

**HEALTHY WASHINGTON COUNTY 2001 PLAN**

**PROJECT SUMMARY**

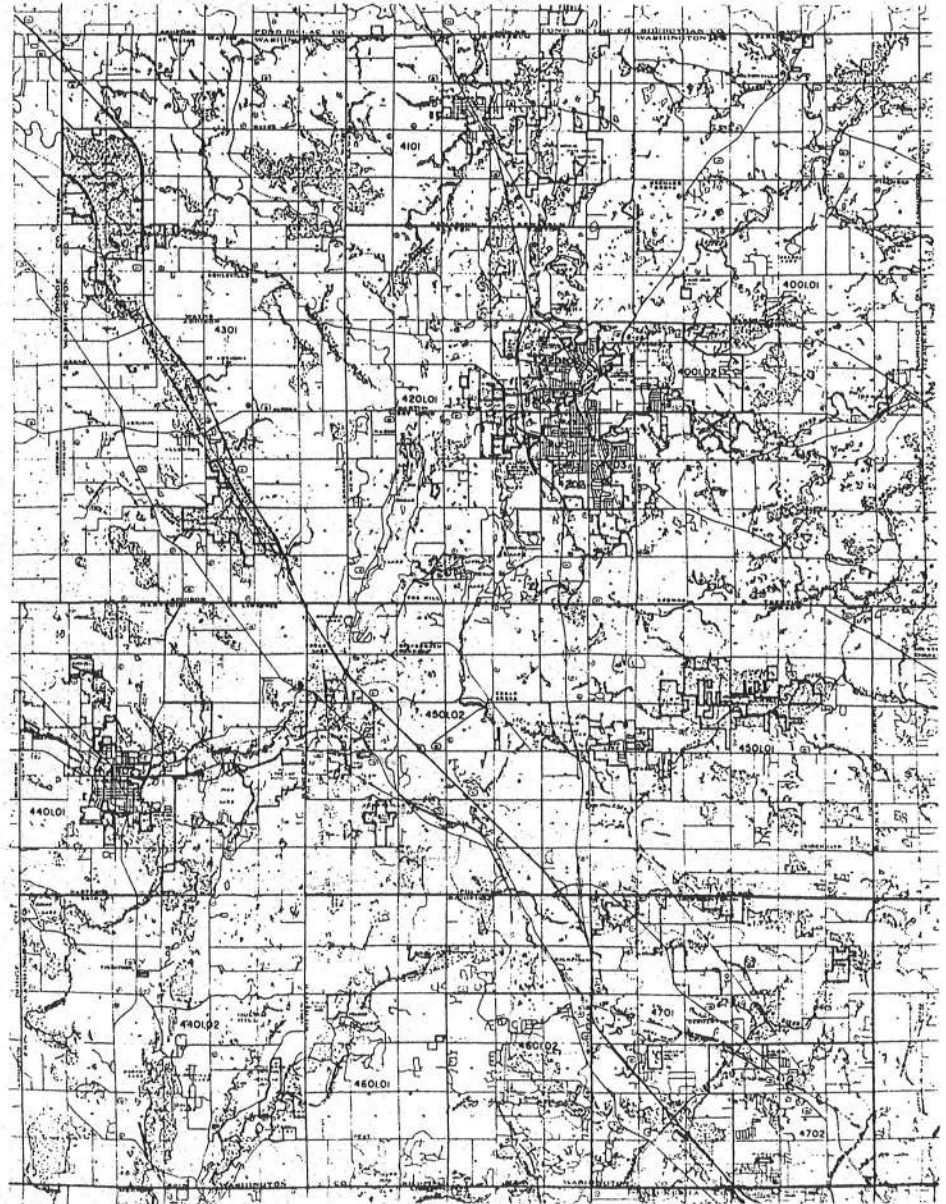
**Prepared for the**

**HEALTHY WASHINGTON COUNTY COMMITTEE**

**February, 1996**

**Prepared by**

**E Jj OLSON & ASSOCIATES**



The Healthy Washington County 2001 Plan is the result of the hard work and dedication of the Healthy Washington County Committee members listed below. The committee would like to thank the many citizens of Washington County who contributed their time and insights during the Healthy Washington County 2001 Planning Process.

