



2013

Iowa County, Wisconsin Community Health Needs Assessment



Prepared by:
**Iowa County
Health Department**

**Jenny Pritchett,
Director/Health Officer**

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Letter from Our Health Officer

Dear Iowa County Residents,

It is my pleasure to share with you the 2013 Iowa County Community Health Needs Assessment. On behalf of the Iowa County Health Department, Board of Health, Health and Human Services Committee, and the Iowa County Health Coalition, we hope you find this information useful in planning and responding to the needs of our communities.

Many community healthcare partners participated in this Community Health Needs Assessment in early 2013. Current data relevant to the health of Iowa County residents were examined. These leaders and partners demonstrated a strong commitment to assessing the needs of Iowa County, working collaboratively, and moving forward in making our communities healthier.

Areas of priorities were identified by analysis of assessments from areas partners and focus groups of Iowa County Residents. A Community Health Improvement Plan (CHIP) is being developed as a companion to this document and will detail goals, objectives and action plans for each of the focus areas identified.

For online access to the 2013 Iowa County Community Health Needs Assessment and the accompanying Community Health Improvement Plan, please visit our website at www.iowacounty.org. I hope you find this assessment useful and we welcome any suggestions you may have for assisting us in improving the health of Iowa County.

Sincerely,

Jenny Pritchett

Jenny Pritchett, MPH, RN, CIC
Iowa County Health Officer



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Acknowledgements

Key Stakeholders- Community Health Assessment- 2013

Many people and organizations provided information, statistics and opinions during the Community Health Assessment process for Iowa County. The level of cooperation given by the health care professionals, government representatives and community members made it possible to gather a wealth of information.

The primary professional entities involved directly in this Community Health Needs Assessment:

- *Iowa County Health Department*
- *Upland Hills Health*
- *Southwestern Wisconsin Community Action Program*
- *Aging & Disability Resource Center of Iowa County*
- *Iowa County UW Extension*
- *Community Connection Free Clinic*
- *Iowa County Health Coalition*

Introduction

Purpose

There are several purposes for doing a community health assessment:

- (1) To fulfill Wisconsin Administrative Code, DHS 140.04-responsibility that requires each local health department to identify chronic disease or injuries through a community needs assessment OR by the regular and systematic collection of information on the health of the community.
- (2) To provide updated information on the population health status, thus providing the basis for the identification and prioritization of local health-related issues.
- (3) Development of a local health implementation plan.
- (4) To create a process to encourage public and community input into the population health needs and the use of available resources.

Methodology

This report identifies the communities in Iowa County, Wisconsin. Findings are based on various quantitative analyses regarding the health needs in Iowa County. Several primary and secondary sources were used for the community health assessment. Primary and secondary data included data collected by the Health Department, as well as Upland Hills Health Community Health Needs Assessment collaboration from July 2013. Secondary data included the 2010 US Census Bureau, and the Wisconsin Interactive Statistics on Health (WISH).

Healthiest Wisconsin 2020

Healthiest Wisconsin 2020 is the state's version of a health improvement plan and was published in July 2010. This plan represents the cooperative efforts of public health and system partners. *Healthiest Wisconsin 2020* will be Wisconsin public health agenda for the next decade.

For more information visit www.dhs.wisconsin.gov/hw2020.

County Health Rankings- 2013

The Wisconsin County Health Rankings Report from University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation ranks the health and wellness of the 72 Wisconsin Counties. Iowa County proudly ranks 7th in the state for health outcomes in 2013.

For more information visit www.countyhealthrankings.org.



Executive Summary

Iowa County Health Department, along with many healthcare and community partners have done very well in addressing many of the health-related issues that our residents face. This is evident by our high County Health Rankings. In 2013, Iowa County ranked #7 out of 72 counties in health outcomes and #1 in quality of life in the state of Wisconsin which is a great achievement. Some of the successes in Iowa County include: low teen birth rates, prenatal care access, low lead poisoning rates, good air quality, and optimum quality of life.

At the same time Iowa County also continues to face many challenges as illustrated below (Upland Hills Health CHNA, 2013):

Access to Providers of Health and Human Services

- **Insufficient Affordable and Accessible Primary Care for Vulnerable Populations**
Access to care for some members of the community is impeded by a lack of transportation, restricted provider hours, and insufficient health education.
- **Insufficient Specialty Care**
Many residents must travel outside the community to access specialty care, including oncology, pediatrics, and high-risk neonatal care.

Dental Health

- **Uncertain Access to Dental Care and Poor Dental Health Status**
Dental capacity is uncertain because there historically has been an insufficient supply of dental providers. A new dental clinic recently opened to deliver care to underserved populations; however, dental health should be monitored to assess the degree to which unmet need remains.

Health Behaviors

- **Alcohol Abuse**
Efforts to reduce alcohol abuse are needed due to comparatively high rates of heavy drinking and alcohol-related motor vehicle deaths. Cultural acceptance of heavy drinking contributes to the issue.
- **Drug Abuse and Misuse**
Interventions are needed to reduce drug abuse of both illegal substances and prescription

drugs, as well as misuse of prescription drugs.

- Smoking/Tobacco Use

Efforts to reduce tobacco use are needed due to comparatively high rates of smoking and tobacco use in Iowa County. Pregnant women smoke at a rate significantly higher than the Healthy People 2020 goal.

Health-Related Disparities

- Gender Disparities

Gender disparities are prevalent in Iowa County. Men frequently have higher mortality rates, including diabetes, chronic lower respiratory disease, and unintentional injury. Male children also are more likely to live in poverty. Women exhibit a higher chlamydia diagnosis rate, and elderly women are more likely to live in poverty.

- Racial and Ethnic Disparities

Issues disproportionately affecting non-White populations include poverty, particularly child poverty, comparatively low per capita income, and educational attainment.

Mental Health

- Lack of Access to Mental Health Services and Poor Mental Health Status

Need for mental health services are high, as evidenced by suicides and substance abuse. Residents delay treatment due to a lack of knowledge of mental disorders and stigma surrounding mental illness. An insufficient supply of providers compounds the issues.

Morbidity and Mortality

- High Rates of Stroke Mortality

Iowa County experiences comparatively high rates of stroke related mortality.

- Nutrition and Sedentary Behavior-Related Issues

Access to nutritious foods, reduced poor food choices, and increased outlets for physical activity are needed to reduce obesity and related health impacts.

