

Living  
Healthier  
Lives in  
Healthier  
Communities

Strengths  
Resources  
Gaps  
Needs  
Analysis  
Commitment

**2011**

# ***Oneida County Community Health Needs Assessment***

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Strengthening Health through  
collaboration and partnerships.

## Table of Contents

<b>Introductory Letter</b> .....	3
<b>Acknowledgements</b> .....	4-5
<b>Introduction</b> .....	6-11
• Purpose.....	6
• Process.....	6
• Data Review.....	6
1. Healthiest Wisconsin 2020.....	6
2. Wisconsin County Health Rankings.....	8
3. Other Data Analysis.....	10
<b>Key Findings</b> .....	11-21
• Demographic Profile.....	11
• Health Focus Areas.....	12
1. 12 Focus Areas.....	12
2. Socioeconomic Trends.....	21
<b>Summary Key Findings</b> .....	22
<b>Health Assessment Activities</b> .....	22-23
• Strengths and Challenges of Local Communities.....	22
• Local Surveys.....	23-24
<b>Identification of Health Priorities</b> .....	25
• Alcohol and Other Drug Addiction.....	25
• Mental Health.....	25
• Chronic Disease.....	25
<b>Next Steps</b> .....	26
<b>Resources</b> .....	27



December 2011



Dear Community Resident:

It is my pleasure to share with you the 2011 Oneida County Community Health Needs Assessment. On behalf of the Board of Health and the Healthy People Healthy Oneida County Steering Committee, we hope you will find this information useful in planning and responding to the needs of our community. We would like to personally thank Division of Public Health-Northern Region, Ministry Health Care-St. Mary's Hospital, Ministry Health Care-Howard Young Medical Center, Marshfield Clinic, and Asprius for their continued support and resources to Oneida County.

This document represents the work of over 50 community leaders and partners in addition to health department staff. These partners demonstrated a strong commitment to assessing the health needs of Oneida County, working collaboratively, and to committing to making our community healthier.

This report is meant to summarize the key findings from the day long community needs assessment conducted on March 31, 2011, secondary data analysis, and community surveys. The PowerPoint presentation can be accessed on the Oneida County Health Department website at: [www.oneidacountypublichealth.org](http://www.oneidacountypublichealth.org).

A companion document, the Oneida County Health Improvement Plan, is also available on the website. This companion document provides a template to assist public health stakeholders with implementing the evidenced-based strategies that address the top three health priorities of:

- Alcohol and Other Drug Addiction
- Mental Health
- Chronic Disease Prevention

I hope that you find this document useful and welcome any comments and suggestions you may have for improving the health of Oneida County.

Sincerely,

*Linda Conlon*

Director/Health Officer  
Oneida County Health Department

## **Acknowledgements**

A community needs assessment and improvement plan of this scope could not occur without the assistance of many individuals. The Oneida County Board of Health and health department gratefully acknowledges the assistance of the Division of Public Health-Northern Region and Erica Brewster, UW Extension.

Many thanks to the Healthy People Healthy Oneida County Steering Committee and each of the Improvement Plan Coalitions, all of whom have worked tirelessly on improving health outcomes. Thank you to the following individuals who took time from their busy schedules to participate in the development of the Community Needs Assessment report.

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# Introduction

## Purpose

There are several purposes for doing a community health needs assessment:

- (1) To fulfill State Statute HFS 140.04 responsibility requiring each local health department to complete a community health assessment and participate in the development of a new local health improvement plan every 5 years.
- (2) To provide updated information on the population health status. This provides the basis for the identification and prioritization of local health-related issues and the development of a local health improvement plan.
- (3) To create a process to encourage public and community input into the population health needs and the use of available resources.
- (4) Assessment is a core function of public health.

## Process

Months were spent reviewing data with the Northern Region Office, Oneida County Health Department, and Vilas County Health Department. The Healthy People Healthy Oneida County Steering Committee was briefed on the data review and its progress.

An all day long meeting was held where over 50 people spent the day reviewing county data, looking at strengths and gaps, and reviewing current resources available to the community. Data was organized and presented to mirror the Healthiest Wisconsin 2020 Focus Areas. After reviewing the surveys, data, strengths and gaps, participants were asked to choose their top 3 focus areas they would like the community health improvement plan to focus on for the next 5 years. This was done by electronic survey. In addition to the 3 focus areas, 2 sub focus areas were identified.

## Data Review

### Healthiest Wisconsin 2020

The Healthiest Wisconsin 2020 12 focus areas provided the framework for the entire assessment. Data was gathered as it related to each focus area and presented to the group. In addition, participants were asked to identify what is currently going on in each focus area and what are the gaps.

### ***Healthiest Wisconsin 2020*** **Focus Areas and Objectives**

#### Alcohol and Drug Use

- Change underlying attitudes, knowledge and policies
- Improve access to services for vulnerable people
- Reduce risky and unhealthy alcohol and drug use

#### Chronic Disease Prevention and Management

- Promote sustainable chronic disease programs
- Improve equitable access to chronic disease management
- Reduce chronic disease health disparities

#### Communicable Diseases

- Immunize
- Prevent disease in high-risk populations

#### Environmental and Occupational Health

- Improve the quality and safety of the food supply and natural, built and work environments
- Promote safe and healthy homes in all communities

#### Healthy Growth and Development

- Assure children receive periodic developmental screening
- Improve women's health for healthy babies
- Reduce disparities in health outcomes

#### Injury and Violence Prevention

- Create safe environments and practices through policies and programs

- Improve systems to increase access to injury care and prevention services
- Reduce disparities in injury and violence

### **Mental Health**

- Reduce smoking and obesity among people with mental disorders
- Reduce disparities in suicide and mental disorders
- Reduce depression, anxiety and emotional problems

### **Nutrition and Healthy Foods**

- Increase access to healthy foods and support breastfeeding
- Make healthy foods available for all
- Target obesity efforts to address health disparities

### **Oral Health**

- Assure access for better oral health
- Assure access to services for all population groups

### **Physical Activity**

- Design communities to encourage activity
- Provide opportunities to become physically active
- Provide opportunities in all neighborhoods to reduce health disparities

### **Reproductive and Sexual Health**

- Establish a norm of sexual and reproductive health across the life span
- Establish social, economic and health policies to improve equity in sexual health and reproductive justice
- Reduce disparities in sexual and reproductive health

### **Tobacco Use and Exposure**

- Reduce use and exposure among youth
- Reduce use and exposure among adults
- Decrease disparities among vulnerable groups

## **Wisconsin County Health Rankings**

The Wisconsin County Health Rankings Report from University of Wisconsin School of Medicine and Public Health was utilized as an overall data source. This information was given to participants as a resource.

Counties are ranked according to summaries of a variety of health measures. Those having high ranks, e.g. 1 or 2, are considered to be the “healthiest.” Counties are ranked relative to the health of other counties in the state on the following summary measures:

- Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors--rankings are based on weighted scores of four types of factors:
  - Health behaviors (6 measures)
  - Clinical care (5 measures)
  - Social and economic (7 measures)
  - Physical environment (4 measures)

In 2011, the Wisconsin County Health Rankings reported Oneida County as ranking 54<sup>th</sup> out of 72 counties in health outcomes, with mortality ranking 52 and morbidity ranking 51. Although the overall ranking of 23 out of 72 for health factors is a relatively good ranking, Oneida County ranked 43<sup>rd</sup> in health behaviors.

The 2011 Oneida County Health Snapshot is included on the following page.

## 2011 | ONEIDA, WISCONSIN

	Oneida County	Error Margin	National Benchmark*	Wisconsin	Rank (of 72)
Health Outcomes					54
Mortality					52
<a href="#">Premature death</a>	6,986	5,914-8,059	5,564	6,230	
Morbidity					51
<a href="#">Poor or fair health</a>	10%	7-14%	10%	12%	
<a href="#">Poor physical health days</a>	2.7	1.9-3.6	2.6	3.2	
<a href="#">Poor mental health days</a>	3.0	2.1-4.0	2.3	3.0	
<a href="#">Low birth weight</a>	7.3%	6.2-8.4%	6.0%	6.8%	
Health Factors					23
Health Behaviors					43
<a href="#">Adult smoking</a>	26%	20-32%	15%	21%	
<a href="#">Adult obesity</a>	27%	23-32%	25%	28%	
<a href="#">Excessive drinking</a>	22%	17-28%	8%	25%	
<a href="#">Motor vehicle crash death rate</a>	24	18-30	12	15	
<a href="#">Sexually transmitted infections</a>	100		83	375	
<a href="#">Teen birth rate</a>	23	19-26	22	32	
Clinical Care					8
<a href="#">Uninsured adults</a>	13%	10-16%	13%	11%	

