Community Health Needs Assessment

Crawford County and Grant County Wisconsin

Completed and Published: 3/31/2016

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Purpose

The purpose of the community health assessment is to indentify and prioritize the health and wellness needs of individuals in Grant and Crawford Counties, in Wisconsin.

Partners

Hospitals

Grant Regional Health Center
You're the center of everything we do.

Crossing Rivers Health
Your bridge to wellness

Gundersen Boscobel Area Hospital and Clinics

Public Health

Grant County Health Department
"Your County Caring For You"

Public Health
Prevent. Promote. Protect.

Crawford County Public Health Department
Nurses change Lives

Education

UW Extension
University of Wisconsin-Extension

Other Partners

ADRC
Aging & Disability Resource Center

Community Description

Demographics

The following chart provides a demographic profile and comparison of the counties targeted for this community health needs assessment.

See trended demographic data in Appendix IV

	Crawford County	Grant County	Wisconsin
Population (1)	16,392	51,829	5,757,564
Population % over 65 (1)	20.6%	16.3%	15.2%
Population % under 18 (1)	21.0%	20.3%	22.6%
By 2035, increase of residents 65 and older (2)	30 – 35% change by 2040	60 – 94% change	10% increased change by 2040
Rural population density (people per square mile) (1)	29.2	44.7	105.0
% of adults over 25 with a college diploma (1)	15.4%	19.1%	26.8%
Median Household Income (1)	$42,235	$46,963	$52,413
Poverty Rate (1)	12.6%	16.6%	13.0%
Childhood Poverty Rate (1)	16.0%	18.4%	15.1%
Labor workforce unemployed (3)	4.9% Nov 2015	3.6% Nov 2015	4%
Uninsured – 5-year avg (2010-14) (1)	9.6%	9.3%	8.7%

Data Sources: (1) U.S. Census Bureau (2011) (2) Wisconsin Department of Administration (2008)(2013) (3) Wisconsin Department of Workforce Development (2015)

Asset Analysis - Crawford County Health Resources

There is one critical access hospital in Crawford County that serves the county and 4 clinics that serve the county. There are no Federally Qualified Health Centers in Crawford County. It should be noted that residents do seek services in surrounding counties as well. Most of Crawford County is considered a Health Professional Shortage Area (HPSA) for primary, dental, and mental health services and a portion of Crawford County is classified as a Medically Underserved Area and/or Population (MUA).

Crawford County Health Department conducted a Community Health Needs Assessment in 2014. The following are priorities established and recommendations created from that assessment.

Identified Priorities

Tobacco, Alcohol and Drug Use

- Creating a Culture of Wellness
    - Nutrition and Healthy Food
    - Physical Activity
    - Oral Health
- Motor Vehicle Related Injuries

Recommendations

- Increase awareness of unhealthy and risky use of alcohol and other drugs for Crawford County residents, including youth.
- Create awareness about the negative health consequences of tobacco use and exposure.
- Promote knowledge of physical activity opportunities and benefits.
- Promote knowledge of reliable, nutritional information and local resources to improve nutritional health.
- Increase awareness of the importance of optimal oral health practices and access to oral health care.
- Reduce injuries and death from motor vehicle related accidents.

Asset Analysis - Grant County Health Resources

There are three critical access hospitals in Grant County that serve the county and 15 clinics that serve the county. There is one free health clinic with limited services in Boscobel but no Federally Qualified Health Center in Grant County. It should be noted that residents do seek services in surrounding counties and in Dubuque, IA as well. Much of Grant County is considered a Health Professional Shortage Area (HPSA) for primary, dental, and mental health services.

Grant County Health Department conducted a Community Health Needs Assessment in 2014. The following are priorities established and recommendations created from that assessment:

Identified Priorities

- Improving and ensuring access to health care
- Improving and ensuring access to dental care
- Improving and ensuring access to substance abuse treatment and mental health care
- Environmental health improvement

Recommendations

- Improve access to health care for Grant County residents who do not have health insurance or cannot afford it, and for residents who face other obstacles such as low health literacy, being unaware of available resources, lack of support, and transportation issues.
- Optimize the health care sector of Grant County's economy by increasing awareness, increasing collaboration with traditional and non-traditional partners, and recruiting and retaining more providers including mid-level practitioners.
- Increase capacities for the provision of services and support as demographics shift.
- Reduce unhealthy behaviors, such as substance abuse, among Grant County residents, while increasing the number of programs and education available related to chronic disease prevention.
- Consider health impacts in the development of all policies and in community planning efforts.
- Improve and ensure environmental and public health capacity to prevent and better respond to human health hazards, communicable disease outbreaks (including food and water borne illnesses), as well as natural and man-made disasters.

