

**Washington County
Community Health & Emergency
Preparedness Survey Report
2010**

Prepared for:
Washington County Health Department

Prepared by:
JKV Research, LLC

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Purpose

The purpose of this project is to provide Washington County with information for an assessment of community health and emergency preparedness. Primary objectives are to:

1. Gather data on health issues residents feel are most problematic in their community.
2. Gather data on H1N1 emergency preparedness.
3. Gather data on perceptions of the health department.
4. Compare data, where possible, to the 2006 and 2008 county health and emergency preparedness surveys.

Methodology

The 2010 Washington County Community Health and Emergency Preparedness Survey was conducted for the Washington County Health Department. The purpose of this effort was to gather information on community health and emergency preparedness.

Respondents were scientifically selected so that the survey would be representative of all adults 18 years old and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected using the next birthday method (n=300). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=100). A reimbursement of \$20 was offered to respondents to cover the cost of incoming minutes. At least 8 attempts were made to contact a respondent in both samples. Screener questions verifying location were included. Data collection was conducted by Management Decisions Incorporated.

A total of 400 telephone interviews were completed between August 16, 2010 and September 3, 2010. With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than ± 5 percent from what would have been obtained by interviewing all persons 18 years old and older who lived in Washington County. The margin of error for smaller subgroups will be larger. Post-stratification was conducted by sex and age to reflect the 2000 census proportion of these characteristics in the county.

Throughout the report, some totals may be more or less than 100% due to rounding and response category distribution. Percentages occasionally may differ by one or two percentage points from previous reports or the Appendix as a result of rounding, recoding variables or response category distribution.

The survey was conducted by JKV Research, LLC. For technical information about survey methodology, contact Janet Kempf Vande Hey, M.S. at (920) 439-1399 or janet.vandehey@jkvresearch.com.

Demographic Profile of Washington County Community Health and Emergency Preparedness Survey

Table 1. Weighted Demographic Variables of Survey Respondents

	Survey Results
TOTAL	100%
Gender	
Male	49%
Female	51
Age	
18 to 34	28%
35 to 44	25
45 to 54	20
55 to 64	12
65 and Older	15
Education	
High School Graduate or Less	36%
Some Post High School	34
College Graduate	30
Household Income	
Bottom 40 Percent Bracket	27%
Middle 20 Percent Bracket	18
Top 40 Percent Bracket	34
Not Sure/No Answer	20
Married	64%

What do the percentages mean?

Results of the Washington County Community Health and Emergency Preparedness Survey can be generalized to the adult population with telephones. In 2009, the Wisconsin Department of Administration estimated 98,804 adult residents in the county, an increase of 14.67% since 2000.

When using percentages from this study, it is important to keep in mind what each percentage point, within the margin of error, actually represents in terms of the total adult population. One percentage point equals approximately 990 adults. So, when 60% of respondents reported they followed recommendations related to H1N1, this roughly equals 59,400 residents $\pm 4,950$ individuals. Thus, from 54,450 to 64,350 residents followed recommendations. Because the margin of error is $\pm 5\%$, results that are small will include zero.

Definitions

Marital status: Married respondents were classified as those who reported married and those who reported a member of an unmarried couple. All others were classified as not married.

Household income: It is difficult to compare household income data throughout the years as the real dollar value changes. Each year, the Census Bureau classifies household income into five equal brackets, rounded to the nearest dollar. It is not possible to exactly match the survey income categories to the Census Bureau brackets since the survey categories are in increments of \$10,000 or more; however, it is the best way to track household income. This report looks at the Census Bureau's bottom 40%, middle 20% and top 40% household income brackets each survey year. In 2006, 2008 and 2010, the bottom 40% income bracket included survey categories less than \$40,001, the middle 20% income bracket was \$40,001 to \$60,000 and the top 40% income bracket was at least \$60,001.

Summary

The 2010 Washington County Community Health and Emergency Preparedness Survey was sponsored by the Washington County Health Department. This research provides valuable health and emergency preparedness behavior and perception data of Washington County residents. The following data are highlights of the comprehensive study. Please see the full report for more detailed findings.

Top Community Health Problems	2006	2008	2010	H1N1 Emergency Planning/Preparedness	2010
Overweight, Obesity and Lack of Exercise	49%	--	60%	H1N1 Pandemic Information Source	2010
Chronic Diseases	--	--	45%	TV	44%
Alcohol and Other Drug Abuse	41%	--	43%	Internet News Websites	12%
Unhealthy Food Choices	30%	--	43%	Local Newspapers	9%
Tobacco Use and Second-Hand Smoke Exposure	35%	--	21%	Doctor	8%
High Risk Sexual Behavior	12%	--	14%	Work	7%
Mental Health and Mental Disorders	6%	--	5%	Public Health Department	6%
Health Hazards (Air, Water, Land Contamination)	5%	--	4%	Community Preparedness Against H1N1 Pandemic	
Dental Problems and Diseases of Mouth	--	--	4%	Very or Somewhat Prepared	85%
Infant and Early Childhood Health & Development	--	--	3%	Not Too Prepared/Not at All Prepared	11%
Spread of Infectious Diseases	6%	--	3%	Followed Recommendations Related to H1N1	60%
Injuries and Violence	6%	--	3%		
				H1N1 Vaccination	
Health Department	2006	2008	2010	H1N1 Vaccine	2010
Aware of Health Department	63%	67%	72%	Received Vaccination	26%
Experience with Health Department				Wanted Vaccination, But Didn't Receive	10%
No Experience/Not Aware of	66%	69%	66%	Possible Reasons Public Did Not Receive H1N1 Vaccine	
Limited Experience w/Services (Immunizations)	22%	22%	23%	Public's Perception of Mild Flu Season	48%
Rec'd Other Svs (Baby checkups, home visits, phone)	12%	9%	11%	Public's Perception of Vaccine Not Safe	40%
Satisfaction with Health Department Meeting Its Mission (Of Respondents Aware)				Not Enough Information to Make Decision	26%
Very Satisfied/Satisfied	85%	76%	88%	Inconvenient Times or Locations	26%
Very Dissatisfied/ Dissatisfied	6%	5%	6%	Concerns about Nasal Vaccine	24%
Not Sure	9%	18%	6%	Private Provider Didn't Recommend Vaccine	10%
Aware of Health Department's Involvement with Emergency Preparedness	44%	42%	52%		
				Emergency Volunteer Groups	
				Knowledge of Volunteer Groups Registering Volunteers for H1N1 Public Health Clinics	2010
				Volunteered During H1N1 Pandemic	3%
				Likelihood to Register as Volunteer	
				Very Likely	8%
				Somewhat Likely	27%

Community Health Key Findings

In 2010, when given 12 different health problems related to the 2020 Healthiest Wisconsin Focus Areas, 60% of respondents reported that overweight, obesity and lack of physical exercise was one of the top three problems in their community. Forty-five percent selected chronic diseases while 43% each reported alcohol and other drug abuse or unhealthy food choices. Respondents with at least some post high school education were more likely to report overweight, obesity and lack of physical activity or chronic diseases as a top problem. Respondents 18 to 34 years old or in the bottom 60 percent household income bracket were more likely to report alcohol and other drug abuse. Respondents 18 to 34 years old or with a college education were more likely to report unhealthy food choices as a problem. Respondents who were 18 to 44 years old, with a high school education or less or unmarried respondents were more likely to report tobacco use and second-hand smoke exposure. *From 2006 to 2010, there was a statistical increase in the overall percent of respondents who reported overweight, obesity and lack of physical exercise or unhealthy food choices as one of the top three community health problems. From 2006 to 2010, there was a statistical decrease in the overall percent of respondents who reported tobacco use and exposure to second-hand smoke as one of the top three community health problems. From 2006 to 2010, there was no statistical change in the overall percent of respondents who reported alcohol and other drug abuse, high risk sexual behavior, mental health and mental disorders, health hazards, spread of infectious diseases or injuries and violence as one of the top three health problems.*

H1N1 Emergency Planning/Preparedness Key Findings

In 2010, 44% of respondents reported they received most of their information about the H1N1 pandemic from TV and 12% reported internet news websites. Respondents who were 45 and older, with a high school education or less or who were not aware of the health department were more likely to report they received their information about the H1N1 pandemic from TV. Respondents who were 18 to 34 years old or with a college education were more likely to report internet news websites. Respondents 65 and older were more likely to report local newspapers as their source. Respondents who were female or aware of the health department were more likely to report a doctor as their source about the H1N1 pandemic. Respondents who were 18 to 44 years old, with at least some post high school education or who were aware of the health department were more likely to report public health department as their source. Eighty-five percent of respondents reported their community was very or somewhat prepared against the H1N1 pandemic; respondents who were female or aware of the health department were more likely to report this. Sixty percent of respondents reported they followed the recommendations related to H1N1; respondents who were female, with a college education, who were in the middle 20 percent household income bracket or aware of the health department were more likely to report this.

