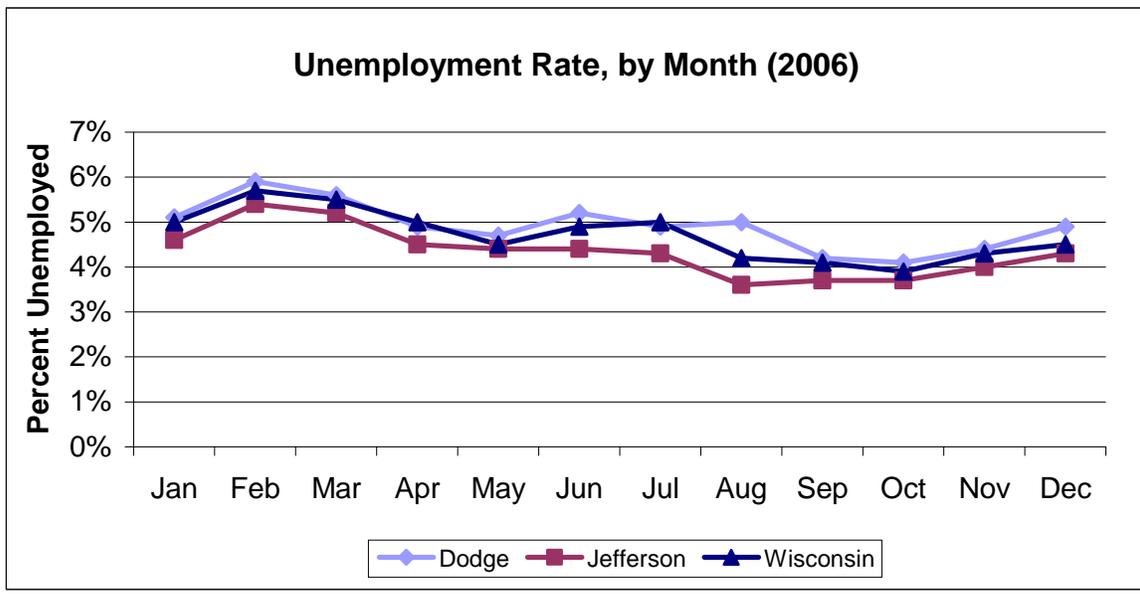
Income

The percent of adults in Dodge County who reported an annual household income between \$25,000 and \$50,000 (52%) was higher than the state average of 40% and Jefferson County, 41%. Residents of Jefferson County were more likely to report an annual household income of \$50,000 or more compared to Dodge County.



Unemployment Rate

The unemployment rate is the percent of the civilian labor force (anyone 16 or older working or looking for work) that are currently out of work. The monthly unemployment rates in 2006 for Dodge County were similar to those for the State of Wisconsin. Jefferson County has slightly lower rates compared to Dodge County and Wisconsin. The 2006 average rates for Dodge County, Jefferson County, and Wisconsin were 4.9%, 4.3%, and 4.7% respectively.



Source: Wisconsin Department of Workforce Development, Labor Force Estimates
http://dwd.wisconsin.gov/oea/unemploy_rates_labor_stats.htm

Health Priority 11: Tobacco Use and Exposure

Despite the well-known health problems, complications, and mortality that can arise from tobacco use, a considerable percent of the population continues to smoke. Tobacco use is the single most preventable cause of disease and death in the United States. Leading health complications related to tobacco use include lung cancer, cardiovascular disease, a number of other types of cancer, several respiratory diseases, and perinatal conditions. The economic burden of tobacco is extraordinarily high, with a 2006 estimated economic impact of \$3.8 billion in Wisconsin alone. Wisconsin is focusing on decreasing adolescent and adult smoking prevalence, and decreasing the prevalence of secondhand smoke in the home and workplace.

Key Issues Identified in Focus Group Discussions:

Smoking and chewing tobacco use among youth

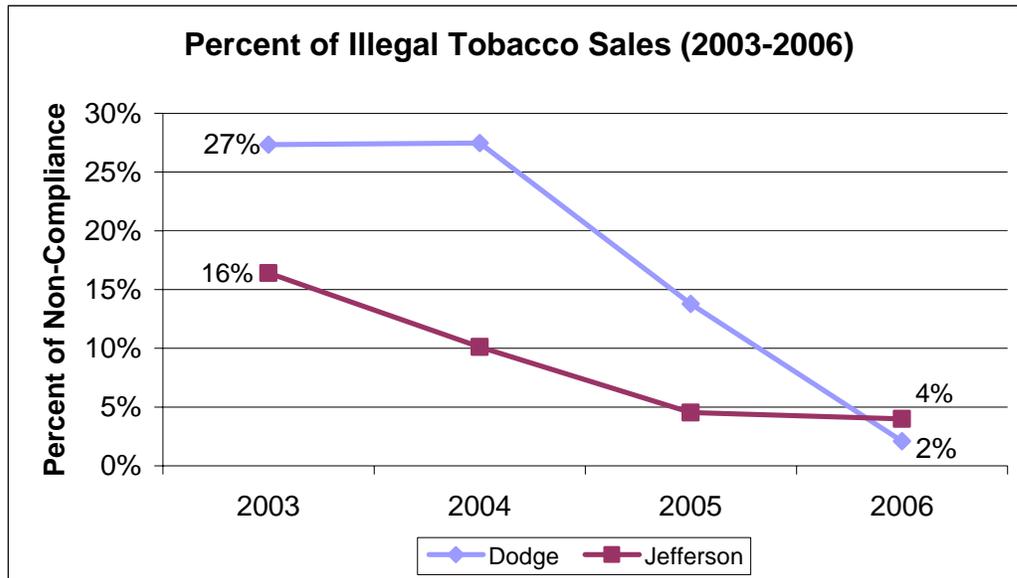
Social norms about smoking

Secondhand smoke

Youth Tobacco Use

Wisconsin Wins is a program that was created to reduce tobacco access to minors across the State of Wisconsin. Since the program began four years ago, both Dodge and Jefferson counties have seen a significant reduction in the percent of illegal tobacco sales to minors. The success of this program may be one factor contributing to the decline in smoking among middle and high school students in Jefferson and Watertown school districts.

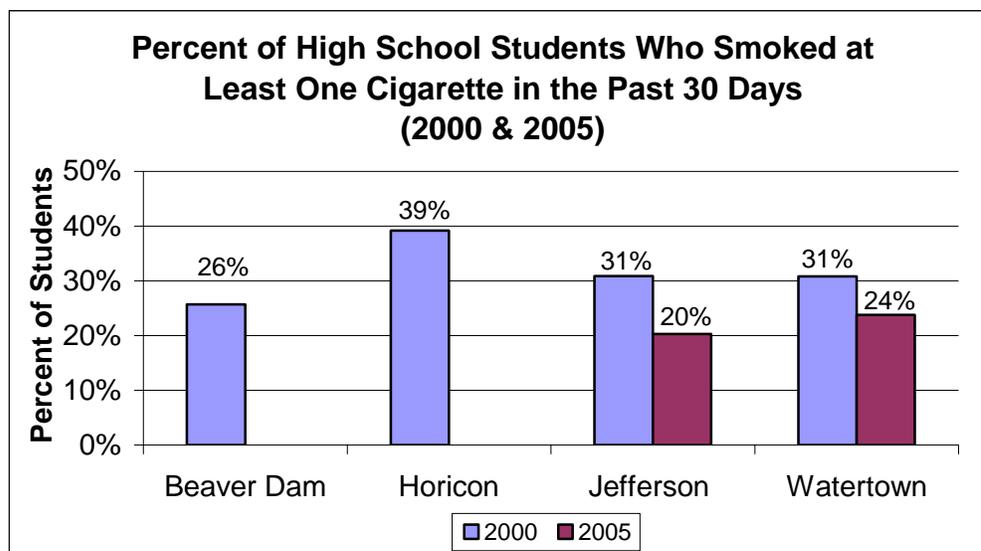
The Federal Synar Regulation requires that states have a non-compliance rate of 20% or less. The lower the number of sales, the more clerks and retailers are doing the right thing by carding and refusing to sell to minors. Counties with rates lower than 10% of illegal tobacco sales are more likely to have an impact on reduced tobacco use and addiction by Wisconsin youth.



Source: Wisconsin WINS program; Scoreboard: County Level Data <http://www.wisconsinwins.com/>

Healthiest Wisconsin 2010 Goal: *Tobacco use among Wisconsin high school youth will decrease from 39 percent in 2000 to 29 percent in 2010.*

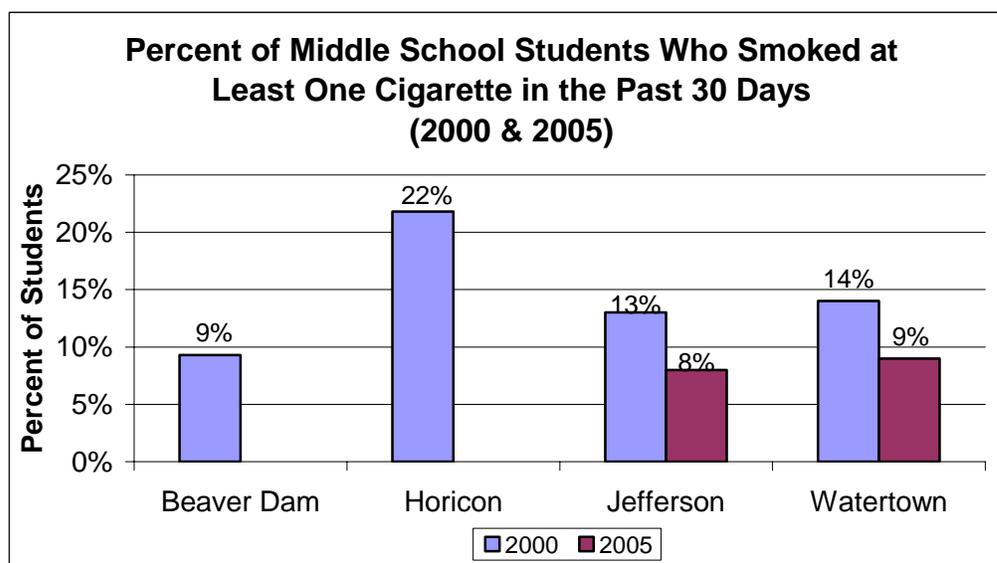
The percent of high school students that have smoked in the past 30 days has decreased from 2000 to 2005 in Jefferson and Watertown school districts. These school districts have exceeded the Healthy Wisconsin 2010 goal of reducing high school smoking below 29%. The rate of smoking appears higher in Horicon School District compared to the other districts; however the data were collected in 1998, the school year where the highest level of smoking has been recorded statewide.



Note: Beaver Dam and Horicon are school districts in Dodge County. Data for Beaver Dam were not collected for grade 12. The data for Horicon were collected at the end of 1998.

Healthiest Wisconsin 2010 Goal: *Tobacco use among Wisconsin middle school youth will decrease from 16 percent in 2000 to 12 percent in 2010.*

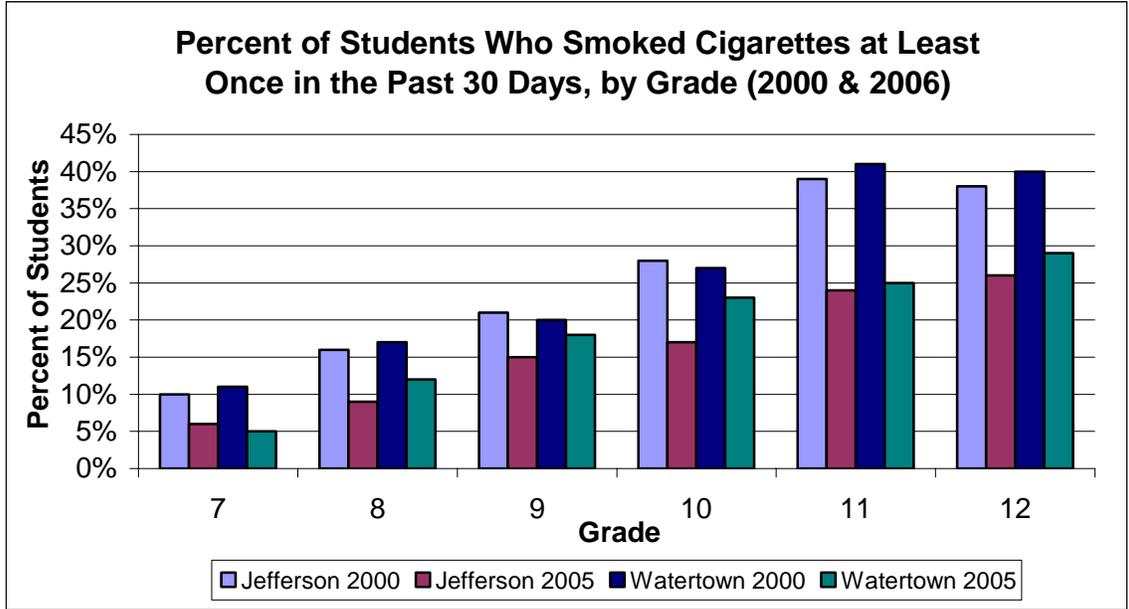
Smoking among middle school students has decreased in both Watertown and Jefferson school districts between 2000 and 2005 and both are currently below the 2010 goal of 12%.



Note: Beaver Dam and Horicon are school districts in Dodge County. Data for Horicon were not collected for grade 6. Also, the data for Horicon were collected at the end of 1998.

Source: Search Institute Survey (1998, 2000 & 2005)

The percent of students that smoke increased across all grade levels. However, there have been significant decreases in smoking within each grade over the past six years in both school districts.