	Oneida County	Error Margin	National Benchmark*	Wisconsin	Rank (of 72)
<a href="#">Primary care physicians</a>	556:1		631:1	744:1	
<a href="#">Preventable hospital stays</a>	69	64-74	52	61	
<a href="#">Diabetic screening</a>	95%	82-100%	89%	89%	
<a href="#">Mammography screening</a>	83%	69-97%	74%	71%	
Social & Economic Factors					37
<a href="#">High school graduation</a>	85%		92%	89%	
<a href="#">Some college</a>	62%		68%	63%	
<a href="#">Unemployment</a>	9.6%		5.3%	8.5%	
<a href="#">Children in poverty</a>	14%	10-18%	11%	14%	
<a href="#">Inadequate social support</a>	11%	8-16%	14%	17%	
<a href="#">Children in single-parent households</a>	25%		20%	29%	
<a href="#">Violent crime rate</a>	106		100	283	
Physical Environment					2
<a href="#">Air pollution-particulate matter days</a>	1		0	5	
<a href="#">Air pollution-ozone days</a>	0		0	1	
<a href="#">Access to healthy foods</a>	44%		92%	59%	
<a href="#">Access to recreational facilities</a>	22		17	12	

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

Note: Blank values reflect unreliable or missing data



## Other Data Analysis

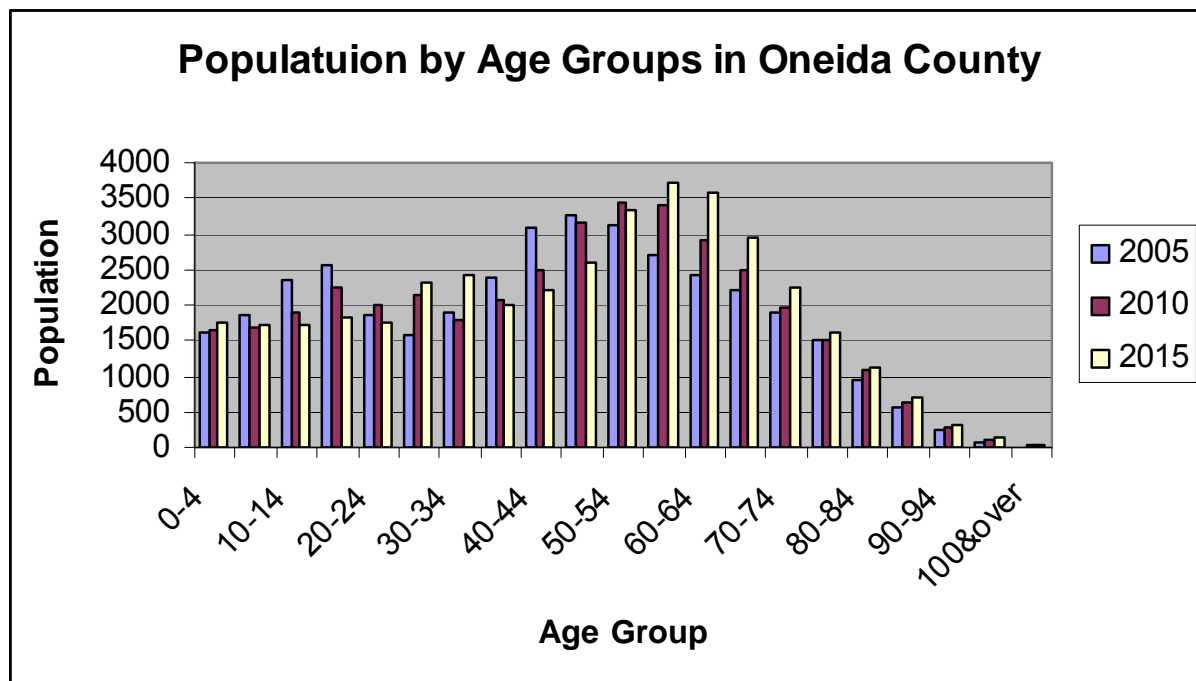
Besides reviewing the county snapshot, the steering committee also analyzed other data including the following:

- Identified individual community strengths and needs that have potential for improving the health of Oneida County residents by Community Needs Assessment participants.
- Examined specific components of the Wisconsin County Health Rankings data and compared with other sources of Oneida County data.
- Identified Oneida County assets to address health-related issues.
- Compared Oneida County data to Healthiest Wisconsin 2020.
- Utilized local survey results
- Utilized Wisconsin and local Youth Risk Behavior Survey (YRBS).
- Reviewed and compared Oneida County Health Data with Vilas and State data.

## Key Findings

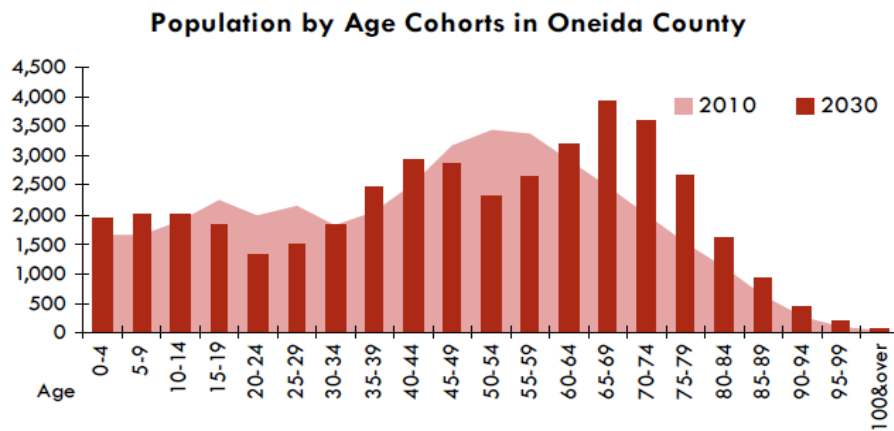
### Demographic Profile

□ The population of Oneida County is aging more rapidly than many other counties in the state. One-fifth of the county's population is over the age of 65, which is nearly double the national percentage of 12.6%. This will change demands on certain services and goods.



Source: WI Department of Administration, Demographic Services

□ The median age in the 2000 census was 42 years, already six years above the state median age of 36 (SCORP 2004). The gap is expected to widen to a full seven years difference by 2030.



In 2010, the average Oneida County resident will be 44.3 years old.  
 In 2020, the average Oneida County resident will be 46.4 years old.  
 In 2030, the average Oneida County resident will be 48 years old.

Source: WI Dept. of Administration, Demographic Services, & WI DWD, OEA

□ The most notable characteristic of the population age in Oneida County is the declining number of young adults (age 18-24) and the growing number of elderly (age 55 and older).

□ The juncture for when residents leaving the workforce (age 65) surpasses those entering the workforce (age 18) in Oneida County is 2014, one of the earliest crossing points among all Wisconsin Counties.

## Health Focus Area Data

(Adapted from Healthiest Wisconsin 2020 Profiles)

### Alcohol and Drug Use

*Alcohol and other drug use* means any use of a substance, or uses of substances, that results in negative consequences. This includes a broad array of mood-altering substances that include, but are not limited to, alcohol, prescription substances, and illegal mood-altering substances. Negative consequences or unhealthy uses include, but are not limited to, operating a motor vehicle while intoxicated, drinking while pregnant, alcohol dependence, fetal alcohol spectrum disorder, alcohol-related hospitalizations, heavy drinking, alcohol-related liver cirrhosis deaths, motor vehicle injury or death, liquor law violations, other alcohol-attributable deaths, underage drinking, non-medical or illicit drug use, drug-related deaths, drug-related hospitalizations, arrests for drug law violations, and alcohol- or drug-related crimes (e.g., property crimes, violent crimes).

Oneida County has one of the highest number of liquor licenses per capita in Wisconsin with 147 residents per liquor license. (Wisconsin Department of Revenue)

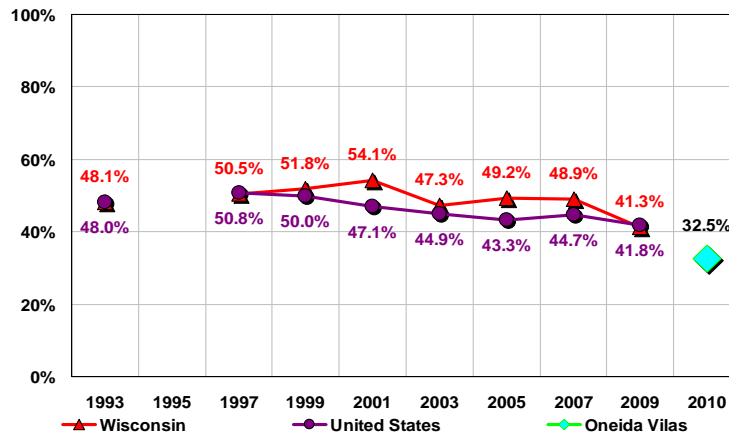
Corresponding to the high number of residents per liquor licenses is the 344 arrests for operating while intoxicated in 2009. (Wisconsin Behavioral Risk Factor Survey)