### **Healthy Washington County Committee Members**

**Joyce Albrecht**, UW-Extension, Washington County  
**Barbara Argabright \***, St. Joseph's Community Hospital of West Bend  
**Edward Carroll\*\***, Washington Co. Board, Chairman Health Committee  
**Sandy Cornelius \***, Hartford Memorial Hospital  
**Charles Geiger, M.D.**, Washington County Medical Society  
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**Terry Jensen**, DNR - Pike Lake  
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**Donald Ryd**, Washington County Department of Social Services  
**Robert Schulteis**, Washington County Sheriff  
**Mary Stephens**, Hartford Senior Friends  
**Linda Walter**, Washington County Health Committee Member

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## **INTRODUCTION**

Communities throughout Wisconsin are evaluating their current health status and related community needs. Local governments, hospitals, and health and social service agencies are creating County Community Health Assessment Committees to assess their health and social service needs and to develop plans of action to address identified needs. Given these trends, a Washington County Steering Committee was established in 1994 to explore the need for developing a community needs assessment

The Healthy Washington County Committee (HWCC) was established in 1994 and embarked upon an eight month planning process to assess and improve the health status and quality of life for the residents of Washington County. It was established to organize the planning effort, assemble information and data, and retain a consultant to assist with and guide the process. The committee was made up of representatives of Washington County Community Health Nursing Services, Washington County Department of Social Services, St. Joseph's Community Hospital of West Bend, Hartford Memorial Hospital, Washington County UW-Extension, Heigesen Industries, General Clinic, United Way of Washington County, Wisconsin DNR, Comprehensive Community Services Agency, Washington County Board, Cesa 6, Washington County Sheriff, and Hartford Senior Friends. Ejj Olson & Associates, a Health and Human Services consulting firm from Milwaukee, WI, was engaged in 1995 to facilitate the planning process and develop the Healthy Community Assessment Plan.

### **Vision and Mission Statements**

During its second meeting, the HWCC adopted the following vision and mission statements and values and principles as the framework for the planning effort.

#### **Vision**

The people of Washington County will function at their optimal level of physical, social, mental, and environmental health. This will be accomplished through public and private collaborative efforts

and will include all persons irrespective of ability, age, gender, race, socio-economic status, religion, sexual preference, and ethnic & cultural diversity.

#### **Mission**

The Healthy Washington County Committee will profile the physical, social, mental health and environmental health status of the Washington County Community. This will be accomplished through the analysis of objective health data and the community's perception of health issues. These findings will be used to establish priorities and to recommend policies and strategies to enhance the quality of health in the community.

## **METHODOLOGY**

The Healthy Washington County Committee, in its Request For Proposal (RFP), sought to assess and improve the health status of Washington County residents through the development of a Healthy Community Plan. The goals of this collaborative effort were four-fold:

#### **Goals**

- To assess community health needs through the identification of actual and perceived leading health problems.
- To rank the leading community health problems utilizing broad community participation through several group process techniques, and select the health problems to be included in the Healthy Community Plan.
- To analyze the selected health problems by describing the attendant risk factors for each problem, as well as both the direct and indirect contributory factors that promote the problem. The analysis will help establish measures to reduce the identified problem and the attendant risk factors.

- To develop a Healthy Community Plan which specifies measurable outcomes and identifies the means and resources to achieve the desirable goals and objectives.

A modified Assessment Protocol for Excellence in Public Health (APEX) process was utilized as the basis of the planning methodology. This process provides for an internal review of the local health department, assists local communities to assess their health and social needs, identifies major strengths and problems, sets priorities for addressing major problems, develops goals and objectives, and integrates the products of the planning process into a community health plan.

The Healthy Washington County 2001 Plan Technical Report is presented in ten chapters: Introduction, Methodology; Socio-Demographic Profile; Health Profile; Community Forums; United Way Needs Assessment Report; Priority Setting and Work Groups; Community Health Plan Goals and Objectives; Conclusions and Recommendations; Composite Goals and Objectives.

