Community Health Needs Assessment

Crawford County and Grant County Wisconsin

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Purpose

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

Partners

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)	16,214	51,999	5,795,483
Population % over 65 (1)	22.60%	16.80%	16.50%
Population % under 18 (1)	20.40%	20.60%	22.10%
By 2035, increase of residents 65 and older (2)	30 – 35% change by 2040	60 – 94% change	~97% increase by 2040
Rural population density (people per square mile) (1)	29.2	44.7	105
% of adults over 25 with a college diploma (1)	15.40%	21.30%	28.40%
Median Household Income (1)	$45,780	$49,077	$54,610
Poverty Rate (1)	14.20%	16.70%	11.30%
Childhood Poverty Rate (4)	20.00%	17.00%	16.00%
Labor workforce unemployed (3)	3.40% Aug-18	2.80% Aug-18	3%
Uninsured – 7-year avg (2010-17) (1)	9.60%	6.90%	6.40%

Data Sources: (1) U.S. Census Bureau (2018) (2) Wisconsin Department of Administration (2008)(2013) (3) Wisconsin Department of Workforce Development (2018)

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.

<u>Identified Priorities</u>

Tobacco, Alcohol and Drug Use

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

<u>Recommendations</u>

- 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

- Low levels of air pollution
- High percentage of high school graduation
- Low percentage of uninsured population

Challenges

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

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 (2018)	Crawford Co (2018)	WI (2018)
Morbidity				
Quality of life rank		33rd	38th	N/A
Problem Areas (indicated by X or rate per 100,000 age adj):				
Alzheimer's/Dementia		10.9% of pop		N/A
Breast Cancer (female)		68.4/100,000	113.8/100,000	N/A
Cancer (all types)		467.1/100,000	511/ 100,000	N/A
Mortality		Grant Co	Crawford Co	WI
Rank		30th	50th	N/A
YPLL (Yrs of Potential Life Lost)		*5,800	6,257	6000
Death Rate		640.5	698.6	717.9
Malignant Neoplasm		136.6	179.1	199.1
Heart Disease		149.0	163.6	198.9
Accidents		55.0	30.2	60.64
Lower respiratory disease		26.7	42.4	48.2
Cerebral		31.7	41.3	42.8
Alzheimer's		33.5	26.9	39.1
Injury				
Injury Mortality Rate		70.9	58.6	75.0
Falls		12.4	5.1	19.9
Poisoning		15.9	5.3	20.4
Firearms		10.4	14.3	11.4
Motor vehicle		8.7	13.9	7.2
Suffocation		5.5	5.1	5.6

Environment				
Rank		56th	29th	N/A
*Limited Access to healthy foods		4%	13%	5%
Food insecurity		12%	12%	11%
Behaviors (2010-2016 data)				
Rank		51st		
Excessive (binge or heavy)Drinking		28%	22%	26%
Adult Smoking		16%	23%	17%
Smoking during pregnancy		12%	21%	13%
Overweight (BMI <25)		N/A	37.9	N/A
Adult obesity (BMI <30)		35%	28%	31%
Physical inactivity		23%	21%	21

Data Sources used for Data Summaries (color coded)

UW Population Health (2018*) County Health Rankings

WISH Data Query System (2011-2015) (Wisconsin Interactive Statistics on Health) (2018) (Rates per 100,000 age adjusted)

WISH Data Query System (Wisconsin Interactive Statistics on Health) (2016) (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 Needs Assessment (CHNA) engaged a number of 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 roles of each group.

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

The consortium of key partners met regularly to conduct the Community Health Needs 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). Stakeholders 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 via online sources, at public events and focus groups. Community members completing the written survey identified themselves by age and number of children in household. Focus group participants were identified by age and 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, ADRC, and other collaborative partners. 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 192 people representing multiple sectors of the community. This group identified and prioritized issues in each of the above categories.

