

Behavioral Health Redesign Steering Committee (BHRSC)
August 21, 2014

Call to Order. Chair Flanagan called the meeting of the Behavioral Health Redesign Steering Committee to order at 12:00 P.M. in Rooms N1-N2, Fifth Floor, Rock County Courthouse-East.

Committee Members Present: Supervisor Billy Bob Grahn, Pastor Mike Jackson, Tricia Murray (alt. for Tom Gubbin), Kate Flanagan, Lance Horozewski, Cpt. Craig Strouse (alt. for Cmdr. Erik Chellevold), Neil Deupree, Rebecca Rudolph (alt. for Linda Scott-Hoag, Dan DeSloover, Dr. Ken Robbins, Colleen Wisch (alt. for Linda Garrett) then Linda Garrett at 12:26 p.m., Deputy Chief John Olsen, Dan DeSloover, and Tim Perry.

Committee Members Absent: Sheila DeForest, Yolanda Cargile, Valerie Bucane, Brian Gies, Judge James Daley, Jean Randles, Laura Neece, Tami Lalor, and Faith Mattison.

Staff Members Present: Elizabeth Pohlman McQuillen, Criminal Justice System Planner/Analyst; Lori Stottler, County Clerk; and Greg Winkler, HSD Outpatient Clinics Supervisor.

Others Present: Louis Peer, County Board Supervisor; WI State Representative Debra Kolste; Kathy Stephenson, Jessica Kranz and Kathy Kranz, NAMI Rock County; Ethel Below; Lynda Owens, Moses; Candy Schenck; and Steve Howland.

Approval of the Agenda. Supervisor Grahn moved approval of the agenda, second by Mr. Deupree. ADOPTED.

Approval of the Minutes of July 17, 2014. Mr. DeSloover moved approval of the minutes as presented, second by Pastor Jackson. ADOPTED.

Workgroup Updates.

Data Workgroup: Chair Flanagan said this group has not met recently but would be tied in with the JMHCP reentry project and will meet before the JMHCP meeting on September 12th.

AODA Workgroup: This will be the featured workgroup and will be discussed as the next agenda item.

CCRG: Chair Flanagan said at the last meeting, the group was introduced to the new Crisis and Crisis Stabilization supervisors, discussed the law enforcement-Crisis liaison group, and talked about dementia issues and issues related to processes. Mr. Horozewski said he is also working with the liaison group.

Cultural Competency: Mr. Deupree said they are working to set up a meeting time with the cultural competency group in Milwaukee. He said they hope to find a date in September that works for everyone.

Kids Continuum of Care: Mr. Horozewski said this group met on August 8th. He said they are working with Community Action on a grant initiative for kids transitioning out of foster care. He said they are also working on a MOU, which he handed out, and asked for feedback on it at the next BHRSC meeting. Mr. Horozewski added they have also been talking about the issue of people being unable to afford co-pays, and thus not seeking necessary services.

Adult Continuum of Care: Chair Flanagan said this group will be meeting on September 17th and she is looking for someone to chair this workgroup.

Consumer/Family: Chair Flanagan said this continues to be a positive process. At the last meeting the group narrowed down the focus of their project to either reducing stigma or increasing the consumer voice where decisions are made.

AODA Workgroup Presentation. Ms. Rudolph said the group has been doing a lot of work. She said they've done a system map and looked at gaps. She noted there are not a lot of residential treatment options but they are looking to contract with a new agency to help provide this service. She said there are not enough providers to adequately provide medicated assisted treatment and that the county is adding some psychiatric time to help with that need. She said there is a gap in adolescent services and that the Human Services Department is working on a grant to provide services to juveniles in the juvenile justice system. Ms. Rudolph added there is a gap in sober living in Rock County and for individuals who need treatment immediately. She told the group that GIFTS joined the AODA workgroup and is looking at a building for homeless men and providing year round service.

Supervisor Grahn said alcoholics in Rock County are stuck. He asked for a system map or something that could tell him what services are available and contact information for individuals with substance abuse problems. Mr. Perry expressed concerns about detox. Chair Flanagan said the County currently provides detox services for those that are incapacitated through Tellurian and opiate detox through Genesis.

Community Health Needs Survey Discussion. Ms. Stottler talked with the group about what the Community Health Needs Survey Committee has been working on and went over various handouts. She asked for the support/partnership of the BHRSC with regard to work on behavioral health issues identified by the Community Health Needs Survey. The group agreed.

Update on Justice and Mental Health Collaboration Grant Activities. Chair Flanagan said the project is moving ahead and the social worker is working very hard both inside and outside of the jail. She said a group meets bi-weekly to discuss the project's progress and will continue to report to the BHRSC.

Follow-Up Discussion regarding Heroin/Opiates in Rock County. Due to time constraints, Mr. Deupree asked that this be included on the next agenda.

Review of Strategic Plan Outcome Dates and Discussion regarding Next Steps. Chair Flanagan said there are no modifications to the document at this time. If anyone has any changes or feedback, please let her know.

Success Stories/Positive Outcomes Related to Strategic Plan Goals. Chair Flanagan said there has been success in making a reentry plan for a participant in the JMHCP reentry project. She said there have also been five graduates from OWI Court.

Citizen Participation and Announcements. None.

Time and Date for Future Meetings. Thursday, September 18, 2014, at Noon, in N1-N2, 5th Floor Courthouse East.

Adjournment. The meeting adjourned at 1:08 p.m. by acclamation.

Respectfully submitted,
Elizabeth Pohlman McQuillen
Criminal Justice System Planner/Analyst

NOT OFFICIAL UNTIL APPROVED BY COMMITTEE.

**Presentation to the Behavioral Health Redesign Steering Committee
(8/21/2014)**

INTRODUCTION: Representing the Community Health Needs Assessment Committee. Every 3 years, a survey of the CHNA is mandated federally to comply with federal standards. This time, the committee seeks to not only report out on the assessment, but make a plan for change in Rock County's communities in four areas. Such change takes vision, energy and partnership.

PURPOSE of TODAY'S DISCUSSION: To seek collaboration with BHRSC to move the mental health and AODA challenges in our implementation plan to a platform where the needs of our community are well-known, the action plan for improvement has strong investors and access to services increased and available to all subsets of the population. Exploring and improving programs and collaborations within Rock County to improve the quality of life for our citizens.

FACTS:

Counties play a "Vital" role in the health and well-being of its residents. Sometimes these roles happen almost silently and without fanfare.

We believe that Rock County is a laboratory for health, democracy and growth. Today's discussion emphasis is on the "Health" aspect. Where we live matters to our Health.

Evidence shows that creating informed health policies and program implementation results in improved health outcomes.

Individual Health is made up of four factors: Behaviors (30%); clinical care (20%); Social and Economic factors (40%); and physical environment (10%).

The only *significant* impact on the overall health and well-being of County residents happens through education, prevention and collaborative work with multiple partner agencies (that includes for profit media outlets, hospitals and other businesses that emphasize "health" as a primary purpose). In other words, meeting the citizen in need where they are – not expecting them to meet criteria before we can assist.

Elizabeth is a member of the CHNA and the BHRSC and believes that your committee has done a lot of the footwork that provides an overall picture of Rock County's mental health and AODA treatment options, areas of low or no access to services, chronic users of system resources with little to no improvement and other mental health and AODA factors.

Included in your packet is the 2014 County health Rankings showing Rock County ranks 62 out of 72 counties in overall health outcomes. One statistic that should surprise everybody in the room is that we ranked 39 of 72 in clinical care (access to services) and yet are 65 of 72 in health behaviors!

This is a call to action to raise awareness that we are in the market for a culture change and the April 6, 2014 editorial from the Janesville Gazette shows that our partners are ready to assist in the implementation of a "Community Health Improvement Plan"

This plan focuses on 4 areas:

- ✓ Mental Health related issues, including substance abuse and inadequate access to treatment
- ✓ Harmful lifestyle choices (e.g. obesity, smoking and inactive lifestyles)
- ✓ Underutilization of dental health services
- ✓ Underutilization of certain preventative health screenings

Partnerships with advocacy and action groups such as the BHRSC are vital to any success a "collective impact initiative" may have in the above four areas.

PRIMARY POWER HOUSES OF RESOURCES AND KNOWLEDGE (AKA Health Champions):

Rock County Health Department

Human Services

Public Safety (Sheriff's offices and local law enforcement)

State Agencies

Rock County Legislative Delegation

Local Government & Educational Facilities (LWV, Forward JVL, Beloit COC, Public Schools, local colleges, etc.)

Business Community, Agricultural, Foundations

Healthcare Providers

Non-Profit Organizations/Philanthropic Organizations

Religious Organizations

Media

Cultural and behavioral changes CAN happen! It takes influential champions, adequate \$ resources and a sense of urgency from all partners. The recipe has the following ingredients: Group solidarity, emotional energy, symbol of the group (emblem) to keep the connection, and feelings of morality.

Why me vs. why not me! Nothing to lose – it's my community!

All partners make the simple promise to IMPLEMENT change and support healthy living in respective communities to improve overall health and wellness through CONSCIOUS engagement.

Apps and Social Media can impact:

- ✓ Individual choices
- ✓ Community Design
- ✓ School Curriculum
- ✓ Employer/Employee programming and support
- ✓ Access to healthy foods and recreation
- ✓ Sponsored education and activities

Target locations include:

- ✓ Athletic Teams
- ✓ Bars/Restaurants/Tavern League
- ✓ Museums
- ✓ Libraries
- ✓ Park areas per 1,000 residents
- ✓ Colleges
- ✓ Unemployment agencies (job center)
- ✓ Educational levels

In the near future, the Committee may be contacting your committee for data, input, volunteers to provide advocacy and awareness in educational and sometimes legislative campaigns for change.