Asset Analysis – State of Wisconsin General Summaries

Strengths

- High immunization among adolescents for Tdap
- High rate of high school graduation
- Low percentage of uninsured population

Challenges

- High prevalence of excessive drinking
- Low per capita public health funding
- High prevalence of obesity

Source- http://www.americashealthrankings.org/WI

Data Summaries- Grant and Crawford Counties and State of WI

Notable health conditions, due to rankings higher than state average OR top causes of illness or death in the county, are highlighted yellow. Health conditions that are significantly better than the State average are highlighted green. Data sources are color coded and listed below.

See trended data summaries in Appendix IV

	Grant Co	Crawford Co	WI
Morbidity			
Quality of life rank	14th	38th	N/A
Problem Areas (indicated by X or rate per 100,000 age adj):			N/A
Alzheimer's/Dementia	10.9% of pop		N/A
Breast Cancer (female)		113.8/100,000	N/A
Cancer (all types)		511/ 100,000	N/A
Mortality	**Grant Co**	**Crawford Co**	**WI**
Rank	31st	50th	N/A
YPLL (Yrs of Potential Life Lost)	*5,589	6,257	5881
Death Rate	705.6	698.6	711
Malignant Neoplasm	133.8	179.1	160.4
Heart Disease	141.8	163.6	153
Accidents	39.5	30.2	45.8
Lower respiratory disease	42.4	42.4	39.1
Cerebral	41.9	41.3	34
Alzheimer's	46.6	26.9	24.9
Injury			
Injury Mortality Rate	44.4	58.6	62.4
Falls	X	5.1	15.6
Poisoning	X	5.3	13.1
Firearms	X	14.3	17.6
Motor vehicle	X	13.9	6.6
Suffocation	X	5.1	5.4

Environment			
Rank	37th	29th	N/A
*Access to healthy foods	4%	13%	N/A
Food insecurity	12%	12%	13%
* 2013 change in definition related to Access to Healthy Foods & Food Insecurity was added. It was noted to not compare previous numbers			
Behaviors (2006-2008 data)			
Excessive (binge or heavy)Drinking	26%	22%	24%
Adult Smoking	17%	23%	18
Smoking during pregnancy	14%	21%	14.1
Overweight (BMI <25)	N/A	37.9	N/A
Adult obesity (BMI <30)	27%	28%	29%
Physical inactivity	19%	21%	21

Data Sources used for Data Summaries (color coded)

UW Population Health (2015*) County Health Rankings

Community Health Status Indicators (2015) http://wwwn.cdc.gov/communityhealth

WISH Data Query System (Wisconsin Interactive Statistics on Health) (2014) (Rates per 100,000 age adjusted)

N/A indicates not applicable **X** indicates data not available due to sample size or other reasons

Assessment Process & Methods

Summary of Community Engagement

The Community Health Assessment engaged different sectors of the community at various levels of participation. Community participants were defined as key partners, stakeholders, or general community. Below are the definitions and participation levels of each group.

Key Partners- Hospitals, Public Health, and UW-Extension

This group met regularly to conduct the community health assessment. Tasks required of this group included identifying process, creating surveys, identifying target audiences for participation in the surveys, assembling and reviewing results of data, identifying communities for focus groups, and conducting focus groups.

Stakeholders

Individuals with a vested interest in the community, and individuals who represent a larger demographic (ie: social workers, free clinic workers, school principals, government officials). Participants were asked to identify the sector or sectors of the population they represented, including: business, health care, faith-based, education, youth-serving, agriculture, government, aging, disabilities, low income, minority, education or other. All of the above sectors had adequate representation, with the lowest represented sector at 7.4% (minority), the highest at 50.6% (healthcare), and the average category ranging from 20-30% (education, youth, low income, government).