The Community Assessment Planning process included the gathering and analysis of socio-demographic data and development of a community health profile from ambulatory care, hospitalization and mortality data. In addition, four public forums were held to gather insights about strengths, concerns and solutions regarding community health and social issues. Based upon the information generated, the consultants assisted the Committee to identify key risk areas, and prioritize the major issues identified through the data gathering process. The prioritized areas include:

- **Health**
  - \* Access
  - \* Out Migration
- **Family Health Assessment**
  - \* Teen Pregnancy
  - \* Elder Abuse

- **AODA**

- \* Crisis Intervention for Substance Abuse and Mental Health Problems
- \* Maternal and Child Health
- \* Tobacco Use by Youth

- **Environmental**

- \* Air Quality
- \* Monitoring Environmental Health
- \* Water Quality
- \* Lead Poisoning

## **INFORMATION GATHERING**

The community assessment planning process collected information from a variety of sources. Some of these sources included:

- Demographic and socio-economic data
- Health studies and indicators information
- Estimated prevalence of disease by age cohort
- Leading causes of mortality, hospitalization and death data
- Morbidity data
- Environmental information
- Years of Potential Life Lost (YPLL)
- Primary health care information
- Other data and reports

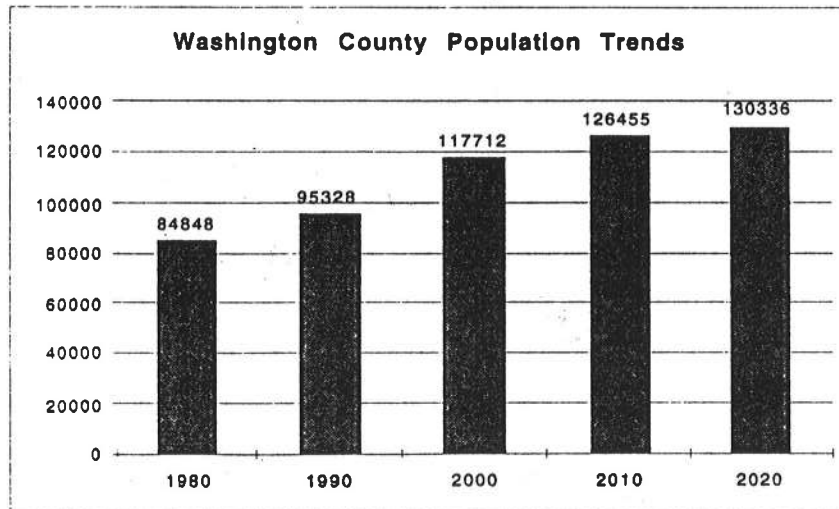
In addition to the objective data collected, the consultants held four forum sessions, with a diversity of providers and community leaders, in order to gather subjective information and determine Washington County's:

- strengths
- concerns
- solutions to concerns identified
- priorities

## WASHINGTON COUNTY SOCIO-DEMOGRAPHIC PROFILE

### Population Trends

The population of Washington County was 95,328 in 1990 according to the U.S. Census. This was a 10.99% increase from 1980. The population in Washington County is projected to increase by 19.02% in the year 2000. Projections predict that the population of Washington County will increase at a slower rate in the years 2010 and 2020. In the years 2010, the population is projected to be 126,455 which is a 6.91% increase from the previous decade. In the year 2020, the population is projected to increase at an even slower rate of 2.98% from the previous decade.



Source: U.S. Census 1980, 1990 and UW-Extension

### Age and Gender

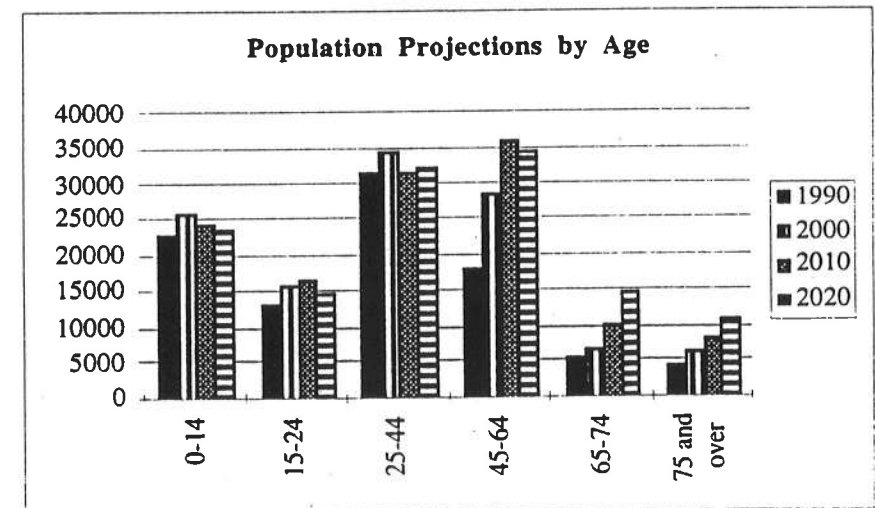
The dominant age group in Washington County was the 25-44 year age cohort, which constituted 33.2% of the total population. The second largest age group was the 0-14 year age cohort which constituted 22.4% of the total population. The third largest age group was the 45-64 year age cohort which constituted 18.9% of the total population. The elderly population,

those ages 65 years and older, constituted 10.4% of the total county population.