Social and Economic Factors

- Financial Hardship, Unemployment, and Underemployment

The economic downturn has increased rates of unemployment/underemployment, reduced job benefits, and increased poverty in Iowa County.

- Rural Geographic Disparities

Residents in outlying communities have a more concentrated need for transportation and

health information due to their social, technological, and physical isolation. These residents may experience greater difficulty accessing health care, nutritious food, and recreational facilities than other populations.

While our community benchmarks held favorably on a variety of health indicators compared to the national and Wisconsin averages, this assessment has identified a number of priority problems that impact the health of our communities. Unemployment and poverty can create barriers to access to health services, healthy foods and other necessities. Iowa County reports a higher unemployment rates than both the state and national averages.

Health disparities exist for racial and ethnic minorities. These populations are more likely to lack economic and social resources and to be at risk for poor health.

Vulnerable areas in Iowa County, based on community assessments, appear to be dispersed; Arena and Highland are designated as Medically Underserved Areas (MUA), while much of the western part of Iowa County (including Highland) contains food deserts (which are areas where residents live more than 10 miles from a supermarket or large grocery store in rural area).



Healthiest Wisconsin 2020

Healthiest Wisconsin 2020: Everyone Living Better, Longer represents the third decade of statewide community health improvement planning. It is designed to benefit the health of everyone in Wisconsin and the communities in which we live, play, work, and learn.

Healthiest Wisconsin 2020 declares a bold vision, "Everyone living better, longer." This vision reflects the plan's twin goals:

- Improve health across the life span
- Eliminate health disparities and achieve health equity

The plan's mission is to assure conditions in which people can be healthy, and members of healthy, safe, and resilient families and communities (DHS, 2013).

Iowa County develops and maintains programs that align with the health priorities and focus areas of the *Healthiest Wisconsin 2020* plan.

For more information on *Healthiest Wisconsin 2020* visit:

www.dhs.wisconsin.gov/hw2020



County Health Rankings

County Health Rankings, a collaboration between the Robert Wood Foundation and the University of Wisconsin Population Health Institute, examines a variety of health status indicators and ranks each county within each state in terms of Health Factors and Health Outcomes. The health outcomes measure is a composite based on mortality (length of life) and morbidity (quality of life) statistics. The Health Factors measure is a composite of several variables known to affect health outcomes, such as: health behaviors, clinical care, social and economic factors, and the physical environment. County Health Rankings is updated and published annually. County Health Rankings 2013 relies on data from 2003 to 2011, with most of the data from years 2007 through 2010.

In 2013, Iowa County ranked 7th out of seventy-two Wisconsin counties for Health Outcomes. Iowa County ranked 23rd in Health Factors. It is important to note that Iowa County ranked #1 in Quality of Life overall in the state.

Exhibit 1, presented on the next page, shows the rankings for Iowa County in 2013.



Exhibit 1: County Health Rankings, Iowa County, 2013

Iowa County	Trend(Click for info)	Error Margin	Top U.S. Performers*	Wisconsin	Rank (of 72)
Health Outcomes					
Length of Life					
Premature death	5,760		4,622-6,898	5,317	5,878
Quality of Life					
Poor or fair health				10%	12%
Poor physical health days	1.8		1.0-2.5	2.6	3.2
Poor mental health days	2.9		1.4-4.5	2.3	3.0
Low birthweight	4.5%		3.7-5.4%	6.0%	7.0%
Health Factors					
Health Behaviors					
Adult smoking	20%		14-28%	13%	19%
Adult obesity	30%		25-36%	25%	29%
Physical inactivity	24%		20-30%	21%	23%
Excessive drinking	26%		19-34%	7%	24%
Motor vehicle crash death rate	21		15-30	10	12
Sexually transmitted infections	122			92	409
Teen birth rate	22		18-26	21	29
Clinical Care					
Uninsured	10%		9-12%	11%	11%
Primary care physicians**	1,481:1			1,067:1	1,247:1
Dentists**	4,783:1			1,516:1	1,799:1
Preventable hospital stays	61		52-70	47	55
Diabetic screening	86%		73-99%	90%	90%
Mammography screening	64%		51-77%	73%	73%
Social & Economic Factors					
High school graduation**	94%				88%
Some college	65%		60-70%	70%	64%

Iowa County	Trend(Click for info)	Error Margin	Top U.S. Performers*	Wisconsin	Rank (of 72)
Unemployment	6.4%			5.0%	7.5%
Children in poverty	14%		10-17%	14%	18%
Inadequate social support	10%		7-15%	14%	17%
Children in single-parent households	16%		13-20%	20%	30%
Violent crime rate	82			66	261
Physical Environment					66
Daily fine particulate matter	11.0		10.9-11.2	8.8	10.1
Drinking water safety	19%			0%	7%
Access to recreational facilities	0			16	11
Limited access to healthy foods**	3%			1%	5%
Fast food restaurants	36%			27%	41%
* 90th percentile, i.e., only 10% are better. ** Data should not be compared with prior years due to changes in definition. Note: Blank values reflect unreliable or missing data					2013

2013

* 90th percentile, i.e., only 10% are better.

** Data should not be compared with prior years due to changes in definition.

Note: Blank values reflect unreliable or missing data



Description of Iowa County

Demographic Profile

Population Characteristics

Iowa County, Wisconsin is located in the southwest region of the state and has a population of 23,697 as of 2010. The population estimate for 2013 is 23,749 which is a 0.3% increase (U.S. Census Bureau, 2013).