H1N1 Vaccination Key Findings

In 2010, 26% of respondents received the H1N1 vaccine while 10% wanted the vaccine but did not receive it. Respondents who were female or with a college education were more likely to report receiving the H1N1 vaccine. Respondents were asked reasons why people might not receive the H1N1 vaccine when it became readily available. Forty-eight percent of respondents reported a possible reason was the public's perception of a mild flu season while 40% reported the perception of an unsafe vaccine. Respondents who were male or who wanted to receive the H1N1 vaccination were more likely to report a possible reason was the public's perception of a mild flu season. Respondents who were female or in the bottom 40 percent household income bracket were more likely to report a possible reason was the perception of an unsafe vaccine. Respondents with a high school education or less or in the bottom 40 percent household income bracket were more likely to report the possibility of a lack of information to make a decision. Respondents with a high school education or less, with a college education or who wanted to receive the vaccination were more likely to report the vaccination was not available at convenient times or locations as possible reasons. Respondents 18 to 34 years old, with some post high school education or who did not want an H1N1 vaccination were more likely to report concerns about nasal vaccine as a possible reason. Respondents 55 and older, in the bottom 40 percent household income bracket or who did not want a vaccination were more likely to report the possibility that private health care providers did not recommend getting vaccinated.

Emergency Volunteer Groups in County

In 2010, 21% of respondents knew that the Washington County Volunteer Center and the Citizen Corps were registering those who wanted to help at H1N1 clinics; respondents who were aware of the health department were more likely to report this. Three percent of respondents reported they volunteered during the pandemic to work at a public health clinic. Eight percent of respondents reported they were very likely to register as a volunteer in the future to help at a public health clinic.

Health Department Key Findings

In 2010, 72% of respondents were aware of the Washington County Health Department. Respondents who were female or with a college education were more likely to be aware. Thirty-four percent of respondents had experience with the health department (23% limited service like flu shot/immunization and 11% other services). Respondents with a college education were more likely to report they received services. Of respondents who were aware of the health department, 88% were satisfied with the way the department meets its mission; respondents who received services from the health department were more likely to report this. Fifty-two percent of all respondents were aware of the health department's involvement with emergency preparedness planning; respondents who received services from the department were more likely to report this. *From 2006 to 2010, there was a statistical increase in the overall percent of respondents who reported they were aware of the Washington County Health Department prior to the interview. From 2006 to 2010, there was no statistical change in the overall percent of respondents who reported they received services. Of respondents who were aware of the health department, there was no statistical change in the overall percent reporting they were satisfied or dissatisfied with the department meeting its mission to promote health, prevent disease and protect the public. From 2006 to 2010, there was a statistical increase in the overall percent of respondents who reported they were aware of the health department's involvement in emergency preparedness planning at the local, regional and state level.*

Key Findings

Community Health (Figures 1 & 2; Table 2)

KEY FINDINGS: In 2010, when given 12 different health problems related to the 2020 Healthiest Wisconsin Focus Areas, 60% of respondents reported that overweight, obesity and lack of physical exercise was one of the top three problems in their community. Forty-five percent selected chronic diseases while 43% each reported alcohol and other drug abuse or unhealthy food choices. Respondents with at least some post high school education were more likely to report overweight, obesity and lack of physical activity or chronic diseases as a top problem. Respondents 18 to 34 years old or in the bottom 60 percent household income bracket were more likely to report alcohol and other drug abuse. Respondents 18 to 34 years old or with a college education were more likely to report unhealthy food choices as a problem. Respondents who were 18 to 44 years old, with a high school education or less or unmarried respondents were more likely to report tobacco use and second-hand smoke exposure.

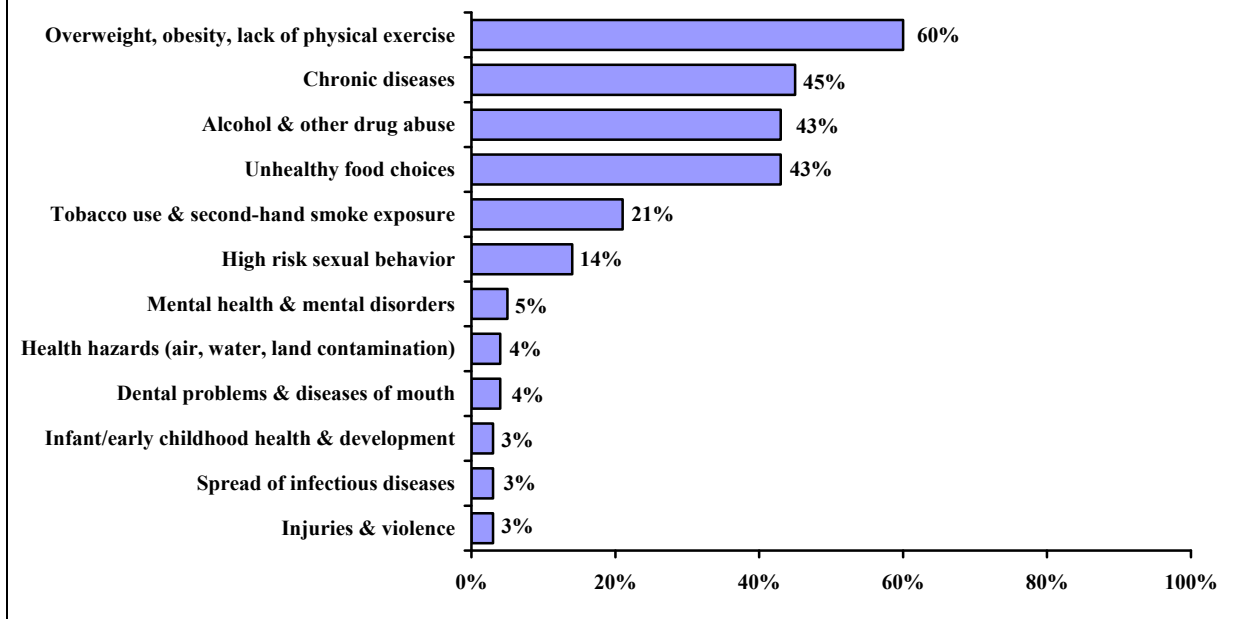
From 2006 to 2010, there was a statistical increase in the overall percent of respondents who reported overweight, obesity and lack of physical exercise or unhealthy food choices as one of the top three community health problems. From 2006 to 2010, there was a statistical decrease in the overall percent of respondents who reported tobacco use and exposure to second-hand smoke as one of the top three community health problems. From 2006 to 2010, there was no statistical change in the overall percent of respondents who reported alcohol and other drug abuse, high risk sexual behavior, mental health and mental disorders, health hazards, spread of infectious diseases or injuries and violence as one of the top three health problems.

Respondents were given a list of 12 different health issues that their community may face. The 12 health issues were based on the 2020 Healthiest Wisconsin Focus Areas (Wisconsin Department of Health and Family Services). Respondents were first asked whether the issue was a major, moderate, minor or not a problem in their community. From there, the top three community health problems were selected by respondents.

2010 Findings

- Sixty percent of respondents reported that overweight, obesity and lack of physical exercise was one of the top three community health problems while 45% reported chronic diseases, 43% reported alcohol and other drug abuse and 43% reported unhealthy food choices.

Figure 1. Top Community Health Problems for 2010



- Respondents 18 to 34 years old were more likely to report alcohol/other drug abuse or unhealthy food choices as one of the top three health problems in the community while respondents 18 to 44 years old were more likely to report tobacco use and exposure to second-hand smoke.
- Respondents with a high school education or less were more likely to report tobacco use and exposure to second-hand smoke as one of the top three health problems in the community while respondents with at least some post high school education were more likely to report overweight, obesity and lack of exercise or chronic diseases. Respondents with a college education were more likely to report unhealthy food choices.
- Fifty percent of respondents in the middle 20 percent household income bracket and 47% of those in the bottom 40 percent income bracket reported alcohol and other drug abuse as one of the top three health problems in the community compared to 34% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report tobacco use and exposure to second-hand smoke as one of the top three health problems compared to married respondents (27% and 18%, respectively).