General Community

Individuals and community members representing their own interests were reached in two ways: A general survey completed at public events (county fairs, local festivals) and focus groups. Community members completing the written survey identified themselves by age and number of children in household. Focus groups participant were identified by gender.

Data Collection

Data was collected at multiple points throughout the process. Statewide data was reviewed by the partner committee consisting of hospital, public health, and UW-Extension representatives. Data reviewed was primarily from the county health rankings. This committee reviewed the health rankings for Crawford and Grant County, and selected the highest ranked health issues in each of the following categories:

- Mortality -- diseases, conditions or behaviors that cause death (ie: heart attack, cancer)
- Morbidity -- Diseases or conditions that cause pain, distress, dysfunction, or social problems (ie: heart disease, diabetes)
- Injuries and accidents -- awareness of causes, prevention, and treatment or injuries related to accidents.
- Behavioral -- nutrition, exercise, drinking, smoking, safe driving, drug use
- Mental Health -- conditions that impact how people think, feel and act as they cope with life.
- Environment -- access to health foods, recreation, clean air, water, ext.
- Community Capacity -- ability to sustain a high quality of life, including access to employment, education, and housing.

The health issues in each of the above categories were used to develop a Stakeholder survey (Appendix II) which was completed by 55 people representing multiple sectors of the community. This group identified and prioritized issues in each of the above categories.

Limitations/Information Gaps

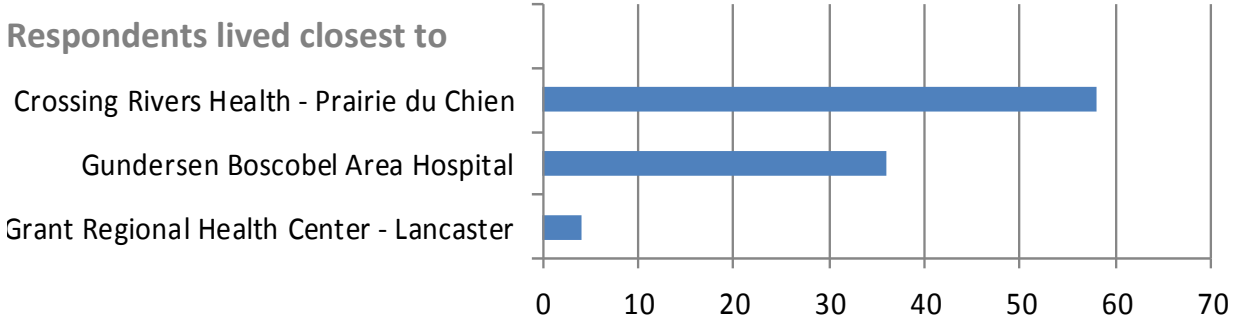
- Timeliness of data- age/diversity (some of the most recent data are from 2009-2014)
- Survey is not statistically valid
- In order to take advantage of statewide and county data, we identified primary service area vs. area where data was collected

Stakeholder Survey

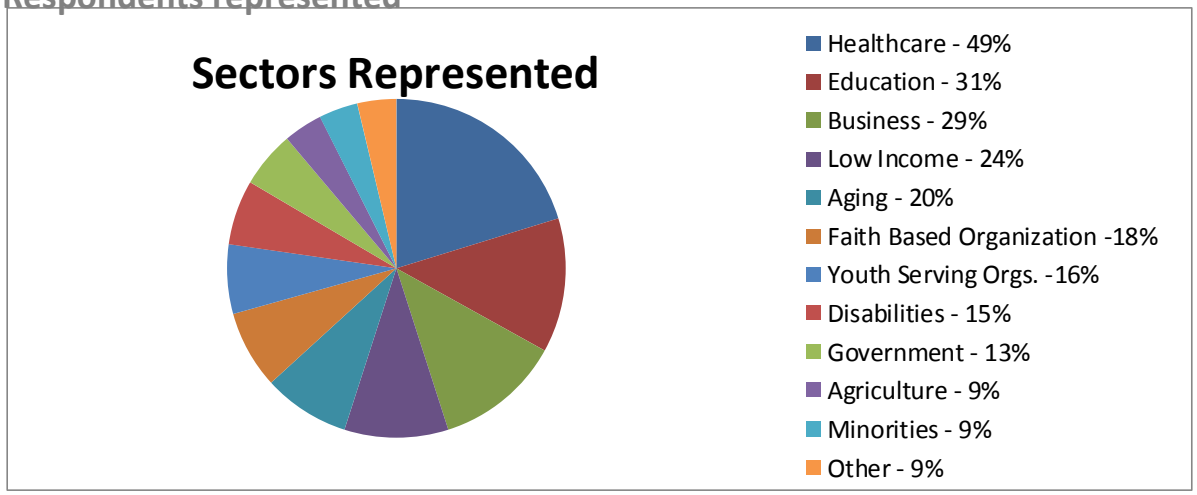
In order to supplement other sources of data gathered to assess the health needs in our two counties, the committee, with the assistance of Grant and Crawford County UW-Extension offices, developed an assessment survey through Constant Contact.