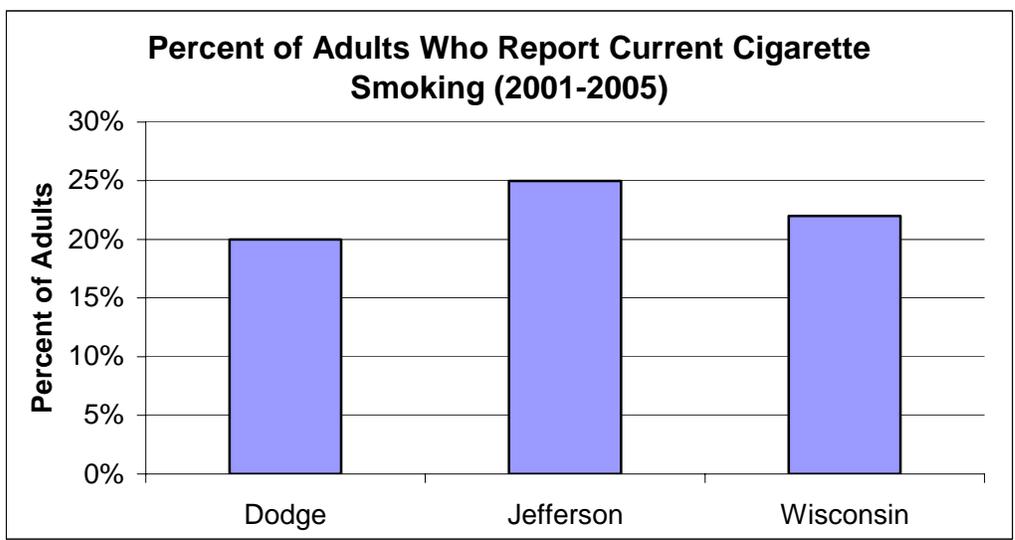


Source: Search Institute Survey (2000 & 2005)

Adult Tobacco Use

Goal: *By 2010, reduce the percent of Wisconsin adults (ages 18+) who report current cigarette smoking from 24 percent in 2000 to 19 percent.*

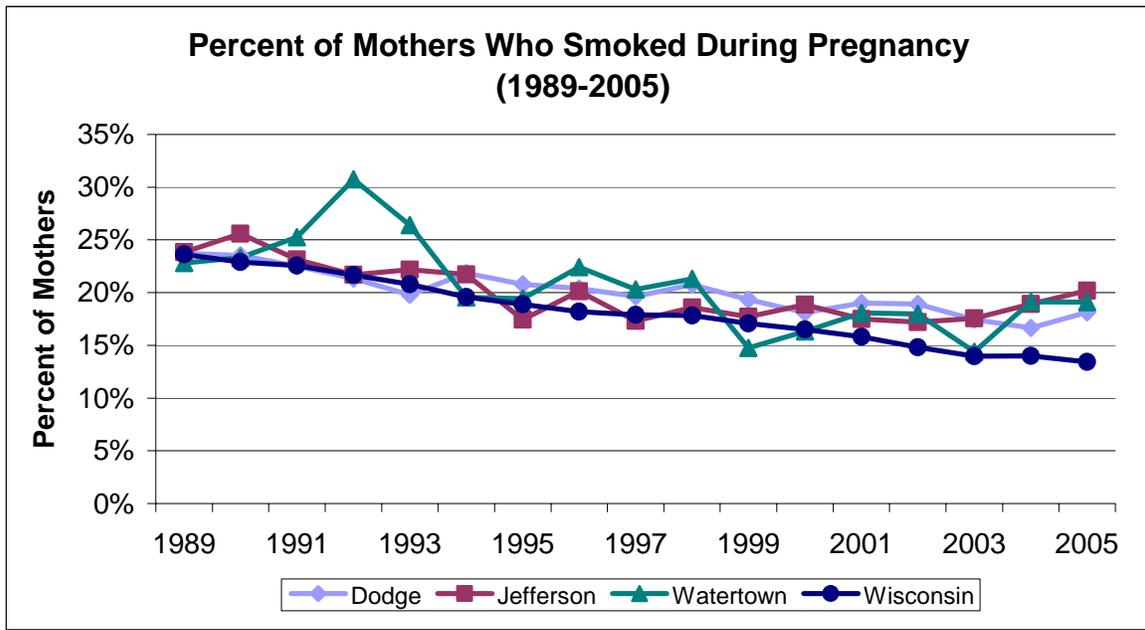
Adults are considered to be current smokers if they have smoked at least 100 cigarettes in their lifetime and currently reported smoking on some days or everyday. The estimated adult current smoking prevalence for Dodge County (20%) is slightly lower than the Wisconsin average (22%), while the prevalence for Jefferson County (25%) is slightly above the state level.



Source: Wisconsin BRFSS, 2001-2005

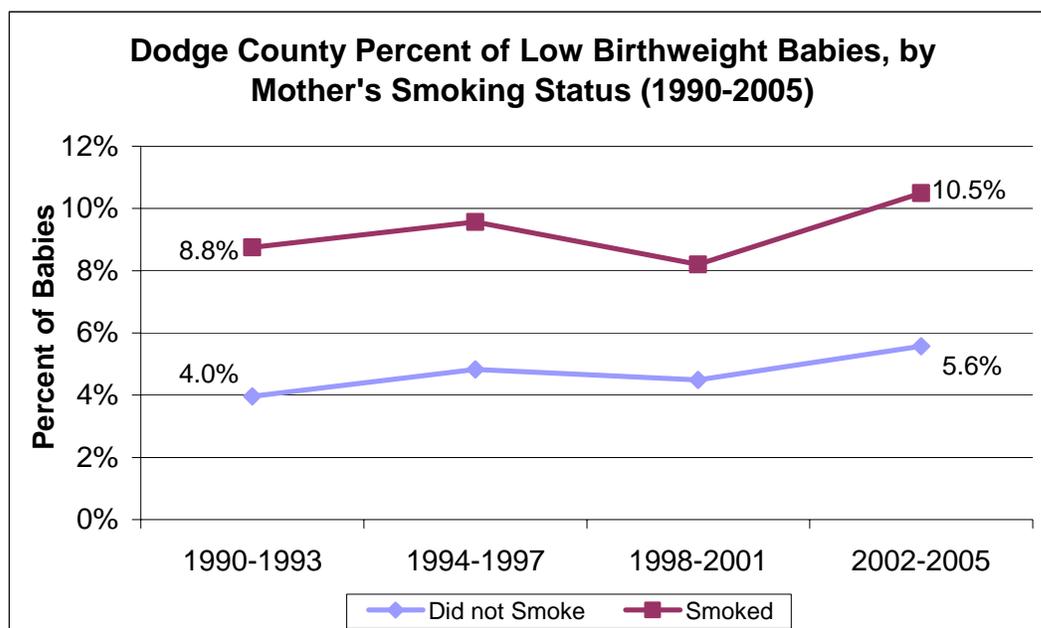
Smoking During Pregnancy

Smoking during pregnancy is known to cause a great deal of harm to the unborn child. However, many women continue to smoke throughout their pregnancy and after the child is born. The percent of mothers that smoked during pregnancy has decreased steadily across both counties, the city of Watertown and the State of Wisconsin over the past 17 years. The 2005 rates range from 13% to 20%, which are still much higher than the United States *Healthy People 2010* goal of less than 1%.

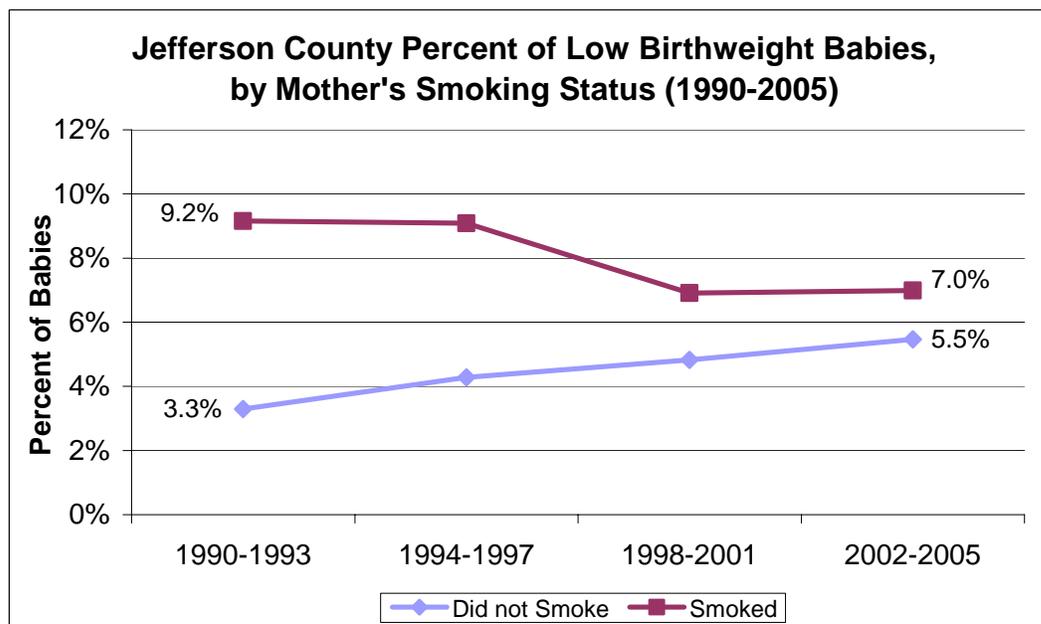


Source: WISH Births Module

Smoking during pregnancy can increase the risk of having a low birthweight infant. Over the past 17 years, the percent of low birthweight babies has remained fairly constant in Dodge County and the percent of babies born to mothers who smoke are consistently more likely to be low birthweight babies.

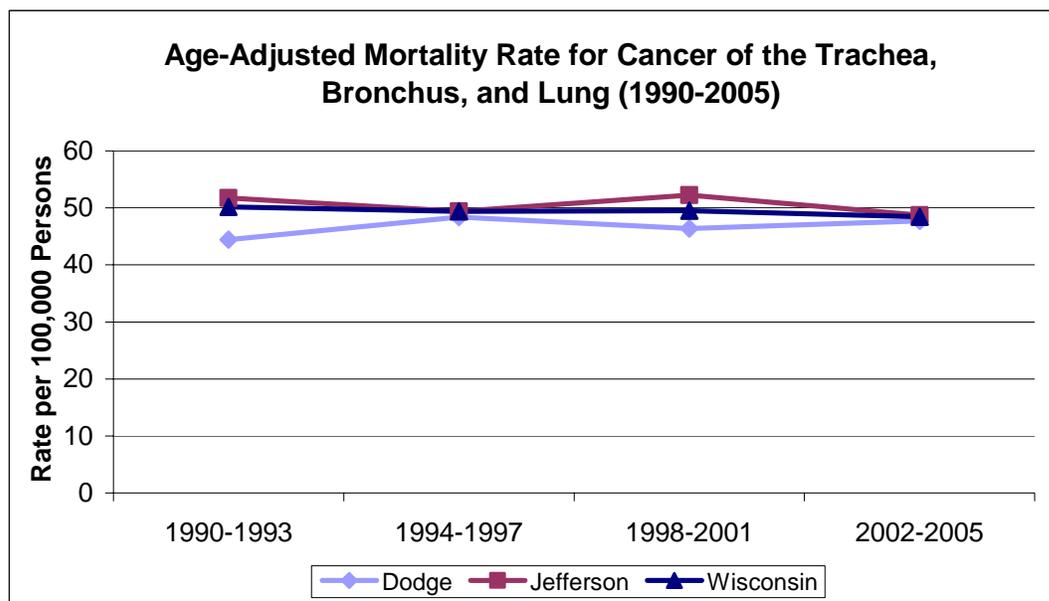


The difference between the percent of low birthweight babies born to mothers who smoke and mothers who do not smoke during pregnancy has decreased over the past 17 years in Jefferson County.



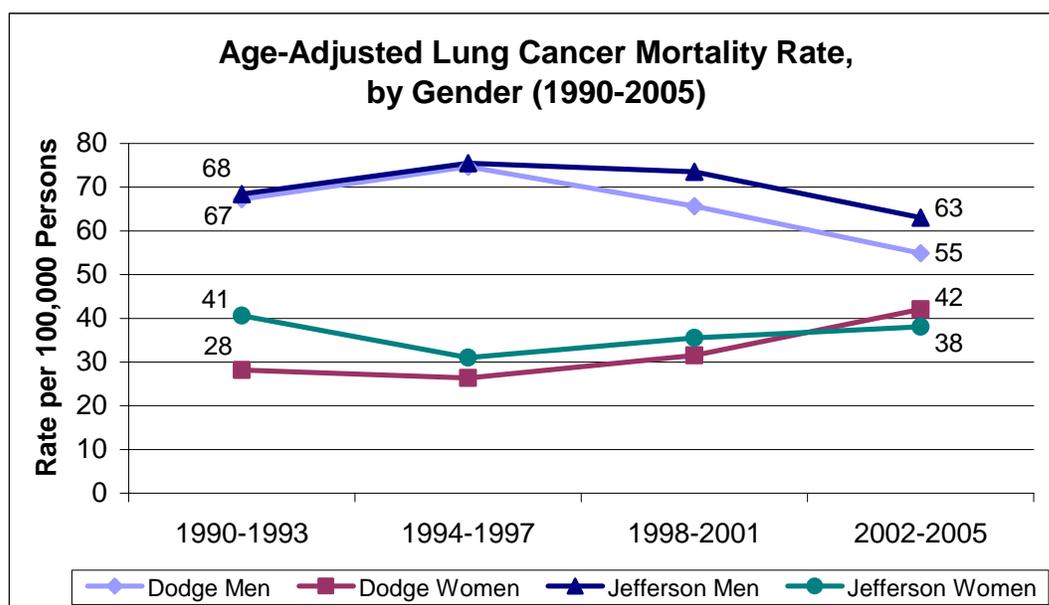
Tobacco Related Health Disorders

Lung cancer is the most well known health disorder related to tobacco use and is also the third highest cause of mortality in Jefferson County and the fourth highest cause in Dodge County. The highest mortality rates for any cancer are those associated with the trachea, bronchus, and lungs.



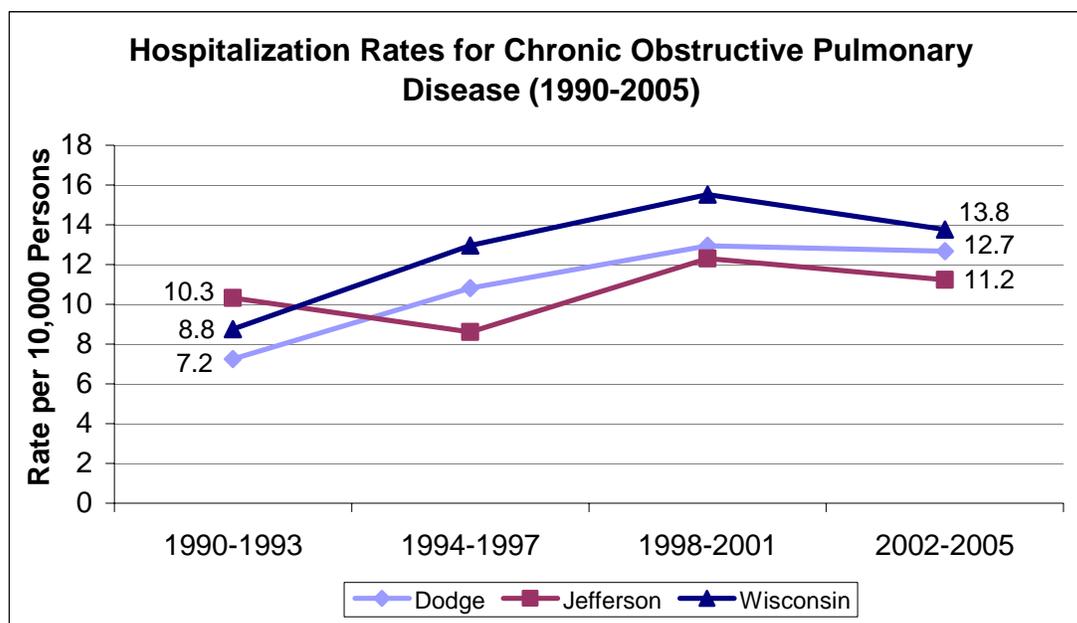
Source: WISH Mortality Module

The mortality rate due to lung cancer is much higher among men than among women for both Dodge and Jefferson counties. However, the mortality rates for women in these two counties have been increasing at a greater rate than for men over the past 16 years.