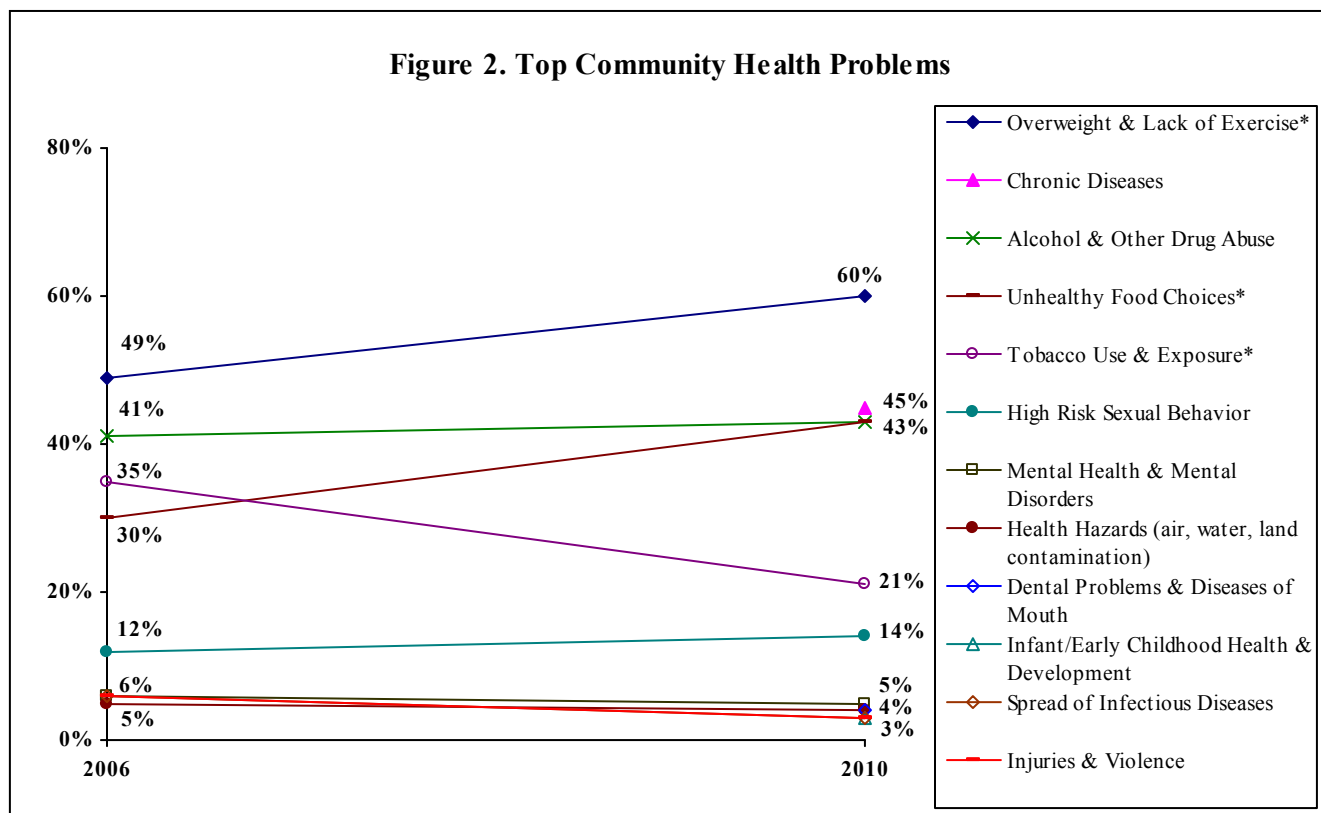
Table 2. Top Community Health Problems by Demographic Variables for 2010

	Overweight & Lack of Exercise	Chronic Diseases	Alcohol & Other Drug Abuse	Unhealthy Food Choices	Tobacco Use & Exposure	High Risk Sexual Behavior
TOTAL	60%	45%	43%	43%	21%	14%
Gender						
Male	58	44	39	41	19	12
Female	61	45	46	44	24	16
Age						
18 to 34	57	38	55*	54*	28*	11
35 to 44	60	52	40*	41*	28*	20
45 to 54	64	40	38*	29*	10*	18
55 to 64	71	51	43*	49*	19*	4
65 and Older	54	46	30*	38*	13*	11
Education						
High School or Less	49*	37*	44	34*	30*	15
Some Post High School	65*	50*	43	44*	21*	12
College Graduate	65*	50*	40	52*	12*	15
Household Income						
Bottom 40 Percent Bracket	53	39	47*	45	27	16
Middle 20 Percent Bracket	67	51	50*	37	23	14
Top 40 Percent Bracket	60	47	34*	48	16	10
Marital Status						
Married	61	46	41	44	18*	14
Not Married	59	41	44	39	27*	13
Aware of Health Department						
Aware	58	43	43	43	22	13
Not Aware	64	45	40	44	21	17

*demographic difference at $p \leq 0.05$

Year Comparisons

- From 2006 to 2010, there was a statistical increase in the overall percent of respondents who reported overweight, obesity and lack of physical exercise or unhealthy food choices as one of the top three community health problems. From 2006 to 2010, there was a statistical decrease in the overall percent of respondents who reported tobacco use and exposure to second-hand smoke as one of the top three community health problems. From 2006 to 2010, there was no statistical change in the overall percent of respondents who reported alcohol and other drug abuse, high risk sexual behavior, mental health and mental disorders, health hazards, spread of infectious diseases or injuries and violence as one of the top three health problems.



*year difference at $p \leq 0.05$

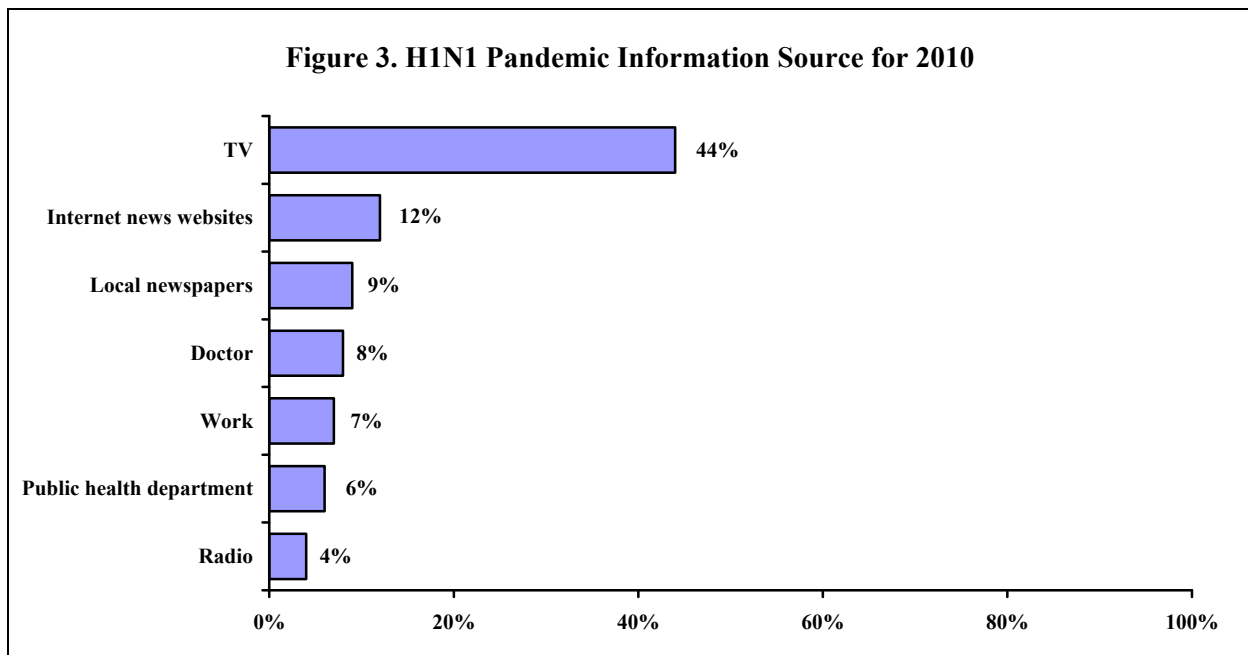
H1N1 Emergency Planning/Preparedness (Figures 3 & 4; Tables 3 - 5)

KEY FINDINGS: In 2010, 44% of respondents reported they received most of their information about the H1N1 pandemic from TV and 12% reported internet news websites. Respondents who were 45 and older, with a high school education or less or who were not aware of the health department were more likely to report they received their information about the H1N1 pandemic from TV. Respondents who were 18 to 34 years old or with a college education were more likely to report internet news websites. Respondents 65 and older were more likely to report local newspapers as their source. Respondents who were female or aware of the health department were more likely to report a doctor as their source about the H1N1 pandemic. Respondents who were 18 to 44 years old, with at least some post high school education or who were aware of the health department were more likely to report public health department as their source. Eighty-five percent of respondents reported their community was very or somewhat prepared against the H1N1 pandemic; respondents who were female or aware of the health department were more likely to report this. Sixty percent of respondents reported they followed the recommendations related to H1N1; respondents who were female, with a college education, who were in the middle 20 percent household income bracket or aware of the health department were more likely to report this.