The survey was developed to gain input from Stakeholders including: medical professionals, service agencies, community leaders, schools, Business Leaders and other appropriate officials. It was also emailed to religious personnel, emergency preparedness agencies, and service agencies representing low-income, and disability populations.

Respondents lived closest to



Respondents represented



*All values are rounded to the nearest value for ease of interpretation
**Research conducted is not guaranteed to be statistically valid

Stakeholder Survey Results Summary

38% of respondents felt the health care needs were being *mostly* addressed. An additional 44% felt needs were met *fairly well*. Options included: Fully, mostly, fairly well, somewhat, not at all.

Stakeholders were given eight areas of health needs to prioritize. The following list demonstrates their choice, in order of importance:

- Mental Health – conditions that impact how people think, feel and act as they cope with life
- Mortality – diseases, conditions or behaviors that cause death (heart attack, cancer,)
- Morbidity – diseases or conditions that cause pain, distress (heart disease, diabetes, etc)
- Community Capacity- ability to sustain a high quality of life, including access to employment, education and housing
- Behaviors- nutrition, exercise, drinking, smoking, drug use, safe driving, etc.
- Environmental issues- access to healthy foods, access to recreation, clean air, water, lead exposure, etc.
- Aging related issues- Alzheimer's, dementia, Parkinson's, falls, caregiving, etc.
- Injuries- awareness of causes, prevention and treatment

  *It is important to note that **ranking was low to high, with lowest being of greatest concern**. The the top five ranked very close to one another.

Respondents were given a list of the most prevalent causes of death in our region and were asked to select the three that have the biggest impact on life in our community. The top three ranked as follows:

- Cancer 93%
- Heart Disease 72%
- Injuries/Accidents 52%

Respondents were asked to rank the items that they thought had the most available and accessible treatment options in their communities. Responses were:

- Heart Disease 91%
- Stroke 77%
- Cancer 70%
- Drug and Alcohol Abuse 19%
- Mental Health 15%

Respondents were asked to rank the items they thought had the most available and accessible prevention services in their community and region:

- Heart Disease 89%
- Stroke 75%
- Cancer 53%
- Drug and Alcohol Abuse 30%
- Mental Health 17%

Surveys indicated that the following conditions have the most impact on quality of life:

- Depression 91%
- Substance Abuse 89%
- Anger 54%
- Abuse (sexual, physical, emotional 50%

Surveys indicated that the following causes of injury have the most impact on our communities include:

- Alcohol/drug related motor vehicle accidents 85%
- Falls at home/work/farm 81%
- Motor vehicle accidents related to road conditions 72%

Surveys indicated that the environmental factors with the most impact on our communities include:

- Culture of unhealthy eating 89%
- Limited access to dental care 64%
- Limited access to healthy recreation activities 53%
- Shortage of health professionals/service 53%

Behavioral factors with the most impact on our communities include:

- Binge/heavy drinking 59%
- Lack of parenting skills 56%
- Smoking 54%
- Obesity 52%
- Other close rankings include: other substance abuse, drinking and driving, insufficient physical activity and misuse of prescription drugs

Mental health conditions and issues that have the most impact on the quality of life:

- Depression 91%
- Substance abuse 89%
- Anger 54%
- Abuse (sexual, physical or emotional) 50%

Barriers to better mental health conditions in our communities include:

- Lack of available services 76%
- Lack of mental health professionals 58%

- Cost of services 56%
- Barriers also included: Transportation, Stigma, Public awareness

Respondents' demographics:

- Ages ranged from 31 – 70+ with 60% of responses coming from ages 41-60
- Work in healthcare setting: No 56%; Yes 42%
- Male 35%; Female 64%
- 82% lived in their community > 10 years

View the full Stakeholder Survey results report, as well as the open-ended responses.

General Community Survey

To gain broad public input, a survey (Appendix III) was made available to the general public via facebook, email, Hospital websites and available at Hospital and County Health offices. This survey measured perspectives on health care and health needs, with 243 total responses being received. The survey was also made available at the following community events:

- Boscobel Farmers Market August 2015
- Grant County Fair, Lancaster, August 2015
- Crawford County Fair, Gays Mills, August 2015
- Clayton County Fair, August 2015

In response to the question, to what degree do you feel the health needs of your community are being addressed? Respondents answered:

- Fully 11%
- Mostly 43%
- Fairly Well 33%
- Somewhat 12%

Survey respondents were given seven areas of health needs and asked how they thought community resources in their community should be allocated. The following list demonstrates their choice in order of importance:

- Chronic illnesses - heart disease, cancer, stroke and diabetes
- Mental Health – conditions that impact how people think, feel and act as they cope with life
- Behaviors – nutrition, exercise, drinking, smoking, drug use, safe driving
- Aging Related Issues – Alzheimer's, dementia, Parkinson's, falls, caregiving
- Injuries – awareness of causes, prevention and treatment
- Environmental Issues – access to health foods and recreation, clean air, water, lead exposure

- Community Capacity – access to employment, education and housing

*It is important to note that **ranking was low to high, with lowest being of greatest concern**.

The most prevalent causes of death in our region that concerned survey respondents the most were:

- Cancer 85%
- Heart Disease 77%
- Stroke 50%
- Suicide 42%

The four environmental factors respondents indicated made the biggest impact on their quality of life:

- Culture of unhealthy eating 83%
- Shortage of certain health professionals/service 58%
- Limited access to healthy foods 52%
- Limited access to healthy recreation alternatives 51%

Top three behavioral factors that affect quality of life in the community:

- Drinking and driving 51%
- Binge/heavy drinking 51%
- Other drug abuse 49%
- Smoking 42%
- Poor eating habits 42%

Demographics

- Age of respondents ranged from under 20 to over 70; majority were between 41 – 60 years of age.
- Male: 24%; Female 70%; No response 6%
- Households described as:
  - No minor living at home 57%
  - Children under age 9 at home 23%
  - Children age 9 – 18 at home 29%

View the full General Public Survey report and open-ended comments

Focus Groups

Ten focus groups were conducted in 8 communities to provide qualitative data on topics such as perceived access to health care, barriers to health care, and ways health organizations can reach the public with information and education. Participants were asked brief questions about their general impressions of health and healthcare services in the community in which they live and/or work.

Focus groups were conducted in the following communities:

Grant County

- Bloomington
  - 10/13/15: Participants - 4 female/2 male (including 1 Fennimore resident)
- Potosi
  - 10/20/15: Participants - 1 female
- Lancaster
  - 10/27/15: Afternoon Participants - 4 female/2 male
  - 10/27/15: Evening Participants - 4 female
- Cassville
  - 10/28/15: Participants - 8 female/2 male

Crawford County

- Prairie du Chien
  - 10/23/15: Participants - 3 female
  - 11/3/15: Participants - 1 female/3 male
- Seneca
  - 10/28/15: Participants - 3 female/1 male
- Boscobel
  - 11/9/15: Participants - 2 female/2 male
- Clayton County, IA- Marquette
  - 10/22/15: Participants - 6 female/2 male

Barriers Mentioned Most Often

- Insurance barriers
- Lack of awareness of local healthcare services
- Lack of access to specialists and eye care (Lancaster)
- Transportation to health care services