Washington County was made up of 49.8% males and 50.2% females. There were slightly more females than males compared to the state's gender percentages.

### Population Projections by Age Cohorts

According to population projections, the 45-64 age group will experience the most significant increase in population at 58% in 1990. The 75 years and older population will also experience a significant increase in population at 40%. The next highest change in population is in the 65-74 age group which will experience a 24% increase. The elderly population in Washington County is projected to increase for the next couple of decades. However, the percentage of children ages 0-14 years is expected to decrease in the future. The number of those age 0-14 is expected to increase 13% in the year 2000, but the percentage is expected to decrease incrementally at minus 6% in 2010 and minus 2% in 2020.



Source: SEWRPC

**Age and Race**

Washington County's population is predominantly Caucasian at 99.3%. Washington County's population has more "other" racial groups than African Americans, which only consist of 0.13% of the total county population.

**Educational Attainment**

Ninety-one percent (91%) of persons age 25 years and over in Washington County have an educational attainment level greater than the 9th grade. Forty percent (40%) of Washington County persons 25 years and older are high school graduates. Four percent (4%) of Washington County residents 25 years and older have a graduate or professional degree.

In Washington County, 40% of the Caucasians 25 years and older are high school graduates. There is a higher percentage of Caucasians with high school degrees than those of minorities. However, minorities' educational attainment exceed the Caucasians' figures in the higher education levels. In total, 26% of the minorities had some college, but no degree. Fifteen percent (15%) of persons in the "other" category have a bachelor's degree. Three percent (3%) of persons in the "other" category have a graduate or professional degree. In general, these figures are higher than those of the Caucasians where 18% had some college, but no degree. Twelve percent (12%) of Caucasians 25 years and older have a bachelor's degree. Four percent (4%) of Caucasians 25 years and older have a graduate or professional degree.

**Households**

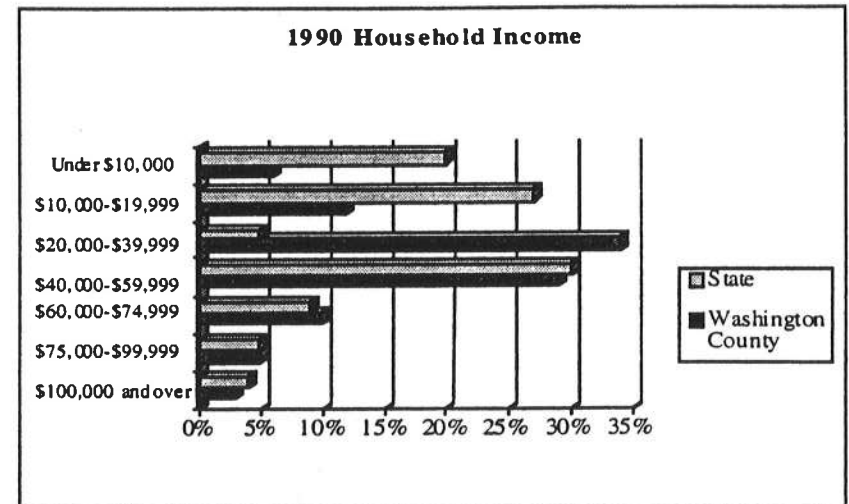
In Washington County there are a total of 32,887 households. There are a total of 25,914 family householders in the county, including 1,250 female householders who do not have a husband present and have their own children under 18 years of age, and 1,018 female householders who do not have a husband present and no children under 18 years of age. Non-family households include 3,279 female non-family householders living alone and 392 female non-family householders not living alone. There is a total of

1,003 persons living in group quarters. Of this number, 924 of the persons are institutionalized persons.

**Household Income**

Of the 32,887 households in Washington County, 34% have a household income between \$20,000-\$39,999. Twenty-nine percent (29%) had a household income of \$40,000-\$59,000.

In 1990, the median household income in Washington County was \$38,431; the median family income was \$42,204.