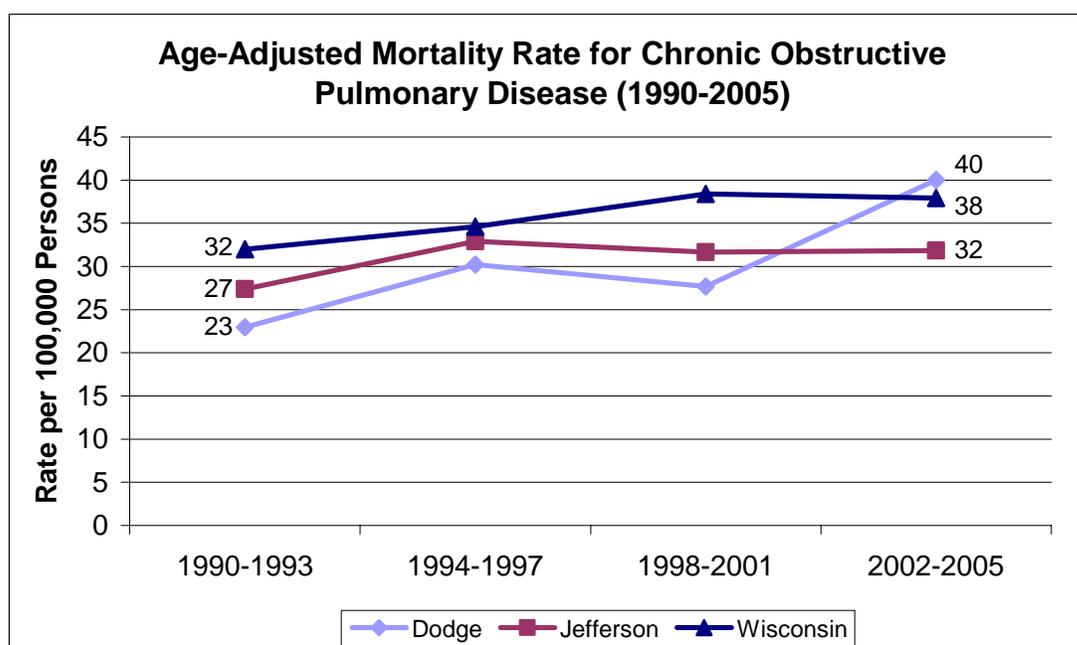
Source: WISH Mortality Module

Smoking is one of the major contributing factors to chronic obstructive pulmonary disease (COPD), which includes chronic bronchitis, emphysema, and other chronic lower respiratory diseases. The hospitalization rates for COPD have increased slightly over the past 16 years.



Source: Wisconsin DHFS: Bureau of Health Information and Policy

Age-Adjusted mortality rates for COPD vary by location. From 1990-1993 through 1998-2001 Dodge County had the lowest rate, followed by Jefferson County, and Wisconsin had the highest rate. However, in 2002-2005 Dodge County had an increase in COPD mortality and had the highest rate.



Source: WISH Mortality Module

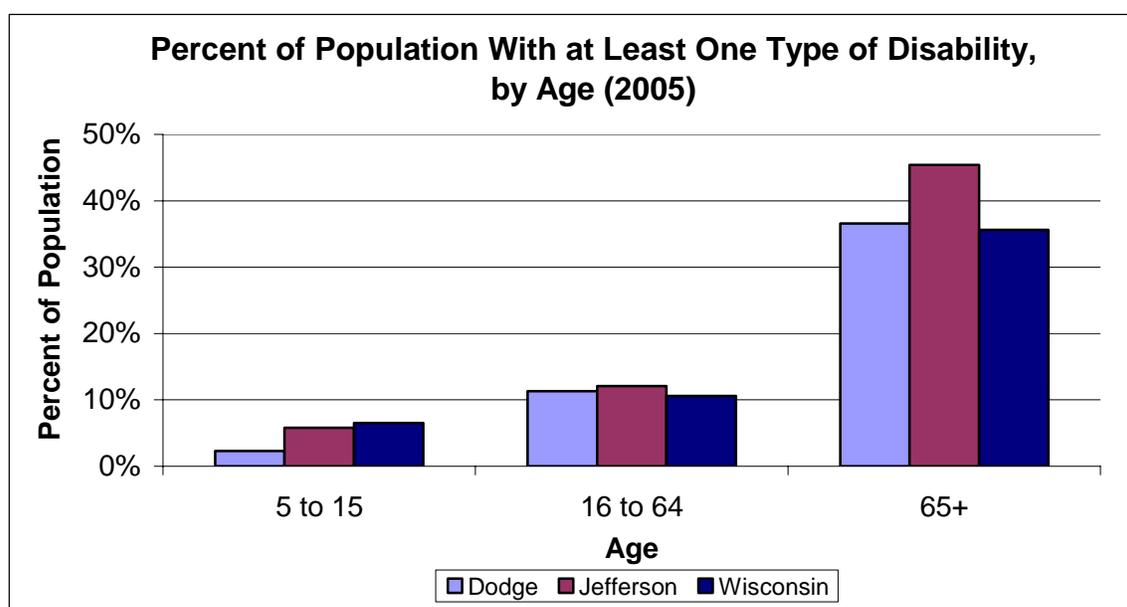
Appendix A: Special Populations

Disabled Population

Individuals with disabilities face many barriers to leading a healthy lifestyle. Some of those barriers include discrimination, difficulty accessing services, and inability to pay for medically necessary equipment and services. Jefferson County has a greater percentage of disabled individuals living in the community due to Bethesda Lutheran Homes and Services, Inc, located in the county. Bethesda is an organization that supports people with developmental disabilities both in their own homes and in Bethesda-owned facilities, which include intermediate care facilities and community living homes and apartments. However, individuals living in Bethesda facilities are not included in the data displayed below, because data from the US Census do not include any institutionalized populations.

Percent of population age five and over, by disability status, 2005

	Dodge	Jefferson	Wisconsin
Without Any Disability	86.4%	84.7%	86.7%
One Type of Disability	7.7%	7.8%	6.7%
Two or More Types of Disability	5.9%	7.5%	6.6%



Source: US Census Bureau, American Community Survey, 2005. Available at:
http://factfinder.census.gov/servlet/DTGeoSearchByListServlet?ds_name=ACS_2005_EST_G00_&_lang=en&_ts=196597270109

Percent of population with one or more disabilities, by disability type and age, 2005

Type of Disability	Dodge			Jefferson			Wisconsin		
	5 - 15	16 - 64	65+	5 - 15	16 - 64	65+	5 - 15	16 - 64	65+
Sensory	1.0%	2.0%	10.7%	1.4%	2.7%	18.7%	0.8%	2.3%	14.1%
Physical	0%	6.3%	29.1%	0%	6.5%	35.4%	1.0%	5.9%	26.6%
Mental	2.2%	4.6%	7.9%	4.6%	4.6%	16.5%	5.4%	4.0%	8.3%
Self-Care	1.0%	1.3%	5.7%	0%	1.8%	10.6%	0.7%	1.6%	7.9%
Go-Outside-Home	-	1.6%	11.9%	-	2.5%	19.4%	-	2.3%	13.8%
Employment	-	5.2%	-	-	5.7%	-	-	5.6%	-

Source: US Census Bureau, American Community Survey, 2005. Available at:
http://factfinder.census.gov/servlet/DTGeoSearchByListServlet?ds_name=ACS_2005_EST_G00_&_lang=en&_ts=196597270109

Incarcerated Population

The incarcerated population is known to have special health care issues and needs, one of which is high prevalence of sexually transmitted diseases (STDs). Because STD rates are very high among the prison population, all inmates are tested for STDs when they enter the system. The tables below show STD case counts for the incarcerated population in Dodge County. Dodge County's incarcerated STD rates are particularly important because all of Wisconsin's male state prisoners, sentenced by trial courts, pass through the Dodge Correctional Institution (DCI) for initial assessment and evaluation.

The 2005 male rates for Chlamydia and Gonorrhea were approximately 10,560 cases per 100,000 population and 520 cases per 100,000 population respectively. In addition, the 2005 male rate for all STDs was about 11,210 cases per 100,000 population.

Dodge County STD case counts for the incarcerated population, by gender and disease.

	2000	2001	2002	2003	2004	2005
All STDs*						
Male	204	318	295	290	266	173
Female	23	12	14	16	16	2
Chlamydia						
Male	167	289	267	262	241	163
Female	19	9	12	14	12	2
Gonorrhea						
Male	28	27	27	27	22	8
Female	4	3	1	2	0	0

* All STDs include Chlamydia, Gonorrhea, Syphilis, and Genital Herpes.

Source: Wisconsin DHFS: Bureau of Communicable Diseases

Dodge County STD case counts for the incarcerated population, by age.

Age	2000	2001	2002	2003	2004	2005
0-19	60	75	69	50	69	30
20-24	102	162	153	174	135	84
25-29	40	71	65	64	58	48
30-39	18	18	19	16	18	11
40+	7	4	3	2	2	2
Total	227	330	309	306	282	175

Source: Wisconsin DHFS: Bureau of Communicable Diseases

Appendix B: Economic Burden/Cost of Illness

Listed below are some of the estimated economic costs to our communities related to different diseases and behaviors.

Health Priority 1: Access to Primary and Preventive Health Services

Insurance

According to the Kaiser Commission on Medicaid and the Uninsured, almost \$41 billion in uncompensated health care treatment could be incurred by Americans in 2004. They also estimate that as much as 85% of the health care would be paid by federal, state, and local governments. Finally, they estimate that if the United States provided insurance coverage for all uninsured Americans, it would cost \$48 billion in additional medical care.

Source: The Kaiser Commission on Medicaid and the Uninsured available at:
<http://www.kff.org/uninsured/7084.cfm>

Cancer Screening

The Centers for Disease Control and Prevention's report on screening to prevent cancer deaths estimates that in 2005, cancers will cost the United States an estimated \$210 billion. This estimate includes approximately \$136 billion for lost productivity and more than \$70 billion for direct medical costs. Annual treatment cost estimates for colorectal, breast, and cervical cancer are around \$6.5 billion, \$7 billion, and \$2 billion respectively.

An intervention is generally considered cost-effective if it can save one year of life for less than \$50,000. It is estimated that colorectal cancer screening can extend life at the cost of \$11,890 to \$29,725 per year of life saved. Mammography and pap smears are also considered to be cost effective. Mammograms every two years for women aged 65 and older cost about \$36,924 per year of life saved. Similarly, pap smears every three years can extend life at a cost of only \$5,392 per year saved.

Source: CDC Preventing Chronic Diseases: Investing Wisely in Health, Screening to Prevent Cancer Deaths
<http://www.cdc.gov/nccdphp/publications/factsheets/Prevention/cancer.htm>

Health Priority 2: Adequate and Appropriate Nutrition

Food Stamps

In addition to improving nutrition among low income individuals, the USDA's Economic Research Service (ERS) estimates that for each \$1 billion of retail demand by food stamp users, \$340 million in farm production is generated and \$110 million in farm value and 3,300 farm jobs are added. In addition, each \$5 of food stamps generates almost \$10 in total economic activity.

Source: Food Research and Action Center (FRAC) *Why Food Stamps Matter: Talking Points*
http://www.frac.org/Press_Release/05.20.05.html

Health Priority 3: Alcohol and Other Substance Use and Addiction

Alcohol

According to an article published in the Wisconsin Medical Journal, Wisconsin ranks first in the nation for the number of liquor licenses issued each year. There is about one liquor license for every 308 men, women, and children in Wisconsin. Each year in Wisconsin the alcohol industry generates \$7 billion in sales, \$40 million in taxes, and 130,000 jobs. In addition, alcohol-related injuries and mortality cost more than \$3 billion annually, which places Wisconsin fifth in the United States.

Source: Cisler RA, Hargarten SH. Public health strategies to reduce and prevent alcohol-related illness, injury, and death in Wisconsin and Milwaukee County. *WMJ*, 2000;99(3):71-8.

According to a report by the National Institute of Alcohol Abuse and Alcoholism, the total costs of alcohol use and abuse in 1998 in the United States was \$185 billion, including:

- \$5.5 billion in specialty alcohol services
- \$13.2 billion in medical consequences
- \$31.3 billion in lost future earnings due to premature deaths
- \$69.2 billion in lost productivity due to morbidity
- \$6.5 billion in lost earnings due to crime/victims
- \$6.3 billion due to crime – criminal justice, property damage, etc.
- \$0.7 billion in social welfare administration
- \$13.6 billion in motor vehicle crashes
- \$1.6 billion in fire destruction

Source: National Institute of Alcohol Abuse and Alcoholism, *Updating Estimates of the Economic Costs of Alcohol Abuse in the United States: Estimates, Update Methods, and Data*
<http://pubs.niaaa.nih.gov/publications/economic-2000/index.htm#updated>

Drugs

The annual economic cost of illicit drug use in 1992 in the United States was estimated to be \$98 billion, including:

- \$40.2 million in health costs
- \$57.5 million in crime and other costs

Source: National Institute on Drug Abuse, NIDA Notes Volume 13, Number 4.
http://www.nida.nih.gov/NIDA_notes/NNV013N4/Abusecosts.html

Health Priority 4: Environmental and Occupational Health Hazards

Occupational Injuries and Death

According to a paper published in the *Journal of Occupational and Environmental Medicine* in 2004, Wisconsin ranks 15th in the nation for the average cost of occupational injuries per worker, at \$1046 (government workers and those self-employed were excluded). Non-fatal occupational injuries, resulting in at least one day off work, cost Wisconsin \$1.7 billion dollars per year. In addition, fatal injuries cost Wisconsin about \$391 million per year.

Source: Waehrer G, Leigh JP, Cassady D, Miller TR. Costs of occupational injury and illness across states. *Journal of Occupational and Environmental Medicine*, 2004;46(10):1084-95.

Asthma

According to the *Burden of Asthma in Wisconsin*, the annual cost of asthma is approximately \$209 million. Direct medical expenditures account for just over half of the total expenditures (\$119 million) and indirect costs account for about \$90 million. Inpatient hospitalizations make up the largest part of direct medical costs. In 2002, the average cost for an asthma-related hospitalization was \$6,942.

Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Environmental Health. *Burden of Asthma in Wisconsin-2004 PPH 45055 (03/04)*

Health Priority 5: Existing, Emerging, and Re-Emerging Diseases

Foodborne

According to the foodborne illness cost calculator, available through the United States Department of Agriculture's Economic Research Service, there were 1,397,187 cases of Salmonella in the United States in 2005. The estimated medical costs associated with these cases of Salmonella were \$181 million. In addition, there was a cost of \$89 million in productivity lost and \$2.4 billion associated with premature death.

The foodborne illness cost calculator also estimates costs associated with E. Coli O157. In 2005 there were 73,480 cases of E. Coli O157 in the United States, with estimated medical costs of \$33 million. The costs due to lost productivity were \$5.3 million and there were \$393 million associated with premature deaths.

Source: United States Department of Agriculture, Economic Research Service, Foodborne Illness Cost Calculator

<http://www.ers.usda.gov/data/FoodBorneIllness/ecoliResults.asp?Pathogen=EColi&p=3&s=31218&y=2005&n=136#midForm>

Health Priority 6: High Risk Sexual Behavior

STDs

In 2000, STDs among 15-24 year olds cost an estimated **\$6.5 billion dollars** in direct medical costs alone in the United States. The disease specific costs are listed below, with the greatest costs associated with HIV and HPV, accounting for 90% of the total economic burden.

HIV - \$3.0 billion

HPV - \$2.9 billion

Genital Herpes - \$292.7 million

Hepatitis B - \$5.8 million

Chlamydia - \$248.4 million

Gonorrhea - \$77.0 million

Trichomoniasis - \$34.2 million

Syphilis - \$3.6 million

Source: Chesson HW, Blandford JM, Gift TL, Tao G, Irwin KL. The estimated direct medical cost of sexually transmitted diseases among American youth, 2000. *Perspectives on Sexual and Reproductive Health*, 2004;36(1):11-9. <http://www.guttmacher.org/pubs/psrh/full/3601104.pdf>

Health Priority 7: Intentional and Unintentional Injuries and Violence

Injuries

According to the *Burden of Injury in Wisconsin*, injuries result in more than \$1 billion in unnecessary medical expenses each year in the State of Wisconsin. In 2002 through 2004 in Wisconsin there were about 9,000 deaths from injuries, 1.5 million visits to emergency rooms as a result of injuries, and more than 150,000 hospitalizations due to injuries.

Costs associated with injury-related emergency room visits, and injury-related hospitalizations, 2002-2004.

	Dodge	Jefferson	Wisconsin
Average Charge per Emergency Room Visit	\$565.83	\$469.63	\$588.37
Average Charge per Inpatient Hospitalization	\$18,307.32	\$16,336.92	\$17,587.04
Average Length of Hospitalization	5.18 Days	5.13 Days	5.30 Days
Average Hospitalization Charge per Day	\$3,532.03	\$3,187.69	\$3,317.52

Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Community Health Promotion. *Burden of Injury in Wisconsin*. Fall 2006.