ARE YOU IN?

Great resources for carrying healthy messages (lori's list – just a beginning):

<http://uwphi.pophealth.wisc.edu/publications/other/burden-of-excessive-alcohol-use-in-wi.pdf>
(The burden of excess alcohol in WI)

<http://www.americashealthrankings.org/WI/Binge/2012> America's Health Rankings

<http://www.amazon.com/Bridges-Out-Poverty-Professionals-Communities/dp/0964743795>
Strategies for Professionals

<http://www.naco.org/programs/csd/Pages/HelpingCountiesImproveCommunityHealth.aspx>
National Association of Counties page on Improving Community Health

<http://jm4c.org/> Janesville Mobilizing for Change

<http://www.thehorizonfoundation.org/> A model for change from the
howardcountyhealthsurvey.org

<http://uwphi.pophealth.wisc.edu/> UW-Madison Population Health Institute

<http://whatworksforhealth.wisc.edu/> Policies and programs to improve Wisconsin's health

<http://citizenville.com/> Taking the town square digital. Not e-gov but WE-gov.

Rankings & Roadmaps

Building a Culture of Health, County by County

Rock (RO)

	Rock County	Error Margin	Top U.S. Performers*	Wisconsin	Rank (of 72)
Health Outcomes					
Length of Life					62
Premature death	6,593	6,140-7,046	5,317	5,878	52
Quality of Life					
Poor or fair health	15%	11-19%	10%	12%	65
Poor physical health days	3.7	2.8-4.6	2.5	3.2	
Poor mental health days	3.5	2.7-4.3	2.4	3.0	
Low birthweight	7.1%	6.7-7.5%	6.0%	7.0%	
Health Factors					
Health Behaviors					
Adult smoking	23%	19-28%	14%	18%	62
Adult obesity	30%	26-35%	25%	29%	65
Food environment index	7.6		8.7	8.3	
Physical inactivity	23%	19-27%	21%	22%	
Access to exercise opportunities	87%		85%	78%	
Excessive drinking	26%	21-31%	10%	24%	
Alcohol-impaired driving deaths	43%		14%	39%	
Sexually transmitted infections	474		123	431	
Teen births	38	37-40	20	29	
Clinical Care					
Uninsured	11%	10-12%	11%	10%	39
Primary care physicians	1,601:1		1,051:1	1,233:1	
Dentists	1,921:1		1,439:1	1,703:1	
Mental health providers	1,256:1		536:1	1,050:1	
Preventable hospital stays	56	53-59	46	55	
Diabetic screening	90%	86-94%	90%	90%	
Mammography screening	66%	61-70%	71%	70%	
Social & Economic Factors					
High school graduation	87%			87%	58
Some college	58%	56-61%	70%	65%	
Unemployment	8.4%		4.4%	6.9%	
Children in poverty	23%	19-26%	13%	18%	
Inadequate social support	19%	15-23%	14%	17%	
Children in single-parent households	36%	32-39%	20%	30%	
Violent crime	246		64	248	
Injury deaths	70	64-76	49	62	
Physical Environment					
Air pollution - particulate matter	12.2		9.5	11.5	59
Drinking water violations	2%		0%	6%	
Severe housing problems	14%	13-15%	9%	15%	
Driving alone to work	81%	80-82%	71%	80%	
Long commute - driving alone	27%	26-29%	15%	26%	

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

Note: Blank values reflect unreliable or missing data

2014

We can't afford not to invest the resources necessary to CHANGE these numbers. Our economic development, physical emotional & spiritual wellness success DEPENDS on this!

URS 8-21-14

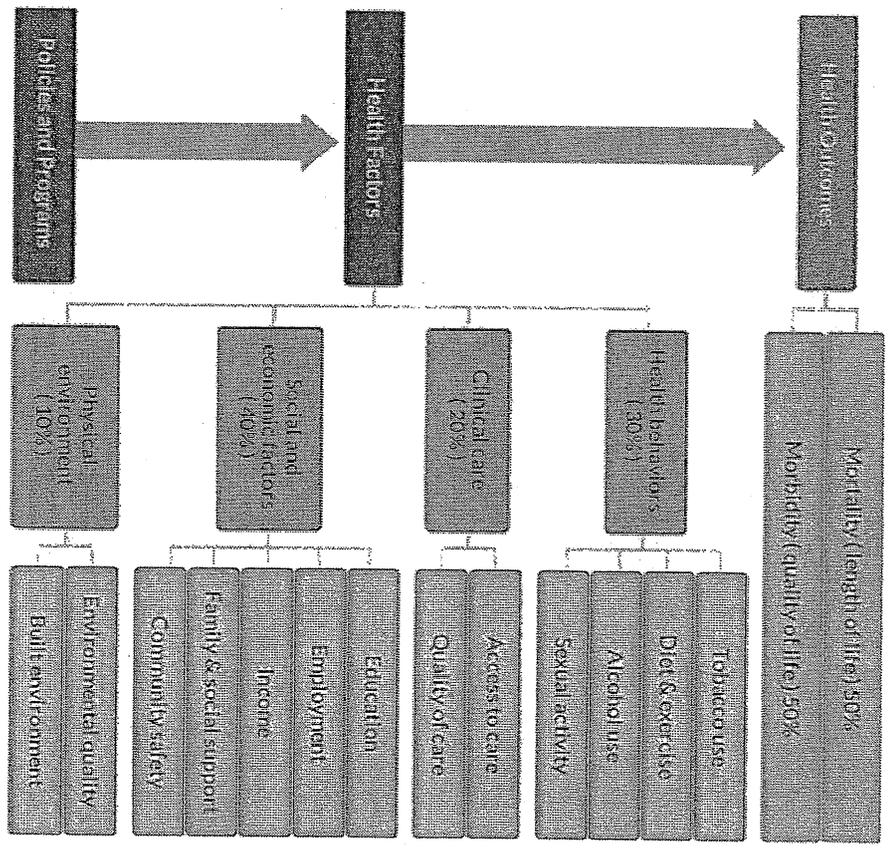
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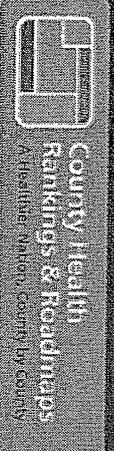
County Health Rankings & Roadmaps

A Healthier Nation. Smarter. Stronger. Greener.