IOWA COUNTY

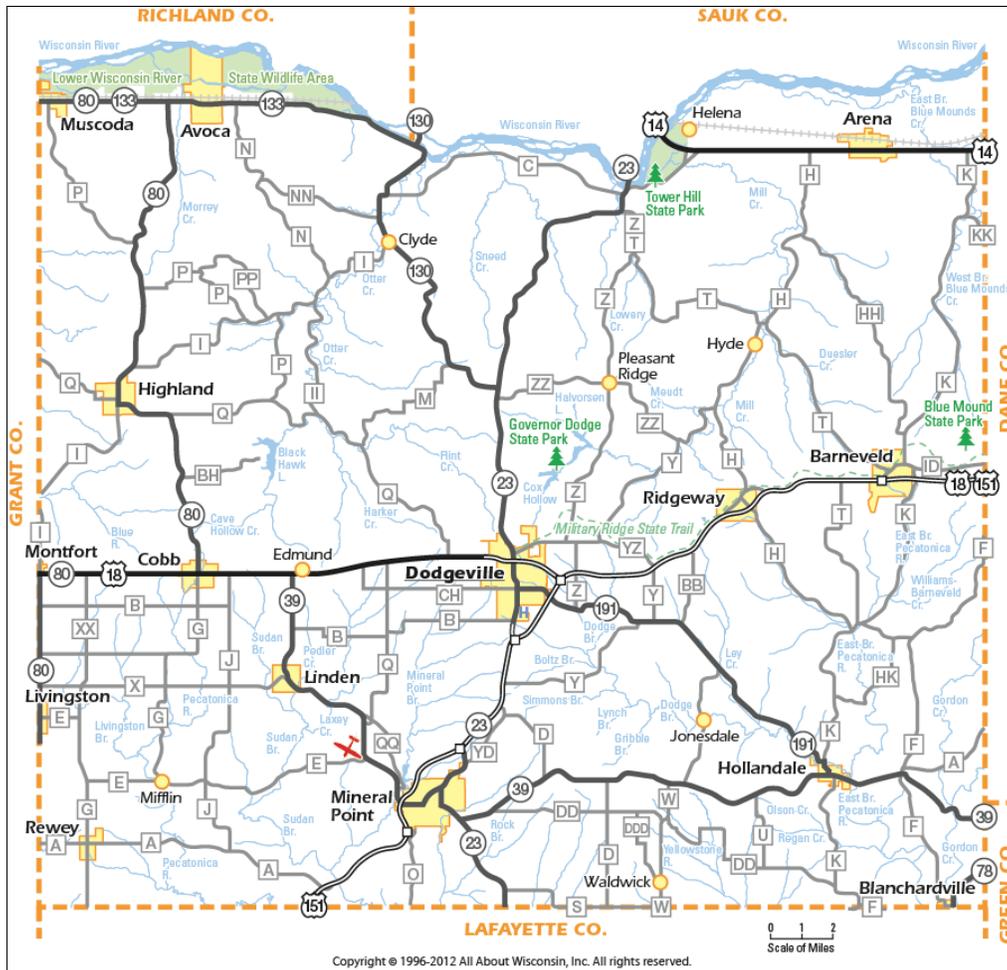


Exhibit 2: Source: All About Wisconsin, Inc., 2012

<https://www.wisconline.com/counties/iowa/map.html>

Age

The population of Iowa County increased 3.7 percent between 2000 and 2011 to 23,631 persons. The average age of Iowa County residents 2010 was 41.1 years (U.S. Census Bureau, 2010). Between now and 2025, the number of 18 year old residents in Iowa County will decline slightly, while the number of residents over 65 will double. This trend will affect the number of available labor force participants, as well as the types of services required to meet the needs of this changing population.

Exhibit 3: Percent of Population by Age, 2009-2011

Age Group	Iowa County	Wisconsin
Less than 5 years	6.7%	6.2%
5-17 years	17.7%	17.2%
18-64 years	61.7%	62.9%
65+ years	13.9%	13.7%
Total	23,631	5,690,898

Source: U.S. Census Bureau, 3 year estimates, 2009-2011

In 2012, 15.6% of Iowa County Residents were 65 years of age and over.

Race/Ethnicity

In 2011, 98 percent of Iowa County's population was White. The county reported a lower proportion of non-White residents than the Wisconsin average in 2011.

Exhibit 4: Percent of Population by Race/Ethnicity, 2009-2011

Race/Ethnicity	Iowa County	Wisconsin
White	98.0%	87.3%
Hispanic	1.4%	5.9%
Two or more races	0.7%	1.9%
Asian	0.5%	2.3%
Black	0.4%	6.2%
American Indian or Alaska Native	0.3%	0.9%
Other	0.1%	1.4%
Total	23,631	5,690,898

Source: U.S. Census Bureau, ACS 3 year estimates, 2009-2011

Disability

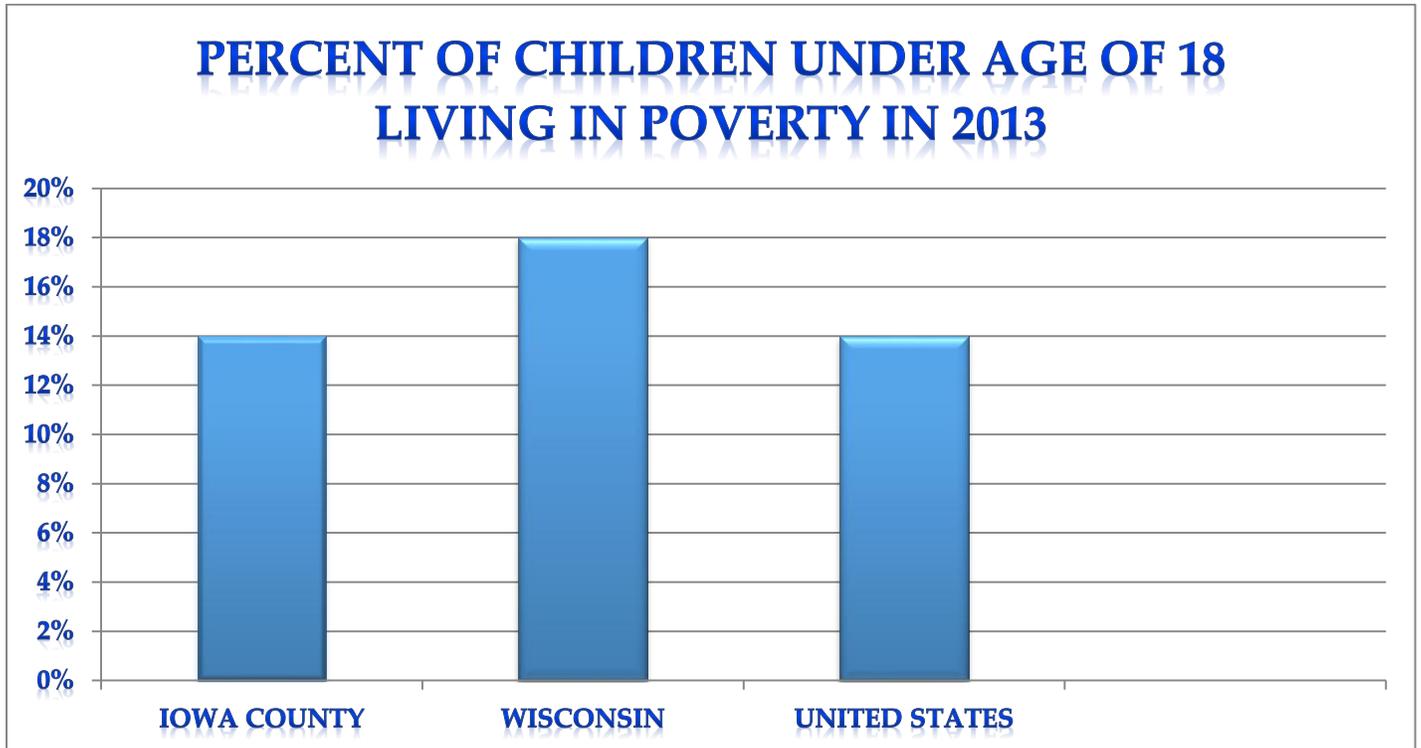
Iowa County had a higher percentage of disabled residents aged 0-18 than the Wisconsin and national averages. About 10.8 percent of residents reported having a disability.