Health Priority 8: Mental Health and Mental Disorders

Mood Disorders

Mood disorders, which include depressive disorders and manic-depressive disorders, are among the most prevalent chronic conditions in the United States. According to the paper by Druss et al published in *Health Affairs*, in 1996 the direct per capita costs for treatment of mood disorders were \$1,122. The total direct costs for treatment of mood disorders in the United States in 1996 were \$10.2 billion.

Source: Druss BG, Marcus SC, Olfson M, Tanielian T, Elinson L, Pincus HA. Comparing the national economic burden of five chronic conditions. *Health Affairs*, 2001;20(6):233-41.

Health Priority 9: Overweight, Obesity, and Lack of Physical Activity

Obesity

In Wisconsin it is estimated that the obesity-attributable expenditures for the Medicare population are \$306 million and \$320 million for Medicaid population. The total obesity-attributable expenditures for the whole state population are \$1486 million.

Source: Finkelstein EA, Fiebelkorn IC, Wang G. State-level estimates of annual medical expenditures attributable to obesity. *Obesity Research*, 2004;12(1):18-24.

Table 1. Obesity Costs in Relation to the Co-Morbidities (1999 dollars in billions)			
Disease	Direct Cost of Obesity	Direct Cost of Disease	Direct Cost of Obesity as a Percentage of Total Direct Cost of Disease
Arthritis	\$7.4	\$23.1	32%
Breast Cancer	\$2.1	\$10.2	21%
Heart Disease	\$30.6	\$101.8	30%
Colorectal Cancer	\$2.0	\$10.0	20%
Diabetes (Type 2)	\$20.5	\$47.2	43%
Endometrial Cancer	\$0.6	\$2.5	24%
ESRD	\$3.0	\$14.9	20%
Gallstones	\$3.5	\$7.7	45%
Hypertension	\$9.6	\$24.5	39%
Liver Disease	\$3.4	\$9.7	35%
Low Back Pain	\$3.5	\$19.2	18%
Renal Cell Cancer	\$0.5	\$1.6	31%
Obstructive Sleep Apnea	\$0.2	\$0.4	50%
Stroke	\$8.1	\$29.5	27%
Urinary Incontinence	\$7.6	\$29.2	26%
Total Direct Cost	\$102.2	\$331.4	31%

Source: American Obesity Association retrieved December 22nd, 2006 from <http://www.obesity.org/treatment/cost.shtml>

Diabetes

According to the *Wisconsin Diabetes Surveillance Report*, the total direct and indirect costs of diabetes in Wisconsin are \$4.52 billion per year. The direct costs for medical care are \$3.12 billion and the indirect costs associated with lost productivity are \$1.35 billion. The direct costs of medical care for diabetes in Dodge County are \$47.5 million and \$38.4 million in Jefferson County. In addition, the costs due to lost productivity are \$20.6 million and \$16.6 million in Dodge and Jefferson counties respectively.

Source: Department of Health and Family Services, Division of Public Health, Diabetes Prevention and Control Program. Wisconsin Diabetes Surveillance Report, 2005. October 2005.
http://dhfs.wisconsin.gov/health/diabetes/pdf_files/DBSurveillanceRprt2005.pdf

Health Priority 11: Tobacco Use and Exposure

Smoking

According to the *Burden of Tobacco in Wisconsin*, there are approximately 127 deaths annually in Dodge County due to smoking. In 2003, there was about \$34.5 million in smoking-related health care costs and in 2001 there was \$26.2 million in lost productivity from illnesses and premature deaths due to smoking. Dodge County residents spent \$22.4 million on 5,820,000 packs of cigarettes in 2004.

In Jefferson County there are approximately 94 deaths annually due to smoking. In 2003, there was about \$34.5 million in smoking-related health care costs and in 2001 there was \$26.2 million in lost productivity from illnesses and premature deaths due to smoking. Jefferson County residents spent \$19.8 million on 5,190,000 packs of cigarettes in 2004.

In addition, the *Burden of Tobacco in Wisconsin* estimates that in 2003 smoking-related health care costs were \$390 for every man, women, and child in Wisconsin.

Source: Umland MA, Palmersheim KA, Ullsvik JC, Wegner MV. Burden of Tobacco in Wisconsin. University of Wisconsin Comprehensive Cancer Center. Madison, WI: February, 2006.
http://www.medsch.wisc.edu/mep/downloads/Documents/technical_reports/Burden%20of%20Tobacco%202006.pdf

Lung Cancer

According to the Environmental Protection Agency's *Cost of Illness Handbook*, lung cancer treatment costs an average of \$34,535 for medical care during the first year of treatment for a patient age 68 at onset. Each additional year of treatment would cost approximately \$11,325.

United States EPA, Cost of Illness Handbook http://www.epa.gov/oppt/coi/pubs/II_5.pdf

Appendix C: Focus Groups

**DODGE COUNTY, JEFFERSON COUNTY, AND WATERTOWN
DEPARTMENTS OF PUBLIC HEALTH
Focus Group Summary Report
Summer 2006**

OBJECTIVE

Every five years, the Health Departments of Dodge County, Jefferson County, and Watertown conduct a comprehensive community health assessment. Thus far, this has involved a compilation of secondary data from various sources. By conducting focus groups, the local health departments are able to supplement these statistics with additional qualitative data. This information offers a firsthand, humanized understanding of the health care views, values, and needs of the community members who may be vulnerable and/or underserved.

METHOD

Over the course of a two month period, the local health departments had an intern with the Area Health Education Center System (Jennifer Wilson) conduct 15 focus groups with a total of 82 participants. Each focus group varied in size, ranging from 2-12 participants. Overall, the groups were comprised of approximately 75% female and 25% male participants. Roughly 75% identified as Caucasian/White and 25% as Hispanic/Latino.

These groups represented several target populations, including community members who are Spanish-speaking, low-income, elderly, youth, differently-abled, and/or diagnosed with a severe mental illness. The health department recruited participants through the following local agencies and organizations: Watertown Senior & Community Center, Jefferson Area Senior Center, Beaver Dam Senior Center, Community Action Coalition of Watertown, Head Start of Jefferson County, 4-H of Dodge and Jefferson Counties, the Community Support Program of Dodge County, St. Henry's Church, Marquardt Village, and United Migrant Opportunity Services (UMOS).

Jennifer Wilson facilitated each group during an approximately one hour long discussion that was tape-recorded for the purpose of accurate recordkeeping. All participants were notified of this prior to participation. Some focus groups were conducted in Spanish, at which point a translator (Brianna Duffy) was also present. All youth were required to obtain parental permission in order to participate. Additionally, snacks were provided. Groups were held in locations and at times that were most convenient for participants so as to foster the most comfortable experience possible.

The questions differed slightly between the adult and youth participants. The adults were asked the following questions:

- How are you familiar with the local health department? What do you think they do for the community?
- When you hear the word 'health,' what comes to mind?

- When you hear the word ‘mental health,’ what comes to mind?
- Positive things that come to mind regarding ‘health.’
- Negative things that come to mind regarding ‘health.’
- How has ‘health’ touched your life in the last 24 hours?
- How healthy do you think you (and your family) are?
- What keeps you (and your family) from better health?
- What outside issues affect your (family’s) health?
- How do you care for your (family’s) health in spite of these challenges?
- In thinking about the community, what do you think the biggest health concerns are?
- What changes would you propose to improve the current situation?
- If you wanted to get more information, how would you go about getting it?

In addition to many of the above questions, the youth were also asked the following:

- Risky Behaviors: What are your experiences with, opinions about, and understanding of:
 - a. Driving safety?
 - b. Smoking?
 - c. Alcohol and drug use?
 - d. Sexual Activity?
 - e. Violence?
- What are other issues that negatively impact your age group?

After each session, the facilitator listened to the tape and compiled a report of individual responses and main points. This final report is a summary of the main themes that emerged from the 15 individual focus groups.

FINDINGS

Barriers to Care

Nearly every group cited the high cost of health-related services as a primary barrier to care which negatively impacted their overall health status. This included the high cost of medical bills, insurance, and medications. Even when insured, the high cost of premiums and co-pays were reported as burdensome. Additionally, several participants mentioned the higher costs associated with choosing healthier food options and investing in workout equipment/gym memberships.

Across the board, participants reported feeling as though the health care system was becoming increasingly complicated to navigate. In addition to complex insurance plans and health care programs, participants voiced concerns about mixed motives among those in the health care industry to serve the needs of the public and turn a profit. Several people felt as though they were being bombarded by large amounts of health-related information every day that often times contradicted itself.

Participants also reported difficulties in finding local health care providers, specifically dentists, that accepted new MA and Medicare patients. Several participants said that they had

utilized dental services throughout Southeast Wisconsin, traveling long distances when necessary.

Transportation was also consistently cited as a major barrier to care. This included: limited public transportation options, high cab costs, loss of driver's license, having no car, lack of support networks, high gas prices, and a need to travel outside of the community for services.

The Spanish-speaking participants often cited language barriers and lack of citizen status papers as additional factors which prevented them from accessing health-related services.

Nutrition and Physical Activity Awareness

Participants generally exhibited a high level of awareness about the need for healthy diets and physical activity. Good nutrition was often described as consuming large amounts of fresh fruits and vegetables and avoiding fast food and junk food. Limited income and convenience were cited as the primary reasons for poor diet and exercise choices.

Perceptions of Mental Health

When asked about mental health, participant responses varied. However, several indicated negative associations with being crazy, depressed, stressed out, isolated, and unable to access affordable or quality services. Exercise, socialization, relaxation, medications, and faith were cited as methods for promoting positive mental health.

Health Status

When asked how healthy they were, several participants reported a positive health status despite having previously disclosed various concurrent physical and/or mental health issues. In fact, the older populations who were more likely to report several health issues rated their health status higher than the younger populations who reported very few health issues. Common complaints about one's health included: weight, inactivity, poor nutrition, and various chronic conditions.

The Spanish-speaking participants frequently discussed the fact that the health of their children was prioritized over the health of the adults in the family. Thus, they would seek immediate medical care for their children but would live with their own pain or discomfort. They explained that adults were not quick to seek medical attention because of the high cost of care, the need to continue working or taking care of the family, and a lack of resources for adults versus children.

Advocacy

Often times, participants identified a particular advocate as their primary source of support in navigating the health care system. This role was usually filled by someone that the participant had established a trusting relationship with. Some examples included: family, friends, Head Start advocates, Community Support Program staff, apartment staff, churches, senior centers, etc. Participants said that these were their primary sources of information for health-related questions or concerns. It sounded as though the advocates played a significant role in promoting the positive health and well-being of these participants, acting as a protective factor in many cases. However, participants under the age of 18 often reported that they would exclusively consult the internet for health-related information. Several of these younger participants explained that they didn't feel comfortable speaking to most adults about these issues and knew that their peers were equally uninformed.

Knowledge of the Health Department

Participants were generally able to identify the health department's role in providing services to children and pregnant women, such as regular checkups, home visits, immunizations, and free formula. Several participants also cited the health department's connection with the WIC program. Others mentioned the health department as resource that they could go to for information. However, many others stated that they had no knowledge of the health department and had never utilized its services. Not one participant identified the health department's role in food safety, water testing, emergency preparedness planning, or waste disposal.

Risky Behaviors Among Youth

The youth participants were asked a series of questions about risky behaviors, in which they reported regular use of alcohol and tobacco among their high school-aged peers. Additionally, many participants cited the frequent occurrence of unsafe driving practices, including: speeding, not wearing seatbelts, talking on cell phones, driving while intoxicated, poor vehicle maintenance, and breaking graduated license rules.

Participants also spoke about high levels of stress stemming from expectations associated with strict social hierarchies and being pulled between multiple commitments to school, work, athletics, college, friends, family, etc.

There appeared to be a few factors that negatively impacted data collection with this population. One group was cancelled when participants refused to sign up because of the parental consent requirement. Another group had a parent sitting in and was made up of several sibling groups, which may have inhibiting participation. Lastly, there was likely apprehension to discuss delicate subject matter with a stranger while being tape-recorded. These factors may have contributed to limited input concerning drug use and sexual activity.

CONCLUSIONS

The participants clearly demonstrated a partial understanding of the health department's capabilities, often times viewing the services as limited to pregnant women and children. As was mentioned above, there is a apparent need for advocacy and additional resources among all of the populations targeted in these focus groups. However, it doesn't appear as though the health department has fully realized its potential in serving this unmet need and must continue to raise public awareness about the untapped resources available to them at their local department of public health.

**Focus Group: Watertown Senior Center
June 27, 2006**

Demographic Information-Total Participants: 12

Gender:

Male: 5

Female: 7

Race/Ethnicity:

Caucasian/White: 12

Zip Code:

53094: 8

53098: 3

53551: 1

1. What does the health department do? What are they responsible for?
 - They help the people of Watertown
 - Flu shots
 - Check your health
 - Sick child
 - Where is the health dept
 - Is it that building across from the hospital

2. When you hear the word 'health,' what comes to mind?
 - Sickness
 - Allergies
 - Body aches
 - Ears
 - Feet
 - Back
 - Eyes
 - Arthritis
 - Exercising

3. Positive things that come to mind regarding 'health.'
 - Having no pain
 - When you get up in the morning and don't ache all over
 - Medications
 - Flu shots
 - Having information
 - Being alive

4. Negative things that come to mind regarding 'health.'
 - When you tell a doctor something and they don't follow through
 - Doctors not listening to what you say
 - Doctors not having time for you
 - Doctors without empathy
 - Moving and having to change doctors
 - Getting stuck with a doctor who has no patients
 - Health procedures that lead to other issues

5. Do you have enough information about health and related resources?
 - I don't know

6. How healthy do you think you are?
 - 50%
 - 5-6
 - I'm pretty lucky-I've got my home, I've got my own car, I can drive
 - 7, I feel good but can't breathe right
 - 7/8
 - I don't know, I can't really say
 - 7
 - 7
 - 5, I've got a heart condition
 - 7
 - 8, I'm pretty lucky too
 - 5
7. What would improve your health?
 - Cut down on my pills
 - If I was younger
 - Better health care and doctors
8. What are some other broad health issues that affect you or your family's health?
 - Atmosphere
 - Pollution
 - Gas emissions
9. What are your biggest health concerns?
 - Where we're going to end up
 - If we're going to end up in a nursing home
 - Cost of medications
 - Cost of doctors
 - Doctors not hearing what I have to say about my medications or about my symptoms
 - Cost of insurance
 - Basic services seem so expensive
 - Diabetes
 - Transportation-not having a license and not having anyone around to help
10. What changes would you propose to improve the current situation?
 - Better doctors
 - The hospital-they send you elsewhere to receive care or provide unsatisfactory care
 - Better transportation outside of the city, if you are sent elsewhere
 - More heart doctors
11. What informs you about health?
 - Experience from being sick all the time
 - Read newspapers, bulletins from clinics/hospitals
 - Information from physicians

Main Points:

- When asked what came to mind when they thought of health, participants gave mostly negative responses about pain in various parts of the body.
- Several participants said that they were unhappy with Watertown's doctors, specifically with regards to short periods of time spent with each patient, lack of empathy and listening skills, lack of knowledge about the patient's record, and mishaps/miscommunication with regards to medical procedures, protocol, and medications.
- The consensus was that medications were a good thing when they worked and were given in tolerable doses, although the cost was an often cited as an issue. Some people reported a desire for doctors to work with them in tailoring medications to meet their needs.
- Everyone rated their health as being moderate to very good. Several participants stated that they were "lucky" and relied on the help of others to maintain this status.