- Mental health
- Aging issues: Alzheimer's, Dementia, Falls
- Lack of patient advocate to help navigate healthcare systems and insurances
- Access to health care services
- Difficulty in finding and staying with a long-term provider
- Lack of services/clinics/pharmacies in smaller communities
- Lack of health education offered or lack of awareness
- People not seeking health care when needed
- Culture of bad habits including: poor nutrition, lack of exercise
- Lack of wellness and health education
- Alcohol abuse
- Substance abuse

Data Interpretation

What Services or Resources Are Lacking In Our Community

- Alcohol/drug counseling & treatment
- Mental Health screening and treatment
- Availability of specialists in smaller communities
- Dialysis
- Dental care
- Eye care
- Cancer care
- Transportation to healthcare services
- Aging resources for Alzheimer's and Dementia
- Education- wellness and prevention resources
- Assistance in navigating the healthcare system
- Availability of healthcare and specialists in smaller communities

Other points to mention

- Workplace wellness might be a good vehicle to bring additional awareness and health education to the decision-makers in the families.
- A focus on health education and better nutrition offered in the schools could target a group that would impact the future greatly.

- Hospitals could focus their health education at community events where there is a “captive audience”. Screenings or health education would be more available to people attend the various community events.
- People tend not to worry about health problems until they have a personal need.

SWOT Analysis

Hospitals and the partners are affected by a wide array of community strengths, weaknesses, opportunities and threats, all of which impact their collective ability to impact community health.

Strengths

- Strong hospitals, trusted source, credible to community
- Primary care providers and health educators
- Community involvement and outreach
- Emergency preparedness for the communities’ benefit
- Electronic medical record is improving quality of data available
- Medical community is strong and helps patients find appropriate care

Weaknesses

- Diabetes, obesity, heart disease rates
- Culture of poor eating habits
- Culture of heavy and binge drinking
- Limitations of data
- Limitations of available staff for outreach
- Relatively high unemployment rate in Crawford County
- High Poverty rate
- Aging populations
- Narrowing networks
- Dental Care and Mental Health
- Transportation

Opportunities

- Prevention and early intervention, wellness movement
- Focus on Metabolic Syndrome, now a widely agreed upon condition in which someone has three of these five: obesity, diabetes, high cholesterol or other lipids, cardiovascular disease, hypertension.
- Reduce stigma of mental health

- Telemedicine
- Increase dental providers and resources
- Advocacy and education
- Need for more specialty care
- Grant and collaboration opportunities

Threats

- Future declines in reimbursement
- Limited access to mental health and dental services
- Community apathy, status quo, inertia
- Aging population (especially where combined with chronic medical conditions and relatively high poverty)
- Healthcare workforce shortages
- Insurance limitations
- Time, ability, desire to change behaviors and lead a healthier life

Conclusions

Prioritized Health Needs

The consortium partners involved in this Community Health Needs Assessment process share a common vision of improving health in their communities, and beyond. Each participating organization has different resources, work with a different set of specific community attributes, and each will ultimately address community health needs in somewhat different ways. Nevertheless, the partners agree on the following, identified health needs listed below:

1. Empowering people
    - Reducing/eliminating barriers to access
    - Creating opportunities for screenings/early intervention
        - Alzheimer's/ Dementia
        - Cardiovascular disease/ Stroke
        - Diabetes
        - Mental Health
        - Cancer
    - Improving health literacy
    - Providing health and wellness education
    - Eliminating the stigma of mental health

2. Connecting people to services and resources
    - Improving patient advocacy
    - Raising awareness of existing clinical services
        - Mental health
        - Preventive services
        - Family medical care
        - First-trimester care
        - Alzheimer's care
        - Diabetes care
    - Offering important community services
        - Smoking cessation
        - Pregnancy, labor and delivery classes
        - Free or low-cost health and wellness classes
        - Senior specific programs
    - Increasing cancer screening and prevention awareness
    - Improve access to mental health services
    - Recruiting and retaining dental providers/improving access to dentistry

3. Creating a healthy environment and a culture of wellness
    - Promoting healthy eating and active living and support healthy choices
    - Promoting access to healthy foods and activities
    - Engaging in injury awareness activities
    - Supporting prevention of drug and excessive alcohol use
    - Focusing education and change on underlying causes of chronic illnesses

Next steps

Though the community health needs identified in this report (see Conclusions) are shared throughout our two counties, consortium members will prioritize them and address them differently in subsequent, personalized action plans.