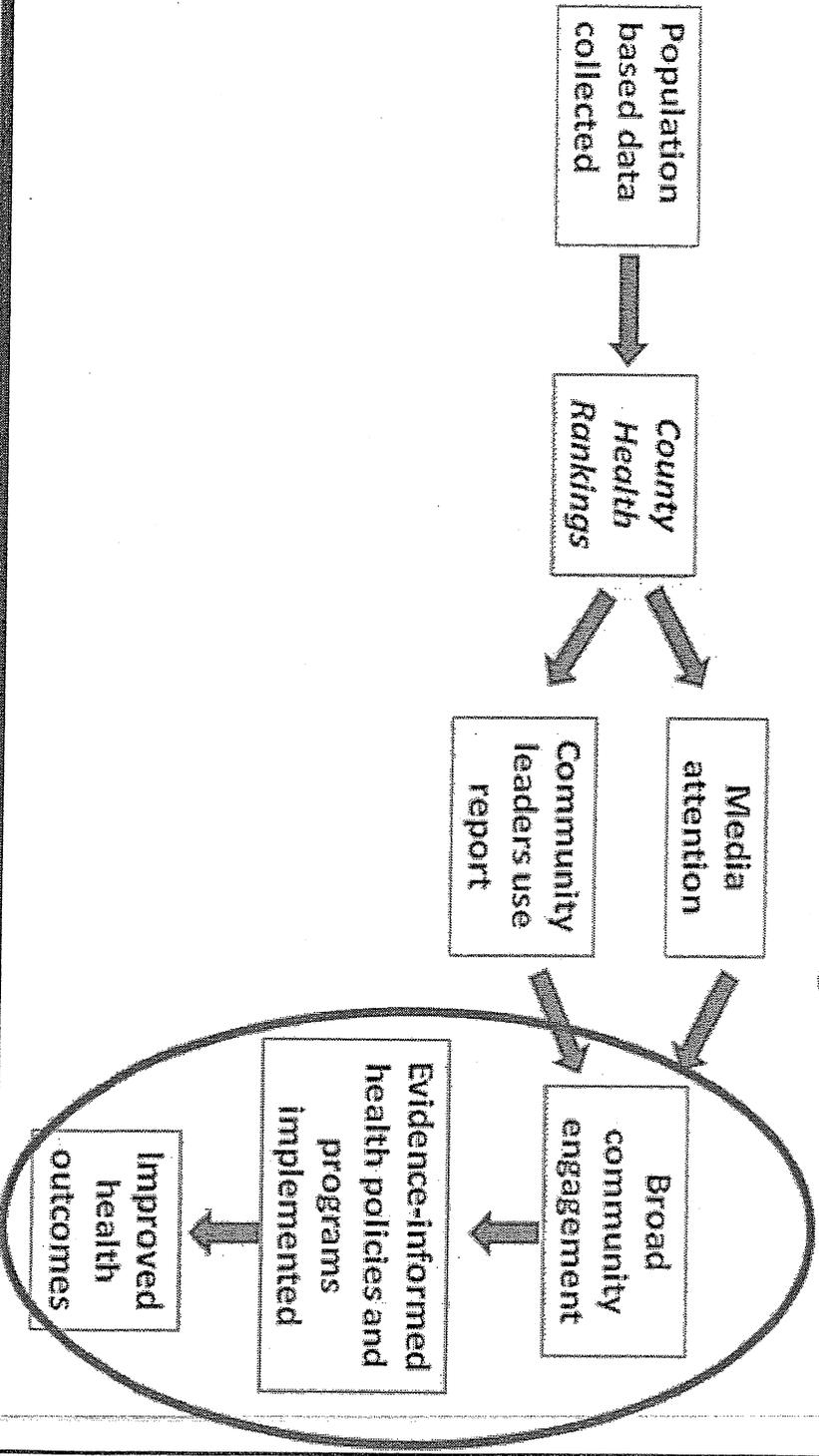
Robert Wood Johnson Foundation



County Health Rankings model ©2012 RWJF



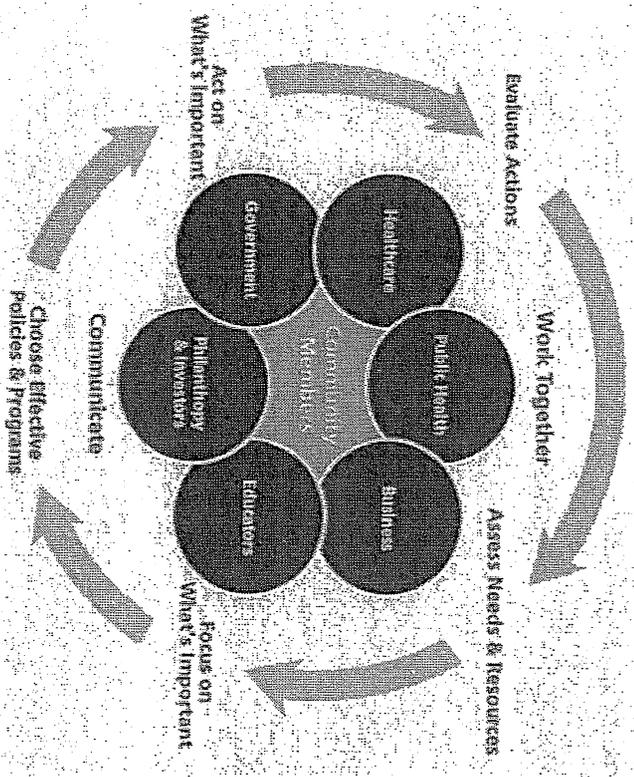
County Health Rankings Logic Model





ROADMAPS TO HEALTH ACTION CENTER

TAKE ACTION



<http://www.countyhealthrankings.org/roadmaps/action-center>

OUR VIEWS

To improve health, county must focus on bad habits, poverty

Rising health costs under President Obama's Affordable Care Act are a hot topic.

Workers see premiums and other out-of-pocket costs rise as employer health plans add new requirements and help pay for the previously uninsured and those in poverty or in poor health who are signing up for Obamacare. Retirees howl about more possible hits to Medicare Advantage plans to likewise offset Obamacare costs. Many low-wage workers complain Obamacare premiums are too expensive. All are legitimate concerns.

When it comes to health costs, however, many Rock County residents are their own worst enemies.

We eat too much and too many of the wrong things. We exercise little. Many of us drink too much or use tobacco. Many young people engage in unprotected sex, spreading diseases and leading to teenage pregnancies that risk premature births.

These bad habits are reflected in new annual rankings from the UW Population Health Institute and the Robert Wood Johnson Foundation. Rock County again finished a pitiful 62nd out of Wisconsin's 72 counties.

ROCK/WALWORTH COUNTIES

Health rankings - 2014		
Rank out of 72 Wisconsin counties	Rock Co.	Walworth Co.
Health outcomes*	62	38
Length of life	52	20
Quality of life	65	54
Health factors**	62	32
Health behaviors	65	14
Clinical care	39	50
Social/economic factors	58	32
Physical environment	59	69

* Health outcomes: Rankings are based on how long people live and how healthy people feel while alive.

** Health factors: Rankings are based on weighted scores of the four factors below.

SOURCE: www.countyhealthrankings.org/wisconsin
Tony DiNicola/tdinicola@gazettextra.com

It was good to read that we trimmed our percentage of adult smokers, reduced our rate of obesity and improved physical inactivity. However, we moved only a point or two—not enough to halt the parade to doctors' offices.

As county health officer Karen Cain suggests, to really improve overall health, we need to fight poverty and boost education. Ozaukee County, ranked No. 1 in health, is Wisconsin's wealthiest

county. Generally speaking, Cain noted, counties with the highest socioeconomic rankings have the best health scores.

"The more educated people are, the more their

Cain isn't suggesting poor people are too ignorant for their own health. Instead, she sees good jobs as paths to affording optimum health care.

"If you have a good economy, people are more likely to have health insurance, are more likely to seek care and are more likely to know how to improve their health," she said Friday.

It's worth noting that Rock County ranks close to the middle in median household income and that joblessness here, though still high, fell in the past year. Still, abject poverty plagues pockets of the county, and the percentage of kids living in poverty rose. On average, one of every four kids you see walking to school lives in poverty.

Officials see ways to improve the county's health ranking. Since July 2012, they've been using a \$450,000 federal grant to boost physical activity in gym and regular classrooms, to buy a cafeteria salad bar and start a school garden in Edgerton, to increase access to local produce, to educate kids about the dangers of candy-flavored cigarettes and to encourage more apartment complexes to go smoke free.

Unfortunately, the grant runs out in September.

Hospitals and the county health department also are teaming up to complete a community health needs assessment. Federal law requires one every three years. Besides the bad lifestyle choices noted above, the last report also found we don't use enough preventive health screenings, lack sufficient treatment for mental health and substance abuse issues and have woefully inadequate dental health.

Hospitals and health officials will use assessment data to better focus future programming. Meanwhile, municipal and school officials should keep in mind how boosting education and incomes can help us stay healthier. Each of us also should consider how halting our bad habits might save us health care dollars.

Cain says Rock County is blessed with a trail system for exercise and opportunities to buy healthy foods at farmers markets and groceries.

She added: "It's not impossible to change our personal habits to improve our health."