Focus Group: Community Action Coalition of Watertown June 28, 2006

Demographic Information-Total Participants: 4
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Gender:

Male: 2

Female: 2

Race/Ethnicity:

Caucasian/White: 4

Zip Code:

53094: 3

53538: 1

12. How are you familiar with the local health department? What do you think they do for the community?
 - WIC
 - Immunizations
13. When you hear the word 'health,' what comes to mind?
 - Sleep
 - Taking care of yourself
 - Doctors
 - Eating well
 - Dental
 - Children/Pregnancy
14. When you hear the word 'mental health,' what comes to mind?
 - Crazy
 - Bratty kids
 - Someone's opinion
 - Someone judging you
 - Inconsistency

- Medications
 - Family issues
 - Disorders, specifically depression
 - Stress
 - Thoughts
 - Self esteem
15. Positive things that come to mind regarding 'health.'
- Sleep
 - Energy
 - Being active, but not overly active
 - Pregnancy, specifically child's health
16. Negative things that come to mind regarding 'health.'
- Insurance-cost, providers, inaccessibility, strict criteria, high co-pays/deductibles
 - Can't get insurance unless you're very poor, rich, or have children
 - Insurance companies are middle man. Often cheaper to pay doctor directly
 - Medications-overmedication, high cost, often ineffective
 - Unsure of insurance requirements regarding custody of children and child support
 - Inconsistencies and gaps in medical knowledge, despite high cost
 - Have to go through many bad doctors in order to find one you actually like
 - Pollution
 - Smoking
 - Government regulating accessibility to care and information
17. How has 'health' touched your life in the last 24 hours?
- Sleep
 - Went to the doctor
 - Emergency room
 - Physical activity/exercise
 - Being outside
 - Smoking
 - Alcohol use and impact on employment
 - Inconsistent views/opinions about healthy lifestyles
 - Being judged and told what to do
 - Mental health creating family issues
 - Parenting
 - Health of older adults
 - Expectations regarding child's development
 - Health industry motivated by money and power
 - High cost of medications in the U.S.
 - Nutrition
 - Overweight/obesity
18. How healthy do you think you (and your family) are?
- No comment
 - Healthy pregnancy, according to doctor
 - Heart conditions, diabetes, cancer, high blood pressure in the family
 - No known health conditions in family
 - Overweight
 - Gain weight easily

- Don't gain weight
 - Poor eating habits
19. What keeps you (and your family) from better health?
- Smoking
 - Drinking
 - Unhealthy social norms
 - Stress
 - Being inactive
 - Staying in the house/not getting outside
 - Lack of sleep
 - Fast food
 - Culture of busyness/always on the go
20. What outside issues affect your (family's) health?
- Limited finances
 - Bad jobs
 - Food industry-hormones in animals, unhealthy diets
 - Pollution-air, water
21. How do you care for your (family's) health in spite of these challenges?
- Just live, push through it
 - Seek respite-vacation, music
22. In thinking about the community, what do you think the biggest health concerns are?
- Limited resources
 - Inaccessible services/strict criteria
 - Housing/homelessness
 - Poverty
 - Pollution, specifically water, emissions
 - Crime
 - Influence of government and big business on health care accessibility
23. What changes would you propose to improve the current situation?
- Free health care/free insurance
 - More free clinics that are accessible to everyone-transportation, criteria, hours
 - Standardize hospital services, specifically financial assistance to cover medical costs among low-income patients
24. If you wanted to get more information, how would you go about getting it?
- Internet
 - Health department
 - Talk to physician
 - Word of mouth
 - Ask family

Main Points:

- Several participants reported negative experiences with insurance, including the high cost of coverage, provider limitations, strict criteria, and inconsistencies in service.

- Additionally, several participants conveyed mistrust for the health care system due to inconsistencies/gaps in information, feeling judged, and prioritization of profit over consumer needs.
- The word ‘health’ produced fairly neutral responses, whereas, ‘mental health’ produced mostly negative responses.
- Many participants took a personal responsibility approach to overcoming barriers to health, emphasizing self-reliance and internal resilience.

Focus Group: Head Start 1
July 6, 2006

Demographic Information-Total Participants: 3

Gender:

Male: 1

Female: 2

Race/Ethnicity:

Hispanic/Latino: 3

Zip Code:

53549: 3

25. How are you familiar with the local health department? What do you think they do for the community?
 - Free consultations
 - They offer a lot of information, specifically concerning the health of our children
26. When you hear the word ‘health,’ what comes to mind?
 - Wellness
 - Having healthy body and organs
 - Doctors
 - Hygiene
 - Dental health
 - Mental health
27. When you hear the word ‘mental health,’ what comes to mind?
 - The mind is the most important part of our bodies, because it can cause a lot of trouble if it’s not functioning right
 - Can cause problems if we’re not relaxed or concentrating at work
28. Positive things that come to mind regarding ‘health.’
 - Good health is reflected in our lives and in our families
 - If we are healthy, we do better at our jobs.
29. Negative things that come to mind regarding ‘health.’
 - If you’re not healthy, you can’t function 100% at work
 - If you’re sick, you may not treat your children right
 - Poor health can lead to other problems, such as violence

30. How has 'health' touched your life in the last 24 hours?
 - Children's dental care-expensive and hard to watch them suffer
 - Child with leg problems
 - They say that the Hispanic population doesn't take care of their teeth, but this is because it's so expensive
 - Hispanics pay more attention to the physical body, where no pain means everything is fine
 - Adults will just take the pain, but when it's a child we are more likely to attend to an issue
31. How healthy do you think you (and your family) are?
 - Very healthy children, but my husband and myself are not
 - My family is very healthy because I attend to issues as soon as they arise
 - I have a major dental issue but everyone else is okay
32. What keeps you (and your family) from better health?
 - Not going to the doctor
 - No insurance
 - Too expensive to pay for services out of pocket
 - Putting off care because of responsibilities to family or job
33. What outside issues affect your (family's) health?
 - Illegal status in the U.S., which leads to stress and uncertainty with the system
34. How do you care for your (family's) health in spite of these challenges?
 - Rock River free clinic
 - Prevention-check ups, immunizations, information
 - Good nutrition-home cooking, fruits, vegetables, little candy
 - Keep kids from watching too much TV
 - Regular exercise
 - Teach children about healthy activities
35. In thinking about the community, what do you think the biggest health concerns are?
 - Obesity
 - Stress
 - Within Hispanic community, chronic illnesses (diabetes, high blood pressure, high cholesterol) with no insurance to provide treatment or medications
 - Strict criteria on health care options for low income individuals/families
 - Lack of preventative services
 - Lack of information/resources about how to spot and care for health issues
 - Respiratory problems, specifically asthma among children
 - Annual spread of illness among school-age children
 - Having to choose between health care needs and everyday expenses
36. What changes would you propose to improve the current situation?
 - Universal health care
 - More manageable insurance and health care costs
 - Dentists who accept medical assistance
 - Increase accessibility to free clinic services-more doctors, different hours, less waiting
 - More vocal Hispanic community
37. If you wanted to get more information, how would you go about getting it?
 - Head Start advocate

- Hospital
- Library
- Internet
- Workforce Development Center
- Church

Main Points:

- There was a strong focus on the health of their children, noting that it was more urgently attended to than the health of the adults.
- Several participants emphasized the importance of maintaining one's mental health, specifically addressing the negative impact of stress on all areas of one's life.
- Many participants discussed the difficulties associated with high dental care costs and limited resources.
- Several participants communicated a strong reliance on their Head Start family advocate as a primary health care resource.

<p>Focus Group: Beaver Dam Senior Center July 10, 2006</p>

<p>Demographic Information-Total Participants: 5</p>

Gender:

Female: 5

Race/Ethnicity:

Caucasian/White: 5

Zip Code:

53916: 5

38. How are you familiar with the local health department? What do you think they do for the community?
- No contact with the health department
 - Didn't know that Dodge County had a health department
 - Other health groups satisfying the community's needs
 - Knew of public health nurses several years ago
39. When you hear the word 'health,' what comes to mind?
- Desire to be younger
 - Personal responsibility to take care of own health
 - Awareness of resources
 - Eating habits
 - Exercise
 - Lack of resources for mentally ill and disabled
 - Importance of support, specifically family
 - Church health ministry (parish nurses, etc.)
 - Budgeting

- Unsatisfactory doctors in the area
40. When you hear the word 'mental health,' what comes to mind?
- People think 'crazy' but that's not the case
 - Positive thinking
 - Seeking community involvement
 - Contact with others
 - Not healthy to isolate one's self
 - Exercise, specifically walking
41. Positive things that come to mind regarding 'health.'
- Emergency/first response services work well
 - Services are excellent if you can afford them
 - Competent doctors and hospital staff
 - Church health ministry
42. Negative things that come to mind regarding 'health.'
- Strict criteria to receive benefits, specifically with regards to income and age limits
 - Incompetent doctors
 - High cost of insurance
 - Discrepancies in insurance costs despite similar benefits
 - High out of pocket costs for prescriptions, even with insurance
 - Difficult to navigate complexities of Medicare system and other programs
 - Insurance companies involvement in system
 - Lack of family support
43. How has 'health' touched your life in the last 24 hours?
- Frustrations with deterioration of the body and physical limitations
 - Exercised, which enhances balance and reduces falls
 - Procrastinated from exercising
 - Took out a loan for dental care
 - Went on a walk, but couldn't go as far as would have liked
44. How healthy do you think you (and your family) are?
- Not too healthy-many physical problems
 - Health is under control but dependant on medications
 - Diabetes
 - High blood pressure
 - Feels good thanks to exercise and work
 - Quite healthy after making personal health a priority
 - Doing what their physician says
 - More energy now than years past
 - Less energy than years past
45. What keeps you (and your family) from better health?
- Laziness
 - Lack of exercise
 - Stress
 - Poor nutrition-too much snacking

46. What outside issues affect your (family's) health?
- Stressful family issues
 - Housing/living situation
 - Seeing suffering and need around you
 - Job conditions
47. How do you care for your (family's) health in spite of these challenges?
- Finding ways to relax-ex. reading, cards, computer games
 - Pets
 - Family support
 - Prayer/faith
 - Living one day at a time
 - Challenging oneself/personal growth
 - Exercise
 - Establishing a routine and budgeting time
48. In thinking about the community, what do you think the biggest health concerns are?
- Crime, specifically theft
 - Older adults who cannot live safely on their own but do not have the support or money to move into an assisted living facility
 - Poor nutrition and dietary needs
 - Need for affordable counseling services
49. What changes would you propose to improve the current situation?
- Assistance for seniors in navigating Medicare and other benefits programs
 - Simplification of benefits programs, specifically forms
 - Attention to vulnerable, marginalized populations who don't have a voice
50. If you wanted to get more information, how would you go about getting it?
- Senior center
 - Library
 - Internet
 - Word of mouth
 - Family
 - Church

Main Points:

- Many participants spoke about difficulties in navigating the Medicare system. Additionally, there were several requests for resources that provide assistance to seniors attempting to apply for these and other forms of assistance.
- Another major concern was the high cost of medications and assisting living services needed by the aging population.
- Several participants stressed the importance of family support, faith and exercise in maintaining their health and promoting a high quality of life.
- Participants emphasized the negative impacts of stress and isolation on one's health.

**Focus Group: Head Start 2
July 12, 2006**

Demographic Information-Total Participants: 2

Gender:

Female: 2

Race/Ethnicity:

Caucasian/White: 2

Zip Code:

53549: 1

53178: 1

51. How are you familiar with the local health department? What do you think they do for the community?
 - Outreach
 - Health care information
 - Well-child clinics
 - Immunization clinics
 - Car seat information and resources

52. When you hear the word 'health,' what comes to mind?
 - Prevention
 - Insurance, specifically high cost of care
 - Immunizations

53. When you hear the word 'mental health,' what comes to mind?
 - Counseling services
 - Lack of mental health services for Jefferson County due to costs and insurance
 - Depression
 - Medications

54. Positive things that come to mind regarding 'health.'
 - Free clinics
 - Immunization clinics
 - Many organizations that promote good health (ex. American Cancer Society, WIC, etc.)
 - Runs/walks/rides that raise money for health causes

55. Negative things that come to mind regarding 'health.'
 - High cost of care
 - Flu shots
 - Lack of providers in area that accept MA, specifically dentists
 - No dentists in Jefferson County accept new MA patients
 - Providers can take advantage of patients, because of limited options

56. How has 'health' touched your life in the last 24 hours?
 - Expensive emergency dental care for child
 - Hunting down insurance company to cover a medical bill
 - Gave child unpleasant medicine in creative ways
 - Encouraging children to brush teeth
 - Encouraging children to wash hands
 - Nutrition and vitamins

57. How healthy do you think you (and your family) are?
- Some overweight, inactive children
 - Some children in good shape, very active
 - Average
 - Could personally afford to be more active
58. What keeps you (and your family) from better health?
- Can't afford gym equipment or memberships
 - Stigma preventing people from attending to mental health or physical health issues (ex. STDs)
 - Higher cost of healthy foods
 - Lack of time
59. What outside issues affect your (family's) health?
- No public transportation in Jefferson County
 - Legislation (ex. car seat laws)
 - Children's social networks
 - Neighborhoods-accessibility to services, safety/crime
 - Gas prices
60. How do you care for your (family's) health in spite of these challenges?
- Free clinics
 - Not seeking medical attention unless absolutely necessary
 - Using Urgent Care in cases where MA wouldn't cover the specific service but would cover Urgent Care costs, specifically concerning dental issues
 - Parents will always prioritize their children's health over their own
61. In thinking about the community, what do you think the biggest health concerns are?
- Lack of providers who accept MA
 - High insurance costs
62. What changes would you propose to improve the current situation?
- Free flu shots
 - More local dentists who accept MA
 - Free dental clinic
 - More flexible free clinic hours
 - Free sports physicals for children or coverage of these physicals under MA
 - More free car seats
 - Free safety education program for children
 - Health fairs with information and samples
 - More Hispanic outreach
63. If you wanted to get more information, how would you go about getting it?
- Health Department
 - Doctor/hospital
 - Church's parish nurse
 - Internet
 - Head Start nurse resource

Main Points:

- A major concern was the lack of local providers that accept MA, specifically dentists.
- Participants identified several resources that their community lacked, including public transportation, counseling services, Hispanic outreach, and affordable dental care.
- Both participants emphasized that a limited income was the primary reason for being unable to achieve better health.