Source: U.S. Census 1990

## HEALTH PROFILE

### Mortality Data

The leading causes of death for Washington County residents have been tabulated by age category for the years 1979-91. The five leading causes in each age cohort are:

#### <1 year

- Congenital Anomalies
- Sudden Infant Death Syndrome
- Heart Disease
- Injuries
- Neurologic Disorders

#### 15-24 years

- Injuries (motor vehicle related)
- Cancer
- Neurologic Disorders
- Heart Disease
- Infectious & Parasitic Diseases

#### 45-64 years

- Cancer
- Heart Disease
- Liver/Digestive Disease
- Injuries
- Respiratory Disease

#### 1-14 years

- Injuries
- Cancer
- Congenital Anomalies
- Heart Disease
- Respiratory Disease

#### 25-44 years

- Injuries (motor vehicle related)
- Cancer
- Heart Disease
- Diabetes & Other Endocrine Disease
- Neurologic Disorders

#### 65+ years

- Heart Disease
- Cancer
- Respiratory Disease
- Liver/Digestive Disease
- Diabetes & Other Endocrine Disease

The leading causes of death for Washington County residents of all ages rank in the following order:

1. Heart Disease
2. Cancer
3. Cerebrovascular Disease
4. Chronic Obstructive Pulmonary Disease
5. Pneumonia
6. Injuries
7. Diabetes
8. Infectious/Parasitic
9. Suicide

Coronary Heart Disease is the leading cause of cardiac deaths. Lung, colon and breast are the leading cancer deaths.

### Hospitalization Data

The leading causes of hospitalization for Washington County residents has been tabulated by age categories for the period 1991-93, irrespective of where hospitalization occurred. The leading causes of hospitalization in each age cohort are:

#### <18 years

- Psychiatric
- Injuries
- Pneumonia & Influenza
- Chronic Obstructive Pulmonary Disease
- Births & Misc.

#### 45-64 years

- Coronary Heart Disease
- Injuries
- Cancer
- Psychiatric
- Alcohol Related

#### 18-44 years

- Psychiatric
- Injuries
- Alcohol Related
- Cancer
- Drug Related

#### 65+ years

- Coronary Heart Disease
- Injuries
- Cancer
- Cerebrovascular Disease
- Pneumonia & Influenza

For the Washington County population ages 45 years and over, the rate of Coronary Heart Disease hospitalizations exceeds the State average. For ages 65+ years, the rates of Injury, Cancers, Cerebrovascular Disease, Pneumonia/Influenza and Psychiatric hospitalizations exceed the State average.

### Years of Potential Life Lost

Years of Potential Life Lost (YPLL) may be defined as the number of years of life lost due to untimely death, and is calculated prior to age 65 years. YPLL computations are based on the expected work life in the U.S., recognizing 65 years as the retirement age. The range would be 64.5 YPLL for an infant to 0.5 YPLL for a 64-year-old.

There were a total of 7,567 deaths from the ten leading causes of death. The YPLL for the deaths of persons under age 65 years totaled 33,966 years. When subtracting the deaths for age 65 years and over, a total of 1,965 deaths contributed to the YPLL. The average years of potential life lost per death during the period of study was 17.3 years.

Ten Leading Causes of Years of Potential Life Lost in Washington County 1979-91		
Causes of Death	Numbers of Deaths	Total YPLL
1. Injuries	555	15,298
2. Cancer	1,746	8,693
3. Heart/Vessel Diseases	3,891	7,925
4. Congenital Anomalies/SIDS	61	3,874
5. Neurological/Mental Disorders	211	1,190
6. Respiratory Diseases	457	1,049
7. Liver/Digestive Diseases	256	1,009
8. Diabetes/Endocrine Diseases	226	895
9. Infections/Parasitic Diseases	62	629
10. Genitourinary Diseases	102	404

**YPLL by Disease or Disorder**

Injuries of all types are the leading cause of YPLL from untimely death in Washington County. Motor vehicle deaths contributed to 57% of the total YPLL, or 8,720 years.

Cancer deaths are the second leading cause of YPLL, with 105 cancer deaths among the county population under age 45 years and an average of 33 years of potential life lost due to untimely cancer deaths.

A total of 3,891 heart and vascular disease deaths account for 7,925 years of potential life lost, and 3,323 of those deaths occur in the 65+ population which is not included in years of potential life lost.

Congenital Anomalies and Sudden Infant Death Syndrome (SIDS) are the fourth-leading cause of YPLL. Although the total number of such deaths is low, the high number of total years of life lost are high because most deaths occur during the first year of life.