Limitations/Information Gaps

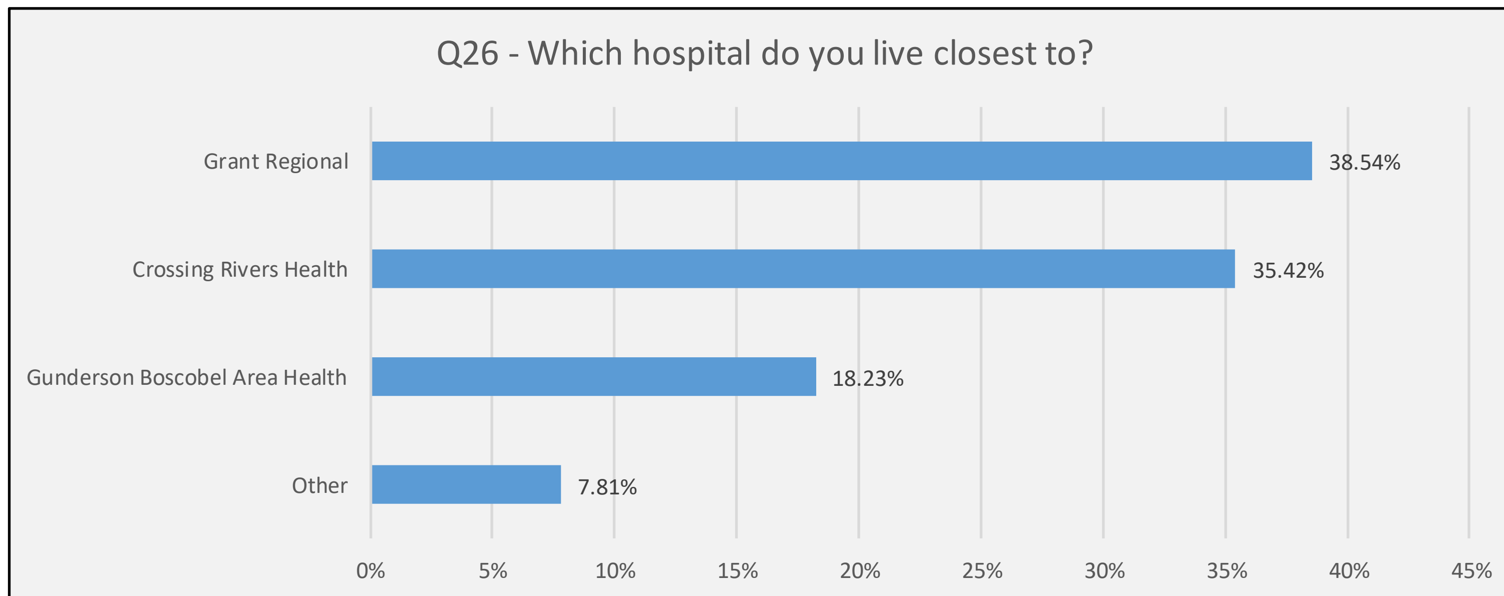
- Timeliness of data- some data sources are only as recent as 2009-2015
- Survey is not statistically valid
- In order to take advantage of statewide and county data, we identified primary service area vs. area where data was collected