H1N1 Pandemic Information Source

2010 Findings

- Forty-four percent of respondents reported they received most of their information about the H1N1 pandemic from TV. Twelve percent reported they received their information from internet news websites while 9% reported local newspapers and 8% reported doctor.



- Female respondents were more likely to report they received their information about the H1N1 pandemic from their doctor (11%) compared to male respondents (4%).
- Respondents 18 to 34 years old were more likely to report they received their information about the H1N1 pandemic from internet news websites while respondents 18 to 44 years old were more likely to report public health department. Respondents 45 and older were more likely to report TV while respondents 65 and older were more likely to report they received their information from local newspapers.
- Respondents with a high school education or less were more likely to report they received their information from TV. Respondents with at least some post high school education were more likely to report public health department while respondents with a college education were more likely to report they received their information about the H1N1 pandemic from internet websites.
- Respondents who were not aware of the health department were more likely to report they received their information from TV while respondents who were aware of the health department were more likely to report doctor or public health department.

Table 3. H1N1 Pandemic Information Source by Demographic Variables for 2010

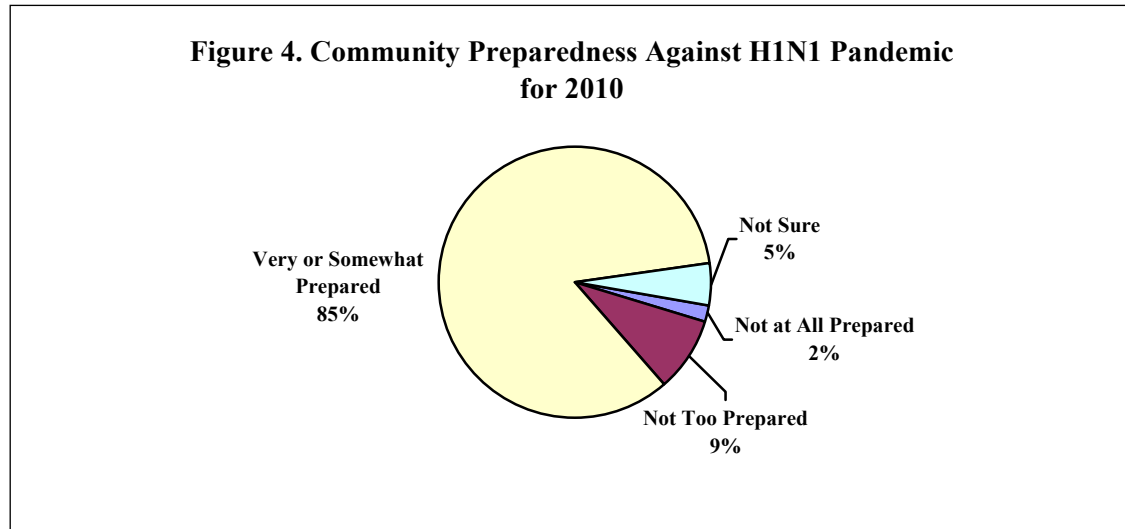
	TV	Internet News Websites	Local Newspapers	Doctor	Work	Public Health Dept.
TOTAL	44%	12%	9%	8%	7%	6%
Gender						
Male	45	13	8	4*	5	6
Female	43	11	10	11*	8	5
Age						
18 to 34	28*	21*	0*	9	9	10*
35 to 44	41*	11*	10*	9	4	11*
45 to 54	56*	13*	4*	8	8	0*
55 to 64	53*	8*	12*	6	8	2*
65 and Older	56*	0*	25*	3	3	0*
Education						
High School or Less	57*	5*	10	11	4	<1*
Some Post High School	42*	11*	8	7	9	9*
College Graduate	32*	19*	9	4	8	8*
Household Income						
Bottom 40 Percent Bracket	52	7	8	11	4	6
Middle 20 Percent Bracket	43	12	11	7	11	4
Top 40 Percent Bracket	37	15	6	6	9	8
Marital Status						
Married	43	13	8	8	8	7
Not Married	47	11	11	8	4	4
Aware of Health Department						
Aware	39*	13	8	9*	7	7*
Not Aware	60*	10	8	2*	6	2*

*demographic difference at $p \leq 0.05$

Community Preparedness Against H1N1 Pandemic

2010 Findings

- Eighty-five percent of respondents reported their community was very prepared or somewhat prepared against the H1N1 pandemic. Nine percent reported not too prepared and 2% reported not at all prepared. Five percent were not sure.



- Female respondents were more likely to report their community was very or somewhat prepared against the H1N1 pandemic (90%) compared to male respondents (80%).
- Respondents who were aware of the health department were more likely to report their community was very/somewhat prepared compared to respondents who were not aware of the health department (88% and 76%, respectively).

Table 4. Community Very or Somewhat Prepared Against H1N1 Pandemic by Demographic Variables for 2010

	Percent
TOTAL	85%
Gender*	
Male	80
Female	90
Age	
18 to 34	92
35 to 44	82
45 to 54	83
55 to 64	83
65 and Older	78
Education	
High School or Less	87
Some Post High School	84
College Graduate	82
Household Income	
Bottom 40 Percent Bracket	88
Middle 20 Percent Bracket	93
Top 40 Percent Bracket	82
Marital Status	
Married	83
Not Married	88
Aware of Health Department*	
Aware	88
Not Aware	76

*demographic difference at $p \leq 0.05$

Followed Recommendations Related to H1N1

2010 Findings

- Sixty percent of respondents reported they followed the recommendations to stay at home when ill or restrict movement or activities to reduce spread of illness that may have been related to H1N1.
- Female respondents were more likely to report they followed the recommendations to stay at home when ill or restrict movement or activities to reduce spread of illness that may have been related to H1N1 (72%) compared to male respondents (48%).
- Sixty-nine percent of respondents with a college education reported they followed the recommendations related to H1N1 compared to 62% of those with some post high school education or 53% of respondents with a high school education or less.

- Seventy-four percent of respondents in the middle 20 percent household income bracket reported they followed the recommendations related to H1N1 compared to 59% of those in the bottom 40 percent income bracket or 56% of respondents in the top 40 percent household income bracket.
- Respondents who were aware of the health department were more likely to report they followed the recommendations related to H1N1 compared to respondents who were not aware of the health department (64% and 52%, respectively).