Source: U.S. Census Bureau, ACS 3 year estimates, 2009-2011

Less Poverty and Higher High School Graduation Rates in Iowa County

Iowa County compares favorably to state averages for two important socioeconomic factors that can affect health. These factors are childhood poverty and high school graduation rates. As shown below, 14% of children in Iowa County live in poverty, compared to 18% in Wisconsin and 14% in the United States.

Exhibit 5: Percent of Children in Poverty, 2013



Source: County Health Rankings, 2013-

<http://www.countyhealthrankings.org/app/wisconsin/2013/rankings/iowa/county/outcomes/overall/snapshot>

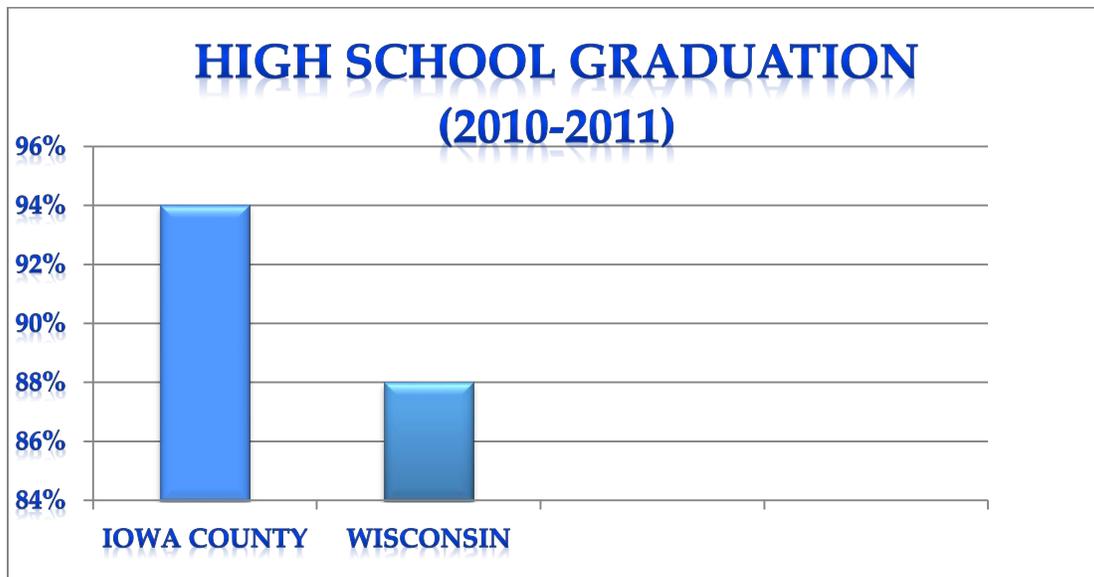


The measure of children in poverty is highly correlated with overall poverty rates. Poverty is associated with negative health effects, which include:

- Higher risk of mortality
- Depression
- Poor health behaviors
- Intimate partner violence
- Greater prevalence of medical conditions and higher disease incidence

Negative health effects resulting from poverty are present at all ages. Children in poverty are at risk for greater morbidity and mortality due to an increased risk of accidental injury and lack of health care access. In addition, there is lower educational achievement associated with poverty. Iowa County's lower rates of poverty therefore have a positive impact on our county's overall health. Another encouraging indicator of our community's health is the fact that Iowa County had a 94% high school graduation rate in 2010-2011 in comparison to the statewide average of 88%.

Exhibit 6: High School Graduation Rates in Iowa County, 2013



The relationship between more education and improved health outcomes is well known. Years of formal education correlates strongly with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.

Unemployment and Insurance Coverage Rates

In Iowa County, private nonfarm employment decreased 15.9 percent between 2000 and 2010 in comparison to a 3.9 percent decrease in Wisconsin. Iowa County reported higher unemployment rates in 2012 and 2013 than Wisconsin and national averages. High unemployment rates can increase the number of people without health insurance.

Exhibit 7 indicates that Iowa County had a slightly higher percentage of uninsured residents than the Wisconsin average but lower than the national average. The majority of uninsured residents aged 18 to 64 were unemployed (2009).

Demographic	Total Population (Percent Uninsured)	Population Under 18 (Percent Uninsured)	Population 18-64, Employed (Percent Uninsured)	Population 18-64, Unemployed (Percent Uninsured)	Population 18-64, Not in Labor Force (Percent Uninsured)
Iowa County	9.3%	6.2%	10.1%	38.6%	17.0%
Wisconsin	9.2%	4.8%	10.5%	35.8%	13.5%
U.S.	15.2%	8.0%	17.6%	47.0%	22.0%

Source: U.S. Census Bureau, ACS 3 year estimates, 2009-2011.

Household Income

According to the U.S. Census Bureau, ACS 5 year estimates (2007-2011), the per capita income in Iowa County was \$26,025 which is comparable to the Wisconsin average of \$27,129.

Medically Underserved Areas and Populations

The Health Resources and Services Administration (HRSA) has calculated an Index of Medical Underservice (IMU) score for communities across the U.S. The IMU score calculation includes the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage of the population greater than age 64. IMU scores range from zero to 100 where 100 represents the least underserved and zero represents the most underserved.