In the state of Wisconsin, we are seeing a decrease in the number of men reporting drinking 5 or more drinks on one occasion; however that doesn't hold true for women. These percentages are increasing slightly. (Wisconsin Behavioral Risk Factor Survey)

Alcohol-related deaths are the fourth leading cause of death in Wisconsin behind heart disease, cancer, and stroke. Wisconsin tops the nation in wasted lives, harm, and death associated with its drinking culture. We find ourselves in a culture that in some ways is tolerant of excessive, dangerous, unhealthy, and illegal drinking, which results in a host of societal problems such as homelessness, child abuse, crime,

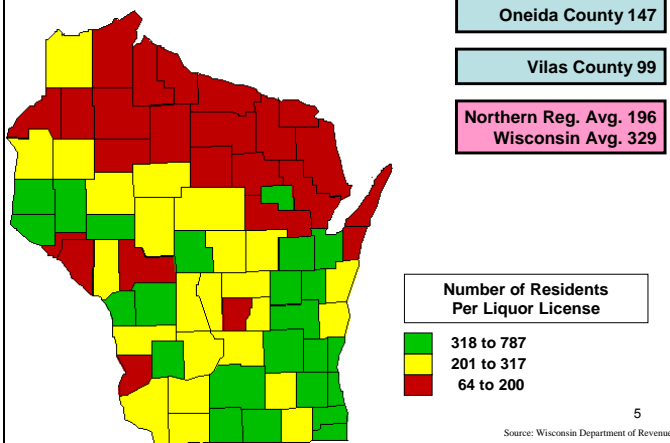
unemployment, injury, health problems, hospitalization, suicide, fetal abnormalities and early death. We must achieve a culture free of harm from drinking. Wisconsin's drinking culture is not intentionally harmful, and most Wisconsin residents drink responsibly, safely and legally.

Percent of students in grades 9-12 who had at least one drink of alcohol on one or more of the past 30 days.



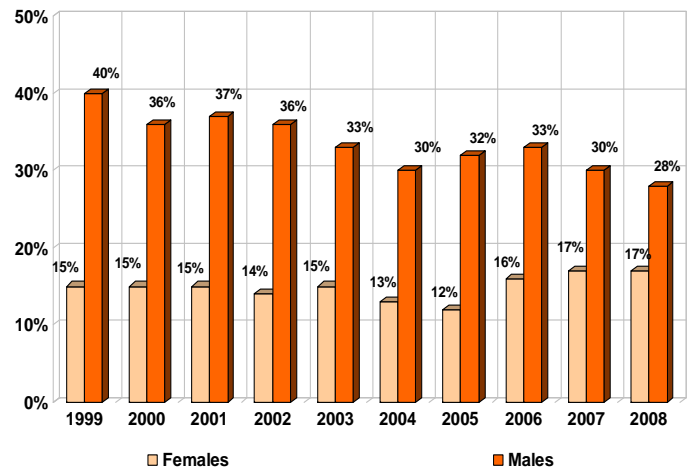
Source: Wisconsin Youth Risk Behavior Survey

2009-2010 - Number of Residents per Liquor License



Source: Wisconsin Department of Revenue

Percent of Wisconsin Adults – Men Reporting 5 or More Drinks on One Occasion – Women Reporting 4 or More Drinks on One Occasion within the Past Month



Source: Wisconsin Behavioral Risk Factor Survey

## Chronic Disease Prevention and Management

In general terms, chronic diseases are defined as illnesses that last a long time, do not go away on their own, are rarely cured, and often result in disability later in life (adapted from McKenna and Collins, 2010).

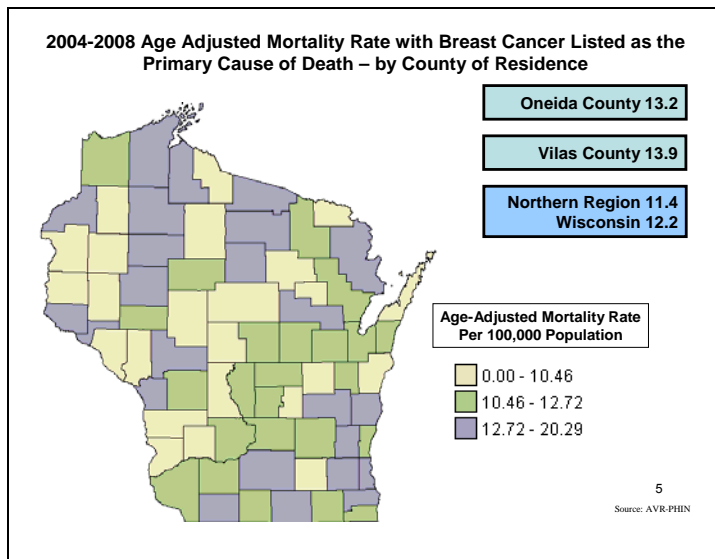
Chronic diseases – such as heart disease, stroke, cancer, diabetes, asthma and arthritis – are among the most common and costly of all health problems in the United States (National Center for Chronic Disease Prevention and Health Promotion, 2009b).

In Oneida County, 36.6% of adults are overweight (Wisconsin Behavioral Risk Factor Survey, 2005-2008)

The age adjusted mortality rate with ischemic/coronary heart disease listed as the primary cause of death is 123.1 compared to the state of Wisconsin at 120.3 (AVR-PHIN).

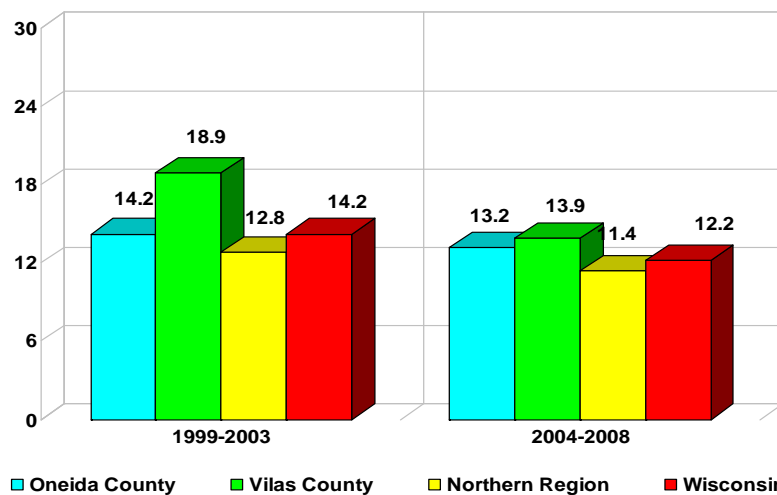
The age adjusted mortality rate with breast cancer listed as the primary cause of death is 13.2 in Oneida County compared to 12.2 for the state of Wisconsin. (AVR-PHIN).

In 2008 there were 256 hospitalizations due to coronary heart disease (County Health Profiles).



The good news is that chronic diseases are also among the most preventable diseases. Currently, seven of the 10 leading causes of death in Wisconsin and the United States as a whole are due to chronic diseases, accounting for approximately 2 out of every 3 deaths annually (McKenna and Collins, 2010; Wisconsin Interactive Statistics on Health, 2009). In addition, over 80 percent of the \$2 trillion spent on health care in the United States each year goes toward treatment of chronic diseases (McKenna and Collins, 2010). A significant portion of this care is publicly funded. Medicaid spending has grown rapidly in recent years and is placing a significant burden on state budgets (National Center for Chronic Disease Prevention and Health Promotion, 2009a).

1999-2003 and 2004-2008 Comparison Age Adjusted Mortality Rate with Breast Cancer Listed as the Primary Cause of Death – by County of Residence



Source: Wisconsin Interactive Statistics on Health

Four modifiable health risk behaviors— unhealthy diet, insufficient physical activity, tobacco use and secondhand smoke exposure, and excessive alcohol use — are responsible for much of the illness, suffering, and early death related to chronic diseases.

## Communicable Diseases

Communicable diseases (infectious diseases) are illnesses caused by bacteria, viruses, fungi or parasites. Organisms that are communicable may be transmitted from one infected person to another or from an animal to a human, directly or by modes such as airborne, waterborne, food borne, or vector borne transmission, or by contact with an inanimate object, such as a contaminated doorknob.

*Communicable disease prevention and control* involves the surveillance for and protection from communicable diseases that may result from changes in or evolution of infectious agents (bacteria, viruses, fungi or parasites), spread of infectious agents to new geographic areas or among new populations, persistence of infectious agents in geographic areas and populations, newly emerging infectious agents, or acts of bioterrorism.

Communicable disease prevention and control is the cornerstone of public health. Waves of severe illness and death due to communicable diseases have occurred throughout history, including smallpox prior to its eradication, the bubonic plague in 14<sup>th</sup> century Europe, the influenza pandemic of 1918 and, close to home, the massive waterborne outbreak of cryptosporidiosis in Milwaukee in 1993.