Table 5. Followed Recommendations Related to H1N1 by Demographic Variables for 2010

	Percent
TOTAL	60%
Gender*	
Male	48
Female	72
Age	
18 to 34	64
35 to 44	68
45 to 54	59
55 to 64	48
65 and Older	52
Education*	
High School or Less	53
Some Post High School	62
College Graduate	69
Household Income*	
Bottom 40 Percent Bracket	59
Middle 20 Percent Bracket	74
Top 40 Percent Bracket	56
Marital Status	
Married	59
Not Married	63
Aware of Health Department*	
Aware	64
Not Aware	52

*demographic difference at $p \leq 0.05$

H1N1 Vaccination (Figure 5; Tables 6 & 7)

KEY FINDINGS: In 2010, 26% of respondents received the H1N1 vaccine while 10% wanted the vaccine but did not receive it. Respondents who were female or with a college education were more likely to report receiving the H1N1 vaccine. Respondents were asked reasons why people might not receive the H1N1 vaccine when it became readily available. Forty-eight percent of respondents reported a possible reason was the public's perception of a mild flu season while 40% reported the perception of an unsafe vaccine. Respondents who were male or who wanted to receive the H1N1 vaccination were more likely to report a possible reason was the public's perception of a mild flu season. Respondents who were female or in the bottom 40 percent household income bracket were more likely to report a possible reason was the perception of an unsafe vaccine. Respondents with a high school education or less or in the bottom 40 percent household income bracket were more likely to report the possibility of a lack of information to make a decision. Respondents with a high school education or less, with a college education or who wanted to receive the vaccination were more likely to report the vaccination was not available at convenient times or locations as possible reasons. Respondents 18 to 34 years old, with some post high school education or who did not want an H1N1 vaccination were more likely to report concerns about nasal vaccine as a possible reason. Respondents 55 and older, in the bottom 40 percent household income bracket or who did not want a vaccination were more likely to report the possibility that private health care providers did not recommend getting vaccinated.

H1N1 Vaccine

2010 Findings

- Twenty-six percent of respondents reported they received the H1N1 vaccine. Ten percent of respondents reported they wanted the H1N1 vaccine, but did not receive it while the remaining 64% did not want the vaccine.
- Female respondents were more likely to report they received the H1N1 vaccine (31%) compared to male respondents (21%).
- Thirty-seven percent of respondents with a college education reported they received the H1N1 vaccine compared to 23% of those with some post high school education or 19% of respondents with a high school education or less.

Table 6. H1N1 Vaccination by Demographic Variables for 2010

	Received Vaccine	Wanted, But Did Not Receive	Did Not Want
TOTAL	26%	10%	64%
Gender*			
Male	21	13	66
Female	31	7	62
Age			
18 to 34	23	8	69
35 to 44	19	17	64
45 to 54	33	10	56
55 to 64	33	8	59
65 and Older	28	3	68
Education*			
High School or Less	19	10	72
Some Post High School	23	13	63
College Graduate	37	7	56
Household Income			
Bottom 40 Percent Bracket	20	11	69
Middle 20 Percent Bracket	26	12	62
Top 40 Percent Bracket	30	11	59
Marital Status			
Married	25	11	65
Not Married	28	9	63
Aware of Health Department			
Aware	26	10	63
Not Aware	26	9	65

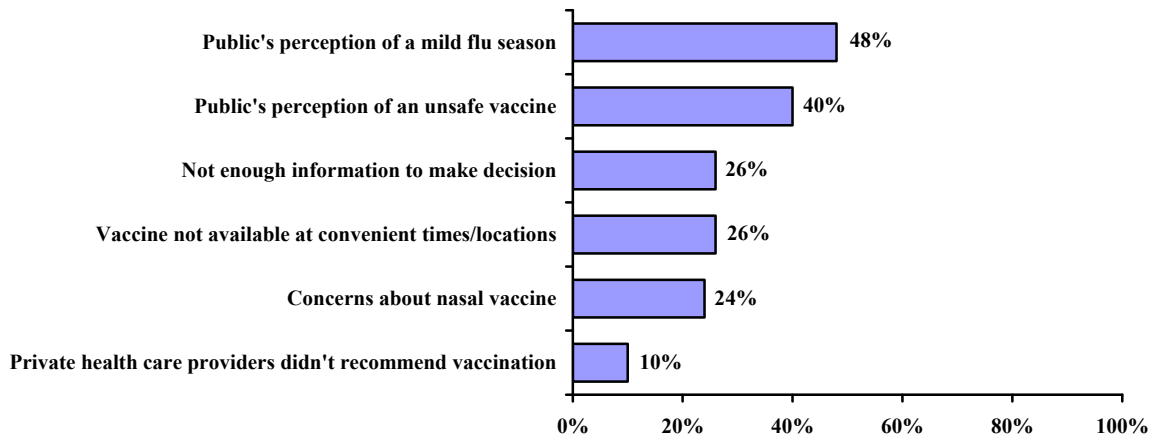
*demographic difference at $p \leq 0.05$

Possible Reasons for not Receiving H1N1 Vaccine

2010 Findings

- Forty-eight percent of respondents reported the public's perception of a mild flu season was a possible reason why people did not receive the vaccination when it became more available. Forty percent reported the possibility that the public perceived the vaccine as unsafe. Twenty-six percent each reported a possible reason was a lack of enough information to make a decision or the vaccine was not available at convenient times/locations. Twenty-four percent of respondents reported the possibility of concerns about the nasal vaccine.

Figure 5. Possible Reasons the Public Did Not Receive the H1N1 Vaccine for 2010



- Male respondents were more likely to report the public's perception of a mild flu season as a possible reason why people did not receive the vaccination when it became available while female respondents were more likely to report the perception of the vaccine as not being safe as a possible reason.
- Respondents 18 to 34 years old were more likely to report the possibility of concerns about the nasal vaccine while respondents 55 and older were more likely to report the possibility of private health care providers not recommending vaccination.
- Respondents with a high school education or less were more likely to report the possibility of not enough information to make a decision on getting vaccinated. Respondents with a high school education or less or with a college education were more likely to report the possibility that the vaccine was not available at convenient times or locations while respondents with some post high school education were more likely to report concerns about the nasal vaccine as a possible reason for not receiving the vaccine.
- Respondents in the bottom 40 percent household income bracket were more likely to report the perception of an unsafe vaccine, the lack of information to make a decision or that the health care provider did not recommend the vaccination compared to respondents in the top 60 percent household income bracket.
- Respondents who wanted the H1N1 vaccination reported the public's perception of a mild flu season or inconvenient times/locations as possible reasons for people not receiving the vaccination. Respondents who did not want the vaccination were more likely to report the concerns about the nasal vaccine or private health provider did not recommend it as possible reasons people did not receive the vaccination.

Table 7. Possible Reasons the Public Did Not Receive the H1N1 Vaccine by Demographic Variables for 2010

	Perception Mild Flu Season	Perception Vaccine Not Safe	Lack of Info to Make Decision	Inconvenient Times or Locations	Concerns about Nasal Vaccine	Provider Didn't Recommend
TOTAL	48%	40%	26%	26%	24%	10%
Gender						
Male	54*	34*	29	24	21	10
Female	42*	45*	23	28	26	10
Age						
18 to 34	39	35	31	21	35*	12*
35 to 44	43	38	31	29	18*	2*
45 to 54	53	48	28	29	22*	10*
55 to 64	55	46	19	27	21*	16*
65 and Older	55	33	15	25	18*	15*
Education						
High School or Less	44	43	35*	30*	23*	13
Some Post High School	51	41	26*	17*	33*	8
College Graduate	49	36	17*	31*	15*	8
Household Income						
Bottom 40 Percent Bracket	45	50*	36*	27	31	16*
Middle 20 Percent Bracket	51	38*	25*	25	23	5*
Top 40 Percent Bracket	49	35*	21*	28	24	9*
Marital Status						
Married	50	40	23	27	26	9
Not Married	43	40	32	23	21	12
H1N1 Vaccination						
Received	41*	35	24	31*	15*	5*
Wanted/Did Not Receive	68*	33	30	40*	18*	0*
Did Not Want	47*	43	27	21*	28*	13*
Aware of Health Department						
Aware	48	39	24	25	26	9
Not Aware	46	41	31	26	18	14

*demographic difference at $p \leq 0.05$

Emergency Volunteer Groups (Figure 6; Tables 8 & 9)

KEY FINDINGS: In 2010, 21% of respondents knew that the Washington County Volunteer Center and the Citizen Corps were registering those who wanted to help at H1N1 clinics; respondents who were aware of the health department were more likely to report this. Three percent of respondents reported they volunteered during the pandemic to work at a public health clinic. Eight percent of respondents reported they were very likely to register as a volunteer in the future to help at a public health clinic.

Knowledge of Volunteer Groups Registering Volunteers

2010 Findings

- Twenty-one percent of respondents reported they knew the Washington County Volunteer Center and the Citizen Corps were registering those who wanted to help at H1N1 clinics.
- Respondents aware of the health department were more likely to report they knew the volunteer groups were registering volunteers compared to respondents who were not aware of the department (27% and 7%, respectively).