Sidney H. Bliss, Publisher

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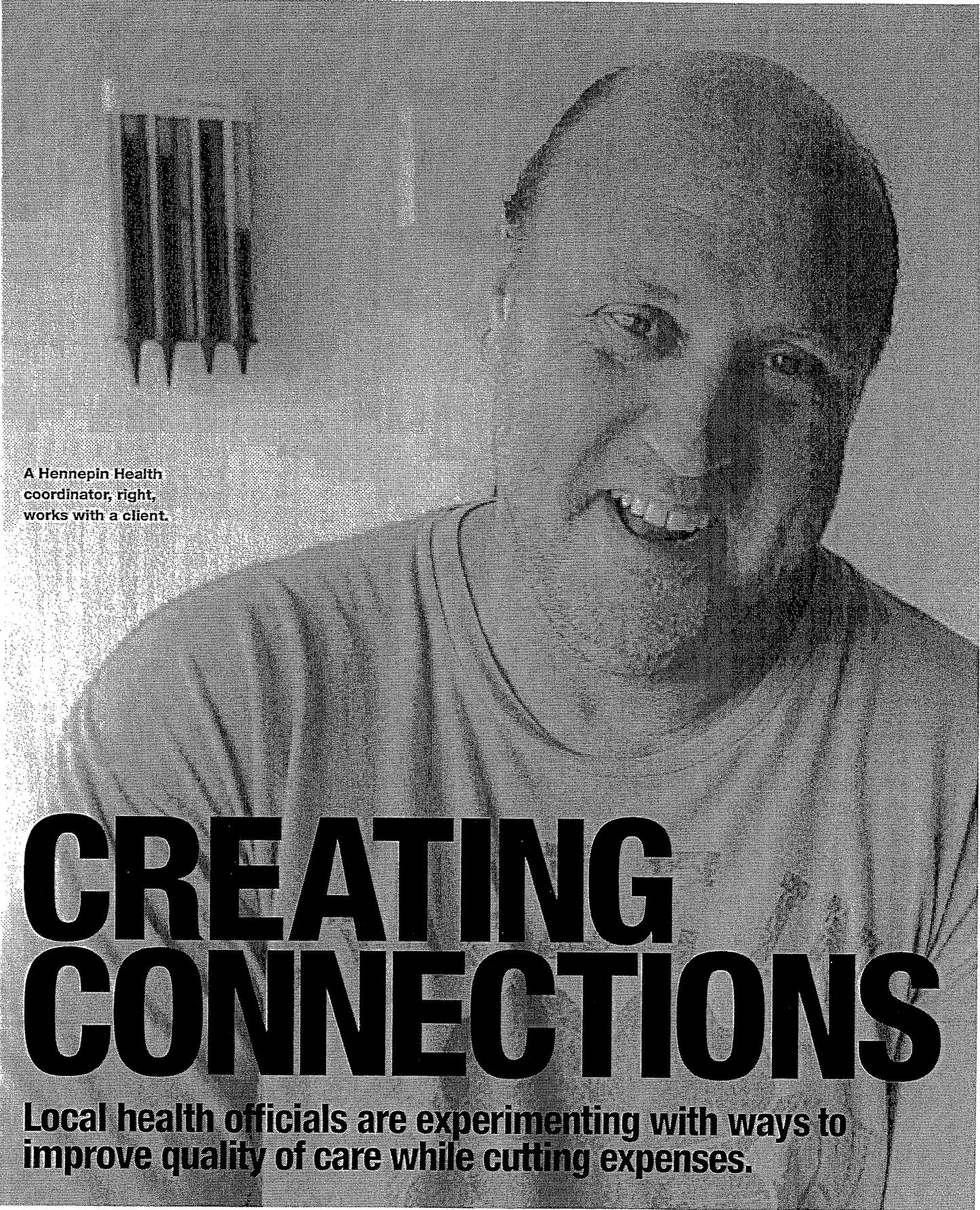
- Sidney H. Bliss, President, Board Chairman
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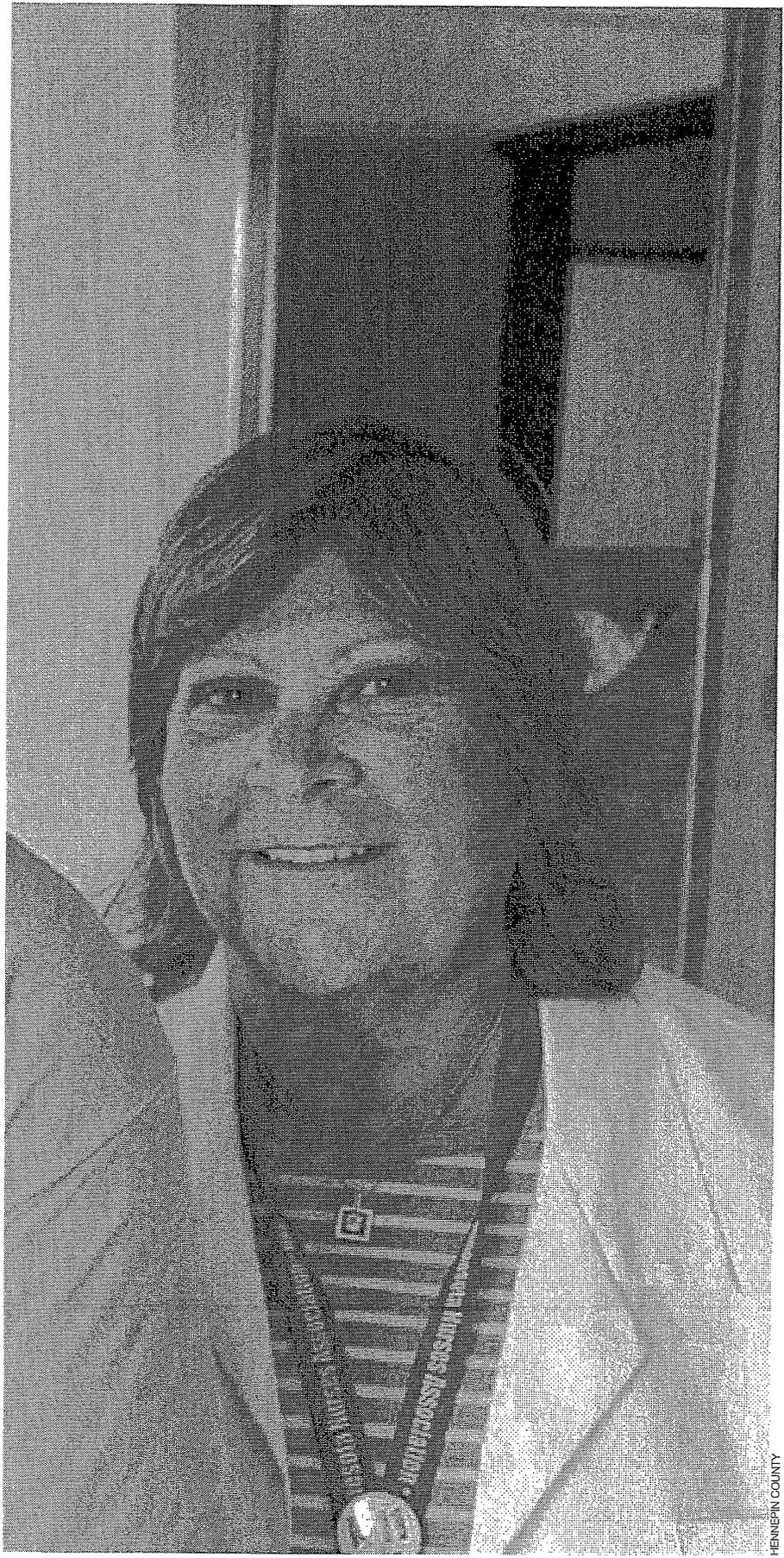




A Hennepin Health
coordinator, right,
works with a client.

CREATING CONNECTIONS

Local health officials are experimenting with ways to improve quality of care while cutting expenses.



HENNEPIN COUNTY

By Chris Kardish

Richard was a textbook case for Hennepin Health. The county-run Medicaid plan in Minneapolis had targeted a specific, expensive-to-treat population with the aim of reducing health-care costs and Richard—45 years old, uninsured and homeless—fit the bill. Instead of having his health problems, which included chronic back pain compounded by drug and alcohol abuse, managed through medication and therapy, Richard checked into an emergency room whenever he needed help. He had become what's known in the emergency medicine world as a frequent flyer. Not only were his visits adding to the state's already substantial tab for uncompensated care, the emergency room could not provide a long-term plan for his care. That's why Richard was identified by Hennepin Health as the perfect candidate for a new, coordinated approach to handling chronic, costly users of emergency medical services.

Richard was assigned a coordinator to help him get ongoing medical attention through a regular primary care physician, as well as help in other areas of his life; it turns out that he had been homeless since he was 15. Under Hennepin Health, he's now living in stable housing and is receiving regular preventive care for the first time in his life. Richard also is now living sober.

Multiply Richard's experience times thousands or millions of patients, and a program like Medicaid can begin to see a substantial increase in quality of care for its beneficiaries and a decrease in the costs of providing that care.

The Hennepin approach is one of many cost-control experiments taking place nationwide. Such customized pilot programs have the backing of the Affordable Care Act (ACA), which specifically bankrolls ideas that shake up the way health care is delivered and providers are paid. There are three big ideas gaining interest and acceptance to attack persistent problems: the lack of coordinated care to treat the whole person, not just medical issues; the misuse of health care among people who have trouble navigating the complexities of the system; and the poor level

of collaboration between health-care providers and the public and private sectors. Cost-containment efforts by states, including pilot programs in Arkansas and Oregon, have been widely reported. But some of the most promising experiments are taking place at the local level.

The driving goal behind Hennepin Health, which began as a pilot two years ago, is to provide holistic care for the urban poor and do it in a way that motivates everyone involved—from medical providers to county health-care officials—to save money. The incentives certainly seem right: Under Hennepin Health, the state gives the county a set amount of money per Medicaid client each month. Whatever the county manages to save goes back to the doctors in its network and also to future investments in the model.

The key to the approach is straightforward. It involves identifying frequent users of emergency rooms, such as Richard, and then steering them into primary care and other services. Hennepin officials use data from partner hospitals to identify individuals who regularly visit emergency rooms and who, in the past, weren't connected to a primary care physician when they left. These individuals are now assigned a service coordinator, essentially a health-care and social services "quarterback" who oversees all of a patient's health and social services needs. The coordinator then matches clients to clinics or health-care networks that offer a wide variety of services, from dental to mental health care. In fact, dental services alone have proved so attractive to clients that it has been a useful tool for keeping sometimes unreliable, unpredictable patients in the system, says Jennifer DeCubellis, area director of the Hennepin County Human Services and Public Health Department.

But the goal of creating a truly comprehensive, integrated system that meets more than just the clinical needs of patients requires a high level of coordination and cooperation among medical providers, government officials and other service providers. That's never been easy to accomplish. Hennepin County had to persuade providers to allow it to embed county human services staff in hospitals, where they are now responsible for connecting patients with housing, employment and transportation, in addition to coordinating their care. "The biggest thing was getting people to see that each system didn't have to build its own resources, and actually that [doing so] was detrimental," DeCubellis says.

The experiment appears to be paying off. In its first year, Hennepin reduced projected costs by more than 5 percent per patient, and the county will put \$1 million into new programming that's expected to return another 30 percent in savings next year. For the costliest patients—the top 5 percent, who used 64 percent of program funding—the county has already saved between 40 and 95 percent per client. Those are the kinds of numbers that have drawn the interest of not only other localities in Minnesota, but health-care officials and providers nationally.

This more holistic, coordinated and preventive approach to health care isn't new. North Carolina won an Innovations in

American Government award in 2007 for Community Care of North Carolina, which consists of 14 regional health-care networks organized by community physicians, hospitals, and health and social services departments as a way to focus more coordinated and preventive care on high-cost users. Now the approach pioneered by North Carolina is catching on in places as varied as rural Minnesota and the urban northeast.

Southern Prairie Community Care, a 12-county consortium of health-care providers and county agencies in southwest Minnesota, is launching its own North Carolina- and Hennepin-style integrated, collaborative Medicaid program. In calculating whether it was feasible to introduce such a program in an area characterized by its far-flung geography, Mary Fischer, the group's executive director, says that whatever challenges the group faced logistically were more than offset by long-established relationships among agencies and providers, which made the whole notion of coordination and cooperation feasible. "We will never be a place that can co-locate everything, but we see lots of opportunities in just aligning the various services and decreasing fragmentation through closer communication," says Fischer.

The next step for Minnesota is using a statewide ACA innovation grant to move beyond Medicaid and Medicare patients and on to the rest of the state's population by involving private health insurance companies. That will take negotiating with the insurers that have to structure the payments, but it will also require threading the needle with private doctors, says Scott Leitz, assistant commissioner of health care for the state Department of Human Services. "We're not there yet."

A key challenge in establishing a coordinated, cooperative and preventive program is tracking down the people who ought to be in it. Camden, N.J., tried an unusual approach: bringing aspects of police "citystat" programs to health care. Dr. Jeffrey Brenner, who had become familiar with mapping crime hot spots as a citizen member of a police improvement commission in the city, decided to see if the stat method might be applied to honing in on the city's costliest patients. What he and Camden officials found was startling: 20 percent of patients accounted for 90 percent of hospital costs, and nearly half of the 77,000 city residents visited an emergency department at least once a year.