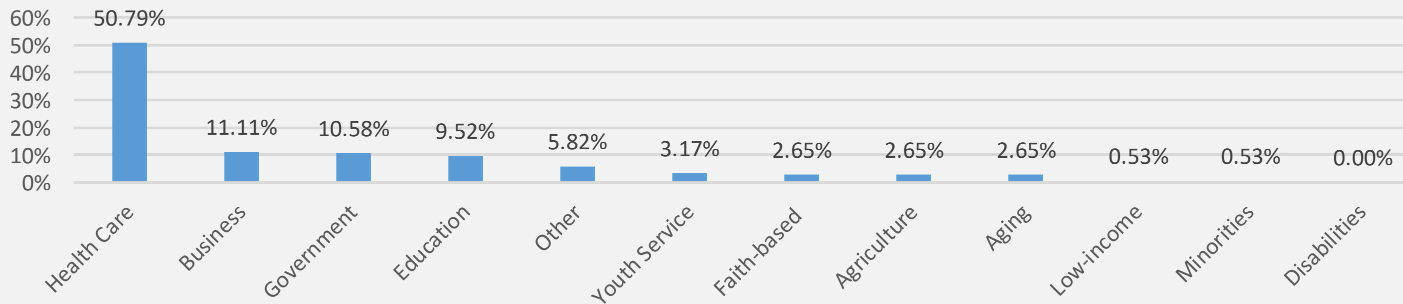
Stakeholder Survey

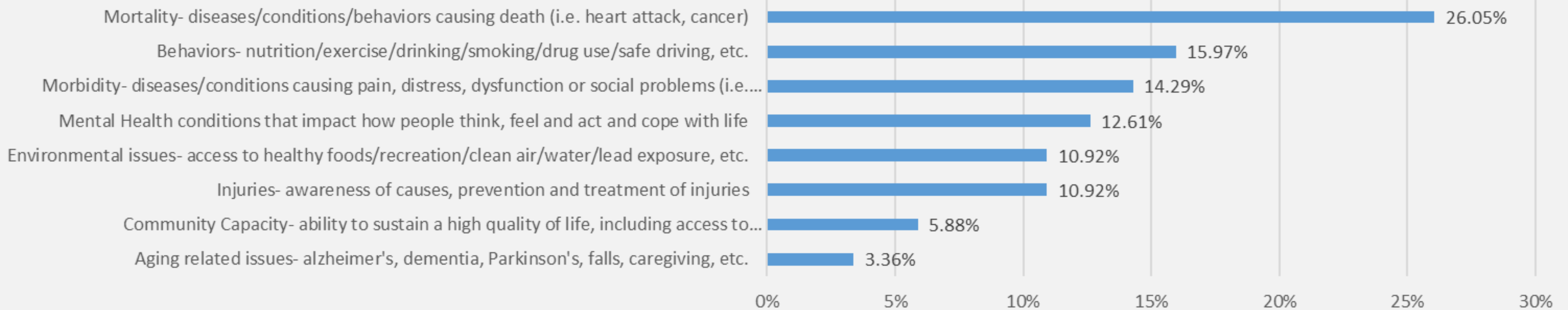
In order to supplement other sources of data gathered to assess the health needs in our two counties, the committee, with the assistance of Grant County UW-Extension office, developed an assessment survey through Qualtrics. The research conducted is not guaranteed to be statistically valid.

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.

Stakeholder Survey Results Summary







37% of respondents felt the health care needs were being *mostly* addressed. An additional 38% felt needs were met *fairly well*. Options included: Fully, mostly, fairly well, somewhat, not at all.

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. Ranked in order of importance, the top three ranked as follows:

- Cancer
- Heart Disease
- Diabetes

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

- Diabetes
- Heart Disease
- Stroke
- Cancer
- Drug and Alcohol Abuse
- Mental Health

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

- Heart Disease
- Diabetes
- Stroke
- Cancer
- Drug and Alcohol Abuse
- Mental Health

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

- Cancer
- Mental Health
- Diabetes
- Heart Disease

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

- Alcohol/drug related motor vehicle accidents
- Falls at home/work/farm
- Farm accidents
- Recreational vehicle accidents (ATV, snowmobile, boats, etc.)
- Motor vehicle accidents related to road conditions

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

- Culture of unhealthy eating
- Shortage of health professionals/service
- Limited access to healthy foods
- Social Isolation

Behavioral factors with the most impact on our communities include:

- Drinking and driving
- Binge/heavy drinking
- Smoking
- Insufficient Physical Activity
- Other drug use
- Other close rankings include: lack of parenting skills, misuse of prescription drugs, poor nutrition

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

- Depression
- Addiction
- Abuse (sexual, physical or emotional)
- Memory loss/Alzheimer's

Barriers to better mental health conditions in our communities include:

- Lack of available services
- Lack of mental health professionals
- Cost of services
- Barriers also included: Transportation, Stigma, Public awareness

Respondents' demographics:

- Ages ranged from 31 – 70+ with 75% of responses coming from ages 31-50
- Work in healthcare setting: No 38%; Yes 63%
- Male 23%; Female 77%
- 78% lived in their community > 10 years

View the full Stakeholder Survey report here

General Community Survey

To gain broad public input, a survey (Appendix III) was made available to the general public. This survey measured perspectives on health care and health needs, with 142 total responses being received. The survey was made available via Facebook, email, Hospital websites and available at Hospital and County Health offices. The survey was also made available at the following community events:

- Boscobel Farmers Market August 2018
- Grant County Fair, Lancaster, August 2018
- Crawford County Fair, Gays Mills, August 2018
- SeniorFest, Prairie du Chien, September 2018

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

- Fully 7.6%
- Mostly 13.8%
- Fairly Well 37.1%
- Somewhat 39.6%

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:

- Mental Health – conditions that impact how people think, feel and act as they cope with life
- Chronic illnesses - heart disease, cancer, stroke and diabetes
- Behaviors – nutrition, exercise, drinking, smoking, drug use, safe driving
- Injuries – awareness of causes, prevention and treatment
- Aging Related Issues – Alzheimer's, dementia, Parkinson's, falls, caregiving
- 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
- Heart Disease
- Suicide
- Stroke

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

- Culture of unhealthy eating
- Limited access to healthy foods

- Shortage of health professionals/service
- Limited access to healthy recreation alternatives

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

- Other drug use
- Drinking and driving
- Lack of parenting skills
- Misuse of prescription drugs
- Binge/heavy drinking

Demographics

- Age of respondents ranged from under 20 to over 70; 75% were between 31 – 60 years of age.
- Male: 24%; Female 74%; Transgender 0.7% Gender Neutral 0.7%
- Households described as:
    - No minor living at home 49%
    - Children under age 9 at home 22%
    - Children age 9 – 18 at home 29%

View the full General Public Survey report here

Comparison of General Public & Stakeholder Perceptions

While both the Stakeholders and the General Public survey participants agreed on most items in the surveys, here is where the groups differed:

- While the General Public and Stakeholder survey respondents believed the top 2 prevalent causes of death in our region to be Cancer and Heart Disease, they differed on the 3rd most prevalent cause. The General Public believed Suicide to be the 3rd most prevalent, and the Stakeholders believed Diabetes to be the 3rd most prevalent.
- The General Public and Stakeholders agreed upon the top concerns for lifestyle and behavioral factors that negatively affect the health of their community. Smoking was an area that the two groups differed slightly in their concern of the negative affect on the community, with General Public ranking smoking at 8.8% and Stakeholders at 14.29%.
- Where the two groups seemed to differ greatly compared to statistical data, related to the topic of risky sexual behaviors. While the rate of sexually transmitted diseases continues to increase, risky sexual behaviors did not rank high in importance with either the general public or stakeholder groups.

Focus Groups

Thirteen (13) focus groups were conducted in twelve (12) 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
  - 11/20/18: Participants – 0 female/0 male
- Boscobel
  - 11/08/18: Participants – 6 female/1 male
- Cassville
  - 11/13/18: Participants – 3 female/0 male
- Fennimore
  - 10/24/18: Participants – 8 female/1 male
- Lancaster
  - 11/06/18: Participants – 5 female/0 male
  - 11/20/18: Participants – 2 female/1 male
- Muscoda
  - 11/01/18: Participants – 1 female/0 male
- Potosi
  - 11/27/18: Participants – 0 female/0 male

Crawford County

- Gays Mills
  - 10/29/18: Participants – 2 female/1 male
- Prairie du Chien
  - 11/6/18: Participants – 2 female/0 male
- Seneca
  - 11/08/18: Participants – 0 female/0 male
- Wauzeka
  - 11/05/18: Participants – 1 female/ 2 male

- Clayton County, IA- McGregor
  - 11/28/18: Participants - 5 female/3 male
  - 11/01/18: Participants – 1 female/0 male

Barriers Mentioned Most Often

- Insurance limitations or lack of insurance
- Lack of behavioral and mental health resources
- Substance abuse
- Lack of public transportation
- Lack of patient advocates to help navigate healthcare, services, resources and insurances
- Lack of access to specialists and eye care (Lancaster, Boscobel)
- Aging population and limited resources: Alzheimer's, Dementia, Falls, respite
- Limited health care services within rural communities
- Lack of available community centers; contributing to social isolation in many communities
- Low paying jobs and few options for advancement
- Difficulty in finding and staying with a long-term provider
- Lack of health education offered and/or lack of public health literacy
- Lack of wellness and health education
- People not seeking health care when needed (insurance deductibles, out-of-pocket costs, perceived hoops to jump through, etc.)
- Culture of bad habits including: poor nutrition, lack of exercise
- Alcohol abuse

Data Interpretation

What Services or Resources Are Lacking in Our Community

- Mental Health screening and treatment
- Alcohol/drug counseling & treatment
- Public Transportation
- Availability of specialists in smaller communities
- Dialysis
- Dental and vision care
- Cancer care
- Resources and support for those impacted by Alzheimer's, Dementia, Autism Spectrum Disorder
- Education - wellness and preventative health resources
- Assistance in navigating the healthcare system
- Access to fresh produce and healthy food options

Other Points to Mention

- Hospitals and other agencies could collaborate in addressing community health needs by focusing on overarching themes; offering educational opportunities at various community events, regional awareness campaigns, etc.
- Parenting workshops (i.e. Raising Resilient Children coursework, healthy cooking on a dime, etc.) might be a good vehicle to bring additional awareness and health education to the decision-makers in the families.
- A focus on the areas of mindfulness, stress reduction, and resiliency could be offered in the schools to target an age group that would impact the future of behavioral health.
- People tend not to worry about health problems until they have a personal need. At that point and can be difficult to establish with a provider. Work to educate the public on the importance of wellness visits throughout the lifespan.