Table 8. Knowledge of Volunteer Groups Registering Volunteers for H1N1 Clinics by Demographic Variables for 2010

	Percent
TOTAL	21%
Gender	
Male	18
Female	25
Age	
18 to 34	21
35 to 44	18
45 to 54	28
55 to 64	20
65 and Older	23
Education	
High School or Less	19
Some Post High School	26
College Graduate	19
Household Income	
Bottom 40 Percent Bracket	23
Middle 20 Percent Bracket	26
Top 40 Percent Bracket	18
Marital Status	
Married	20
Not Married	25
Aware of Health Department*	
Aware	27
Not Aware	7

*demographic difference at $p \leq 0.05$

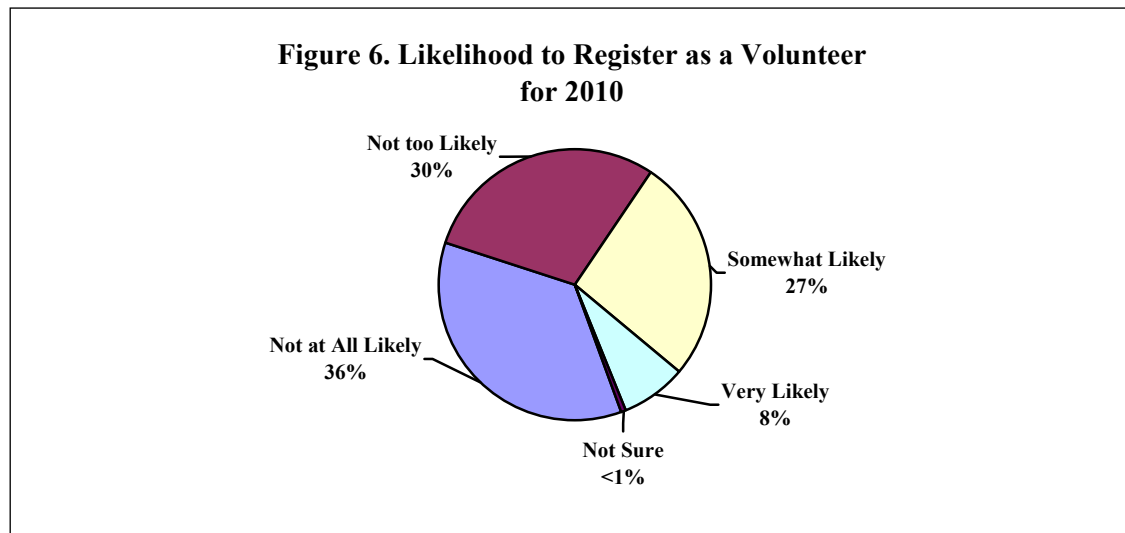
Volunteered During H1N1 Pandemic at Public Health Clinic

2010 Findings

- Three percent of respondents reported they volunteered during the pandemic to work at a public health clinic.
- No demographic comparisons were conducted as a result of the low percent of respondents reporting they volunteered during the pandemic to work at a public health clinic.

Likelihood of Registering as Volunteer in the Future at Public Health Clinic

- Eight percent of respondents reported they were very likely to register as a volunteer in the future to help at a public health clinic while 27% reported somewhat likely. Thirty percent reported not too likely while 36% were not at all likely.



- There were no statistically significant differences between demographic variables and responses of reporting they were very likely to volunteer in the future to help at a public health clinic.

Table 9. Very Likely to Register as a Volunteer to Help at a Public Health Clinic by Demographic Variables for 2010

	Percent
TOTAL	8%
Gender	
Male	5
Female	10
Age	
18 to 34	4
35 to 44	7
45 to 54	10
55 to 64	10
65 and Older	8
Education	
High School or Less	6
Some Post High School	6
College Graduate	12
Household Income	
Bottom 40 Percent Bracket	9
Middle 20 Percent Bracket	4
Top 40 Percent Bracket	9
Marital Status	
Married	7
Not Married	8
Aware of Health Department	
Aware	9
Not Aware	5

*demographic difference at $p \leq 0.05$

Health Department (Figures 7 -10; Tables 10 - 13)

KEY FINDINGS: In 2010, 72% of respondents were aware of the Washington County Health Department. Respondents who were female or with a college education were more likely to be aware. Thirty-four percent of respondents had experience with the health department (23% limited service like flu shot/immunization and 11% other services). Respondents with a college education were more likely to report they received services. Of respondents who were aware of the health department, 88% were satisfied with the way the department meets its mission; respondents who received services from the health department were more likely to report this. Fifty-two percent of all respondents were aware of the health department's involvement with emergency preparedness planning; respondents who received services from the department were more likely to report this.

From 2006 to 2010, there was a statistical increase in the overall percent of respondents who reported they were aware of the Washington County Health Department prior to the interview. From 2006 to 2010, there was no statistical change in the overall percent of respondents who reported they received services. Of respondents who were aware of the health department, there was no statistical change in the overall percent reporting they were satisfied or dissatisfied with the department meeting its mission to promote health, prevent disease and protect the public. From 2006 to 2010, there was a statistical increase in the overall percent of respondents who reported they were aware of the health department's involvement in emergency preparedness planning at the local, regional and state level.

Aware of Health Department

2010 Findings

- Seventy-two percent of respondents were aware of the Washington County Health Department prior to the interview.
- Female respondents were more likely to report they were aware of the health department (76%) compared to male respondents (67%).
- Eighty-two percent of respondents with a college education reported they were aware of the health department compared to 69% of those with some post high school education or 66% of respondents with a high school education or less.

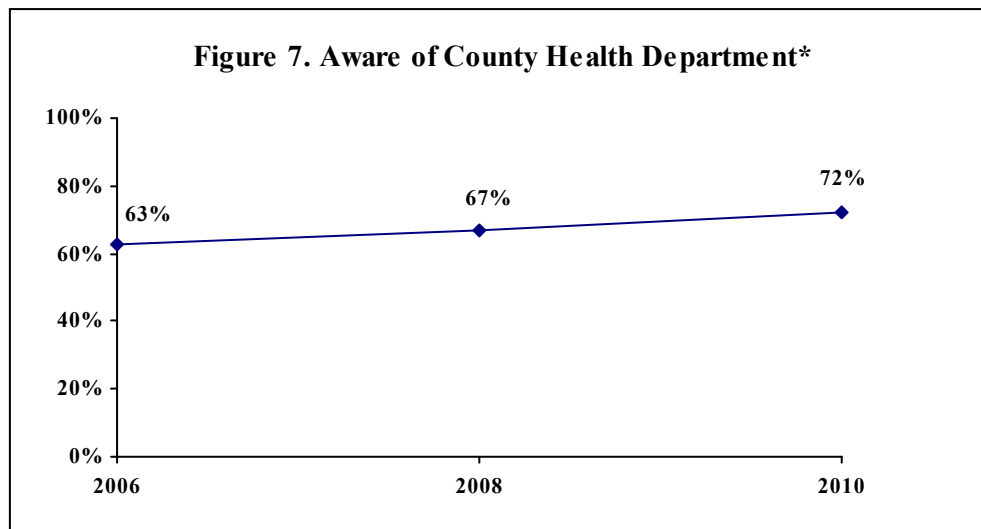
Table 10. Aware of County Health Department by Demographic Variables for 2010

	Percent
TOTAL	72%
Gender*	
Male	67
Female	76
Age	
18 to 34	75
35 to 44	75
45 to 54	72
55 to 64	63
65 and Older	66
Education*	
High School or Less	66
Some Post High School	69
College Graduate	82
Household Income	
Bottom 40 Percent Bracket	74
Middle 20 Percent Bracket	69
Top 40 Percent Bracket	72
Marital Status	
Married	75
Not Married	68

*demographic difference at $p \leq 0.05$

Year Comparisons

- From 2006 to 2010, there was a statistical increase in the overall percent of respondents who reported they were aware of the Washington County Health Department prior to the interview.



*year difference at $p \leq 0.05$

Experience with Health Department

2010 Findings

- Twenty-three percent of respondents reported they received limited services like a flu shot or other immunizations while 11% reported other services like baby checkups, home visits or answers to health questions over the phone.
- Forty-four percent of respondents with a college education reported they received services from the health department compared to 33% of those with some post high school education or 27% of respondents with a high school education or less.