Focus Group: Head Start 3 July 12, 2006
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Demographic Information -Total Participants: 5

Gender:

Female: 5

Race/Ethnicity:

Hispanic/Latino: 5

Zip Code:

53094: 4

53098: 1

64. How are you familiar with the local health department? What do you think they do for the community?
- They do good things
 - They provide milk for our children
 - Immunizations for children
 - Home visits and follow up calls
 - Took care of my children when they had high levels of lead and even followed up with my landlord to fix the problem
 - Take care of pregnant women
 - Good outreach worker for Hispanic community
 - Weighing
65. When you hear the word 'health,' what comes to mind?
- Eating nutritious food
 - Illness
 - Drinking water
66. When you hear the word 'mental health,' what comes to mind?
- Being crazy
 - Thinking positive
 - Children have an affect on this
67. Positive things that come to mind regarding 'health.'
- I'm healthy
 - I'm also a very healthy person despite gallbladder issues

68. Negative things that come to mind regarding 'health.'
 - When our children get sick
 - Getting sick and not having a doctor or insurance
 - Though our children have MA coverage, we adults do not
 - While the hospital was able to help with 75% of our medical expenses, I still have to pay \$2000 plus doctor's expenses
69. How has 'health' touched your life in the last 24 hours?
 - Everything is good
70. How healthy do you think you (and your family) are?
 - My family is doing very well
 - My family here in the United States is fine but my family in Mexico is struggling, specifically my mother who has to take medication for a heart condition
 - My brothers, mother and father have some illnesses
71. What keeps you (and your family) from better health?
 - Poor nutrition
 - Not drinking enough water when it's hot
 - Not going to the doctor regularly or following their instructions
 - Inability to pay up front fees
72. What outside issues affect your (family's) health?
 - Media coverage of issues in the community can create stress and tension
 - Drug use and gang involvement among youth
 - Rape and murder among young women
 - Lack of transportation
73. How do you care for your (family's) health in spite of these challenges?
 - Open communication with our children
 - Strict rules for our children (ex. curfews)
 - School involvement
 - MA covers the children's health needs
 - Private insurance
 - Relaxation and breathing to deal with stress
74. In thinking about the community, what do you think the biggest health concerns are?
 - No local dentists who accept MA
 - Long waiting period for MA
 - Gang activity coming from nearby cities, such as Milwaukee
 - Crime, specifically theft
75. What changes would you propose to improve the current situation?
 - Local dentist that will accept MA
 - Free clinic in Watertown
 - Affordable transportation options
76. If you wanted to get more information, how would you go about getting it?
 - Hospital/doctor
 - WIC
 - Books

Main Points:

- Often times, the participants focused on the health status and needs of their children. Additionally, it was reported that the children were adequately covered under MA, whereas, the adults were not and often times went without care.
- Despite high levels of stress and difficulties accessing services, many participants reported a positive health status for themselves and their immediate families.
- High health care costs, lack of local dentists who accept MA, and scarce transportation options were identified as major health barriers.

Focus Group: Head Start 4 July 13, 2006
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Demographic Information-Total Participants: 3
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Gender:

Female: 3

Race/Ethnicity:

Caucasian/White: 3

Zip Code:

53094: 2

53098: 1

77. How are you familiar with the local health department? What do you think they do for the community?
- Free immunizations
 - Home visits
 - Free formula
 - Help you get medical care, even if not with them
 - The Health Department does a lot and can only do so much
78. When you hear the word 'health,' what comes to mind?
- Doctors
 - Hospitals
 - Medical and dental care
 - Lack of dental care providers in WI that accept MA
 - Requires persistence and long wait to get dental care on MA
 - High cost of care
 - No dental care for adults on MA
 - Even good insurance has high costs and waiting
 - Preventative care
79. When you hear the word 'mental health,' what comes to mind?
- Shrinks
 - Bipolar and manic depression
 - Schizophrenia
 - Disabilities

- Derive from hard life circumstances
 - I needed mental health services after losing a child
 - High cost to meet with psychiatrist
 - Hard to find mental health services that accept MA
 - Hard to find someone you can trust and who will treat you like a person
 - MA's provider list is unsatisfactory and seems like WI just picks out anyone
 - Children need someone they can talk to
 - Takes a lot for children to find someone that they feel comfortable talking to
 - Frustrations from not getting clear answers about child's condition
 - Over-diagnosis and overmedication of children
 - High cost of medications
 - Sometimes care is out of town
 - Seeking care can be frustrating
80. Positive things that come to mind regarding 'health.'
- Providers who make health care fun/interesting/personalized
 - Providers who care for patients that don't have insurance
 - Providers who try to make things as convenient as possible in lieu of limited resources
 - Great experience with Meade in Watertown
81. Negative things that come to mind regarding 'health.'
- High cost of care
 - Discourteous, uncaring service
 - Being given the run around
 - Getting reprimanded by doctors/nurses
 - Being denied care because of missed/late payments or no insurance
 - Health care providers not compromising on payment plan
 - Lack of preventative care
 - Providers not listening to patients-not honoring medication allergies, specific health conditions, or patient's wishes
 - Some providers seem to have selfish motives behind actions
 - Trial and error with medications
 - Unable to get child tested for ADD/ADHD
 - Watertown's hospital-staff incompetence
82. How has 'health' touched your life in the last 24 hours?
- Allergies
 - Asthma
 - Daily medications which are very expensive despite some MA coverage
 - Medications needed to treat side effects from other medications
 - Some medications don't work
 - Medical conditions (ex. cancer, costochondritis, osteoporosis)
 - Vitamins and supplements
 - Hormone pills
 - Frequent doctor visits to physicians and therapists
 - Cannot be near my children if they get sick because of personal medical conditions
 - Not taking meds because of likelihood that I won't be able to afford it someday
 - Disciplining children
83. How healthy do you think you (and your family) are?
- Healthy except for mental health issues

- I don't consider my child's mental issues as health related because he is physically healthy
 - My family has several medical conditions but we know our limits
 - Our genetic make-up can't be controlled but we do what we have to do to take care of it
 - Home-cooked meals
84. What keeps you (and your family) from better health?
- Inactivity due to pregnancy
 - Weather conditions impact physical condition as well as motivation to be active
85. What outside issues affect your (family's) health?
- High gas prices
 - Lack of public transportation
 - Environmental conditions (ex. water pollution, car emissions)
 - Smoking, specifically secondhand smoke
 - Housing-proximity to providers
 - Provider credentials and professionalism
 - Availability of local specialists
86. How do you care for your (family's) health in spite of these challenges?
- One day at a time
 - Sometimes you have to go to the doctor/hospital that isn't your top choice
 - Will travel greater distances to get the desired care
 - Prioritize between medical procedures and bills
87. In thinking about the community, what do you think the biggest health concerns are?
- Lack of affordable mental health care, especially for children
 - Incompetent doctors
 - Lack of public transportation
 - Lack of resources for low income families as well as adults without children
 - High gas prices
 - Need for free clinic in Watertown
88. What changes would you propose to improve the current situation?
- More local health fairs, specifically for children
 - More health related resources/programs/opportunities in the community
 - Volunteer drivers or transportation services at hospitals
 - Free clinic in Watertown
 - More resources for low income individuals (both with and without children)
 - Resources for individuals who have insurance but are on a limited income
 - Affordable, local support groups for children
89. If you wanted to get more information, how would you go about getting it?
- Internet
 - Health Department
 - Doctors/hospital
 - Head Start
 - Friends and family
 - Teachers

Main Points:

- Many participants conveyed some experience with and need for affordable mental health services for both adults and children, emphasizing the importance of finding a provider that they can trust.
- Another major concern was the high cost of medications even with insurance, as well as, lack of local dental care providers who accept MA.
- Several participants identified transportation and gas prices as major barriers to health care, expressing a need for a free clinic in Watertown to help buffer those costs.

Focus Group: Jefferson Area Senior Center July 17, 2006
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Demographic Information -Total Participants: 9

Gender:

Male: 3

Female: 6

Race/Ethnicity:

Caucasian/White: 9

Zip Code:

53549: 9

90. How are you familiar with the local health department? What do you think they do for the community?
 - Immunizations
 - Flu clinics
 - Share resources with the community
 - Support groups
 - Blood pressure checks
 - Home health care

91. When you hear the word 'health,' what comes to mind?
 - Handicap accessibility/physical disabilities
 - Health clinics
 - Health fairs
 - Diet/weight control/nutrition

92. When you hear the word 'mental health,' what comes to mind?
 - Thoughts
 - Feelings
 - Isolation

93. Positive things that come to mind regarding 'health.'
 - Exercise groups
 - Access for seniors to be active
 - Preventative care
 - Learning about health eating

94. Negative things that come to mind regarding 'health.'
- Prescription drug ads
 - Medication symptoms, side effects, and fine print
 - Inconsistencies in health information
 - Financial motivation of pharmaceutical companies, insurance companies, hospitals
 - Confusing to know who to trust-ads versus doctors
 - The older you get, the harder it is to understand
95. How has 'health' touched your life in the last 24 hours?
- Aches and pains
 - Diabetes
 - Bad back
 - Recovering from shoulder surgery
 - Sleep
 - Older adults living independently when it's not safe
 - Having a lifeline pager
 - Many seniors need assistance but don't want to be a burden to anyone
 - Fibromyalgia
 - Not knowing when chronic conditions will suddenly flare up
96. How healthy do you think you (and your family) are?
- 7-8, fairly healthy despite aches and pains
 - I can walk and be active
 - Fairly healthy, despite shoulder problems
 - Making strong recovery from surgery
 - Some days 2 and some days 12
 - Every day is up and down
 - Very healthy, no complaints
 - Feel pretty good most of the time except for knee issues
 - Diabetic but have it under control
97. What keeps you (and your family) from better health?
- Physical conditions that can't be helped
 - Difficult to eat healthy, especially when you live by yourself
 - Desire convenient meal preparation
 - High sodium in food, specifically diet foods
 - After retirement, no longer have the same routine or structure in diet and activities
 - Laziness
98. What outside issues affect your (family's) health?
- Secondhand smoke
 - Stressful commitments/activities
 - Weather/seasons
 - High cost of utilities
 - Gas prices, which impact transportation and overall economic inflation
99. How do you care for your (family's) health in spite of these challenges?
- See your doctor
 - Take your medicine
 - Exercise
 - Consistency and routine

100. In thinking about the community, what do you think the biggest health concerns are?
- Several low-income households with various needs
 - Cuts in social programs
 - Impending changes/cuts to social security and other programs
 - Lack of retirement security
 - Inability for people above the low-income guidelines to receive services
 - Lack of one-on-one care, such that a patient receives very little time with their doctor and doesn't feel completely attended to
 - Health care, specifically Medicare, bureaucracy that places limits on physicians
 - Transportation, especially for the elderly and disabled
 - Lack of family support for the elderly
 - Scams directed at the elderly population
101. What changes would you propose to improve the current situation?
- Use alternative methods for disseminating health department information to the public, such as the radio, public television, churches, The Advertiser paper, mailings
 - Provide transportation to the health department and additional services
 - Inform public about alternatives to consulting a doctor about long-term health issues
 - More work with individuals with Alzheimer's
 - Lack of handicap accessible facilities in the area, specifically homes
 - Should have a handicap person on the committees that inspect buildings to see if they meet code
102. If you wanted to get more information, how would you go about getting it?
- Local health department
 - Jefferson County Elderly Services
 - Hospital/doctor
 - Senior centers
 - Elected officials
 - AARP
 - Police department

Main Points:

- Many participants reported a positive health status despite concurrent health issues.
- There was a strong emphasis on getting information and resources out to the elderly population, specifically those who are otherwise home bound. Additionally, several participants expressed concern for seniors who are living independently but in critical need of additional support.
- Other concerns expressed by participants included: high cost of care, lack of one-on-one attention from their physician, and pharmaceutical company propaganda.
- Lack of transportation and poor eating habits were identified as major health barriers among the elderly population.

**Focus Group: Dodge County 4-H
July 18, 2006**

Demographic Information-Total Participants: 3

Gender:

Male: 1

Female: 2

Race/Ethnicity:

Caucasian/White: 3

Zip Code:

53594: 1

53579: 1

53956: 1

104. When you hear the word 'health,' what comes to mind?

- Going to the doctor
- What you eat
- Exercise
- How you're feeling
- Health class
- Don't really think about health
- When I think about health, it's usually the worst case scenarios

105. When you hear the word 'mental health,' what comes to mind?

- Crazy
- Mood
- Being happy

106. Positive things that come to mind regarding 'health.'

- Living long
- Being happy
- Not worrying

107. Negative things that come to mind regarding 'health.'

- Death or illness of self or loved one
- Getting injured, especially from sports
- High cost of health care
- Will usually play through an athletic injury because don't want to burden parents with the cost or don't want to miss playing time
- Peer pressure surrounding being unfit
- High stress from multitasking all responsibilities and expectations surrounding school work, sports, jobs, socializing, clubs/volunteer work, planning for the future

108. How has 'health' touched your life in the last 24 hours?

- Deciding factor on whether or not I feel like doing something
- Feel tired, so I'm lazy
- Effects what I eat
- Being outside
- Sick relatives
- Work at Bethesda with people with disabilities

109. How healthy do you think you are?
- Okay
 - Pretty healthy
 - Not in tip top shape
 - Lift weights
 - Don't eat very healthy
110. What keeps you from better health?
- Laziness, especially during the summer due to lack of structure
 - Eat and sleep worse during summer as well
 - Priorities-choosing to do something more healthy versus something less healthy
 - Fast food/convenience
111. Risky Behaviors: What are your experiences with, understanding of, and/or opinions about:
- a. Driving safety?
- Not many people do it
 - Lots of speeding
 - Not paying attention/talking on cell phones
 - Jumps off railroad tracks
 - Peeling out
 - People get more careless when peers are in the car
 - Drunk driving because kids don't know their drinking limits and have to be home by curfew
 - Too many laws that are too strict
 - People break the laws/hard to enforce
 - Trying to get a law that prohibits cell phone use while driving
 - The more laws there are, the more they'll be broken
 - People engage in risky behaviors (not just driving) specifically because there are rules prohibiting it
- b. Smoking?
- Hate smoking
 - Waste of money for something that kills you
- c. Alcohol and drug use?
- Underage drinking wouldn't be cool if there weren't laws about it
 - A lot of people do it
 - Mostly high schoolers
 - The age is getting younger and younger for doing "cool" things
 - Have heard of drinking as young as 6th grade
 - Drug use is more secretive and shocking when you find out that someone's doing it
 - Don't know much about specific drugs
 - Why pay for something that kills you
 - Too risky/doesn't make sense
- d. Sexual Activity?
- Also getting younger and younger
 - Younger girls and older guys
 - Common to hear about 17 and 18 year olds being sexually active
 - Some people are very vocal about it and others are more private

- People drink too much at parties and do things that they don't remember and wouldn't normally do
 - Mainly taught abstinence with a little about contraception
 - Taught extensively about diseases as a scare tactic
 - Never taught anything about sex outside of health class
 - Don't talk about sex in the home with the exception of maybe one birds and bees talk
- e. Violence?
- Small incidents, such as vandalizing cars
 - Sometimes hear about fighting but never see it
 - Sometimes rival schools will instigate fights with one another
112. What are other issues that negatively impact your age group?
- a. Disordered eating among both males and females is very common
- Often times males are engaging in disordered eating for sports, specifically wrestling
 - You only see their eating at school, so you don't know how they're eating at home
 - Don't know if someone is not eating because they want to lose weight, get attention, or avoiding bad school food
 - Sometimes people want to eat but their mind just won't let them
- b. Peer pressure
- Specifically surrounding who to socialize with
 - Try to ignore it
- c. Stress induced by mixture of peer pressure, school responsibilities, college, scholarships, athletic performance
113. In thinking about the community, what do you think the biggest health concerns are?
- Obesity
 - Exercising/getting out
 - Poor nutrition, especially school food
114. What changes would you propose to improve the current situation?
- Have someone that youth can talk to confidentially
 - Hard to talk to parents about some topics and don't want to talk to someone you know and might see regularly, such as a school counselor
 - Prefer speaking to a removed third party
 - Sometimes people are too pushy about wanting to help and it ends up doing more harm than good
 - More in-depth health class rather than skimming the surface of so many topics
 - Need a break during the school day
 - Unhealthy food in schools
 - Youth should work with the elderly more because both sides benefit from interactions with the other, specifically benefits to mental health
115. If you wanted to get more information, how would you go about getting it?
- Internet
 - Can't talk to peers because they don't know either

Main Points:

- Several participants reported that underage drinking and careless driving were common behaviors among their peer group, noting that the very laws prohibiting such behavior contributed to their popularity. However, drug use and sexual activity were described as somewhat taboo topics with less open discussion.
- High levels of stress surrounding school, athletics, work, and future responsibilities were cited as a common experience among this age group.
- Many participants expressed the need for an adult that young people could talk to, specifically someone with whom they could retain a degree of anonymity. It was expressed that parents, teachers and peers were not always approachable or knowledgeable, so young people ended up doing their own research on the internet.