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, three hospitals in Grant County and four within close proximity, trusted source, credible to community
- Increase in *some* healthcare services available locally ie: specialty services, telemedicine
- Quality primary care providers
- Increase in healthcare facilities, and improvement in recreational opportunities
- 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
- Declining unemployment
- Number of uninsured declining

Weaknesses

- Mental Health resources
- Cancer, diabetes, obesity, heart disease rates
- Transportation
- High deductible health plans
- Culture of poor eating habits
- Culture of heavy and binge drinking
- Limitations of data
- Limitations of available staff for outreach

- High Poverty rate/low living wage
- Aging populations
- Narrowing networks
- Dental Care

Opportunities

- Health educators
- Community involvement and outreach
- Grant funding and collaboration opportunities
- Increased access to primary care
- 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.
- Further reduce stigma of mental health
- Telemedicine
- Increase dental providers and resources for Medicaid
- Advocacy and education
- Need for more specialty care

Threats

- Increase in Sexually Transmitted Diseases across all ages, but predominantly younger
- Social isolation
- Unaddressed mental health issues
- 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
- Low immunization rates

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 through awareness and education
    - Reducing/eliminating barriers to access
    - Creating opportunities for screenings/early intervention
        - Mental Health
        - Suicide
        - Cancer
        - Diabetes
        - Sexually Transmitted Diseases
        - Alzheimer's/ Dementia
        - Cardiovascular disease/ Stroke
    - Improving health literacy
    - Providing health and wellness education
    - Reducing the stigma of mental health
    - Providing parenting education

2. Connecting people to services and resources
    - Improving patient advocacy
    - Increasing access to 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 dental services

3. Creating a healthy environment and a culture of wellness across the lifespan
    - Promoting healthy eating and active living and support healthy choices
    - Promoting access to healthy foods and activities
    - Increase education and access to immunizations
    - Engaging in injury awareness activities, include ergonomics
    - Supporting prevention of drug and excessive alcohol use
    - Focusing education on mental health, sexually transmitted diseases, chronic illnesses

Next steps

Though the community health needs identified in this report 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
Grant County
Crawford County

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

Wisconsin Public Health Profiles
https://www.dhs.wisconsin.gov/publications/p4/p45358-2017-grant.pdf
https://www.dhs.wisconsin.gov/publications/p4/p45358-2017-crawford.pdf

Poverty and Health Insurance Coverage
Grant County
Not available for Crawford County

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

SWCAP/Coulee CAP Needs Assessment
Grant County
Not available for Crawford County

Burden of Tobacco
http://www.dhs.wisconsin.gov/tobacco/data.htm
https://www.dhs.wisconsin.gov/publications/p43073.pdf

Health Care Professional Shortage Areas
Mental Health Professional Shortage Areas
Dental Health Professional Shortage Areas
Primary Care Health Professional Shortage Areas

Workforce Profile Data
http://jobcenterofwisconsin.com/wisconomy/pub/economist

Environmental Health Profile
Crawford County
Grant County

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

Obesity, Nutrition, and Physical Activity in Wisconsin (2014 data)
http://www.dhs.wisconsin.gov/physical-activity/reports-data.htm