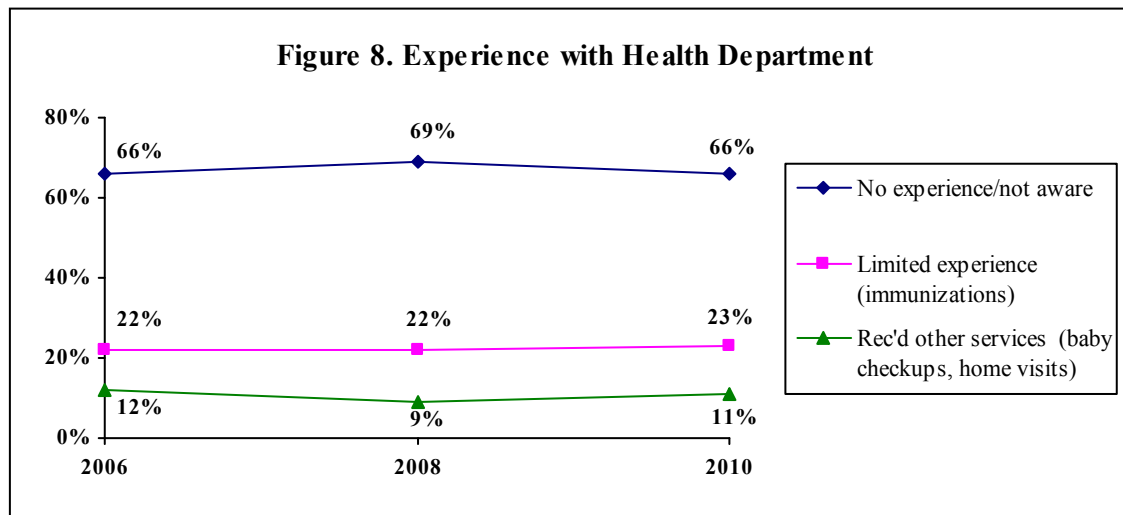
Table 11. Experience with Health Department by Demographic Variables for 2010

	No Experience /Not Aware	Limited Experience (Immunizations)	Rec'd Other Svs (Baby checkups, home visits)
TOTAL	66%	23%	11%
Gender			
Male	69	21	11
Female	64	26	10
Age			
18 to 34	58	28	14
35 to 44	70	20	10
45 to 54	71	21	9
55 to 64	65	27	8
65 and Older	75	18	7
Education*			
High School or Less	73	18	9
Some Post High School	68	20	13
College Graduate	56	34	10
Household Income			
Bottom 40 Percent Bracket	69	19	12
Middle 20 Percent Bracket	64	25	11
Top 40 Percent Bracket	63	27	10
Marital Status			
Married	67	24	9
Not Married	65	23	12

*demographic difference at $p \leq 0.05$

Year Comparisons

- From 2006 to 2010, there was no statistical change in the overall percent of respondents who reported services received from the health department.



Satisfaction with Health Department Meeting Its Mission

2010 Findings

- Eighty-eight percent of respondents who were aware of the health department were satisfied or very satisfied with the department meeting its mission to promote health, prevent disease and protect the public. Six percent were dissatisfied or very dissatisfied while 6% were not sure.
- Ninety-five percent of respondents who received services from the health department reported they were satisfied with the way the health department meets its mission compared to 81% of respondents with no experience with the health department. Twelve percent of respondents with no experience reported not sure compared to less than one percent of respondents with some health department experience.

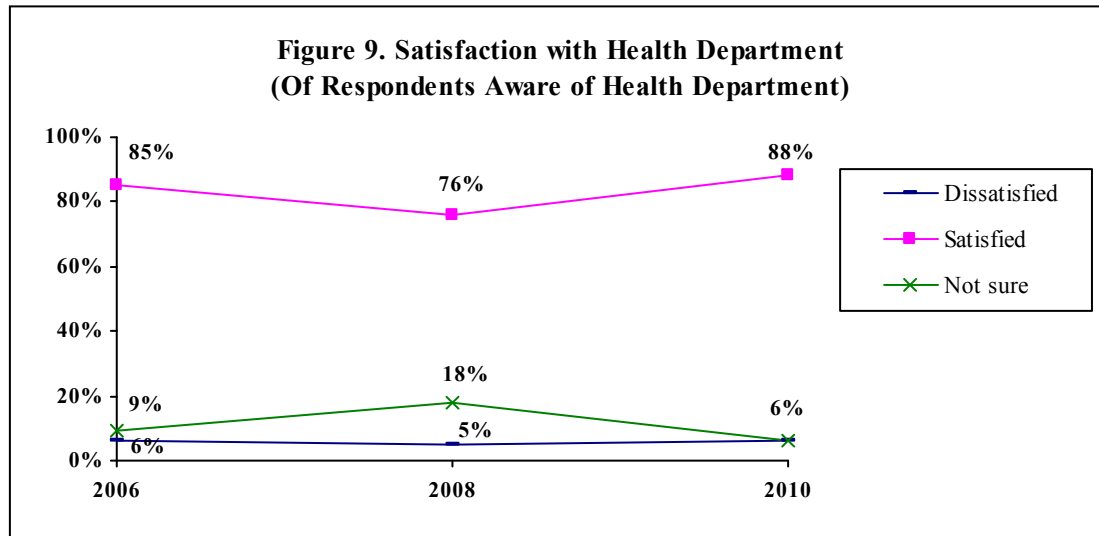
Table 12. Satisfaction with Health Department Meeting Its Mission by Demographic Variables (Of Respondents Aware of Health Department) for 2010

	Dissatisfied	Satisfied	Not Sure
TOTAL	6%	88%	6%
Gender			
Male	6	91	3
Female	6	85	9
Age			
18 to 34	7	88	5
35 to 44	7	83	10
45 to 54	4	93	4
55 to 64	10	87	3
65 and Older	5	85	10
Education			
High School or Less	5	86	8
Some Post High School	6	89	4
College Graduate	5	87	8
Household Income			
Bottom 40 Percent Bracket	9	80	11
Middle 20 Percent Bracket	4	96	0
Top 40 Percent Bracket	5	88	6
Marital Status			
Married	5	87	9
Not Married	9	89	2
Experience with Health Dept.*			
No Experience	8	81	12
Received Services	4	95	<1

*demographic difference at $p \leq 0.05$

Year Comparisons

- From 2006 to 2010, there was no statistical change in the overall percent of respondents who were aware of the health department reporting they were satisfied or dissatisfied with the department meeting its mission to promote health, prevent disease and protect the public.



*year difference at $p \leq 0.05$

Awareness of Health Department's Involvement with Emergency Preparedness Planning

2010 Findings

- Fifty-two percent of respondents were aware of the health department's involvement in emergency preparedness planning at the local, regional and state level to some degree.
- Seventy-nine percent of respondents who received services from the health department reported awareness of the health department's involvement with emergency preparedness planning compared to 67% of respondents who have had no experience with the health department.

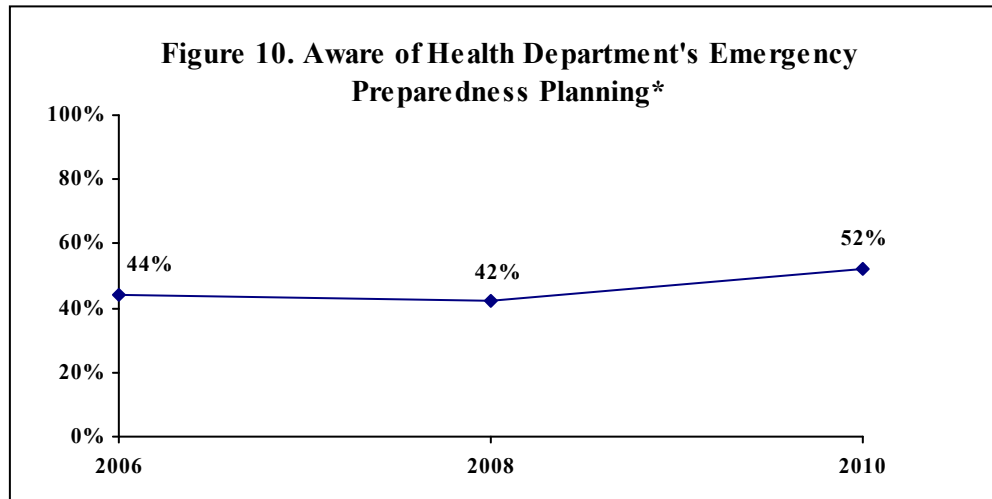
Table 13. Aware of Health Department’s Emergency Preparedness Planning by Demographic Variables for 2010

	Aware To Any Extent
TOTAL	52%
Gender	
Male	53
Female	52
Age	
18 to 34	50
35 to 44	55
45 to 54	53
55 to 64	49
65 and Older	52
Education	
High School or Less	50
Some Post High School	49
College Graduate	59
Household Income	
Bottom 40 Percent Bracket	49
Middle 20 Percent Bracket	51
Top 40 Percent Bracket	45
Marital Status	
Married	55
Not Married	48
Experience with Health Department (Of Respondents Aware of Health Dept)*	
No Experience	67
Received Services	79

*demographic difference at $p \leq 0.05$

Year Comparisons

- From 2006 to 2010, there was a statistical increase in the overall percent of respondents who reported they were aware of the health department's involvement in emergency preparedness planning at the local, regional and state level.