Using that data, Brenner in 2007 teamed up with a nurse and social worker, and they started making individual house visits in areas of high hospital utilization. The team then helped connect people to the services they needed to keep them out of emergency rooms. With the help of support from funders like the Robert Wood Johnson Foundation, Brenner ultimately created the Camden Coalition of Healthcare Providers. Today the organization's staff numbers about 65 and is expanding with the aid of a grant from the Centers for Medicare & Medicaid Services. It's also bringing the idea of medical "hot spotting" to new communities both urban and rural.

The approach that has evolved out of Brenner's first hot-spotting visits remains simple: Teams made up of nurses, community

health workers, dietitians, social workers—whoever is needed—are dispatched to patients who frequently visit the hospital. While the work can start in the hospital, home visits are typically an integral part of the hot-spotting approach. The work runs the gamut: helping patients understand their medicine regime, arranging for transportation to follow-up appointments, and connecting clients to primary care. Coordinators might even help a client obtain a gym membership or set him up with volunteer opportunities as a way to move him back into the mainstream and, potentially, a paying job.

Offering a range of services is critical to the success of such an approach, says Andrea Miller, the Camden Coalition's senior program manager for new hot-spotting initiatives. "There's such a stigma around high utilization [with the sense that those patients] are just not compliant," says Miller. "But the truth is there are many barriers preventing them from getting what they need."

With its first 36 patients—who as a group averaged 62 hospital and emergency room visits per month—Camden reduced average monthly health-care costs for the group from \$1.2 million to about \$500,000. Other communities have seen the same kind of hot-spotting success. A group based in eastern Maine, for example, started hot spotting in January 2012. Among the 44 patients who have 12-month post-intervention data, there's been a 76 percent reduction in emergency department use and an 86 percent reduction in hospital admissions.

Last month, Maryland's Howard County Health Department became the first government entity to launch its own hot-spotting team, with guidance from Camden. Using a \$250,000 state grant, Howard is now hiring a nine-member team of registered nurses, community health workers and data managers to intervene with people who make frequent trips to the county's general hospital. If Howard County realizes the same savings as other jurisdictions, the hope is to make the pilot a permanent fixture by getting both public and private insurers—as well as providers—to help fund the program, says Dr. Maura Rossman, Howard County health officer. "We think this might be something where anyone from insurers to hospitals may be interested in partnering," she says.

One of the most obvious avenues for applying a more comprehensive and prevention-focused approach to the high cost of health care is to focus on such chronic conditions as asthma, diabetes, congestive heart failure, depression and chronic obstructive pulmonary disease.

Take Akron, Ohio, where about 11 percent of adults have Type 2 diabetes, several points above the most recent national median as calculated by the Centers for Disease Control and Prevention (CDC). That number alone may not seem jaw-dropping, but the trend is: If Akron and surrounding Summit County do nothing and the growth rate in Type 2 diabetes continues, fully one-third of the population will be diabetic by 2050. Compounding the problem is the fact that many of those with Type 2 diabetes don't seek medical care until the situation is dire, and 31 percent of the diabetic population has no insurance. With hospitals losing more than \$50 million a year in unreimbursed care costs, and with a widespread concern in the community that disease prevalence is

a drag on the workforce, the city and county launched an initiative to tap the resources of as many groups as possible.

A research group, called the Austen BioInnovation Institute, took the lead as coordinator between more than 70 groups that cut across government, the health-care sector, religious organizations and nonprofits—each with a role in prevention as well as managing the care of people who are already diabetic. The institute, funded by Akron's three major hospital systems, was the logical choice to lead the effort since it was created to do research and advance community health. With the help of a \$500,000 CDC grant, what Akron calls its Accountable Care Community launched in 2011.

The core of the concept is to bring public health and clinical medicine together on a community level. "If you looked at a community," says Dr. Frank Douglas, Austen BioInnovation's president, "and mapped out whatever opportunities there were for care and prevention and could bring together resources on a local basis, then anyone living in a particular set of ZIP codes could reach out to an identified source who could triage them into an appropriate place so they don't wait until an emergency [to seek care]."

Three competing hospitals offered the data to help make that possible. They've also lent their staff to teach nutrition and wellness classes, to host screenings at churches and to offer free care at libraries and elsewhere. Nonprofit community health groups have redeployed staff to monitor the cases of diabetics and ensure they're managing their disease in cooperation with their primary care provider. The Summit County Public Health Department is also boosting its efforts, embedding staff in low-income housing to meet with people flagged by the hospital system. "You spend an hour at the doctor's office and the other 23 hours at home," says Donna Skoda, deputy commissioner of the Summit County Public Health Department. "That's where those supports have to be."

Government efforts aimed at encouraging healthier habits among citizens haven't been limited to only public health or social services departments. Planning and transportation officials have also helped by making areas more walkable and providing greater access to public parks. Austen BioInnovation took a page out of Camden's playbook, finding high-concentration areas of diabetes and then getting city planners to implement "road diets"—reducing the number of car lanes while adding bike lanes.

As in other jurisdictions that are trying to reduce health-care costs among their citizens, the early results in Akron are encouraging. Among a sample of 2,000 diabetics after the first 18 months, average monthly costs for health care have gone down more than 10 percent, saving \$3,185 per person a year. More than half of participants lost significant amounts of weight, and emergency room visits were lowered by a range of one-third to one-half.

The program picks up on the lessons of others that have come before it: linking patients to their next step, and thinking beyond what they need from their doctors to stay healthy.

"It's teaching people to lift up your head, look at what services are available around them, and finding ways to partner when we can," Hennepin's DeCubellis says. "If you're not connecting people to their next location, their next program, they're going to fall apart after they leave." **G**

Email ckardish@governing.com

Full Explanation of WOW Van Services & Screenings

Immunizations

Immunizations against most Vaccine Preventable Disease are available through the Minnesota Vaccines for Children and Uninsured (MnVFC) and the Uninsured or Underinsured Adult Vaccines Program (UUAV). A \$10 fee is assessed per immunization for those without insurance or without vaccine coverage, however, no one is denied for inability to pay. Limited private vaccines are available to those with insurance. All vaccines are billable for children on Medical Assistance or Minnesota Care. Adult & children Influenza vaccinations are billable to most major insurance companies. Education, printed materials, and counseling are also available.

- ◇ DTaP/Td/Tdap
- ◇ Polio
- ◇ Hepatitis A & B
- ◇ Haemophilus Influenza type B (Hib)
- ◇ Human Papilloma Virus (HPV)
- ◇ Zoster (Shingles)
- ◇ Influenza
- ◇ Measles, Mumps, Rubella (MMR)
- ◇ Meningococcal
- ◇ Pneumococcal
- ◇ Rotavirus
- ◇ Combination Vaccines are available

Fluoride Treatment

Fluoride Varnish is applied to teeth to protect teeth from decay. Available from the time of first tooth eruption and can be applied every 6 months. This is a billable service for children on Medical Assistance or Minnesota Care.

Car Seat Check

Education, demonstration on proper use and installment, and recall check are done by certified Child Passenger Safety Technicians.

Community Resources

We have a variety of health education materials, information on local services, and health care applications.

Blood Pressure

A simple blood pressure is taken to assess the risk for hypertension. Education, printed materials, and counseling are also available.

Cholesterol Screening – 12 hour fast is required

A full lipid profile consists of total cholesterol, LDL, HDL, Triglycerides, and TC-HDL ratio. A blood glucose and blood pressure are also included. Blood sample is obtained by a

finger stick. Education, printed materials, and counseling on lowering your cholesterol follow the American Heart Associations "Life's Simple 7" curriculum.

Diabetes Screening – 8 hour fast is suggested

A blood sample is obtained by a finger stick to determine the risk for diabetes. Education, printed materials, and counseling are also available. This service is billable for children on Medical Assistance or Minnesota Care.

Pregnancy Test

Urine sample is taken to determine pregnancy; Medical Assistance verification forms are available upon request.

Hemoglobin Screening

A blood sample is obtained by a finger stick to determine the level of hemoglobin in the blood. Education, printed materials, and counseling are also available. This service is billable for children on Medical Assistance or Minnesota Care.

Lead Test

A blood sample is obtained by a finger stick to determine the level of lead in the blood. Education, printed materials, and counseling are also available. This service is billable for children on Medical Assistance or Minnesota Care.

Mantoux Test

This is a screening tool (small amount of solution inserted via needle under the skin on the forearm) to determine any exposure to Tuberculosis and requires a follow-up reading 48-72 hours after administration.

Radon Test Kit

Take home kit to test for Radon in the home. Short and long-term test kits are available.

Well Testing Kit

Take home kit to test for Nitrates and Coliform bacteria in independent home wells. A fee will be applied when sample is returned to Wright County Government Center – Planning & Zoning Division.