Appendix II: Trended Data Demographics

	Crawford County 2011	Crawford County 2014	Crawford County 2018	Grant County 2011	Grant County 2014	Grant County 2018	Wisconsin 2011	Wisconsin 2014	Wisconsin 2018
Population (1)	16,714	16,392	16,214	51,210	51,829	51,999		5,757,564	5,795,483
Population % over 65 (1)	18.7%	20.6%	22.60%	15.5%	16.3%	16.80%	13.9%	15.2%	16.50%
Population % under 18 (1)	22%	21.0%	20.40%	20.9%	20.3%	20.60%	23.2%	22.6%	22.10%
By 2035, increase of residents 65 and older (2)	33-60% change	30 – 35% change by 2040	30 – 35% change by 2040	60 – 94% change	60 – 94% change	60 – 94% change	111.5% change	111.5%	~97% increase by 2040
Rural population density (people per square mile) (1)	29.2	29.2	29.2	45	44.7	44.7	105	105.0	105
% of adults over 25 w/ college diploma	22.8%	15.4%	15.40%	28.6%	19.1%	21.30%	35.2%	26.8%	28.40%
Median Household	$41,181	$42,235	$45,780	$45,748	$46,963	$49,077	$50,401	$52,413	$54,610

Income (1)									
Poverty Rate (1)	13.4%	12.6%	14.20%	16.3%	16.6%	16.70%	13.1%	13.0%	11.30%
Childhood Poverty Rate (1)	19.8%	16.0%	20.00%	19.6%	18.4%	17.00%	18%	15.1%	16.00%
Labor workforce unemployed (March 2012) (3)	8.8%	4.9% Nov 2015	3.40% Aug-18	6.4%	3.6% Nov 2015	2.80%	8%	4%	3%
Uninsured for a least part of the year (2008 – 2010) (3)	12%	9.6%	9.6%	12%	N/A	6.9%	11%	8.7%	6.4%

Trended data summaries

	Grant Co 2011	Grant Co 2014	Grant Cty 2018	Crawford Co 2011	Crawford Co 2014	Crawford Cty 2017	WI 2011	WI 2014	WI 2018
Morbidity									
Quality of life rank	6th	14th	32nd	34th	38th	53	N/A	N/A	
Problem Areas:									
Alzheimer's/Dementia	N/A	10.9% of pop		N/A	N/A				
Breast Cancer (female)	X				113.8/100,000	79.2 per age-adjusted rate			
Cancer (all types)		N/A		N/A	511 per 100,000 age adj	447			
Coronary Heart Disease	X								
Stroke	X			X					
Suicide	X								
No Care in first trimester	X			X					
Colon Cancer				X	42.9/100,000	42.7			

Motor vehicle injuries				X					
Mortality									
Rank	27th	31st	30th	57th	50th	59	N/A	N/A	
YPLL (Yrs of Potential life lost)	6,035	5589	5,800	7112	6257	7100		5881	6000
Death Rate		705.6	640.5		698.6	622.2		711	717.9
Malignant Neoplasm	218.45	133.8	136.6	166.61		129.2		16.04	199.1
Heart Disease	188.93	141.8	149	171.3	188.93	162.53		153	198.9
Accidents	33.46	39.5	55	55.56	33.46	53.4		45.8	60.64
Lower respiratory disease	70.85	42.4	26.7	67.54		41.6		39.1	48.2
Cerebral	72.82	41.9	31.7	48.46	72.82	38		34	42.8
Alzheimer's	35.42	46.6	33.5	22.89	35.42	46.7		24.9	39.1
Injury									
Death Rate	52.52	13.26	70.9	74.78	43.5	11 in 2016	59.93	61.5	81.2
Falls	3.9	X	18.9	17.26	5.1	92 cases from 2016-17	17.03	15.6	26
Poisoning	7.87	X	11.3	5.75	5.3	19 cases (2016-17	12.71	13.1	19.7
Firearms	13.78	X	13.2	17.26	14.3	x	8.03	17.6	11.5
Motor vehicle	5.9	X	9.5	23.01	13.9	23	6.66	6.6	7.4
Suffocation	N/A	X	3.8	N/A	5.1	x	4.91	5.4	5.5
Environment									
Rank	63rd	37th		55th	29th		N/A	N/A	
*Access to healthy foods	44%	4%		43%	13%	5%	59%		
Food insecurity	N/A	12%	N/A	N/A	12%	12%	N/A	13%	N/A
* 2013 change in definition related to Access to Healthy Foods & Food Insecurity was added.									
Behaviors (2006-2008 data)									
Excessive Drinker		26%	28%		22%	23%	24%	24%	26%
Adult Smoking		17%	16%		23%	16%	20	18	17%

Smoking during pregnancy			x			X	18	14.9	14.1	
Overweight						37.9				
Adult obesity or Obese				35%		27.8	36	29	29	31
Physical inactivity			19%	23%			23	23	21	21

Appendix III: CHNA timeline and actions