Focus Group: Marquardt Village 1 July 19, 2006

Demographic Information-Total Participants: 9
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Gender:

Male: 2

Female: 7

Race/Ethnicity:

Caucasian/White: 9

Zip Code:

53098: 9

116. How are you familiar with the local health department? What do you think they do for the community?

- Immunizations for school children
- Take care of babies
- Concerned about anything pertaining to the health of the people in the community

117. When you hear the word 'health,' what comes to mind?

- Eating
- Exercise
- More aches and pains with age
- Doctors/checkups
- Preventative care
- Patients get less time and individualized care from their doctor than they used to
- Patients are now asked if they're sick instead of the doctor telling them whether or not they're sick
- Medications
- How are health care providers monitoring whether people are taking pills as directed

118. When you hear the word 'mental health,' what comes to mind?

- Memory begin to slip with age, but isn't necessarily Alzheimer's
- Still the same but slower

- Important to exercise the mind in order to keep it sharp
 - Physical exercise is also important for the mind
119. Positive things that come to mind regarding 'health.'
- Important to keep smiling
 - Laughter is good
 - Proper nutrition, such as fruits and veggies
 - Walking
 - Pets
 - Physical therapy has been very helpful
 - MA has taken the stress out of seeking medical attention and provides great services
 - Not a single bad experience with the health care in Watertown
 - Marquardt Manor staff provides services, resources and advocacy in one centralized location
 - Annual health fair
120. Negative things that come to mind regarding 'health.'
- Poor building designs for people with disabilities and the elderly population
 - Difficulties navigating the Medicare system
 - Insurance company not covering necessary aids despite changing health conditions
 - Difficulties communicating with insurance companies
121. How has 'health' touched your life in the last 24 hours?
- Weather
 - Physical therapy
 - Dialysis
 - Exercise
 - Woke up and felt good
 - Attended to all health issues under one roof at Marquardt Manor
122. How healthy do you think you (and your family) are?
- Pretty good even though I can't dance anymore
 - Have never had a headache
 - Fine-low on B12 but getting shots for it
 - Pretty good for my age
 - Healthy from the outside but the inside is not-use humor to cope
 - Good except for aches and pains
 - Good days and bad days
 - Difficulties sleeping
 - Feel good, despite spinal stenosis, diabetes, leg issues, cancer
 - Every morning that I wake up is a good day
 - Stay positive
 - Take wheatgrass every day in place of all other vitamins
 - Have a regulated diet
 - Frustrated with physical limitations
123. What keeps you (and your family) from better health?
- Poor diet/expensive to eat healthy
 - High sodium in food
 - Lack of exercise

124. What outside issues affect your (family's) health?
- Lack of transportation
 - Allergens in air
 - Pollution
 - Weather
 - Not knowing how to stop stress and worrying
 - Lack of finances
 - Inability to work
125. How do you care for your (family's) health in spite of these challenges?
- Exercise
 - Faith/religion/church support
 - Family support
 - Take it as it comes
126. In thinking about the community, what do you think the biggest health concerns are?
- Germs on the handles on grocery carts
 - Cleanliness of local restaurants and taverns, specifically lack of hairnets on food service staff
 - Medicare Part D prevents some people from getting the prescriptions they need because of the 30 day limit
 - High cost of medications
 - High cost of insurance
 - Watertown is pretty good compared to other cities
 - Limitations of hospital and lack of equipment
 - Lack of affordable health care for everyone, specifically low-income groups
 - Lack of preventative care which leads to greater, more expensive problems later on
 - Dietary issues
 - Accessibility of care
 - Lack of affordable dental programs, especially for elderly population
 - Medicare doesn't provide glasses
 - Need for hearing aids, walkers, other aids
 - Lack of providers that accept MA or Medicare
127. What changes would you propose to improve the current situation?
- Should have wipes at the stores to clean the handles of the carts
 - Satisfied with everything in Watertown
 - Affordable dental programs
 - Resources that provide glasses, hearing aids, walkers, other aids
 - More providers that accept MA and Medicare
128. If you wanted to get more information, how would you go about getting it?
- Marquardt Village staff
 - Family
 - Computer
 - Benefits Specialist
 - Senior Center
 - Hospital, specifically nurses in emergency room

Main Points:

- Several participants reported a high level of satisfaction with the services and providers in Watertown. The few expressed needs included: providers who would accept new MA and Medicare patients, dental programs for the elderly, and increased access to various aids (such as hearing aids, glasses, walkers, etc.)
- Many participants reported a positive health status despite concurrent health issues.
- Several participants stressed the importance of faith, family, and supportive housing in maintaining their health and promoting a high quality of life.

Focus Group: Marquardt Village 2 July 19, 2006

Demographic Information -Total Participants: 8

Gender:

Male: 2

Female: 6

Race/Ethnicity:

Caucasian/White: 8

Zip Code:

53089: 8

129. How are you familiar with the local health department? What do you think they do for the community?

- Assess the needs of the community at large, specifically vulnerable groups
- Inoculations for children
- No idea

130. When you hear the word 'health,' what comes to mind?

- Eating fruits and veggies
- Clean, safe place to live
- Affordable health care and medications
- Feeling good
- Getting enough sleep
- Feeling like I used to feel
- Being young again
- Getting a good bill of health but not feeling that way
- Living in Marquardt helps you to feel your best

131. When you hear the word 'mental health,' what comes to mind?

- Alzheimer's
- Depression is common
- Important for people to ask for help
- Positive effects of medication
- Doesn't have the same stigma that it used to
- Lack of interest in activities that I used to enjoy
- Mind is getting lazy

132. Positive things that come to mind regarding 'health.'
- Availability of Medicare and SeniorCare
 - Feeling very good and assuming that I'll be healthy
 - Dodge County meal site in apartment building
133. Negative things that come to mind regarding 'health.'
- Future of personal health
 - Future of Medicare and SeniorCare, especially for the next generations
 - High deductibles of Medicare Part D
 - Politicians that are unsupportive of health care programs
 - Becoming a burden to family
134. How has 'health' touched your life in the last 24 hours?
- Epidural
 - Took pain medications
 - Useless junk mail with health advertisements
 - Acting as wife's nurse for past two years
 - Doctor's appointment
135. How healthy do you think you (and your family) are?
- Don't have any conditions and don't take medications
 - Walk everyday
 - Eat well
 - Genetics-family lives long
 - Must be healthy because I'm told that I can go through with foot surgery
 - Very healthy
 - Pretty good condition
 - Healthy
 - Fine other than hip arthritis
 - Take handful of pills three times a day
 - Not in good health-several chronic conditions
 - Knee replacements
136. What keeps you (and your family) from better health?
- Age, which affects everyone differently
 - First obligation is taking care of spouse, so can't do some things for myself that I would like to
 - Frustrated that the health care system claims to be cutting edge but is still so limited
 - At times, providers have priorities other than the best interest of the patient
137. What outside issues affect your (family's) health?
- Family support
 - Weather
138. How do you care for your (family's) health in spite of these challenges?
- Family support
 - Eat and sleep/do what you've got to do
 - Pets for both mental and physical health
 - Having work to do/keeping busy
 - Socializing
 - Talk to self

- Enjoying nature
 - Helpful apartment staff
 - Lifeline
139. In thinking about the community, what do you think the biggest health concerns are?
- Care for children and elderly
 - Mobility issues among the elderly
 - Facilities that are inaccessible to the disabled and elderly
 - Lack of housing options for elderly because of limited incomes
140. What changes would you propose to improve the current situation?
- Affordable health care for everyone
 - Lack of providers in the area who accept new Medicare patients
 - Medicare restrictions and guidelines which limit providers
 - Simplification of complex health care system, such as a resource which outlines all resources and services
141. If you wanted to get more information, how would you go about getting it?
- Home health
 - Marquardt Village staff
 - Physician
 - Health department

Main Points:

- Many participants spoke about difficulties in navigating the Medicare, SeniorCare, and general health care system.
- Other concerns expressed by participants included: lack of providers accepting new Medicare patients, bureaucracy within the health care system, and lack of housing options for the elderly population living on a limited income.
- Several participants reported a positive health status despite concurrent health issues.
- Many participants stressed the importance of pets, family, and supportive housing in maintaining their health and promoting a high quality of life.

<p>Focus Group: St. Henry's Church July 23, 2006</p>

<p>Demographic Information-Total Participants: 11</p>
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<p>Gender:</p>

<p>Male: 5</p>

<p>Female: 6</p>

<p>Race/Ethnicity:</p>

<p>Hispanic/Latino: 11</p>

<p>Zip Code:</p>

<p>53094: 8</p>

<p>53098: 2</p>

<p>53549: 1</p>

142. How are you familiar with the local health department? What do you think they do for the community?
- Free vaccinations for children
 - Everything is free
 - Meets with families
 - Lice treatment
 - Illness and disease prevention for children
143. When you hear the word 'health,' what comes to mind?
- Someone being in good health
 - Family's health
 - When someone has no troubles and can work
144. When you hear the word 'mental health,' what comes to mind?
- You need to get help
 - Depression
 - Poor development
145. Positive things that come to mind regarding 'health.'
- Exercise
 - Healthy food
 - Getting enough sleep
 - Adults often think only about their children, but need to think about themselves as well
146. Negative things that come to mind regarding 'health.'
- Will first try to cure the illness with home remedies, such as tea
 - If the home remedies don't work, then will go to the doctor
 - Will go to the doctor as a last resort
 - If you go to the doctor then you'll have to wait and most likely won't get meds right away
 - At the hospital, they ask if you have insurance and, if not, they ask if you can pay
 - There's a 4-6 hour wait at the hospital before anyone will help you
 - When someone finally gets to you, there are no interpreters
147. How has 'health' touched your life in the last 24 hours?
- Depends on the day-how much you work, sleep, etc.
 - Health is a fact of life
148. How healthy do you think you (and your family) are?
- All the kids are healthy
 - Everyone's healthy
 - But there's always something-every family has some problems
 - My child has heart problems, but we don't have insurance so there's nothing we can do about it
 - Depends on the job (ex. may have back issues from standing all day)
 - Adults can tolerate the pain whereas kids can't

149. What keeps you (and your family) from better health?
- Poor nutrition (ex. too much meat)
 - Don't have enough info
 - We know what to do but don't do it
 - Alcohol, tobacco and other drugs
 - It's hard to stop doing what you like even if you know that it's bad for you
 - Can't monitor our children's diet at school
 - Schools serve a lot of unhealthy foods
150. What outside issues affect your (family's) health?
- Fast food culture
 - Used to eating fatty foods and don't want to change
 - Job setting and the education and resources they offer
 - Language barriers and lack of translators
 - Not having citizen status papers
 - Low income
 - Lack of insurance
151. How do you care for your (family's) health in spite of these challenges?
- Driving safety, specifically seat belts
 - School food-goes to school to help with food preparation and make sure the diet is balances
 - Low fat milk
152. In thinking about the community, what do you think the biggest health concerns are?
- Lack of care for people without citizen status papers
 - Language barriers
 - Lack of advocacy for non-English speakers
 - Some services (like specialists or dentists) don't have translators
 - People don't know where to go when they have an emergency
 - Limited abilities of advocates
 - Lack of affordable dental services for both children and adults nearby-aren't able to take time off from work to make long trips to resources in surrounding cities
 - Head Start requires that children have
153. What changes would you propose to improve the current situation?
- More information about health for the community
 - Need for specialists at the health department who can assist individuals that doctors won't see
 - Have health info in the newspaper in Spanish
 - Don't tell me what something is, tell me how to do it/improve it
 - Watertown Health Department should get a translator for Spanish-speaking population
 - Not enough health care providers that work with clients who don't have insurance or citizen status papers
 - The Jefferson Free Clinic should offer different hours and more providers-sometimes you wait a long time and still don't get in
 - Need dentists in Watertown that accept MA and offer affordable dental services for children over 4 as well as adults

154. If you wanted to get more information, how would you go about getting it?

- Anywhere they speak Spanish
- Friends
- I know the info is out there; I just don't know where to find it

Main Points:

- Several participants emphasized language and lack of Spanish-speaking translators as major barriers to receiving health care services. Additionally, an overall lack of insurance, citizen status papers, and local dentists were also cited as obstacles to care.
- Many participants reported a need for more health-related information, specifically geared towards the Spanish-speaking population. One main suggestion was that this information offer proactive steps towards achieving better health rather than factual literature on what health is.
- There was a strong focus on the health of their children, noting that it was generally more urgently attended to than the health of the adults. However, participants expressed a need for adults to start paying more attention to their own health and well-being.
- Several participants reported a positive health status despite having expressed barriers to care and concurrent health conditions.

<p>Focus Group: United Migrant Opportunity Services (UMOS) July 24, 2006</p>

<p>Demographic Information-Total Participants: 4</p>

<p>Gender:</p>

<p>Male: 2</p>

<p>Female: 2</p>

<p>Race/Ethnicity:</p>

<p>Hispanic/Latino: 4</p>

<p>Zip Code:</p>

<p>53916: 4</p>

155. How are you familiar with the local health department? What do you think they do for the community?

- Don't know anything about it
- Have never gone there
- They help you if you're sick

156. When you hear the word 'health,' what comes to mind?

- Good health
- Sickness
- Exercise
- Eating right

157. When you hear the word ‘mental health,’ what comes to mind?
- Stress
 - Depression
 - Mental abuse
158. Positive things that come to mind regarding ‘health.’
- Work better
 - Can be active
160. Negative things that come to mind regarding ‘health.’
- Sickness
 - You can’t work
161. How has ‘health’ touched your life in the last 24 hours?
- Been sick with the flu
162. How healthy do you think you (and your family) are?
- Everyone is in good health
 - The children are fine
163. What keeps you (and your family) from better health?
- Smoking
 - Drinking
 - Drugs
 - Work
164. What outside issues affect your (family’s) health?
- War
 - Stress over finding work
 - Housing issues
 - Gas prices
165. How do you care for your (family’s) health in spite of these challenges?
- Talking
 - Working
166. In thinking about the community, what do you think the biggest health concerns are?
- Poor diet
167. What changes would you propose to improve the current situation?
- Need clinics that are closer to home and work
 - Need more affordable housing because you can’t get a job without a home
168. If you wanted to get more information, how would you go about getting it?
- The mobile clinic that goes around to camps and does check ups
 - Other people who have lived here longer

Main Points:

- Often times, participants focused on their employment as a primary factor that directly impacted or was directly impacted by health-related issues. Additionally, work was discussed as something that promoted both positive and negative health.

- Many participants reported a positive health status despite having discussed major barriers to receiving care.
- Several of the participants reported no knowledge of or experience with the health department.