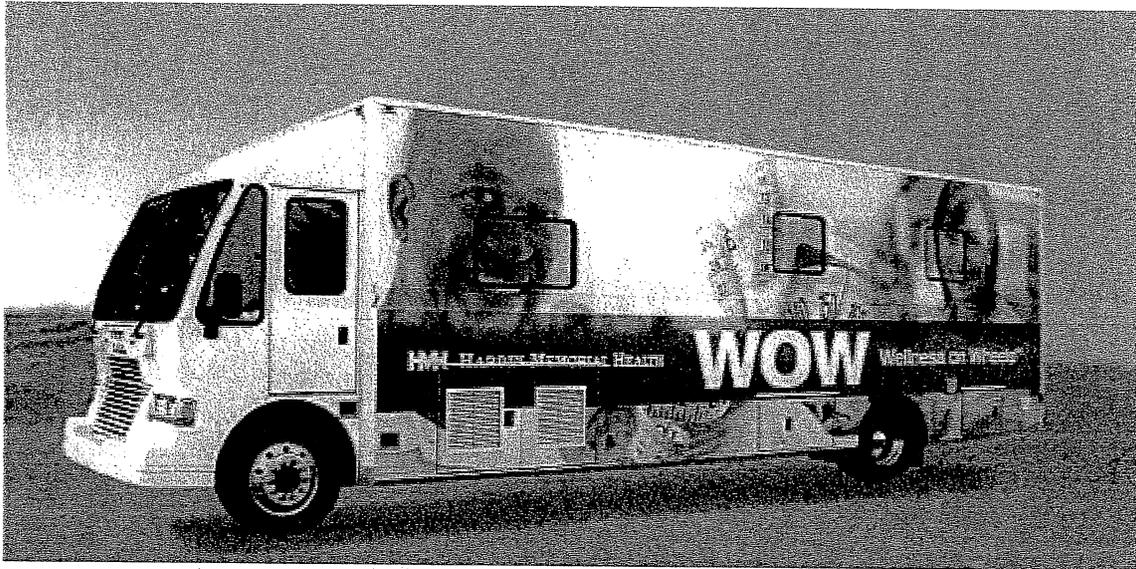


HARDIN MEMORIAL HEALTH

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WELLNESS ON WHEELS (WOW)

Hardin Memorial Hospital has always believed everyone should have access to quality health care. A 40-ft. state-of-the-art mobile unit brings preventative health care services and wellness screenings to residents in Hardin and 11 surrounding counties. (Adair, Breckinridge, Bullitt, Grayson, Green, Hart, Jefferson, LaRue, Meade, Nelson & Taylor).



The primary goal of Wellness on Wheels® Mobile Health Unit is to encourage our customers to become aware of personal risk factors through early detection and health promotion by providing health screenings, and educational resources to persons who may not have effective transportation to other sites. Regular monthly visits from Wellness on Wheels Mobile Health Unit will help consumers maintain wellness and initiate prevention through screenings.

Hardin Memorial Hospital's Wellness on Wheels Mobile Health Unit offers screenings like:

- Anemia (Hemoglobin)
- Blood Pressure
- Body Fat Analysis
- Body Mass Index
- Cholesterol Panel
- Diabetes (Blood Glucose)
- Flu Shots (Seasonal)
- Health Risk Appraisals

A unique characteristic of Wellness on Wheels® Mobile Health Unit is the flexibility in design. Staffed by

Registered Nurses (RNs) the mobile unit can provide health screenings and assessments at school sites, business/industry locations and community events. The unit features a reception area, lab area for screenings, and examination rooms fro privacy. Strictest confidentiality will be maintained for patient privacy. The mobile unit is wheel chair accessible.

August 2014

September 2014

October 2014

November 2014

December 2014

**For additional information regarding the
Mobile Health Unit, please call (270) 706-1250.**

I. Executive Summary

In August 2013, the Rock County Health Department convened the Community Health Needs Assessment (CHNA) Steering Committee – an interdisciplinary committee of community leaders and healthcare providers, to measure the health status of Rock County, Wisconsin residents. The committee, composed of county health officials, providers, social workers, and administrators, engaged in a series of focused discussions to create a comprehensive health assessment framework to both evaluate the healthcare infrastructure and prioritize the needs of the Rock County community. To guide the health assessment, the committee adopted the Center for Disease Control's *Mobilizing for Action through Planning and Partnerships* (MAPP) framework.

The MAPP assessments provided a comprehensive picture of the overall health status of Rock County residents as well as the resources available to improve health and quality of life. Feedback was solicited from community members using Community Health Status Assessment surveys.

Over an eleven-month period, health questionnaires were distributed to a random sample of 2000 Rock County residents. The fifty question survey covered a wide range of topics ranging from access to care, quality of life, chronic illnesses, and lifestyle factors. Response rate was 32.8% (656 surveys).

In addition to the data gathered from household surveys and focus groups, health related data was analyzed from a variety of existing resources, including the Wisconsin Department of Transportation, Wisconsin County Health Rankings, Department of Education and Wisconsin Department of Health Services. Secondary source data, when combined with the qualitative and quantitative information gathered from the MAPP assessments, provided the Steering Committee with a clear picture of what is working well in addition to identifying opportunities for improvement for the healthcare infrastructure of Rock County.

The Steering Committee reviewed results and themes from the MAPP assessments and statistical data from both the 2011 and 2014 surveys in Rock County. After discussing the data, trends, and emerging concerns, the Steering Committee reached a consensus on the following issues as priorities to address:

These priority health need areas include:

- Mental health related issues, including substance abuse and inadequate access to treatment
- Harmful lifestyle choices (e.g. obesity, smoking, and inactivity)
- Underutilization of dental health services
- Underutilization of certain preventative health screenings

Rock County: Community Health Improvement Plan

Mental Health

Data and Stats	Goals	Implementation Activities	Partners	Measure of Success	Timeline (Completion Date)
<p><input checked="" type="checkbox"/> Rock County ranks near the bottom at 62 out of 72 counties in Wisconsin for County Health Rankings.</p> <p><input checked="" type="checkbox"/> Leading causes for hospitalizations, excluding childbirth, include 1015 cases of psychiatric conditions.</p> <p><input checked="" type="checkbox"/> Over 6% of respondents to the Rock County Community Health Needs Assessment Survey reported being diagnosed with a mental illness within the past two years and of this group, nearly one-third believed they were unable to access the care they needed.</p> <p><input checked="" type="checkbox"/> Those who did not receive the mental health services they needed cited an inability to pay for a doctor's visit, inability to pay for medications, services not being close to home, not knowing where to go for assistance, and a lack of insurance coverage as the primary reasons why they did not obtain care.</p>	<p>Short Term: <input checked="" type="checkbox"/> Goal 1: Identify mental health problems and gaps in mental health services.</p> <p>Medium Term: <input checked="" type="checkbox"/> Goal 2: Increase awareness in the community about mental health problems.</p> <p>Long Term: <input checked="" type="checkbox"/> Goal 3: Decrease in the number of suicides and other mental health issues.</p>	<p>Short Term: <input checked="" type="checkbox"/> Goal 1: Meet with coroner, CICC, school officials, NAMI to gather information regarding mental health issues and services available.</p> <p><input checked="" type="checkbox"/> Goal 1: Review information about mental health problems from existing surveys completed by other agencies.</p> <p>Medium Term: <input checked="" type="checkbox"/> Goal 2: Educate community through PSA's, billboards, rotating mental health display throughout county.</p> <p><input checked="" type="checkbox"/> Goal 2: Provide depression education programs to senior citizens, pregnant women, school children.</p> <p>Long Term: <input checked="" type="checkbox"/> Goal 3: Increase screening of people of all ages and settings. <input checked="" type="checkbox"/> Goal 3: Increase the number of mental health professionals.</p>	<p>Short Term: <input checked="" type="checkbox"/> Goal 1: Coroner, Tony Farrell, CICC, school officials, NAMI.</p> <p>Medium Term: <input checked="" type="checkbox"/> Goal 2: Coroner, Tony Farrell, CICC, school officials, NAMI, health department.</p> <p>Long Term: <input checked="" type="checkbox"/> Goal 3: Hospitals, health department, Coroner, CICC, school officials.</p> <p style="text-align: right; font-size: 2em; transform: rotate(-45deg);">GHS</p>	<p>Short Term: <input checked="" type="checkbox"/> Goal 1:</p> <p>Medium Term: <input checked="" type="checkbox"/> Goal 2:</p> <p>Long Term: <input checked="" type="checkbox"/> Goal 3:</p>	<p>Short Term: <input checked="" type="checkbox"/> Goal 1: 2014</p> <p>Medium Term: <input checked="" type="checkbox"/> Goal 2: 2015</p> <p>Long Term: <input checked="" type="checkbox"/> Goal 3: 2016</p>

<p><input checked="" type="checkbox"/> Nearly one in five adults (19%) in Rock County report inadequate social and/or emotional support, compared to the state average (17%) and national benchmark (14%).</p> <p><input checked="" type="checkbox"/> Compared to the national average, slightly more Wisconsin adults reported poor mental health (36%) in 2012.</p> <p><input checked="" type="checkbox"/> Rock County has a lower rate of deaths caused by suicide (13.0) compared to the state rate of 13.4 per 100,000, though it is higher than the national suicide rate of 11.8 per 100,000, respectively.</p> <p><input checked="" type="checkbox"/> According to the Rock County Health Rankings the ratio of the population to mental health services is 1,256:1</p>		<p><input checked="" type="checkbox"/> Goal 3: Provide stress management and techniques to public.</p>			
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PRESS RELEASE

The Rock County Community Health Assessment Committee recently completed an updated health needs assessment for Rock County residents. The committee included representatives from Beloit Health System, Edgerton Hospital and Health Services, Mercy Health System, St. Mary Hospital-Janesville, UW-Extension, HealthNet of Rock County, Rock County Clerk, Rock County Criminal Justice System, and Rock County Health Department. The committee surveyed 2000 county residents regarding health status, analyzed secondary data and reviewed progress that had been made since the previous Health Assessment had been completed in 2011.

Progress toward better health ^{since 2011} was noted in the areas of:

- Residents (men, women and children) receiving recommended health screening
- Cholesterol and blood pressure levels

No ~~little~~ ^{movement} progress was noted in:

- Drinking and drug use
- Tobacco use
- Access to mental health treatment

The priority health concerns from the most recent community health assessment remain the same as 2011:

1. Mental-health related issues, including substance abuse and inadequate access to treatment;
2. Underutilization of dental health services;
3. Underutilization of preventative health screenings; and
4. Harmful lifestyle choices (e.g. obesity, smoking, and inactivity).