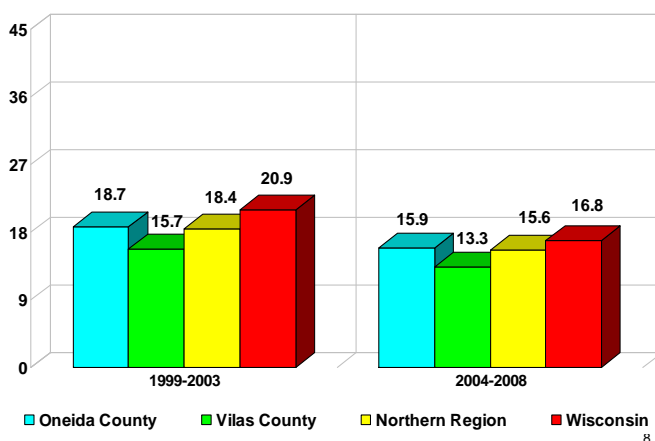
**Number of Selected Communicable Diseases  
Infecting Oneida County Residents**

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Mycobacterial Disease (Non-TB)	0	0	0	0	0	0	0	2	0	4
Tuberculosis, Latent Infection (LTBI)	5	4	3	4	6	3	3	3	3	1
Pertussis	0	0	0	24	3	0	0	0	0	114
Varicella	0	0	0	0	0	0	0	7	2	16
Measles	0	0	0	0	0	0	0	0	2	1
Mumps	0	0	0	0	0	0	0	0	0	1
Hepatitis B (Acute and Unspecified)	1	1	1	1	2	0	0	1	4	1
Hepatitis C	14	11	14	10	10	12	11	16	27	20
Influenza-Novel Influenza A	0	0	0	0	0	0	0	0	34	0
Streptococcus Pneumoniae, Invasive Disease	4	2	2	1	6	6	9	11	6	2
Streptococcal Disease, Invasive Group A & B	1	1	2	2	3	6	2	3	7	4

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Source: WEDDS

**1999-2003 and 2004-2008 Comparison Age Adjusted Mortality Rate with  
Influenza/Pneumonia Listed as the Primary Cause of Death**



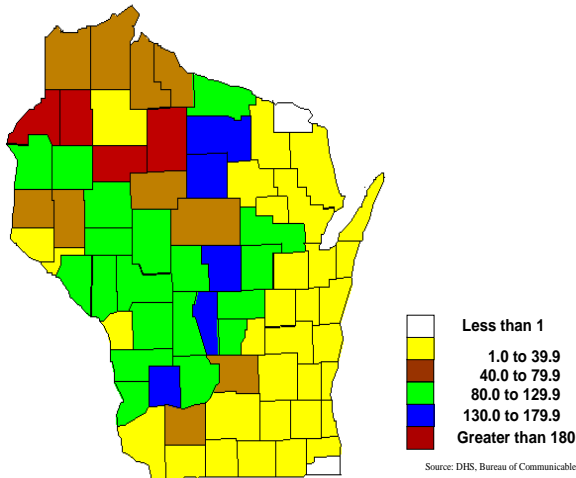
Source: Wisconsin Interactive Statistics on Health

Oneida County had a Pertussis outbreak in 2010, identifying 114 cases. This outbreak compared to other years of an average of 0 cases, shows how a preventable disease can impact a community quickly (WEDSS).

In addition, in 2009 and 2010, Oneida was part of a Hepatitis C cluster in Northern Wisconsin. Identifying the cause of the outbreak and working with the state is a priority (WEDSS).

Oneida County has low rates of Tuberculosis as well as Hepatitis B (WEDSS).

2006-2008 Mean Annual Lyme Disease Incidence per 100,000 persons by county of residence



## Environmental and Occupational Health

*Environmental and occupational health* includes the broad and diverse suite of interrelated regulatory and educational programs and services needed in every Wisconsin community to prevent, identify, and mitigate illnesses and injuries resulting from hazards in the natural, built, and work environments. Environmental and occupational health practice requires close collaboration with environmental and public health system partners to achieve and maintain the healthy places required for healthy

living.

More and more clear associations and linkages are emerging to demonstrate the ways human health is affected by the environments where people live and work. The air we breathe, water we drink, communities where we live and food we eat are increasingly recognized as underlying determinants of health. In response, the fields of environmental and occupational health have expanded into a diverse area of work with the main focus to protect people from exposures (e.g., lead, contaminated water, asthma triggers, and toxic waste) that cause health problems.

Since 2001, Oneida County has seen an increase in *Cryptosporidium* from 2 cases to a high of 10 cases in 2010 (WEDSS).

*Giardia* has also increased in incidence over the last several years with the high of 14 also in 2010 (WEDSS).

Tick-borne diseases continue to increase. Oneida County has a high number of Ehrlichiosis and Lyme disease (WEDSS).

**Number of Selected Foodborne and Waterborne Diseases Infecting Oneida County Residents**

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Campylobacter	4	2	4	4	4	3	3	6	3	6
Cryptosporidium	2	3	1	1	2	2	4	5	6	10
Giardia	8	4	3	4	4	8	8	6	12	14
Salmonellosis	4	8	1	3	3	3	3	7	6	4
Shigellosis	1	3	1	0	0	0	1	0	2	1

**Number of Selected Environmental Diseases Infecting Oneida County Residents**

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Ehrlichiosis	1	1	0	6	18	6	15	16	17	51
Babesiosis	0	0	0	0	0	0	1	0	2	2
Blastomycosis	3	4	5	3	6	10	8	4	3	5
Lyme Disease	5	24	6	54	70	60	43	76	99	181

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Source: WEDSS

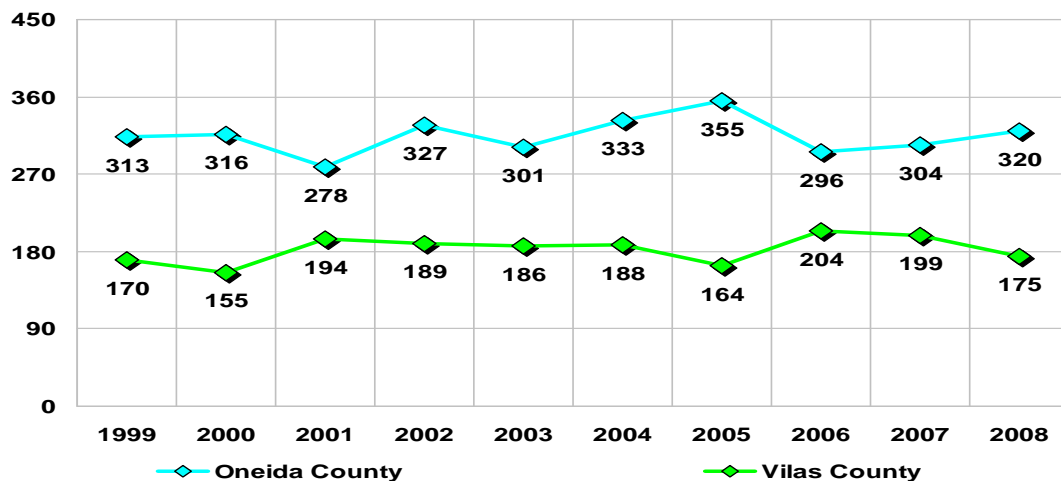
## Healthy Growth and Development

*Healthy growth and development* requires family-centered, community-based, culturally competent, coordinated care and support throughout the life course during preconception and prenatal periods, infancy, childhood, adolescence, and adulthood. Components include:

- Addressing factors that affect biologic, psychological, social and emotional growth and development.
- Conducting prevention, screening, assessment, and intervention to promote healthy growth and development across the life span.
- Promoting healthy social, emotional, behavioral, cognitive, linguistic, sensory, and motor development.

Healthy growth and development in early life have a profound effect on health across the life span. Research studies over the past decade demonstrated the link between early life events and adult chronic diseases and found that babies born at lower birth weights have an increased risk of developing heart disease, diabetes, and high blood pressure in later life. Infants with poor birth outcomes begin life with multiple risk factors that may prevent them from reaching their full health and development potential.

**Number of Births by County of Residence**



Source: Wisconsin Interactive Statistics on Health

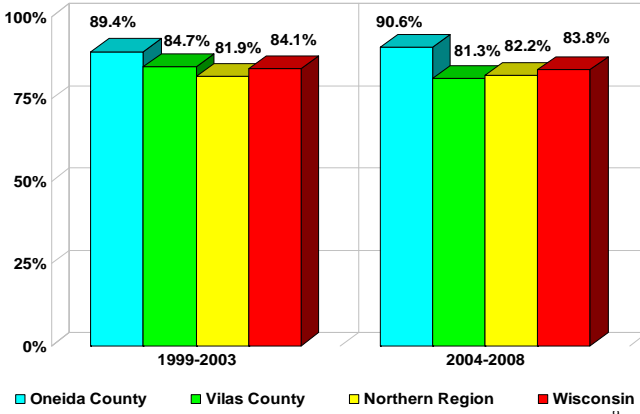
Oneida County's birth rate has been relatively steady over the past several years averaging just over 300 births per year (Wisconsin Interactive Statistics on Health).