Any area or population receiving an IMU score of 62.0 or less qualifies for Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designation. Federally Qualified Health

Centers (FQHCs) may be established to serve MUAs and MUPs. Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. When a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if “unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the State where the requested population resides.”

The towns of Arena and Highland in Iowa County are designated as MUAs (Upland Hills Health CHNA, 2013).

Health Professional Shortage Areas

An area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary care, dental care, or mental health care professionals is found to be present.

In addition to areas and populations that can be designated as HPSAs, a facility can receive federal HPSA designation and a resultant, additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health professionals and service capacity.

HPSAs can be: “(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.”

The low-income population in Livingston, Mifflin, and Rewey are designated as primary medical care HPSAs. The entirety of Iowa County is designated as a mental health HPSA. Access Community Health Centers operates the Dodgeville Dental Clinic, a Federally Qualified Health Center in the community (Upland Hills Health, CHNA, 2013).

Description of Other Facilities and Resources within the Community

Iowa County contains a variety of resources that are available to meet the health needs identified in this Community Health Needs Assessment. These resources include an FQHC, health professionals, and other agencies and organizations.

Federally Qualified Health Centers (FQHCs) were created by Congress to promote access to ambulatory care in areas designated as “medically underserved.” These clinics receive cost- based

reimbursement for Medicare and many also receive grant funding under Section 330 of the Public Health Service Act. FQHCs also receive a prospective payment rate for Medicaid services based on reasonable costs.

Access Community Health Centers operates the Dodgeville Dental Clinic, an FQHC in the community. The clinic provides dental services to people throughout Iowa, Richland, Sauk, Grant, and western Dane counties. The Community Connections Free Clinic and the Reproductive Health Center are located in the same facility. Upland Hills Health is the only hospital in Iowa County. A range of other agencies and organizations assist in meeting the health needs of the community, including Iowa County Health Department and Iowa County Social Services Department (Upland Hills Health CHNA, 2013).

Local organizations include, but are not limited to:

- Unified Community Services
- Living Well Counseling Services
- WKM Psychology Clinic
- Uplands Counseling Associates
- Alcoholics Anonymous – Dodgeville Serenity Club
- 2-1-1 of Dane County (also serving Iowa County)
- Aging & Disability Resource Center – Iowa County (ADRC)
- National Alliance on Mental Illness (NAMI) Southwest (serving Crawford, Grant and Iowa counties)
- Community Connections Free Clinic
- Hodan Center, Inc.
- Independent Living Resources, Inc.
- Iowa County Commission on Aging
- Southwest Wisconsin Community Action Program, Inc
- Family Advocates, Inc.



Findings of Other Recent Community Needs Assessments

Also considered, are the findings of other needs assessments published since 2010.

Mineral Point School Wellness Committee, 2013

The Mineral Point School Wellness Committee surveyed students at Mineral Point Middle School/High School for three days in January of 2013 about wellness and physical activity issues.

Highlights include:

- Students preferred weekday activities after school of approximately one hour or more in duration offered three times or more per week. About half of students indicated they would be willing and able to pay for these activities.
- When offered a list of potential health and wellness topics about which to learn, students often chose personal fitness, weight loss/control, and healthy cooking. Students preferred learning about these topics in a classroom setting or via flyers and talks by experts. Respondents were less supportive of video presentations, emails, and bulletin boards for communication.

University of Wisconsin Population Health Institute, 2013

The University of Wisconsin's Population Health Institute quantified the monetary impact of excessive alcohol consumption on each county in Wisconsin and on Wisconsin as a whole.

Findings include:

- Statewide, the estimated 2012 cost of excessive alcohol consumption was \$6.8 billion. Excessive alcohol consumption was one of the state's biggest public health issues, with Wisconsin reporting the highest rates of binge drinking and drinking intensity in the nation in 2010.
- In 2011, drinking resulted in over 1,500 deaths, 48,500 hospitalizations, 46,500 treatment admissions, 5,700 motor vehicle crashes (2010), and 60,200 arrests in Wisconsin.
- The report estimates that there were approximately 999,000 binge drinkers in Wisconsin, or 23 percent of the state's adult population in 2010.
- For Iowa County, the annual cost of excessive alcohol use was estimated at \$29.3 million. This cost includes \$21.2 million in lost productivity and \$3.2 million in healthcare costs. Of the estimated \$29.3 million, \$12.4 million is borne by taxpayers, \$12.2 million is paid by excessive drinkers and their families, and \$4.8 million is paid for by others, including employers and private health insurers.

- Iowa County experienced at least seven alcohol-related deaths, 155 alcohol-related hospitalizations, and 111 alcohol-related arrests in 2011. Iowa County also reported a slightly higher binge drinking rate (24 percent) than the Wisconsin state average (23 percent) in 2010.

Southwest Wisconsin Community Action Program, 2010

The Southwest Wisconsin Community Action Program (SWCAP) completed its triennial needs assessment in 2010.

Findings include:

- About 8 percent of people and 10 percent of children in Iowa County lived in poverty in 2008. These percentages compared favorably with the Wisconsin averages of 11 percent and 14 percent, respectively.
- Retail trade was the largest employment sector in Iowa County, with 42 percent of jobs.
- Five children in Iowa County were reported as homeless between 2007 and 2008.
- Approximately 10 percent of the Iowa County population received food assistance in 2008.
- Nearly half of the Iowa County population reported not visiting a dentist in 2006 and more than three quarters of Iowa County's Medicaid eligible population did not receive dental services in 2007. SWCAP's previous three community needs assessments cited continued dental health access problems for the low-income population.
- The lack of public transportation is a major hurdle for employment. Many lower-income residents lack vehicles and have difficulty obtaining employment accessible without transportation assistance.

The needs assessment also included a survey of 281 low-income residents and key community partners in SWCAP's service area, encompassing Grant, Green, Iowa, Lafayette, and Richland counties.

Findings for the survey include:

- Between 2000 and 2007, 14 percent of manufacturing jobs in Iowa County were lost. About 96 percent of community partners surveyed believed the lack of well-paying jobs was a "serious" or "very serious" issue, ranking it first among issues surveyed.
- Health and housing also were issues of significant concern according to survey respondents.