Focus Group: Jefferson County 4-H July 25, 2006
<p>Demographic Information-Total Participants: 5</p> <p>Gender:</p> <ul style="list-style-type: none"> Male: 1 Female: 4 <p>Race/Ethnicity:</p> <ul style="list-style-type: none"> Caucasian/White: 5 <p>Zip Code:</p> <ul style="list-style-type: none"> 53137: 3 53036: 2

169. When you hear the word 'health,' what comes to mind?
- Fitness
 - Exercise
 - Health class
 - Well being
 - Sickness/disease
170. When you hear the word 'mental health,' what comes to mind?
- Mom's job
 - Crazy people
 - Looney bin
 - Funny farm
171. Positive things that come to mind regarding 'health.'
- Living long
 - Playing sports/being active
 - Infrequent doctor visits
 - Preventative care
 - Positive interactions among peers with a student with a disability
172. Negative things that come to mind regarding 'health.'
- Cancer
 - Sickness/disease
 - Death
 - Obesity
 - Huge medical bills
173. How has 'health' touched your life in the last 24 hours?
- Fast food consumption
 - Diet

- Safety/protection at work
 - Exercise
 - Skin conditions
 - Bug bites
 - Sleep/exhaustion
 - Drinking water/hydration
174. How healthy do you think you are?
- 90%-not completely healthy but pretty close
 - Somewhere in the middle, because don't exercise or eat right
 - Not very healthy, because I don't eat right
 - Eating on the go makes it hard
 - Pretty healthy
 - Fine
175. What keeps you from better health?
- Nodes in throat
 - Lack of time
 - Hard to prioritize healthy activities
176. Risky Behaviors: What are your experiences with, opinions about, and understanding of:
- a. Driving safety?
- Have learned to wear seat belt
 - Air bag safety
 - Safer vehicle designs
 - Often to see peers not wearing seat belts, speeding, not paying attention/talking on cell phones
 - Have observed poor vehicle maintenance (ex. bald tires) among peers
- f. Smoking?
- Have learned that it's bad for you and how it negatively affects the body
 - 1000 harmful chemicals in each cigarette
 - Don't see any use among 7th graders
 - In high school, see widespread use of chewing tobacco and smoking
- g. Alcohol and drug use?
- School educational programs
 - Know about different substances
 - Alcohol is okay so long as you drink responsibly and know your limits
 - Other drug use is never okay because they're illegal
 - A lot of marijuana use and binge drinking among high school students
- h. Sexual Activity?
- On-going human development courses in school, specifically concerning STDs
 - Some don't think school does a very good job of teaching students about the risks associated with sex
 - Some think that they receive a sufficient amount of sex education
 - In middle school, some kids tease others by called them "gay"
 - Learned about sexual abuse in addition to other forms of abuse

- i. Violence?
- Are taught that we should seek help if we're in trouble, but that's not as easy as it sounds
 - See kids playing rough in sports
 - Sometimes there are fights in the cafeteria, which everyone gathers around to watch
 - Fights are form of entertainment
177. What are other issues that negatively impact your age group?
- Social groups that dictate a social hierarchy
178. In thinking about the community, what do you think the biggest health concerns are?
- Live in rural community so can't think of anything other than safety when working with animals
 - Gangs that come in from bigger cities
 - Obesity
 - Poor nutrition
179. What changes would you propose to improve the current situation?
- Better nutritional options at school to reinforce what they're teaching the students
 - More affordable options for healthy diet
 - Better physical education and athletic resources in school
180. If you wanted to get more information, how would you go about getting it?
- Internet
 - Wouldn't likely go to parents or teachers
 - Can only think of one teacher that I would go to, because of developed trust

Main Points:

- Several participants recognized the use of alcohol, cigarettes, chewing tobacco and marijuana as common among high school students, in addition to, poor driving safety.
- Some participants reported a lack of education and school support with regards to nutritional resources, physical education, and sex education.
- Healthy eating was frequently cited as an area that participants struggled with due to busyness, cost, and preference.
- Several participants cited the internet as their primary source of information, noting that they wouldn't likely discuss most health issues with parents, teachers, or other adults.

Focus Group: Dodge County Community Support Program (CSP)

July 26, 2006

Demographic Information-Total Participants: 4 (staff members)

Gender:

Male: 1

Female: 3

Race/Ethnicity:

Caucasian/White: 4

Zip Code:

53039: 2

53933: 1

54935: 1

181. How are your clients familiar with the local health department? What do your clients think they do for the community?
- Not at all
 - Occasional TB skin test if we can't get them into a doctor
 - Foot care
 - Flu shots
182. When you hear the word 'health' as it relates to your clients, what comes to mind?
- Diabetes
 - High cholesterol
 - Cancer
 - Heart disease
 - High blood pressure
 - Obesity
 - Kidney failure
 - Congestive heart failure
 - Acid reflux
 - Joint problems
 - Addiction
 - Dental
 - Vision/Glaucoma
183. When you hear the word 'mental health' as it relates to your clients, what comes to mind?
- Schizophrenia
 - Schizoaffective disorder
 - Bipolar disorder
 - Depression
 - Anxiety disorders
 - Try to keep strong personality disorders (sp. Borderline) out of program because they tend to pull resources and it's not healthy for them to have access to several workers
 - Can manage positive symptoms (such as hallucinations, delusions) but have not learned how to alleviate negative symptoms (such as lack of motivation)
 - Social isolation
 - Need long-term support for several issues
 - Scope ranges from symptom-free to God on one shoulder and the devil on the other
 - Many clients have been through the health care system and nobody wants to work with them unless they're with a CSP
 - Providers don't refer clients to CSP early on, because they don't seem to be exhibiting need
 - Early interventions lead to better long-term outcome
184. Positive things that come to mind regarding 'health.'
- Some are motivated to see dieticians for weight loss
 - Some love to go to the doctor
 - Early treatment, specifically for CSP clients
 - CSP advocacy

185. Negative things that come to mind regarding 'health.'
- All listed in Question #2
 - Crying wolf syndrome involved when clients seek medical attention often and aren't heard
190. How has 'health' touched the lives of your clients in the last 24 hours?
- Several chronic health issues
 - Recovering from surgery
 - Can't live independently because of health concerns
 - Not eating and severe weight loss
 - Needs surgery, but surgeons keep turning her down because not a good surgical candidate
 - Need for pain killers in addition to concurrent addiction issues
 - Drug seeking
 - Client goes to ER reporting visual disturbances, which the hospital considers a psychiatric issue while the CSP considers it a medical issue
 - Undergoing knee surgery
 - Hospitalizations
 - Insurance influences the services that are received, such that MA patients may get different treatment
 - Physical therapy
191. How healthy do you think your clients are?
- Poor as compared to the general population
 - Dependent upon age, diagnosis, lifestyle, early treatment, and CSP performance
 - The clients are a relatively healthy representation of their general demographic
 - Strong CSP advocacy has positive influence on overall health and obtaining care
192. What keeps your clients from better health?
- Lack of motivation
 - Lack of advocacy
 - Not getting treatment early on
193. What outside issues affect your client's health?
- Stigmatized health care treatment because of diagnosis
 - Poor communication (ex. clients unable to communicate, forgetful, or dishonest)
 - Clients don't understand doctor's orders
 - Transportation
 - Cost and convenience of food
 - High soda consumption
 - Limited income
 - Medicare Part D
 - High cost of insurance
 - High cost of medications
 - Smoking
 - Limited access to exercise facilities
 - Isolation
 - Clients tend to be poor reporters
 - Only one dentist in Dodge County that accepts new MA patients
194. How do you care for your client's health in spite of these challenges?
- CSP advocacy and guidance

195. In thinking about the community that you work with, what do you think the biggest health concerns are?

- Obesity and all the problems associated with it
- Failure to access the health care system early on

196. What changes would you propose to improve the current situation?

- Better communication between doctors and CSP/clients
- More education among health care providers about mental health and how to work effectively with individuals with mental illness
- Some providers in Dodge County are great and have learned how to work with our clients
- Higher reimbursement to medical professionals for Title 19-you get what you pay for
- More dentists in Dodge County that accept new MA patients
- Continued education for our clients about healthy lifestyle practices
- More CSP staff so that the program can take on more clients

197. If you or your clients wanted to get more information, how would you go about getting it?

- Clients go to CSP staff and will occasionally seek out health care providers themselves
- CSP staff have a lot of information but will consult specialists, dieticians, etc. if needed

Main Points:

- Several participants emphasized the positive influence that the CSP has on providing health care advocacy and guidance to adults with severe and persistent mental illnesses. The health care status among clients was reported as good relative to other adults with severe mental illnesses who aren't involved with a CSP. However, participants reported several chronic mental and physical health issues among clients, which placed them in poor health relative to the general population.
- Early interventions were also cited as key factors which positively influenced the overall outcome of this population's health and quality of life.
- Many participants reported a need for increased education about mental illness among health care providers, as services are being negatively impacted by stigma and an inability to differentiate between the psychological and physical health care needs of the patient.
- Additional barriers to care included: limited transportation, high cost of insurance and medications, poor diet, lack of motivation, and social isolation.

Appendix D: Description of Data Sources:

Behavioral Risk Factor Surveillance System – The Wisconsin Behavioral Risk Factor Surveillance System (BRFSS) is a representative, statewide telephone survey of Wisconsin household residents 18 years and older. The survey employs a stratified sample design and results are weighted to account for non-response, sample design, and number of adults in each. Percentages are weighted to estimate the proportion of the Wisconsin adult population who engage in health-risking behaviors and the percentage who utilize particular health screening procedures.

Birth Data – Wisconsin birth data are based on resident birth certificates filed with the State Registrar, Wisconsin Department of Health and Family Services Vital Records Section. The birth file includes certificates for births to Wisconsin residents, regardless of where the births occurred.

Cancer Data – Cancer incidence data are compiled from reports submitted by Wisconsin hospitals, clinics, and physicians to the Wisconsin Cancer Report System, as mandated under Sec. 255.04, Wis. Stats. Hospitals report all cases seen with active cancers. Clinics and physicians report all treated cases and any nontreated cases that have not been referred to a Wisconsin hospital. Central cancer registries in 18 other states and several Minnesota hospitals that diagnose and/or treat Wisconsin resident cancer patients voluntarily report to the Wisconsin Cancer Reporting System. All reports include demographic and treatment information as well as tumor characteristics. Reportable cancers are all malignant invasive and noninvasive neoplasms except basal cell and squamous cell carcinomas that arise in the skin.

Census Data – Census data were used to establish population estimates for Dodge and Jefferson counties and Wisconsin. Census data provides population information such as race/ethnicity, household characteristics, income, labor force, poverty measures, etc. More information can be found at www.census.gov.

Death Data – Wisconsin mortality data are based on resident death certificates filed with the State Registrar, Wisconsin Department of Health and Family Services Vital Records Section, as mandated by Chapter 29 of the Wisconsin Statutes. Most resident deaths occurred in Wisconsin, although the death file includes certificates for Wisconsin residents who died in other states and countries as well.

Cause of death – The International Classification of Diseases (ICD), the system used to code cause of death in the death files, was revised in 1999 (from ICD-9 to ICD-10).

Family Health Survey – The Wisconsin Family Health Survey (FHS) is a statewide telephone survey using a stratified random sample of households in Wisconsin. One adult household member, who answers the questions about all persons living in the household, reports all survey responses. Data are combined and weighted to represent Wisconsin's average household population and to correct for disproportionate sample sizes.

Hospitalization Data – Hospitalization data are from the Wisconsin Inpatient Discharge Data, Wisconsin Department of Health and Family Services, Bureau of Health Information. This database contains information from all Wisconsin hospital discharges based on data

extracted from each patient's Uniform Billing Record (UB-92) at the time of discharge. The conditions listed are defined by ICD-9-CM codes.

Data are based on the principal diagnosis only, which is the condition established, after study, to be chiefly responsible for occasioning the admission of the patient to the hospital for care. The data include Wisconsin residents and nonresidents hospitalized in Wisconsin, but do not include Wisconsin residents hospitalized in another state.

Hospitalization data in this report are derived from the primary ICD-9 discharge diagnoses of inpatient hospital admissions in Wisconsin. Hospitalization data are based on frequency of inpatient hospital admissions, not individuals. Therefore, the number of hospital admissions includes multiple admissions by a single person. The frequency of hospital admissions for select causes may give some indication of the burden of diseases in populations. However, the actual incidence and prevalence of diseases in select population cannot be determined by looking at inpatient hospital data.

Youth Data – The Search Institute *Profiles of Student Life: Attitudes and Behaviors* was administered separately by each school district. Standardized administration methods were provided to the school staff by The Search Institute in order to ensure uniform data collection. Also, to ensure student anonymity, no names or identification numbers were collected. Parents were notified by the schools of the survey and were given the option of withdrawing their child(ren).

Nutrition Data:

Food Security – Food Security data came from the Wisconsin Food Security Project, which is a joint project of the University of Wisconsin Extension and Wisconsin Department of Health and Family Services. The food security project is able to provide up-to-date county and state-level information about food security, economic well-being, and the availability and use of public and private programs to increase access to affordable and nutritious foods.

Wisconsin Food Share – Information about participation in Wisconsin's Food Share program was obtained through the Department of Health and Family Services website. Monthly case counts and annual unduplicated participation estimates are produced by the program.

Occupational and Environmental Data:

Lead Poisoning

Testing for lead poisoning is conducted by the local health departments and then reported to the state lead program, which compiles the data. The data are available through a query system on the lead program website.

Occupational Injuries and Deaths – The Division of Worker's Compensation, within the Department of Workforce Development, conducts a variety of research and obtains statistical information on workers injuries, illnesses and fatalities. Employers are required to fill out first report of injury/disease form, which is sent in to the Division of Worker's Compensation.

Communicable Disease Data:

Childhood Immunization – The Wisconsin Immunization Registry (WIR) is the source for childhood vaccination coverage data.

Enteric Disease – Cases of enteric diseases are reported to the Wisconsin Department of Health and Family Services, Bureau of Communicable Disease. Annual data are compiled by county and disease.

Hepatitis C – The Wisconsin Department of Health and Family Services' Hepatitis C Program carries out surveillance under the authority of Chapter 252, Wis. Stats. Wisconsin Administrative Code HFS 145.04(3) requires that hepatitis C infection be reported to the local health officer within 72 hours of identifying a case or suspect case.

HIV/AIDS – HIV infection and AIDS cases are reported to the Wisconsin Department of Health and Family Services AIDS/HIV Program. Annual data are reported for calendar years with year-end data finalized on April 1 of the following year.

Sexually Transmitted Infections – Gonorrhea, chlamydia, and syphilis are reported to the Wisconsin Department of Health and Family Services STD Program. Annual data are reported for calendar years with year-end data finalized in the spring of the following year.

Injuries and Violence:

Child Abuse and Neglect – The Child Abuse and Neglect Program puts out annual reports with statewide and county level data. The data for those reports are from the electronic Wisconsin Statewide Automated Child Welfare Information System (eWiSACWIS). Child Protective Services agencies use eWiSACWIS to manage their cases.

Motor Vehicle Crash Data – Annual reports on Wisconsin traffic crashes are put together by the Wisconsin Department of Transportation, Bureau of Safety and Consumer Protection. Additional reports are available specifically on alcohol-related crashes.

Social and Economic Factors

Education – Annual graduation rates are available through the Wisconsin Department of Public Instruction. Data are available by school, by district, and by county. High school graduation rates were calculated using a new method beginning in 2003-04. This new formula tends to result in lower rates for 2003-04 and later years than the formula used prior to 2003-04 due to the inclusion of additional students in the denominator.

Unemployment – Wisconsin's Department of Workforce Development, Office of Economic Advisors publishes an Excel table that formats monthly labor force, employment, unemployment, and unemployment rate estimates for cities (population exceeds 25,000), counties, metropolitan statistical areas, Workforce Investment Act regions, and Wisconsin.

Tobacco Use and Exposure

Illegal Tobacco Sales – Wisconsin Wins is a science-based strategy, designed to reduce illegal sales of tobacco to minors and youth tobacco use. The program was launched in Wisconsin during the spring of 2002 and was designed to assure compliance with the Federal Synar regulation, which requires states to have a youth access rate of less than 20%. The Department of Health and Family Services contracts with local partners, including health departments and other human service agencies, to conduct investigations to determine retailer compliance with the law.

Statistical Methods and Definitions:

Age-Adjusted Rates – An age-adjusted rate provides a single summary measure that allows one to examine the comparative likelihood of experiencing a condition in two populations despite differences in age structure. An age-adjusted rate has meaning only as a point of comparison to other rates that have been adjusted in the same way. The direct method for calculation of age-adjusted rates is by weighting the actual, age-specific rates in a population of interest by the proportionate age distribution of a standard population. The weighted age-specific rates are then summed across the age categories to provide the age-adjusted rate.

All age-adjusted rates are adjusted using the year 2000 standard population.