Residents of Oneida County seek prenatal care in the first trimester and identify a primary provider early in pregnancy (Wisconsin Interactive Statistics on Health).

Although over 90% of women seek care in their first trimester, Oneida County's low birth weight at 7.9% is higher than Wisconsin's rate of 7.0% (AVR-PHIN).

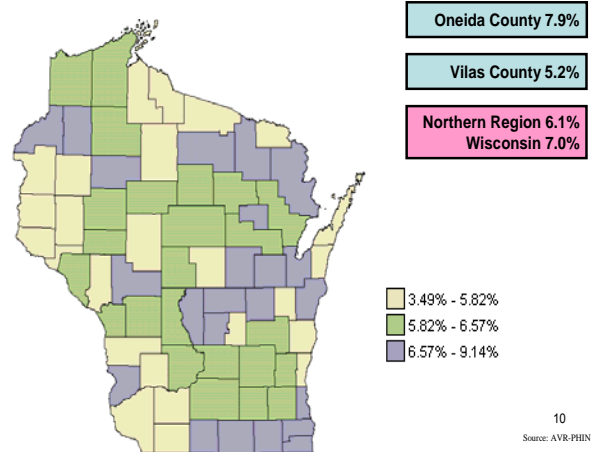


1999-2003 and 2004-2008 Comparison Percent of Births Where Prenatal Care Began in the First Trimester by County of Residence



Source: Wisconsin Interactive Statistics on Health

2004-2008 Percent of Low Birthweight Births Less Than 2500 Grams (5 lbs. 8oz.)



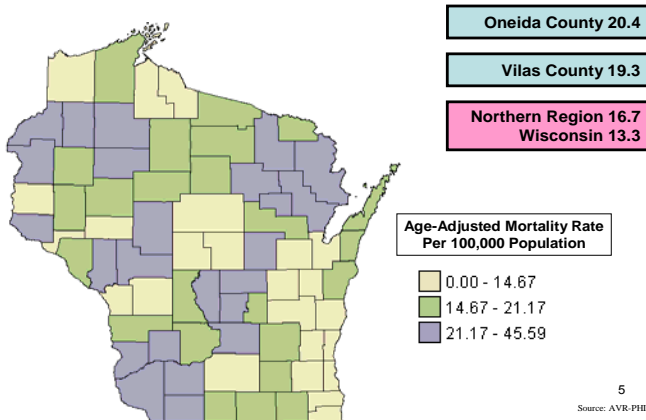
10  
Source: AVR-PHIN

## Injury and Violence Prevention

*Injury and violence* encompasses a broad array of topics. Unintentional injuries are often referred to as accidents despite being highly preventable. Examples include falls, drowning, motor vehicle crashes, suffocation and poisoning. Intentional injuries include those that were purposely inflicted, with the intent to injure or kill someone (including self). Intentional injuries often involve a violent act. Examples

include homicide, child maltreatment, sexual assault, bullying and suicide. Common prevention strategies exist across all causes and manners of injury that include but are not limited to environmental changes, education, and enforcement of policies, laws and standards.

2004-2008 Age Adjusted Mortality Rate With Motor Vehicle Accident Listed as the Primary Cause of Death



5  
Source: AVR-PHIN

The burden of injury differs across the life span. The effects of

unintentional and intentional injury include costs related to care and treatment of injuries, but also loss of productivity (economic loss to the individual, family and workforce), years of potential life lost due to injury mortality, and the influence of injury and violence on chronic disease, physical and mental health.

Injuries are the leading cause of death among Wisconsin people age 1-44 years and are a significant cause of morbidity and mortality at all ages. Though many of these deaths due to injury are unintentional, the majority are also preventable.

Falls in the state of Wisconsin and in Oneida rank as the number one cause for emergency room visits (Wisconsin Interactive Statistics on Health).

Oneida County's age adjusted mortality rate with motor vehicle accident listed as primary cause of death of 20.4 well exceeds the state rate of 13.3 (AVR-PHIN).

The Child Death Review Team has identified drowning as a major area of concern in 2011 and strategies are being developed to address this issue.



### 2005-2009 Oneida County Selected Cause of Emergency Department Visits

Cause of Injury Emergency Department Visit	Vilas Number	Vilas Rate per 100,000	Oneida Number	Oneida Rate per 100,000	Wisc. Rate per 100,000
Falls	3,591	3,174.14	3,823	2,013.09	2,194.35
Struck by or Against Object or Person	1,847	1,632.59	1,834	965.74	1,259.84
Cutting or Piercing	1,259	1,112.85	1,329	699.82	815.03
Overexertion	1,008	890.09	1,107	582.92	710.43
Natural or Environmental Factors	709	626.70	870	458.12	355.66
Motor Vehicle Traffic Crash	804	710.67	853	449.17	714.88
Nontraffic	404	357.10	549	289.09	236.34
Fire, Heat & Chemical Burns	154	136.12	214	112.69	126.85
Poisoning	216	190.93	207	109.00	168.54
Machinery	119	105.19	154	81.09	80.50
Suffocation	21	18.56	12	6.32	10.66
Drowning	7	6.19	5	2.63	2.89
Firearms	<5	No Rate	< 5	No Rate	9.49
Other and Unspecified	1,405	1,241.90	1,619	852.52	1,171.56

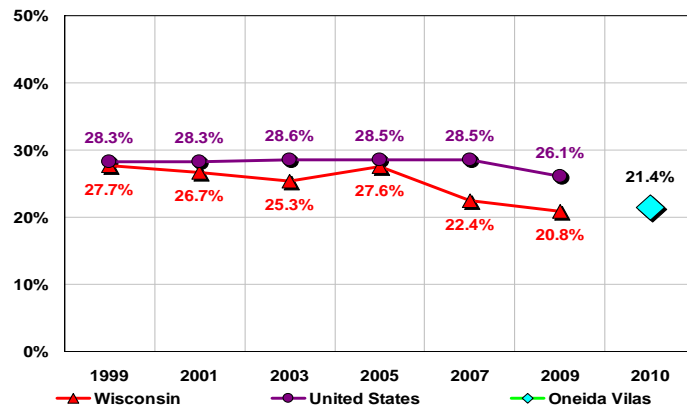
Source: Wisconsin Interactive Statistics on Health

## Mental Health

“Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community” (World Health Organization, 2001). "Mental health is the foundation for well-being and effective functioning for an individual and community. It is more than the absence of mental illness; it is a resource vital to individuals, families and societies" (British Columbia, Ministry of Health, 2007).

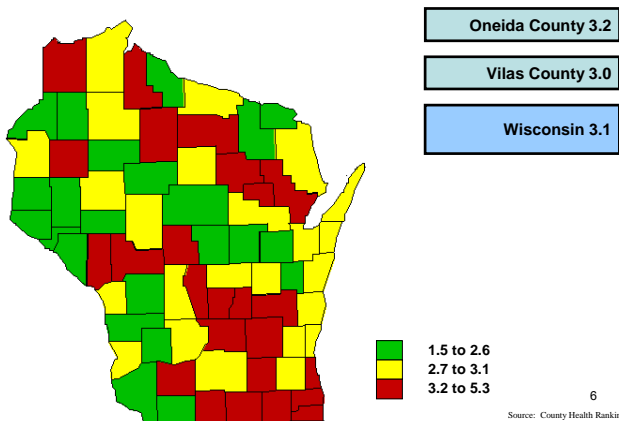
Indeed, mental and physical health are closely connected, and the statement "there is no health without mental health" accurately summarizes the relationship between the two (Prince et al., 2007). More specifically, mental health disorders are associated with increased rates of chronic health problems and risk factors such as smoking, physical inactivity, obesity, and substance abuse and dependence. In the U.S., persons with mental illnesses represent an estimated 44.3 percent of the tobacco market and are nicotine dependent at rates that are 2-3 times higher than the general population (Grant et al., 2004; Lasser, 2000). Data show that mental health clients treated in publicly funded systems of care have high rates of smoking-related medical illnesses (Grant, 2004) and premature death, resulting in as much as 25 years of potential life lost compared to the general population (Colton and Manderscheid, 2006).

Percent of students in grades 9-12 feeling so sad or hopeless stopped doing some usual activities.



Source: Wisconsin Youth Risk Behavior Survey

2002-2008 Average Number of Reported Mentally Unhealthy Days per Month



On average, Oneida County residents report 3.2 days per month as mentally unhealthy (County Health Rankings).

21.4% of Oneida and Vilas county students in grades 9-12 report feeling so sad or hopeless that they stopped doing their usual activities (Wisconsin Youth Risk Behavior Survey).