2013 Health Assessment Outcomes: Areas of Focus

1. Access to Care & Prevention Services

Iowa County ranked 55th out of 72 Wisconsin counties in the areas of access to clinical care. Inadequate access to health care, whether due to social and economic barriers, lack of insurance, insufficient providers, or other factors, prevents individuals from seeking timely and appropriate services. Foregoing or delaying preventive or primary care may lead to higher acuity, decreased quality of life, and increased usage of high cost/emergency services.

The ratio of dentists and mental health providers to the Iowa County population compared unfavorably to the national average. Compared to Wisconsin, the county also had a higher rate of hospitalizations that could have been prevented with adequate access and use of primary care. Iowa County also ranked unfavorably in comparison to the state and nationally in the areas of prevention services such as diabetic screening and mammography.

Exhibit 8: Access to Care Data, 2013

Indicator	Community Value (Iowa County)	Benchmark (Wisconsin)	Benchmark (U.S. Top Performers)
Uninsured	10%	11%	11%
Primary Care Physicians (ratio)	1,481:1	1,067:1	1,247:1
Dentists (ratio)	4,783:1	1,516:1	1,799:1
Preventable Hospital Stays	61	47	55
Diabetic Screening	86%	90%	90%
Mammography Screening	64%	73%	73%

Source: County Health Rankings, 2013

<http://www.countyhealthrankings.org/app/wisconsin/2013/rankings/iowa/county/outcomes/overall/snapshot/>

2. Behavioral Factors

Health behaviors such as diet, exercise, and substance abuse directly lead to health concerns immediately and/or later in life. By tracking certain negative health behaviors or a lack of positive health behaviors within a community, care providers and policy makers will be able to identify areas for potential programmatic response, treating the root causes of many significant health issues.

a) Excessive Alcohol Use

According to the 2013 County Health Rankings data, Iowa County ranked higher in excessive drinking than the U.S Top Performers and in the state. Residents in Iowa County exhibited high rates of excessive alcohol use compared to the national average and County Health Rankings and Healthy People 2020 target.

Exhibit 9, Excessive Drinking Rates, 2013

Indicator	Iowa County	Benchmark (Wisconsin)	Benchmark (Top U.S. Performers)
Excessive Drinking	26%	24%	7%

Source: County Health Rankings, 2013

<http://www.countyhealthrankings.org/app/wisconsin/2013/rankings/iowa/county/outcomes/overall/snapshot>

b) Smoking

Residents in Iowa County exhibited high rates of smoking compared to the County Health Rankings and Healthy People 2020 target.

Exhibit 10, Adult Smoking Rates, 2013

Indicator	Iowa County	Benchmark (Wisconsin)	Benchmark (Top U.S. Performers)
Adult Smoking	20%	19%	13%

Source: County Health Rankings, 2013

<http://www.countyhealthrankings.org/app/wisconsin/2013/rankings/iowa/county/outcomes/overall/snapshot>

c) Motor Vehicle Crash Death Rate

Motor vehicle-related deaths in Iowa County are almost double the rate that the state average.

Exhibit 11: Motor Vehicle Crash Death Rates, 2013

Indicators	Iowa County	Benchmark (Wisconsin)	Benchmark (Top U.S. Performers)
Motor Vehicle Crash Death Rate	21	12	10

Source: County Health Rankings, 2013

<http://www.countyhealthrankings.org/app/wisconsin/2013/rankings/iowa/county/outcomes/overall/snapshot>



d) Diet and Exercise Related Issues

Iowa County reported slightly higher rates of adult and considerably higher low-income preschool obesity than state and national averages. Residents also led more sedentary lifestyles compared to Wisconsin residents as a whole. There is limited access to healthy foods and recreational exercise opportunities noted in Iowa County. These areas involving diet and exercise will be included as a major focus in our health improvement plans.

Exhibit 12: Adult Obesity, Physical Inactivity, Access to Health Foods Data, 2013

Indicators	Iowa County	Benchmark (Wisconsin)	Benchmark (Top U.S. Performers)
Adult Obesity	30%	29%	25%
Physical Inactivity	24	23	21%
Access to Recreational Facilities	0	11	16
Limited Access to Healthy Foods	3%	5%	1%

Source: County Health Rankings, 2013

<http://www.countyhealthrankings.org/app/wisconsin/2013/rankings/iowa/county/outcomes/overall/snapshot>

3. Economic Factors: Unemployment

Economic factors play a determining role in the health status of a community. Unemployment rates provide an indication of the economic status of a community. Unemployed or underemployed populations are more likely to experience barriers to access, to be without healthcare coverage, and to forego preventive or early care due to cost.

Iowa County exhibited higher rates of unemployment compared to the state and to U.S. counties.

Unemployed Workers in Civilian Labor Force was 9.2% in Iowa County in comparison to the 8.2% WI Average in 2013.

Sources: Healthy Communities Institute, 2013, using original source data from 2013; and U.S. Bureau of Labor Statistics, 2013, using original source data from 2013.

4. Environmental Factors

Environmental factors assess the infrastructure of the community that influence diet and exercise patterns. For example, access to a grocery store is essential to making healthy food choices. This category also includes measures of air and water quality.

Iowa County ranked unfavorably in the areas of drinking water safety in comparison to the rest of the state. According to the County Health Rankings 2013 data, Iowa County ranked 19% for drinking water safety in comparison to the 7% at the state level. Iowa County fared some better at the 3% level for limited access to healthy foods in comparison to the 5% state level in 2013.

5. Social Factors

The ability to obtain basic needs, support for the senior population and the prevalence of child abuse are social factors that impact a community's health. Individuals' basic needs, such as healthy food, also must be met to maintain good health. Seniors living alone often suffer from financial strain, lack daily living support, and have special health needs. Child abuse creates unhealthy and unsafe family environments and may lead to serious injuries, poor mental health, and other issues.

6. Health Status: Leading Causes of Death

Leading causes of death are the result of a complex mix of social, environmental, demographic, and biological factors. These indicators are some of the most direct determinants of the overall health of a community as well as particular areas of need.

Exhibit 13: Leading Causes of Death Data, 2012

Top 10 Leading Causes of Death- Iowa County	
#1	Diseases of heart
#2	Malignant neoplasms
#3	Other causes
#4	Cerebrovascular diseases
#5	Accidents (unintentional injuries)
#6	Chronic lower respiratory diseases
#7	Intentional self-harm (suicide)
#8	Diabetes mellitus
#9	Influenza and pneumonia
#10	Chronic liver disease and cirrhosis

Source: Wisconsin Interactive Statistics on Health (WISH, 2012) <http://wish.wisconsin.gov/results/>

Alcohol And Drug Abuse As Underlying Or Contributing Cause Of Death		Rate (per 100,000)
Alcohol	2	.
Tobacco Use	32	135
Other Drugs	1	.

Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics, Health Analytics Section. Public Health Profiles, Wisconsin 2011 (P-45358-11).

Iowa County exhibited poor outcomes for cancer, stroke, diabetes, and heart disease. The County also had increased rates of mortality for unintentional injuries, unintentional poisonings, falls, motor vehicle collisions, and alcohol-related motor vehicle collisions.



7. Health Status: Sexually Transmitted Disease (STD)

The prevalence of communicable diseases may indicate unsafe behaviors or environments, lack of knowledge regarding a particular disease, or unique community needs. Chlamydia was the most prevalent STD in Iowa County in 2013.

Exhibit 14: STD Rates, 2013

Indicators	Iowa County	Benchmark (Wisconsin)	Benchmark (Top U.S. Performers)
Sexually Transmitted Infections	122	409	22

Source: County Health Rankings, 2013

<http://www.countyhealthrankings.org/app/wisconsin/2013/rankings/iowa/county/outcomes/overall/snapshot/>

8. Health Status: Maternal Child Health: Infant Health Risk Factors

Monitoring indicators such as infant birth and death rates, birth weights, and prenatal care is a way to pinpoint geographies or population groups with low levels of access to appropriate health and social services, education and initiatives regarding healthy behaviors, or outreach pertaining to the well-being of mothers, children, and families. Iowa County noted a lower rate in teen birth rate in comparison to the state, but comparable to the national rate.



Birth Data in Iowa County

Exhibit 15: Iowa County Birth Data, 2011

Total Live Births	288
Crude Live Birth Rate	12.2
General Fertility Rate	66.0

	Births	Percent
Live Births with reported congenital anomalies¹	3	1.0%

Delivery Type		
Vaginal after previous cesarean	6	2%
Forceps	8	3%
Other vaginal	194	67%
Primary cesarean	42	15%
Repeat cesarean	26	9%
Cesarean	0	0%
Vaginal Vacuum	12	.%

Birthweight		
< 1,500 gm	4	1.4%
1,500-2,499 gm	14	4.9%
2,500+ gm	270	93.8%
Unknown	0	0%

First Prenatal Care Visit		
1st trimester	229	80%
2nd trimester	43	15%
3rd trimester	7	2%
No visits	2	1%
Unknown	7	2%

Characteristics	Births	Percent
Marital Status		
Married	211	73%
Not married	77	27%
Unknown	0	0%
Education of Mother		
Elementary or less	6	2%
Some high school	12	4%
High school graduate	68	24%
Some college	106	37%
College graduate	96	33%
Unknown	0	0%
Smoking Status²		
Smoker	46	16%
Nonsmoker	242	84%
Unknown	0	0%
Birth Order		
First	96	33%
Second	110	38%
Third	55	19%
Fourth or higher	26	9%
Unknown	1	<.5%
Prenatal Care Visits		
No visits	2	1%
1-4	4	1%
5-9	65	23%
10-12	138	48%
13+	66	23%
Unknown	13	5%

Race/Ethnicity	All Births		Low Birthweight (under 2,500 gm)		Trimester of First Prenatal Visit					
	Births	Percent	Births	Percent	1st Trimester		2nd Trimester		Other/Unknown	
White	276	96%	18	6.5%	223	81%	37	13%	16	6%
Black/African American	0	0%	.	.%	.	.%	.	.%	.	.%
American Indian	0	0%	.	.%	.	.%	.	.%	.	.%
Hispanic/Latino	6	2%	.	.%	4	67%	2	33%	.	.%
Asian	3	1%	*	.%	*	.%	*	.%	*	.%
Two or more races	2	1%	*	.%	*	.%	*	.%	*	.%
Other/unknown	1	<.5%	*	.%	*	.%	*	.%	*	.%

Age of Mother	All Births		Low Birthweight (under 2,500 gm)		Trimester of First Prenatal Visit					
	Births	Fertility Rate	Births	Percent	1st Trimester		2nd Trimester		Other/Unknown	
< 15	0	--	.	.%	.	.%	.	.%	.	.%
15-17	1	2	*	.%	*	.%	*	.%	*	.%
18-19	7	24	.	.%	6	86%	.	.%	1	14%
20-24	61	96	7	11.5%	43	70%	15	25%	3	5%
25-29	93	123	6	6.5%	74	80%	14	15%	5	5%
30-34	90	134	4	4.4%	77	86%	8	9%	5	6%
35-39	27	39	1	3.7%	22	81%	3	11%	2	7%
40+	9	11	.	.%	6	67%	3	33%	.	.%
Unknown	0	--	.	.%	.	.%	.	.%	.	.%

Teen Births	8	10
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Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics, Health Analytics Section. Public Health Profiles, Wisconsin 2011 (P-45358-11).

Note: Natality data are drawn from birth certificates maintained by the Vital Records Section,

Division of Public Health. These data include characteristics of the infant and pregnancy (birthweight, delivery method, birth order, trimester of first prenatal care visit, and number of prenatal care visits) and attributes of the mother (age, marital status, education, race/ethnicity, and smoking status). Data include records on all births to state residents, including those that occur outside Wisconsin. Out-of-state records are obtained from the state of occurrence. Thus, county birth data are for all births to county residents regardless of where the births occurred.

Areas of Focus

Secondary data sources suggest that there are geographic sections within the community that appear to be areas of focus in Iowa County. These sources include the USDA, which provides statistics on free or reduced-cost meals to low-income students and areas identified as “food deserts,” and HRSA, which identifies areas with insufficient health resources. Food deserts are concentrated in the western portion of Iowa County, while areas of medical underservice and health professional shortage areas are dispersed among Rewey/Mifflin, Livingston, Arena, and Highland.

Exhibit 16: Geographic Areas of Focus

Geographic Area	Indicator
Rewey/Mifflin	Primary Medical Care Health Professional Shortage Area
Livingston	Primary Medical Care Health Professional Shortage Area
Highland	Medically Underserved Area
Arena	Medically Underserved Area
Western Portion of Iowa County	Food Desert Present
Iowa-Grant School District	Free and Reduced Price Lunch (Livingston)
Ridgeway School District	Free and Reduced Price Lunch (Ridgeway)

Source: Sources: U.S. Department of Agriculture, U.S. Health Resources and Services Administration, and Wisconsin Department of Public Instruction. (Upland Hills Health , CHNA, 2013)





Primary Data Assessment

Community input was gathered through interviews conducted by stakeholders of Upland Hills Health, including the Iowa County Health Department. Findings from this primary data are presented below.