Alcohol dependence accounted for nearly 20% of the YPLL due to Neurological/Mental Disorder.

**ENVIRONMENTAL HEALTH PROFILE**

**Outdoor Air**

Washington County is part of the Ozone Containment Area of Southeastern Wisconsin. The only ambient air pollutant measured is ozone. The outdoor air quality of the county, based on available data of ozone levels, is not a significant problem. For the five year period 1989-93, there was only one occurrence of ozone levels exceeding the standard. The majority of heat source for housing units in the county is provided by utility gas (61%), bottled gas (6%), electricity (12%) and fuel oil (17%). There are 985 reported housing units heated by wood burning (3%). The county, therefore, has a low risk of air pollution from wood burning smoke.

Washington County does not have monitoring stations to measure carbon monoxide and sulfur dioxide levels.

**Indoor Air**

Radon (Radon-222) is "background" radiation that arises from decaying uranium, and springs from local rocks and minerals. Radon gas seeps into housing basements and creates a risk for lung cancer when inhaled. It is a significant risk in Washington County, which ranks eighth among the 72 counties in Wisconsin for elevated radon levels present in housing units.

**Water**

Washington County has nearly 15,000 wells providing drinking water to 43% of the total housing units. Testing that has been conducted reports



contamination of 4% of the wells in the county by coliform organisms. This ranks the county 23rd among the 72 counties of Wisconsin.

Fluoride is a common, naturally occurring chemical which has the capability of protecting and strengthening teeth and bone. The Washington County communities that have added fluoride to their public water systems are Germantown, Hartford and West Bend.

### **Housing**

The report on the Environmental Health of Wisconsin completed by the Division of Health identified that, of the 24,383 homes in Washington County, 23% were constructed before 1950, indicating that they are likely to contain lead paint.

### **Lead Poisoning (Plumbism)**

Washington County children have been tested for the presence of lead in their blood. The latest reported testing of 281 children revealed that 14% had elevated lead blood levels. Normally there should be no lead in the blood.

### **Hazardous Substances**

Of concern to Washington County would be the insecticides, pesticides and weed killers used on the vast farmlands of the county, leakage from underground storage tanks, environmental repair sites, landfills and superfund sites such as Omega Hills North in Germantown.

### **Human Waste**

The sewage for 56% of Washington County housing units is handled by public sewer systems. Over 14,000 house units have their sewage handled by separate septic systems. The proper functioning of these systems, both public and private, is necessary to avoid the potential for serious human contamination.

### **Waterways**

The waterways of Washington County, including lakes, rivers, streams and ponds, have not exceeded acceptable levels of the toxic agents mercury and PCB's.

### **Skin Cancer**

Reported melanomas in Washington County are low. The county ranks 56th in incidence among the 72 counties in the state. The incidence of non-melanoma skin cancers, however, is significant. A rate of 169 cases per 100,000 population ranked the county 15th in the state.

## **COMMUNITY FORUMS**

Four community-wide forums were held to solicit the views of Washington County residents. These forums were organized for: health providers; social service providers, citizens and public officials, and older adults. The format for the forums included a listing of Washington County's:

- Strengths
- Concerns
- Solutions to the concerns
- Prioritized issues

The four forum sessions, although held with a diversity of individuals and service sectors, identified similar and repeated priority issues. These priorities include:

- Health care access and cost issues
- Family issues
- Teen pregnancy issues
- Elderly issues
- Single parent issues
- AODA issues
- Environmental issues

## **PRIORITY SETTING & WORK GROUPS**

Based on the health, environmental, demographic and socio-economic data, as well as forum session information, the Healthy Washington County Committee identified and prioritized major issues. Four work groups were established to analyze issues in the areas of Health, Family Health Assessment, Alcohol and Other Drug Abuse and Environmental Factors.

### **Health Work Group**

The work group analyzed the following issues:

- Access
- Outward Migration

### **Family Health Assessment Work Group**

The work group focused on family issues.

- Teen Pregnancy
- Elder Abuse

### **AODA Work Group**

The work group selected three areas for further analysis.

- Crisis Intervention for Substance Abuse and Mental Health
- Maternal and Child Health and AODA
- Tobacco Use by Youth

### **Environmental Work Group**

The work group selected four areas for further analysis.