In 2008 there were a total of 245 Psychiatric hospitalizations in Oneida County (County Health Profiles).

One in five respondents to the Oneida County health survey state that they have a specific mental health provider (22.2% of males and 20.2% of females, generally consistent across age groups).

## Nutrition and Healthy Foods

*Adequate, appropriate and safe food and nutrition* means the regular and sufficient consumption of nutritious foods across the life span, including breastfeeding, to support normal growth and development of children and promote physical, emotional, and social well-being for all people. Good nutritional practices can also reduce the risk for a number of chronic diseases that are major public health problems, including chronic conditions such as obesity, type 2 diabetes, cancer, heart disease and stroke.

### Food Security Profile for Oneida County – Food Stamp Program

Indicator	Date	Oneida County	Wisconsin	Rank	Range
<b>Changes in Participation</b>					
Percent change in food stamp recipients	2006-2008	16.47%	16.88%	62 of 72	6.03 - 45.14
Percent change in food stamp recipients	2000-2008	110.57%	98.52%	64 of 72	34.66 - 334.63
Percent change in child food stamp recipients	2006-2008	15.33%	13.35%	58 of 72	3.5 - 43.61
Percent change in child food stamp recipients	2000-2008	96.3%	80.3%	62 of 72	24.3 - 361.01

12

Source: UW-Extension Wisconsin Food Security Project

Nutrition policy is good health policy. Healthy eating is a staple for a good life. Adequate and appropriate nutrition is a cornerstone to prevent chronic disease and promote vibrant health. Because nourishment is required for survival, eating also serves as a basic source of enjoyment. In addition, preparing and sharing meals provide a common means through which people maintain a sense of family and community. The nutritional, social, cultural, and pleasurable aspects of food contribute to quality of life for all. Fortunately, people can incorporate all of these benefits into a healthy lifestyle. Healthy nutrition is concerned with striking a balance in the types

of foods and beverages consumed that falls squarely on the side of health. A healthy diet can be constructed from foods associated with very different cultures, customs, or places of origin (United States Department of Agriculture [USDA], 2005; USDA My Pyramid Plan).

In 2002, in Oneida County, 39% of respondents reported being food insecure, compared to Wisconsin at 44%; and in 2007 these figures increased to 43% for Oneida County and 51% in Wisconsin (Wisconsin WIC).

In 2002, in Oneida County, 15% of respondents reported being hungry, compared to Wisconsin at 19%; and in 2007 these figures were 18% for Oneida County and 15% in Wisconsin (Wisconsin WIC).

A food insecure household has limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways. A household that experiences hunger has a recurrent and involuntary lack of access to food. It is a more extreme form of food insecurity.

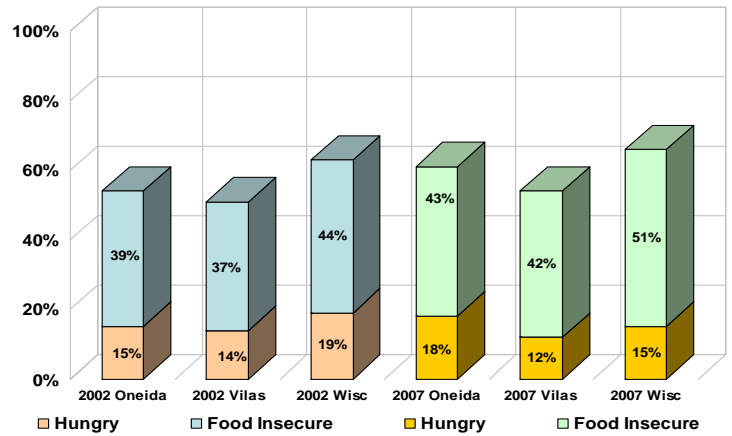
## Food Security Profile for Oneida County – School Lunch Program

Indicator	Date	Oneida County	Wisconsin	Rank	Range
<b>Income Characteristics of Schools</b>					
Percentage of participating schools that are high poverty	2005	31%	30%	25 of 72	0% - 100%
Percentage of children approved for free or reduced price lunch in participating schools	2006	34.62%	32.23%	28 of 72	7.42% - 82.87%
<b>Availability</b>					
Enrollment at schools with school lunch	2006	5147	932526		

17

Source: UW-Extension Wisconsin Food Security Project

Wisconsin's WIC Food Security Survey  
Percent of Respondents Reporting Being Food Insecure or Hungry



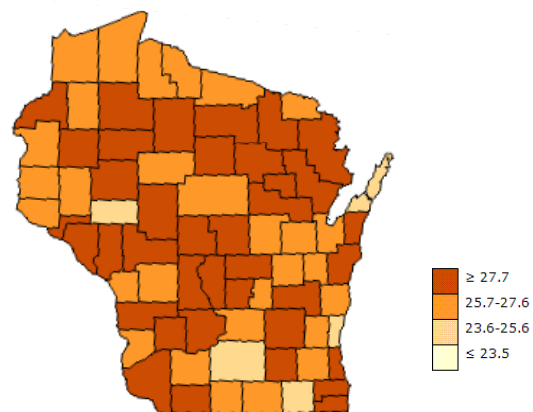
Source: Wisconsin WIC Program

## Oral Health

*Oral health* is basic to general overall health throughout the life span. It means being free of mouth pain, tooth decay, tooth loss, oral and throat cancer, oral sores, birth defects, gum (periodontal) disease, and other diseases that affect the mouth and surrounding structures.

Oral health is essential to the general health and well-being of all Wisconsin people and can be achieved by everyone. Oral health means much more than having healthy teeth. It means being free of chronic oral-facial pain, oral and pharyngeal (throat) cancers, oral soft-tissue lesions, birth defects such as cleft lip and palate, and scores of other diseases and disorders. Oral health and general health should not be interpreted as separate entities. Many systemic diseases may initially start with and be identified through oral symptoms.

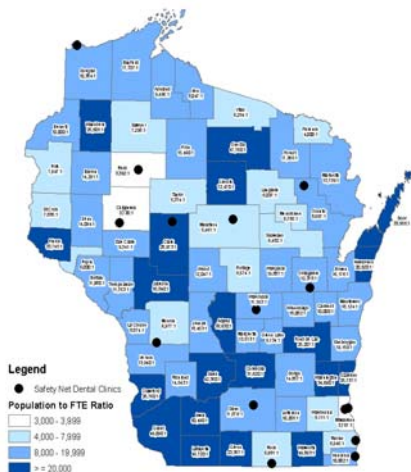
2007 Age-Adjusted Estimates of the Percent of Adults (≥ 20 years of age) Who are Obese



18

Source: CDC

## Dentist Shortages for Low-Income Populations - 2007



6

Source: DPH Primary Care

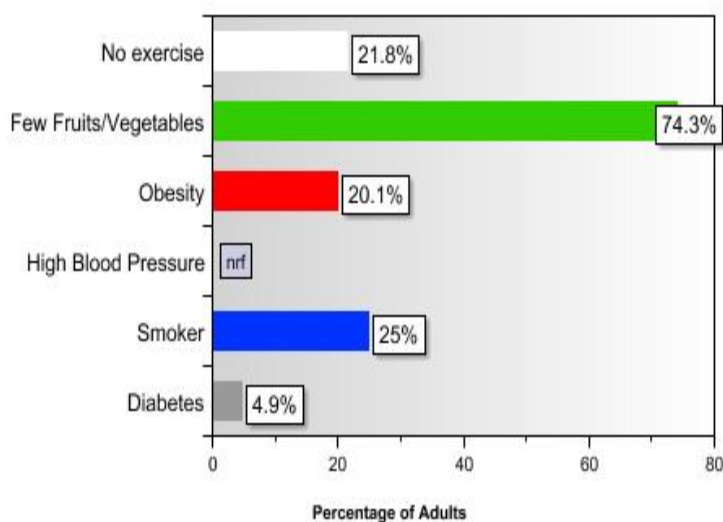
Oneida County has been identified as a shortage area for dentists for low-income populations (DPH Primary Care).

One third (32.8%) of survey respondents said there was a time in the last year where they or an immediate family member did not go to a dentist when needed because of cost (Oneida County Community Survey, 2010).

## Physical Activity

*Physical activity* means any bodily activity that enhances or maintains physical fitness and overall health. Public health strategies focus on environmental and policy changes (e.g., active community environment initiatives, urban planning, safety enforcement, trails and sidewalks) to reach large sections of the population.

Physical activity is important and yet most people don't get enough. Recent developments such as reliance on cars for almost all transportation, significant decrease in walking and biking to schools, existence of suburban developments where shopping and parks are not within safe walking distances, busy lifestyles, and an increase in the time spent with computer and video gaming all have engineered activity out of the daily routine. In schools, physical education and recess are often one of the first areas to experience reductions in assigned time, specially trained instructors, and funding.



In Oneida County, 22% of adults report being physically inactive (2000-2006 Behavior Risk Factor Survey).