Through action planning, consortium partners may choose to collaborate further and combine resources to address a specific need. However, the leadership of each health care organization will set their own priorities, determine their own level of urgency associated with each need, evaluate their own communities' strengths and weaknesses and readiness, consider their own additional potential community partners, and determine how best to bring their own existing and future resources to address these identified issues.

Action plans with goals and specific measurable objectives will be developed by each consortium partner collaborating in this Community Health Needs Assessment. And each partner will identify the available resources to be employed to respond to these community health needs.

Appendix I: Other data sources

Other Health Sources Reviewed (both counties)
UW-Population Health County Health Rankings
http://www.countyhealthrankings.org/wisconsin/grant

http://www.countyhealthrankings.org/wisconsin/crawford

WI Interactive Statistics on Health (WISH)
Birth Data
Injury Data
Mortality Data
http://www.dhs.wisconsin.gov/wish/

State Public Health Profiles
http://www.dhs.wisconsin.gov/localdata/pdf/08pubhlth/grant08.pdf

http://www.dhs.wisconsin.gov/localdata/pdf/08pubhlth/crawford08.pdf

Poverty and Health Insurance Coverage County Level
http://www.dhs.wisconsin.gov/publications/P0/P00406/p00406b-grant-2012.pdf
Not available for Crawford County

Community Health Status Indicators
http://www.communityhealth.hhs.gov/Demographics.aspx?GeogCD=55043&PeerStrat=27&state=Wisconsin&county=Grant

http://www.communityhealth.hhs.gov/Demographics.aspx?GeogCD=55023&PeerStrat=40&state=Wisconsin&county=Crawford

Wisconsin Behavioral Risk Factor Survey
http://www.dhs.wisconsin.gov/wish/main/BRFS/BRFSHome.htm

Southwest Wisconsin Youth Survey
http://fyi.uwex.edu/swys/

SWCAP/Coulee CAP Needs Assessment
http://www.swcap.org/pdf/SOUTHWEST%20CAP%20Head%20Start%20Community%20Assessment%202010.pdf

http://www.couleecap.org/public/2010%20Couleecap%20NA_Full%20Report_.pdf

Burden of Tobacco
http://www.dhs.wisconsin.gov/tobacco/pdffiles/Burden%202006/grant.pdf

http://www.dhs.wisconsin.gov/tobacco/pdffiles/Burden%202006/crawford.pdf

Health Care Provider Shortage Areas
http://www.dhs.wisconsin.gov/health/primarycare/maps.htm

Obesity, Nutrition, and Physical Activity in Wisconsin
http://www.dhs.wisconsin.gov/health/physicalactivity/pdf_files/executivesummary.pdf

HIV/AIDS Surveillance Date for Wisconsin
http://www.dhs.wisconsin.gov/aids-hiv/Stats/FirstQtrlySurv2011.pdf

Workforce Profile Data
http://dwd.wisconsin.gov/oea/county_profiles/current/grant_profile.pdf

http://dwd.wisconsin.gov/oea/county_profiles/current/crawford_profile.pdf

Environmental Health Profile
http://www.dhs.wisconsin.gov/epht/CHP/Grant_profile.pdf