- Air Quality
- Monitoring Environmental Health
- Water Quality
- Lead Poisoning

## **COMMUNITY HEALTH PLAN GOALS AND OBJECTIVES**

The Community Health Plan is a composite of the information generated during the ten month planning process. The results from the Demographic, Health and Hospitalization Data, Environmental Health Profile, and The Forum Sessions, together with other information gathered from technical reports, served as the basis for the matrix which was used by the HWCC to prioritize the issues.

The Healthy Washington County Committee work groups on Health Care, Family Health Assessment, Alcohol and Other Drug Abuse, and Environmental Factors have developed goals and objectives for each of the issues addressed in the Healthy Washington County 2001 Plan. These appear at the end of each issue area. Goals are expressed in general terms, while objectives tend to be more specific, identifying desired accomplishments, timelines and measurable changes or outcomes.

The following presentation of each issue is organized into four sections:

- Definition of the issue.
- Indices related to the issue.
- Community Forum Sessions priorities and concerns related to the issue.
- Goals and Objectives.

## HEALTH CARE ACCESS

### Definition

Information is lacking regarding access of specific populations to basic health care services in Washington County. Access to health care requires the removal of barriers that assures the provision of the Four A's:

- Availability requires that the health care services actually exist and that health care can be obtained.
- Accessibility requires of the health services appropriate location, conditions, logistics, hours of operation and transportation.
- Affordability requires that necessary health care not be restricted or limited because of economic factors and the ability to pay.
- Acceptability requires that physical, psychological and social barriers are overcome or removed.

Access to health care is the ability of an individual, or groups of individuals, to gain admittance to and receive health related services. Access often is defined from a negative perspective; that is the inability of an individual to receive needed services to address a health problem.

Access concerns may result from: the lack of available resources; the lack of convenience or the lack of proximity of a health care facility; the inability to pay for needed services; the lack of insurance coverage; language barriers which limit one's ability to explain one's problem; the lack of knowledge of services available; coping skills; poverty and related issues; lack of employment; low educational achievement; and a sense of powerlessness. Poverty can be one of the major determinants of whether individuals access primary care services appropriately.

### Indices

The poverty level in Washington County is 3.2%. In 1995, the unemployment rate for Washington County was 3.2%.

Two percent (2%) of persons in Washington County were food stamp recipients. Approximately 2% of an estimated population of 47,360, were

in the Woman and Infant Care program (WIC). Three percent (3%) of Washington County residents were recipients of Medicaid. The number of uninsured persons in Washington County was 9,286, or 9% of the population.

Socioeconomic Indicators	Washington County	
	Number	Percent
Population below poverty level	3,048	3.2%
Population below 200% of poverty	13,648	14.3%
Elderly (65+ years) below poverty level	439	4.4%
Unemployment rate 1990	2,059	3.6%
Unemployment rate 1995		3.2%
Single headed households with dependent children	1,677	5%
Number of food stamp recipients (Estimated population =95,328)	1,919	2.0%
Number of persons in the WIC program (Estimated population =47,360)	887	1.9%
Number of Medicaid recipients	2,984	3.1%
Number of Uninsured (Projection for Washington County - FHS)	9,286	9.0%

The unemployment and poverty rates in Washington County decreased during the last decade. The unemployment rate decreased from 5.7% in 1980 to 3.6% in 1990. The poverty rate decreased from 7.3% in 1980 to 3.2% in 1990.

### Community Forum Sessions

The principal health care priorities relate to the cost of services and their affordability. The significant concerns are reduced health benefits, less government funding for health related programs, lack of general information and health education, and a large variety of access issues.

Priorities

Health: reduction of benefits, costs, access.

Financial issues regarding health care.

Affordable health care.

Health costs.

Better wages.

Money.

Concerns

Cost of health care.

Reduced funding for programs.

Loss of health insurance benefits.

Increased costs of insurance, medications, primary care.

Lack of knowledge of where to go for services.

Difficulty in finding and funding services.

Cost of health care.

Large employers reducing health benefits.

Dentists don't take Title XIX.

Lack of knowledge of services and willingness to access.

Goal

Provide quality basic health care services for all Washington County residents.

Objective I

By December, 1997, access issues for specific populations will be identified and prioritized, and a plan will be developed which will address the specific problems identified.

Objective II

By December, 1997, options to enhance collaboration of providers related to access, care, referrals, and follow-up will be identified. A plan to initiate these options will be developed.

Objective III

Help facilitate, through community collaboration and cooperation, existing discussions regarding the development and implementation of Donated Health Care Services, Inc.