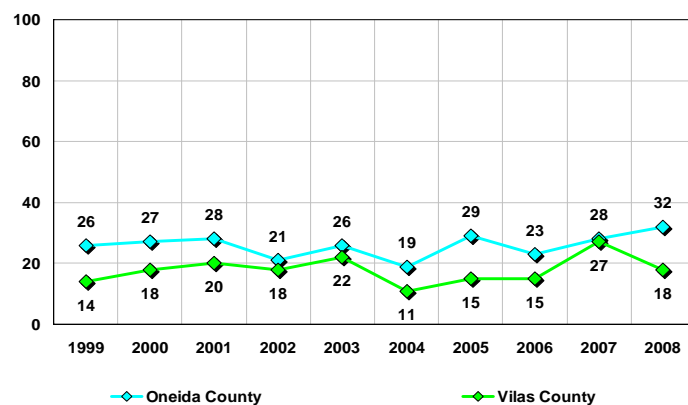
74% of adults in Oneida County report eating few fruits and vegetables (2000-2006 Behavior Factor Risk Survey).

20% of adults in Oneida County are obese (2000-2006 Behavior Factor Risk Survey).

## Reproductive and Sexual Health

*Reproductive and sexual health* includes the factors that affect the physical, emotional, mental, and social well-being related to reproduction and sexuality across the life span, including engaging in same-sex and/or heterosexual behaviors. Reproductive and sexual health is a core component of individual and community public health.

Number of Teen Births to Oneida County Mothers Under 20 years of Age



Source: Wisconsin Interactive Statistics on Health

Health outcomes are not driven by individual behavior alone. Supportive community attitudes toward healthy sexuality, positive social and economic environments, and constructive public policies are as important as access to education and services in fostering reproductive and sexual health. Supportive community attitudes recognize that sexuality is normal. Constructive public policies must support individuals and communities.

**Number of Selected Sexually Transmitted Diseases Infecting Oneida County Residents**

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Chlamydia		19	21	28	44	56	26	36	56	52
Genital Herpes		15	9	17	25	25	17	5	0	0
Gonorrhea		2	0	2	6	0	1	3	0	1
Syphilis		0	0	1	0	1	2	0	0	2

In 2008, there were 32 births to women under the age of 20 in Oneida County (Wisconsin Interactive Statistics on Health).

Chlamydia is the most common Sexually Transmitted Disease reported in Oneida County (WEDSS).

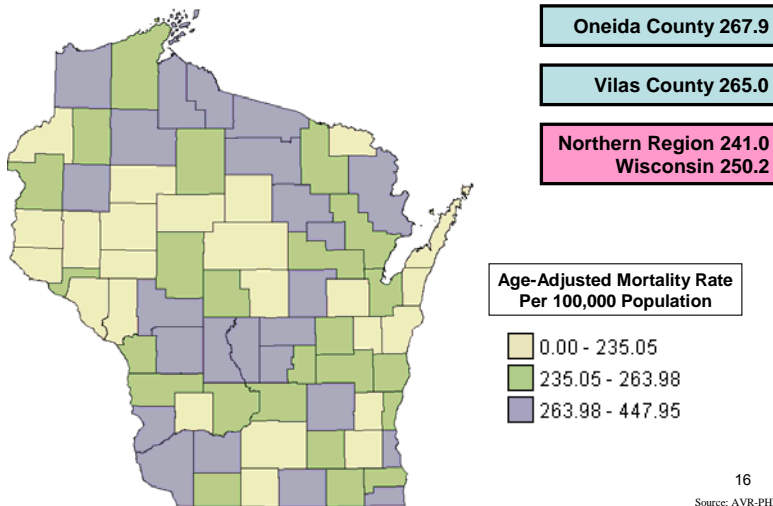
Genital Herpes is no longer a reportable disease.

There is little Gonorrhea or Syphilis activity in Oneida County (WEDSS).

16  
Source: WEDSS

## Tobacco Use and Exposure

**2004-2008 Age Adjusted Mortality Rate with Smoking – Related Diseases Listed as the Primary Cause of Death**



16  
Source: AVR-PHIN

24% of adults in Oneida County report that they smoke. (BRFS 2006-2008)

26.4% of people who smoke in Oneida County are women. (BRFS 2006-2008)

23% of women who gave birth report smoking during pregnancy 2005-2008 (Wisconsin interactive statistics on health)

41.1% of 9-12 grade students in Oneida and Vilas Counties report ever trying a cigarette (2010 Wisconsin Youth Behavior Risk Survey).

In Oneida County, approximately 79 individuals die annually of illnesses directly related to smoking (Burden of Tobacco, 2010).

## Socioeconomic Trends

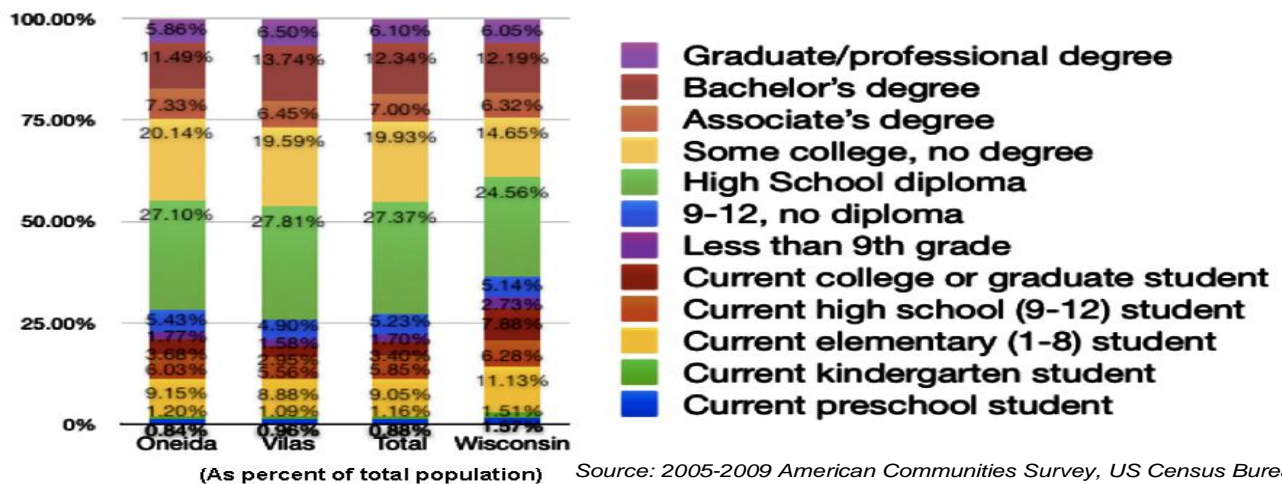
Compared to the rest of the state, the population of the region is more impoverished. Oneida County households make, on average, nearly \$7,500 less per year than households across the state.

	<i>Oneida County</i>	<i>Wisconsin</i>	<i>United States</i>
Median Household Income	\$44,782	\$52,249	\$52,175
Adults 25+ High School Graduates	91.5%	85.1%	84.5%
Adults 25+ with bachelors degree or higher	21.2%	22.4%	27.4%

Source: Census 2008

## Education Achievement and Gaps

### Current Educational Enrollment and Educational Attainment



UW Extension - Oneida County  
Erica Brewster, Family Living Agent

### Insurance Status

Insured all of the past year	34,000
Insured part of the past year	--
Uninsured all of the past year	2,000
Primary Insurance Type (please read note below)	
Currently uninsured	3,000
Employer-sponsored	26,000
Private	1,000
Medicaid	3,000
Medicare	4,000

Source: 2005-2007 Wisconsin Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health Services (DHS). Sample size for Oneida County: 149.



## Summary of Key Findings

The three leading causes of death in Oneida County directly related to health behaviors are:

1. Heart Disease
2. Lung Cancer
3. Cerebrovascular Disease

Oneida County continues to face many challenges. The county's population is aging at a faster rate than many counties in the state. The exodus of elderly residents from the workforce combined with an unequal entry of younger workers will place an ongoing burden on employers to be able to secure an adequate healthy workforce.

Socioeconomic conditions within Oneida County are tough and possibly the greatest challenge for community leaders. High school completion rates are improving but still lower than much of the state. Unemployment and poverty rates are high; household incomes and self-sufficiency wages are low.

Other health-related issues impacting Oneida County surfaced through the community health needs assessment data analysis. They include: poor nutrition, physical inactivity, smoking during pregnancy, chronic illnesses, obesity, alcohol use, lack of parenting skills, lack of availability and access to health care (mental and dental).



A highlight and great strength of this community health needs assessment data analysis is the notable physical environment of Oneida County that provides multiple opportunities that can support a healthy lifestyle and provide an economic stimulus through local tourism.

## Strengths and Challenges of Our Local Community

The Community needs assessment team identified the strengths and challenges of our local community in addressing health-related issues.