Interview Findings

This section discusses findings from seventeen interviews conducted with external stakeholders and with staff of Upland Hills Health.

The interviews sought community input on health needs in Iowa County and on the types of program interventions or resources that could address identified concerns.

Stakeholders from Iowa County identified the following issues, which are ordered based on the frequency and intensity of responses:

Mental health needs. Poor mental health is experienced throughout the community, as evidenced by suicides and alcohol/drug abuse. Financial pressures, stressors, and social isolation negatively impact community members' mental health. Denial, stigma, and misunderstandings about mental illness delay treatment for individuals with mental illness. A lack of mental health professionals intensifies the issue. Absent treatment, individuals may self-medicate with substances such as alcohol, drugs, and/or food.

Financial hardship, unemployment, and underemployment. The recent economic downturn has increased the number of individuals struggling financially. Unemployment and underemployment have both reduced income and benefits, including health insurance. Although more individuals are accepting public and private assistance, some individuals refuse assistance due to denial, perceived stigma, or lack of awareness of options.

Inappropriate alcohol consumption. Inappropriate alcohol consumption, including drinking to excess and drinking by underage individuals, is widespread both in the home and at community events. Automobile accidents and obesity were cited as side effects of inappropriate alcohol consumption. The cultural acceptance of alcohol and people's denial of alcohol problems contribute to the severity of the issue.

Diet and exercise-related issues. High rates of obesity, poor diets, and insufficient exercise are experienced throughout the community among all age groups. These issues are exacerbated by environment influences, such as a lack of grocery stores, availability of fast food, and insufficient options for physical activity, especially in the winter. Culturally, diets heavy in “beer, brats, and cheese” contribute to the issues.

Tobacco use. The rate of smoking/chewing tobacco remains relatively high.

Rural challenges. Although considered to be “urban” under federal classification due to its proximity to Madison, respondents indicated that much of Iowa County is consistent with rural communities. In particular, “farm families” and other rural residents may be geographically distant from grocery stores that offer healthy foods, fitness facilities that offer physical activity options and providers that offer health care services; these individuals may be unable to access these goods and services due to travel time and costs. Lack of public transportation requires residents to drive vehicles along narrow, windy roads or to delay/forego access to healthy foods, fitness facilities, and health care. Further, rural residents may not have access to services assumed to be widely available, such as high-speed internet connections. These physical and technological distances lead to social isolation for rural residents and conceal needs, such as homelessness. Respondents also noted that schools are a unifying institution for the rural community and fiscal conflicts. Potential school closures may threaten community cohesion.

Illegal and prescription drug abuse/misuse. Illegal drug use is an issue, with an increased use of heroin and synthetic drugs. Misuse of prescription drugs is also an issue, but one that is difficult to measure. Misuse in the community includes using prescription drugs at different rates than prescribed, exhibiting drug-seeking behaviors at the emergency room or from other providers, and using drugs prescribed to a different individual. Prescription drug misuse is facilitated by high volume dispensing from mail order pharmacies and a focus on “patient satisfaction” among providers.

Senior needs. The unique issues of the senior population include social isolation, insufficient case/care management, lack of prescription drug coordination/management, and increasing chronic diseases, including Alzheimer’s and dementia. These needs are magnified by limited transportation options and insufficient health education, both by the senior and their family members or caregivers. Rural challenges, discussed above, especially impact senior members of farm families and senior rural residents if they are unable to drive or access the internet due to physical, cognitive, or economic limitations.

Insufficient providers. Respondents noted increased access to specialists having office hours within the community. Residents continue to travel out of Iowa County for some specialty services, including mental health services, oncology, pediatrics, oral surgery, and high-risk neonatal care. Individuals covered by Badger Care have difficulty finding providers, especially dentists, who will accept this coverage. Respondents noted that a lack of convenient access to providers, such as evening and weekend hours, increases foregone care and avoidable use of the emergency department. Additionally, concern was expressed that Iowa County has insufficient surge capacity to meet demand immediately following a widespread disaster.

Knowledge gaps. Less-than-ideal outcomes result from insufficient health education among individuals with a newly diagnosed condition and individuals with multiple conditions. Outcomes also are impacted negatively due to residents' lack of knowledge about available services but a lack of media outlets makes information dissemination more difficult, especially in smaller communities. Insurance requirements that make it more difficult for individuals to navigate through the health care system compound the issue. Further, outcomes are influenced by health care professionals who do not understand how the complex issues of poverty and addiction impact treatment for individuals in vulnerable populations. © Dental health needs. Historically, a lack of dental services available to low-income, uninsured, and underinsured individuals contributed to poor dental health in the community. The Dodgeville Dental Clinic, recently opened, is working to improve dental health, but gaps remain. Without care, individuals seek assistance in the emergency department or forego care.

Lags in community perceptions. Respondents indicated that individuals in Iowa County are encountering greater financial hardships, growing older, becoming obese, and becoming more diverse, notably through an increase in Latino dairy workers and Amish residents. Recognizing changing dynamics is a critical first step to designing interventions to address needs.

Source: Upland Hills Health CHNA, 2013





Our Journey Ahead

By definition, the Community Health Improvement Process (CHIP) is a cyclical progression towards community health improvement. With the completion of this Community Health Assessment, participants will move forward to the Implementation Phase. This part of the cycle consists of planning, implementing, and evaluating initiatives and interventions to reach measurable objectives.

The level of achievement will result from the commitment of all collaborative partners in Iowa County. All residents and community and civic organizations are invited to join our efforts.

A healthy Iowa County depends on everyone. Be informed about local issues and get more involved in your family, workplace, school, and community. To learn more about what is happening in our county or to join our coalitions, please visit our website www.iowacounty.org or contact:

Iowa County Health Department
Jenny Pritchett, MPH, RN, CIC
Director/Health Officer
303 West Chapel Street, Suite 2200
Dodgeville, Wisconsin 53533
Phone: (608) 930-9380
Email: jenny.pritchett@iowacounty.org



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