The Community Health Needs Assessment Committee members, and their respective organizations, have committed to conduct regular ongoing meetings to address and monitor the priority health concerns listed above. Initially the ongoing meetings will focus on the development of a Community Health Improvement Plan. When this plan is completed, the member organizations have agreed to collaborate on (a) service(s) which will address one of the priority health issues.

*send media release group
to Karen & Angie Flick*

ROCK COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT 2014
SURVEY RESPONSE TABULATIONS
 656 Survey Responses

1. In the following list, what do you think as the FIVE (5) most important factors for a "Healthy Community?" (Those factors which most improve the quality of life in a community).

CHARACTERISTIC	NUMBER	PERCENT
Goods Jobs, Healthy Economy	474	72.3%
Good Schools	445	67.8%
Low Crime, Safe Neighborhoods	430	65.5%
Access to Health Care	334	50.9%
Good Place to Raise Children	273	41.6%
Clean Environment	216	32.9%
Strong Family Life	191	29.1%
Healthy Behaviors & Lifestyles	185	28.2%
Religious or Spiritual Values	163	24.8%
Affordable Housing	160	24.4%
Parks & Recreation	114	17.4%
Emergency Preparedness	99	15.1%
Low Level of Child Abuse	54	8.2%
Excellent Race / Ethnic Relations	39	5.9%
Arts & Cultural Events	38	5.8%
Low Adult Death & Disease Rates	23	3.5%
Low Infant Deaths	13	2.0%
Other	5	0.8%

2. In the following list, what do you think are FIVE (5) most important "health problems" in our community? (Those problems which have the greatest impact on overall community health.)

CHARACTERISTIC	NUMBER	PERCENT
Cancers	398	60.7%
Obesity	348	53.0%
Heart Disease & Stroke	343	52.3%
Mental Health Problems	300	45.7%
Aging Problems	299	45.6%
Domestic Violence	215	32.8%
Child Abuse / Neglect	214	32.6%
Diabetes	191	29.1%
High Blood Pressure	161	24.5%
Teenage Pregnancy	115	17.5%
Motor Vehicle Crash Injuries	92	14.0%
Respiratory / Lung Disease	79	12.0%
Dental Problems	68	10.4%
Suicide	65	9.9%
Firearm-Related Injuries	62	9.5%
STDs	50	7.6%
Rape / Sexual Assault	38	5.8%
Infectious Diseases	37	5.6%
Other	36	5.5%
Homicide	27	4.1%
Terrorist Activities	10	1.5%
Infant Death	8	1.2%
HIV/AIDS	6	0.9%

3. What FIVE (5) "risky behaviors" are you most concerned about in our community? (Those behaviors which have the greatest impact on overall community health).

CHARACTERISTIC	NUMBER	PERCENT
Drug Abuse	506	77.1%
Alcohol Abuse	493	75.2%
Being Overweight	394	60.1%
Poor Eating Habits	269	41.0%
Not Receiving Needed Medical Care	259	39.5%
Lack of Exercise	229	34.9%
Tobacco Use	227	34.6%
Dropping Out of School	199	30.3%
Unsecured Firearms	132	20.1%
Not Getting "Shots" to Prevent Disease	118	18.0%
Unsafe Sex	105	16.0%
Not Using Birth Control	105	16.0%
Not Using Seat Belts / Child Safety Seats	71	10.8%
Racism	69	10.5%
Other	18	2.7%
Lack of Maternity Care	17	2.6%

4. You are:

RESPONSE	NUMBER	PERCENT
Female	394	60.1%
Male	260	39.6%
No Answer	2	0.3%

5. You are ___ years old:

RESPONSE	NUMBER	PERCENT
20-29	18	2.7%
30-39	39	5.9%
40-49	103	15.7%
50-59	194	29.6%
60-69	145	22.1%
70-79	103	15.7%
80+	42	6.4%
No Answer	12	1.8%
Average Age per Respondent	59.7	

6. How many people currently live in your household (including yourself)?

RESPONSE	NUMBER	PERCENT
1	90	13.7%
2	361	55.0%
3	75	11.4%
4	82	12.5%
5	33	5.0%
6	5	0.8%
7	1	0.2%
8	2	0.3%
No Answer	7	1.1%

7. The zip code where you live is:

RESPONSE	NUMBER	PERCENT
53511 – Beloit	208	31.7%
53525 – Clinton	16	2.4%
53534 – Edgerton	21	3.2%
53536 – Evansville	27	4.1%
53545 – Janesville	99	15.1%
53546 – Janesville	100	15.2%
53548 – Janesville	140	21.3%
53563 – Milton	23	3.5%
53576 – Orfordville	3	0.5%
No Answer	12	1.8%

8. You are:

RESPONSE	NUMBER	PERCENT
Single, Never Married	23	3.5%
Married	514	78.4%
Divorced	49	7.5%
Separated	3	0.5%
Widowed	62	9.5%
No Answer	5	0.8%

9. The highest grade you finished in school was:

RESPONSE	NUMBER	PERCENT
Grade School (1 st – 8 th)	2	0.3%
Some High School, No Diploma	10	1.5%
High School Diploma or GED	164	25.0%
Vocational or Trade School	109	16.6%
Some college, No Degree	96	14.6%
College Degree	160	24.4%
Some Graduate School, No Degree	30	4.6%
Graduate Degree	82	12.5%
No Answer	3	0.5%

10. Your household's income (before taxes) from all sources this year will be:

RESPONSE	NUMBER	PERCENT
Under \$10,000	6	0.9%
\$10,000 - \$24,999	45	6.9%
\$25,000 - \$39,999	97	14.8%
\$40,000 - \$59,999	122	18.6%
\$60,000 - \$75,000	95	14.5%
Over \$75,000	243	37.0%
No Answer	48	7.3%

11. You would describe your race or ethnic origin as:

RESPONSE	NUMBER	PERCENT
Caucasian	633	96.5%
African American	6	0.9%
Native American	3	0.5%
Hispanic	1	0.2%
Asian American	1	0.2%
Other	0	0
No Answer	12	1.8%

12. You are:

RESPONSE	NUMBER	PERCENT
Employed Full Time (at least 40 hours per week)	261	39.8%
Employed Part Time (less than 40 hours per week)	81	12.3%
Unemployed	10	1.5%
A Homemaker	22	3.4%
Retired	266	40.5%
A Student	3	0.5%
Unable to work because of a disability	11	1.7%
No Answer	2	0.3%

13. In general, you would say your health is:

RESPONSE	NUMBER	PERCENT
Excellent	210	32.0%
Very Good	361	55.0%
Good	75	11.4%
Fair	8	1.2%
Poor	2	0.3%
No Answer	0	0.0%

14. Do you have a doctor or nurse who you see regularly for medical care? (not a chiropractor)

RESPONSE	NUMBER	PERCENT
Yes	581	88.6%
No	72	11.0%
No Answer	3	0.5%

15. If you don't have a doctor or nurse, tell us why: (check all that apply)

RESPONSE	NUMBER	PERCENT
I can't afford to pay for a doctor's visit.	9	12.5%
I go to the doctor only when necessary.	1	1.4%
No health insurance.	0	0%
I don't know how to find a doctor or nurse in my area.	1	1.4%
Other	21	29.2%
No Answer	40	55.6%
TOTAL	32	100

*Frequency based on respondents who answered "No" to Question 14.

16. Do you have health insurance?

RESPONSE	NUMBER	PERCENT
Yes	634	96.6%
No	19	2.9%
No Answer	3	0.5%

17. Do you have dental insurance?

RESPONSE	NUMBER	PERCENT
Yes	402	61.3%
No	252	38.4%
No Answer	2	0.3%

18. If you do not have health insurance, tell us why: (check all that apply)

RESPONSE	NUMBER	PERCENT
I can't afford it.	18	94.7%
Place(s) where I work does not offer it.	2	10.5%
Not qualified for the plan where I work.	0	0%
Not qualified for Medical Assistance.	3	15.8%
I don't think I need it.	0	0%
Other	1	5.3%
TOTAL	19	100%

*Frequency based on respondents who answered "No" to Question 16.

19. The following problems have stopped you from getting the health care you need: (check all that apply)

RESPONSE	NUMBER	PERCENT OF TOTAL RESPONDENTS	PERCENT OF ANSWERING RESPONDENTS
Health services are not close to where I live.	10	1.5%	2.7%
I don't know where to go for health services.	3	0.5%	0.8%
I can't pay for health services.	61	9.3%	16.4%
I can't get an appointment with local doctors.	16	2.4%	4.3%
Other	33	5.0%	8.9%
None	249	38.0%	66.9%
No Answer	294	44.8%	--

20. If you go outside of Rock County for medical care, where do you go?

RESPONSE	NUMBER	PERCENT OF TOTAL RESPONDENTS	PERCENT OF ANSWERING RESPONDENTS
Madison, WI	144	22.0%	62.9%
Milwaukee, WI	11	1.7%	4.8%
Walworth County, WI	11	1.7%	4.8%
Monroe, WI	4	0.6%	1.7%
Fort Atkinson, WI	9	1.4%	3.9%
Marshfield, WI	5	0.8%	2.2%
Rockford, IL	17	2.6%	7.4%
Other	28	4.3%	12.2%
Total	229	34.9%	---

21. If you do go outside of the Rock County area for medical care, tell us why.

RESPONSE	NUMBER	PERCENT OF	PERCENT OF
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		TOTAL RESPONDENTS	ANSWERING RESPONDENTS
Told to go by my doctor.	53	8.1%	23.1%
I can't get medical care in the area.	20	3.0%	8.7%
Medical care costs less outside the area.	5	0.8%	2.2%
Other	134	20.4%	58.5%
No Answer	17	2.6%	

*Frequency based on respondents who indicated that they go outside of Rock County for health care in Question 20 (i.e. did not answer "I do not go outside of Rock County for health care")

22. You exercise at least 30 minutes a day how many days per week?

RESPONSE	NUMBER	PERCENT OF TOTAL RESPONDENTS
Not at all	125	19.1%
1 or 2 times per week	218	33.2%
3 or 4 times per week	199	30.3%
5 or more times per week	105	16.0%
No Answer	9	1.4%

23. How would you rate the availability of nutritious foods in your area?

RESPONSE	NUMBER	PERCENT
Very Good	306	46.6%
Good	289	44.1%
Fair	28	4.3%
Poor	24	3.7%
Unsure	2	0.3%
No Answer	7	1.1%

24. Have you been told by a doctor, nurse or other health professional that you have the following: (check all that apply)

RESPONSE	NUMBER	PERCENT OF TOTAL RESPONDENTS	PERCENT OF ANSWERING RESPONDENTS
Heart Disease	20	8.2%	20.6%
Diabetes	27	11.1%	27.8%
Cancer	11	4.5%	11.3%
Respiratory Problems	21	8.6%	21.6%
Eye Disease	18	7.4%	18.6%
Arthritis	9	3.7%	9.3%
Other	24	9.8%	24.7%
No Answer	147	60.2%	---

25. Have you been diagnosed with a mental illness in the past 2 years (such as depression, anxiety, bipolar disorder or schizophrenia)?