Strengths	Challenges
Existing Coalitions in community	Involve Businesses
Established relationships	Economy
Evidence-based programming being used for new initiatives	School, hospital, and health care regulations
New focus on life-span theory	Time/Money
Strong support of clinics and hospitals	Lack of good local data
	Getting the word out
	Harsh climate
	"social Norms"

## **Local community surveys**

**“It’s The Norm” April 2010**

***Assessment of community needs and readiness relating underage substance abuse in Oneida County, Wisconsin.***

Alcohol, tobacco, marijuana and other drugs are all available, used and abused the Northwoods of Wisconsin, including Oneida and Vilas counties, though prevalence of individual substances varies widely in different parts of the county.

Alcohol is widely accepted at the primary substance of concern in northern Wisconsin. Respondents to a community perception survey administered in the fall of 2009 in Vilas and Oneida counties identified alcohol as the primary substance of concern from among alcohol, tobacco, marijuana, prescription drug abuse and other drugs by a wide margin.

On the Community Perception Survey, when asked *“True or False: under current WI Statutes, it is legal for parents to serve alcohol to their children’s underage friends in their homes if they have the permission of the other children’s parents/guardians.”* 13% of Oneida County respondents said “True” and another 5% were unsure. Compared to residents of Vilas County, Oneida County respondents were nearly half again as likely to answer “True.” While it is legal for an adult to drink with his or her underage children or spouse in Wisconsin, one in five survey respondents were not clear that this law does not extend to other underage persons.

93% of survey respondents believe it is common or very common for youth to drink alcohol at unsupervised gatherings, but only 44% believe it is common or very common for adults to provide alcohol to children.

Yet, 97% of survey respondents believed that adult friends and/or siblings as a primary source of alcohol consumed by underage individuals; 93% said that adults not monitoring their supply of alcohol in the house was an opportunity.

The situations for tobacco use in the state and in Oneida County is experiencing an evolution largely due to the statewide smoking ban due to go into effect July 5, 2010. As of this date, indoor smoking will no longer be permitted within enclosed public places and businesses in the state.

Still in Oneida County 25% of adults currently smoke, compared to 19.9% in the state as a whole (WISH n.d.). Smoking during pregnancy remains a serious concern in Oneida County with 21% of pregnant mothers smoking cigarettes, compared to only 14% in the state of Wisconsin (UWPHI 2010).

Respondents to the 2009 Community Perception Survey in Vilas and Oneida counties easily identified four of the top drugs available in the area, with more than 100 responses each identifying oxycodone (OxyContin), hydrocodone (Vicodin), Ritalin/Adderall and Codeine. A large majority (82%) of respondents believed it would either be “easy” or “very easy” for an individual to obtain prescription drugs, though only 55% thought it would be easy or very easy to fake a disorder in order to be prescribed drugs. Respondents believe it would be easier to get prescription drugs than other illicit drugs (82% vs. 75%).



## **Oneida County Community Survey Gaps & Trends Committee 21 September 2010**

The five most identified health conditions reported by respondents were: High Blood Pressure, High Cholesterol/Triglycerides, Arthritis, Depression (diagnosed) and Asthma.

A majority of respondents have had the following screenings: Breast Cancer (69% of women), Prostate Cancer (60.2% of men); women have been tested for sexually transmitted diseases and depression at nearly twice the rate of men (44.1% vs. 25.0% and 42.7% vs. 29.0% respectively).

The vast majority (93.4%) said they had some sort of health care coverage. The majority (55.4%) have employer partial paid insurance. Another 14.1% have full paid insurance from their employers. Only 5.4% had no form of insurance. The remaining quarter of respondents were evenly divided among the other choices.

Those out of work, specifically for less than one year, were the least likely to have some health coverage (68.4%). Those out of work for more than one year had higher rates of coverage (81.3%). Most of those that had been out of work for more than one year reported having BadgerCare Plus coverage.

Most people's health insurance pays for at least part of routine health (91.0%), dental (71.7%) and vision (69.6%) exams. Yet 16.9% of those with partial employer paid health insurance were not sure or said their insurance did not cover routine dental exams, and one quarter (26.3%) were not sure or said it did not cover routine vision exams.

Most (65.0%) said their health coverage was not difficult to understand.

One in five (21.9%) respondents said they had not gone to the doctor in the last year due to cost, including 17.8% of those with employer provided health insurance. More than a third (35.6%) said they had a family member who did not go to the doctor because of cost.

One in five respondents to the Oneida County health survey state that they have a specific mental health provider (22.2% of males and 20.2% of females, generally consistent across age groups), 28.6% say they have sought help from a mental health provider (23.4% of males, 30.7% of females), and 12.1% say they go to a mental health provider for support in coping with difficult personal situations (9.2% of males, 13.4% of females).

Of those who sought help, 51.1% were able to get an appointment within days, and another 40.5% within weeks. Only 4.1% had to wait months or years, and 1.4% decided not to seek treatment due to delay.

A slightly higher percentage reported having a close family member seek treatment from a mental health provider (31.5%), and the recalled wait times were somewhat longer, with 37.9% waiting days, 45% waiting weeks, and 14.2% waiting months or years for an appointment (2.9% did not seek treatment due to the delay).

One third (32.8%) of respondents said there was a time in the last year where they or an immediate family member did not go to a dentist when needed because of cost.

## Identification of Health Priorities

Based on secondary data review, noteworthy data collected from the community needs assessment team, research on evidence-based programs, local surveys, discussions about health needs, identification of county programs and gaps in services, and a final voting by the community needs assessment team, three primary health-related focus areas were identified.

These issues were endorsed by the Oneida County Board of Health and will be addressed in the next Community Health Improvement Plan:

- Mental Health
- Alcohol and Other Drug Abuse
- Chronic Disease

### Mental Health

"Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community" (World Health Organization, 2001). "Mental health is the foundation for well-being and effective functioning for an individual and community. It is more than the absence of mental illness; it is a resource vital to individuals, families and societies" (British Columbia, Ministry of Health, 2007).

### Alcohol and Other Drug Abuse

*Alcohol and other drug use* means any use of a substance, or uses of substances, that result in negative consequences. This includes a broad array of mood-altering substances that include, but are not limited to, alcohol, prescription substances, and illegal mood-altering substances. Negative consequences or unhealthy uses include, but are not limited to, operating a motor vehicle while intoxicated, drinking while pregnant, alcohol dependence, fetal alcohol spectrum disorder, alcohol-related hospitalizations, heavy drinking, alcohol-related liver cirrhosis deaths, motor vehicle injury or death, liquor law violations, other alcohol-attributable deaths, underage drinking, non-medical or illicit drug use, drug-related deaths, drug-related hospitalizations, arrests for drug law violations, and alcohol- or drug-related crimes (e.g., property crimes, violent crimes).

### Chronic Disease

In general terms, chronic diseases are defined as illnesses that last a long time, do not go away on their own, are rarely cured, and often result in disability later in life (adapted from McKenna and Collins, 2010).

The goals of *chronic disease prevention and management* are to prevent disease occurrence, delay the onset of disease and disability, lessen the severity of disease, and improve the health-related quality and duration of the individual's life (adapted from Doll, 1985). The line between what constitutes prevention and management is somewhat blurred. However, prevention efforts traditionally involve interventions performed before the clinical onset of disease or early in the course of disease, while management efforts may occur later in the disease course and are often focused on reducing the undesired consequences of diseases (adapted from McKenna and Collins, 2010).

## Next Steps

Several courses of action will be or are already being put into practice in Oneida County to improve the health and well-being of local citizens. Highlights include:

- Grant funding is being pursued to develop a Chronic Disease Prevention Coalition to improve the success of sustainability and effectiveness of the coalition.
- A Mental Health Interagency Council was formed 5 years ago as a result of the last community needs assessment and improvement plan. This coalition is sustainable and effective.
- An Alcohol and Other Drug Abuse coalition was formed 5 years ago as a result of the last community needs assessment and Improvement plan. This coalition is sustainable and effective.
- A Northwoods Dental Project between Forest, Oneida, and Vilas Counties was initiated as a result of our community needs assessments and plans. This project focuses on prevention by applying sealants and fluoride varnish.
- A six county Tobacco Free Coalition has been in place for several years and was instrumental in assisting the state to go smoke free last year.
- Health improvement plans have been drafted to help begin identifying strategies for stakeholders to consider in addressing the top three health issues of AODA, Mental Health, and Chronic Disease.



Through this report, the Steering Committee has provided an exceptional overview of the health needs and priorities necessary to address and meet the challenges in Oneida County.

Everyone's work in this health needs assessment process will only be viewed as a success if all community stakeholders use this plan to educate themselves on the health needs of Oneida County and respond to the call to engage in partnerships to improve the health of Oneida County citizens.

Health is affected by a multitude of factors including physical and social environments. Our vision is to create a healthy community for all residents of Oneida County. The Centers for Disease Control and Prevention defines healthy communities as "A community that is continuously creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential."

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