http://www.dhs.wisconsin.gov/epht/CHP/Crawford_profile.pdf

Wisconsin Food Security Project
http://foodsecurity.wisc.edu/

Appendix II: Trended data
Demographics

	Crawford County 2011	Crawford County 2014	Grant County 2011	Grant County 2014	Wisconsin 2011	Wisconsin 2014
Population (1)	16,714	16,392	51,210	51,829		5,757,564
Population % over 65 (1)	18.7%	20.6%	15.5%	16.3%	13.9%	15.2%
Population % under 18 (1)	22%	21.0%	20.9%	20.3%	23.2%	22.6%
By 2035, increase of residents 65 and older (2)	33-60% change	30 – 35% change by 2040	60 – 94% change	60 – 94% change	111.5% change	111.5%
Rural population density (people per square mile) (1)	29.2	29.2	45	44.7	105	105.0
% of adults over 25 with a college diploma (1)	22.8%	15.4%	28.6%	19.1%	35.2%	26.8%
Median Household Income (1)	$41,181	$42,235	$45,748	$46,963	$50,401	$52,413
Poverty Rate (1)	13.4%	12.6%	16.3%	16.6%	13.1%	13.0%
Childhood Poverty Rate (1)	19.8%	16.0%	19.6%	18.4%	18%	15.1%
Labor workforce unemployed (March 2012) (3)	8.8%	4.9% Nov 2015	6.4%	3.6% Nov 2015	8%	4%
Uninsured for a least part of the year (2008 – 2010) (3)	12%	9.6%	12%	N/A	11%	8.7%

Trended data summaries

	Grant Co 2011	Grant Co 2014	Crawford Co 2011	Crawford Co 2014	WI 2011	WI 2014
Morbidity						
Quality of life rank	6th	14th	34th	38th	N/A	N/A
Problem Areas (indicated by X or rate per 100,000 age adj):					N/A	N/A
Alzheimer's/Dementia		10.9% of pop			N/A	N/A
Breast Cancer (female)	X			113.8/100,000	N/A	N/A
Cancer (all types)				511/100,000	N/A	N/A
Coronary Heart Disease	X				N/A	N/A
Stroke	X		X		N/A	N/A
Suicide	X				N/A	N/A
No Care in first trimester	X		X		N/A	N/A
Colon Cancer			X	42.9/100,000	N/A	N/A
Motor vehicle injuries			X		N/A	N/A
Mortality						
Rank	27th	31st	57th	50th	N/A	N/A
YPLL (Yrs of Potential life lost)	6,035	5589	7112	6,257	**6,230**	5,881
Death Rate	N/A	705.6	817.8	698.6	N/A	711
Malignant Neoplasm	218.45	133.8	166.61	179.1	190.95	160.4
Heart Disease	188.93	141.8	171.30	163.6	190.95	153
Accidents	33.46	39.5	55.56	30.2	42.82	45.8
Lower respiratory disease	70.85	42.4	67.54	42.4	43.28	39.1
Cerebral	72.82	41.9	48.46	41.3	44	34
Alzheimer's	35.42	46.6	22.89	26.9	28.35	24.9
Injury						
Injury Mortality Rate	52.1	44.4	86.6	58.6	58.3	62.4
Falls	3.9	X	17.26	5.1	17.03	15.6
Poisoning	7.87	X	5.75	5.3	12.71	13.1
Firearms	13.78	X	17.26	14.3	8.03	17.6
Motor vehicle	5.9	X	23.01	13.9	6.66	6.6

Suffocation	N/A	X	N/A	5.1	4.91	5.4
Environment						
Rank	63rd	37th	55th	29th	N/A	N/A
*Access to healthy foods	44%	4%	43%	13%	59%	N/A
Food insecurity	N/A	12%	N/A	12%	N/A	13%
* 2013 change in definition related to Access to Healthy Foods & Food Insecurity was added. It was noted to not compare previous numbers						
Behaviors (2006-2008 data)						
Excessive (binge or heavy)Drinking	N/A	26%	N/A	22%	24%	24%
Adult Smoking	24%	17%	23%	23%	22	18
Smoking during pregnancy	N/A	14%	X	21%	14.9	14.1
Overweight (BMI <25)	40.2%	N/A	37.6%	37.9	N/A	N/A
Adult obesity (BMI <30)	26.6%	27%	26.9%	28%	29	29
Physical inactivity	N/A	19%	N/A	21%	23	21

Data Sources used for Data Summaries (color coded)

UW Population Health 2015* County Health Rankings

Community Health Status Indicators (2015) http://wwwn.cdc.gov/communityhealth

WISH Data Query System (Wisconsin Interactive Statistics on Health) (2012 & 2014) (Rates per 100,000 age adjusted)

Source: Wisconsin Burden of tobacco (2015)

N/A indicates not applicable X indicates data not available due to sample size or other reasons

Appendix III: CHNA timeline and actions