RESPONSE	NUMBER	PERCENT
Yes	42	6.4%
No	604	92.1%
No Answer	10	1.5%

26. Have you felt like you needed mental health services the past 2 years and have you been able to access the care you need?

RESPONSE	NUMBER	PERCENT
Yes	30	71.4%
No	12	28.6%
TOTAL	42	100

*Frequency based on respondents who indicated that were diagnosed with a mental illness in the past 2 years in Question 25.

27. The following problems have stopped you from getting help you need for mental health issues: (check all that apply)

RESPONSE	NUMBER	PERCENT
Mental health services are not close to where I live.	2	25.0%
I couldn't get an appointment.	1	12.5%
I couldn't afford a doctor's visit.	3	37.5%
I couldn't afford a medication or other treatment	2	25.0%
Fear of how others would respond.	1	12.5%
I don't know where to go for assistance.	2	25.0%
My health insurance doesn't cover what I need.	2	25.0%
Other	2	25.0%
No Answer	34	--

*Frequency based on respondents who indicated that were diagnosed with a mental illness in the past 2 years in Question 25.

28 – 32. You go to the following doctors for a regular checkup:

	AT LEAST ONCE A YEAR		EVERY 2 YEARS		EVERY 3 OR MORE YEARS		NEVER		NO ANSWER	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Eye Doctor	292	44.5%	199	30.3%	100	15.2%	32	4.9%	33	5.0%
Family Doctor	497	75.8%	62	9.5%	52	7.9%	25	3.8%	20	3.0%
Dentist	526	80.2%	41	6.3%	43	6.6%	17	2.6%	29	4.4%
Gynecologist	158	40.1%	44	11.2%	64	16.2%	72	18.3%	56	14.2%
Chiropractor	147	22.4%	24	3.7%	59	9.0%	298	45.4%	128	19.5%

33 – 38. How long has it been since you have:

	WITHIN THE PAST 2 YEARS		GREATER THAN 2 YEARS		NEVER		NO ANSWER	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Been tested for colon or rectal cancer? (<i>adults age 50+</i>)	336	51.2%	19	2.9%	218	33.2%	83	12.7%
Had your blood cholesterol checked? (<i>adults age 50+</i>)	633	96.5%	4	0.6%	8	1.2%	11	1.7%
Had your blood pressure checked by a doctor, nurse or other health professional? (<i>adults age 50+</i>)	633	96.5%	4	0.6%	8	1.2%	11	1.7%
Had a mammogram? (<i>women age 50+</i>)	316	80.2%	6	1.5%	39	9.9%	33	5.0%
Had a pap smear? (<i>all women</i>)	282	71.6%	10	2.5%	17	4.3%	85	21.6%
Been check for prostate cancer? (<i>men age 50+</i>)	184	70.8%	2	0.8%	53	20.4%	21	8.1%

39 – 44. In the past year, you...

	YES		NO		NO ANSWER	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Couldn't pay for a prescription medicine that you needed.	47	7.2%	589	89.8%	20	3.0%
Got a flu shot.	434	66.2%	216	32.9%	6	0.9%
Stayed home from work, school or some other activity because you were feeling "down" or "blue."	71	10.8%	568	86.6%	17	2.6%
Drove a car or truck after drinking alcohol or taking drugs.	74	11.3%	571	87.0%	11	1.7%
Used cocaine, marijuana, or other illegal drugs.	12	1.8%	634	96.6%	10	1.5%

Had more than one sex partner.	12	1.8%	632	96.3%	12	1.8%
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45 - 49. Do you...

	YES		NO		NO ANSWER	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Smoke cigarettes?	53	8.1%	596	90.9%	7	1.1%
Smoke cigars?	5	0.8%	644	98.2%	7	1.1%
Use smokeless tobacco (snuff, chew or spit tobacco)?	14	2.1%	635	96.8%	7	1.1%
Wear a seat belt when you drive or ride in a car or truck?	635	96.8%	16	2.4%	5	0.8%
Drink more than 4 alcoholic drinks in two hours or less regularly?	17	2.6%	634	96.6%	5	0.8%

Progress since 2011 Survey

Mental-health related issues, including substance abuse and inadequate access to treatment:

2011 survey: 10% of respondents reported a diagnosis of a mental illness within the past 2 years

2014 survey: 6.4% of respondents reported a diagnosis of a mental illness within the past 2 years

Underutilization of dental health services:

	AT LEAST ONCE A YEAR		EVERY 2 YEARS		EVERY 3 OR MORE YEARS		NEVER		NO ANSWER	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
2014 Dentist	526	80.2%	41	6.3%	43	6.6%	17	2.6%	29	4.4%
2011 Dentist	176	72.1%	13	5.3%	19	7.8%	13	5.3%	23	9.4%

2010 Data no update	National	Wisconsin
Dental caries (tooth decay) experience		
a) Young children, aged 2–4 years	24%	35%
b) Children, aged 6–8 years	53%	55%
c) Adolescents, aged 15 years	51%	56%
Untreated caries (tooth decay)		
a) Young children, aged 2–4 years	19%	26%
b) Children, aged 6–8 years	29%	20%

Underutilization of preventative health screenings:

2011

	WITHIN THE PAST 2 YEARS		NEVER		NO ANSWER	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Been tested for colon or rectal cancer? (<i>adults age 50+</i>)	90	57.7	41	26.3	25	16
Had your blood cholesterol checked? (<i>adults age 50+</i>)	135	86.5	8	5.1	13	8.3
Had your blood pressure checked by a doctor, nurse or other health professional?	142	91.0	5	3.2	9	5.8

<i>(adults age 50+)</i>						
Had a mammogram? <i>(women age 50+)</i>	80	80.0	4	4.0	16	16.0
Had a pap smear? <i>(all women)</i>	121	72.5	8	4.8	38	22.8
Been check for prostate cancer? <i>(men age 50+)</i>	47	83.9	2	3.6	7	12.5

2014

	WITHIN THE PAST 2 YEARS		GREATER THAN 2 YEARS		NEVER		NO ANSWER	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Been tested for colon or rectal cancer? <i>(adults age 50+)</i>	336	51.2%	19	2.9%	218	33.2%	83	12.7%
Had your blood cholesterol checked? <i>(adults age 50+)</i>	633	96.5%	4	0.6%	8	1.2%	11	1.7%
Had your blood pressure checked by a doctor, nurse or other health professional? <i>(adults age 50+)</i>	633	96.5%	4	0.6%	8	1.2%	11	1.7%
Had a mammogram? <i>(women age 50+)</i>	316	80.2%	6	1.5%	39	9.9%	33	5.0%
Had a pap smear? <i>(all women)</i>	282	71.6%	10	2.5%	17	4.3%	85	21.6%
Been check for prostate cancer? <i>(men age 50+)</i>	184	70.8%	2	0.8%	53	20.4%	21	8.1%

Harmful lifestyle choices (e.g. obesity, smoking, and inactivity):

2011			2014		
Weekly Exercise			Weekly Exercise		
Not At All		21.1%	Not At All		19.1%
1 or 2 Times per Week		26.6%	1 or 2 times per week		33.2%
3 or 4 Times per Week		30.8%	3 or 4 times per week		30.3%
5+ Times per Week		21.5%	5 or more times per week		16.0%
			No Response		1.4%
Diabetes Prevalence by Age			Diabetes Prevalence by Age		
Age Group	Rock	Wisconsin	Age Group	Rock	Wisconsin
18-44	2.6%	3.2%	18-44	2.6%	3.2%
45-64	19.4%	13.9%	45-64	19.4%	13.9%
65+	26.1%	25.6%			

All Ages			65+	26.1%	25.6%
Adult	11.5%	10.1%	All Ages		
			Adult	11.5%	10.1%
Weight Distribution			Weight Distribution		
	Rock County	Wisconsin		Rock County	Wisconsin
Overweight	30.8%	36.7%		United States	
Obese	34.5%	27.0%	Underweight/Normal	34.4%	34.4%
TOTAL	65.3%	63.7%	Overweight	35.4%	36.9%
			Obese	30.2%	28.8%
					27.3%
Smoking Rates			Smoking rate		
	Rock	Wisconsin		Rock County	Wisconsin
Adults (18+)	28.0%	19.5%	Adults (18+)	25.0%	19.0%
					18.6%