*year difference at $p \leq 0.05$

APPENDIX A: QUESTIONNAIRE FREQUENCIES

WASHINGTON COUNTY COMMUNITY HEALTH
AND EMERGENCY PREPAREDNESS SURVEY

Conducted: August 16 through September 3, 2010

[Some totals may be more or less than 100% due to rounding and response category distribution. Percentages in the report and in the Appendix may differ by one or two percentage points as a result of combining several response categories for report analysis.]

Communities face a variety of health issues. For each of the following, please indicate if it is a major, moderate, minor or not a problem within your community. [ROTATE QUESTIONS]

	Not a Problem	Minor Problem	Moderate Problem	Major Problem	Not Sure
1. Dental problems and diseases of the mouth	28%	42%	22%	3%	6%
2. Unhealthy food choices	11	19	43	26	2
3. Alcohol and other drug abuse.....	13	21	45	19	<1
4. Home and work health hazards due to air, water or land contamination.....	37	46	12	3	1
5. The spread of infectious diseases	31	48	15	4	3
6. High risk sexual behavior	24	34	26	12	4
7. Injuries and violence	28	53	16	2	<1
8. Mental health and mental disorders	25	40	29	3	2
9. Overweight, obesity and lack of physical exercise	8	19	44	29	<1
10. Infant and early childhood health and development.....	37	37	16	4	5
11. Tobacco use and exposure to second-hand smoke.....	23	35	27	14	<1
12. Chronic diseases such as high blood pressure, high blood cholesterol and diabetes.....	11	20	42	22	4

13. [BASED ON RESPONSES GIVEN] If you had to choose, what are the three you consider to be the most problematic in your community?

- Overweight, obesity and lack of physical exercise ... 60%
- Chronic diseases such as high blood pressure, high blood cholesterol and diabetes 45
- Alcohol and other drug abuse 43
- Unhealthy food choices..... 43
- Tobacco use and exposure to second-hand smoke.... 21
- High risk sexual behavior 14
- Mental health and mental disorders 5
- Home and work health hazards due to air, water or land contamination..... 4
- Dental problems and diseases of the mouth..... 4
- Infant and early childhood health and development..... 3
- The spread of infectious diseases 3
- Injuries and violence 3

During the past year a public health event, the H1N1 pandemic, occurred.

14. Where did you get most of your information about the H1N1 pandemic?

TV	44%
Internet news websites	12
Local newspapers	9
Doctor.....	8
Work.....	7
Public health department	6
Radio	4
Government agency (non-specific)	<1
Salvation Army	<1
Magazines	<1
Other.....	7
Did not get any H1N1 information	1
Not sure	<1

15. How prepared was your community against the H1N1 pandemic?

Not at all prepared.....	2%
Not too prepared.....	9
Somewhat prepared.....	54
Very prepared.....	30
Not sure	5

16. Both a national and statewide public health emergency were declared last year because of H1N1. Did you follow the recommendations to stay at home when ill or restrict movement or activities to reduce spread of illness that may have been related to H1N1?

Yes	60%
No.....	38
Not sure	2

17. Did you receive the H1N1 vaccine?

18. Did you want to be vaccinated, but were not?

[COMBINED TO DETERMINE...]

Received vaccination	26%
Wanted vaccination, but did not receive	10
Not wanted	64

19. After the H1N1 vaccine became plentiful, the demand for it decreased. Which of the following reasons might explain why more people did not get vaccinated when it became available?

Public's perception that the flu season was mild	48%
Public's perception of the vaccine as not being safe	40
There was not enough information to make a decision on getting vaccinated	26
Vaccine not available at convenient times or locations	26
Concerns about the nasal vaccine	24
Private health care providers did not recommend getting vaccinated	10

20. Many volunteers were used at the H1N1 clinic. Did you know that the Washington County Volunteer Center and Citizen Corps were registering those who wanted to help?

Yes	21%
No.....	78
Not sure.....	<1

21. Did you volunteer during the pandemic to work at a public health clinic?

Yes	3%
No.....	97
Not sure.....	0

22. How likely would you be to register as a volunteer in the future to help at a public health clinic?

Not at all likely.....	36%
Not too likely	30
Somewhat likely.....	27
Very likely.....	8
Not sure.....	<1

23. Your local health department is located in West Bend and serves all of Washington County. Some people are aware of the health department while others are not. Are you aware of the health department or did you not know about the health department until today?

Aware of the health department	72%
Not aware of the health department until today	27
Not sure.....	<1

24. Which of the following best describes your experience with your public health department?

Have had no experience with programs or services.....	38%
Received limited services like a flu shot or other immunization	23
Received other services like baby checkup, home visits or answered your health questions over the phone.....	11
Not aware of the health department until today	28
Not sure.....	0

25. How satisfied or dissatisfied are you with the health department in how it meets its mission to promote health, prevent disease and protect the public? [282 Respondents Aware of Health Department]

Very dissatisfied.....	2%
Dissatisfied.....	4
Satisfied.....	71
Very satisfied.....	17
Not sure.....	6

26. For the past several years, local health departments in Wisconsin have been participating in emergency preparedness planning at the local, regional and state levels. This planning includes mass clinic preparations for the public as well as for naturally occurring events such as tornados or airplane crashes. Which of the following best describes your level of awareness about health department preparedness planning?

Not aware until now.....	20%
Some limited awareness.....	28
Aware before today.....	24
Not aware of the health department until today.....	28
Not sure.....	<1

Now a few questions about you and your household.

27. In what year were you born? [CALCULATE AGE]

18 to 34 years old.....	28%
35 to 44 years old.....	25
45 to 54 years old.....	20
55 to 64 years old.....	12
65 and older.....	15

28. Gender (not asked)

Male.....	49%
Female.....	51

29. What city, town or village do you legally reside in?

West Bend city.....	30%
Germantown village.....	12
Hartford city.....	12
Richfield town.....	6
Jackson village.....	5
Slinger village.....	5
West Bend town.....	5
All others (3% or less).....	25

30. Are you Hispanic or Latino?

Yes.....	2%
No.....	98

31. Which of the following would you say is your race?

White.....	98%
Black, African American	<1
Asian	<1
Native Hawaiian or other Pacific Islander ...	<1
American Indian or Alaska Native.....	<1
Another race.....	<1
Multiple races.....	0
Not sure.....	0

32. What is your current marital status?

Single and never married	19%
A member of an unmarried couple.....	1
Married.....	63
Separated.....	2
Divorced.....	7
Widowed	8
Not sure.....	0

33. What is the highest grade level of education you have completed?

8 th grade or less	1%
Some high school	2
High school graduate or GED	33
Some college.....	25
Technical school graduate.....	9
College graduate	22
Advanced or professional degree	8
Not sure.....	<1

34. What is your annual household income before taxes?

Less than \$10,000	5%
\$10,000 to \$20,000.....	6
\$20,001 to \$30,000.....	10
\$30,001 to \$40,000.....	7
\$40,001 to \$50,000.....	7
\$50,001 to \$60,000.....	11
\$60,001 to \$75,000.....	12
\$75,001 to \$90,000.....	7
\$90,001 to \$105,000.....	5
\$105,001 to \$120,000.....	5
\$120,001 to \$135,000.....	<1
Over \$135,000.....	4
Not sure.....	4
No answer	16

APPENDIX B: SURVEY METHODOLOGY

SURVEY METHODOLOGY

2010 Survey

The 2010 Washington County Community Health and Emergency Preparedness Survey was conducted from August 16 through September 3, 2010. A total of 400 random adults 18 and older within the county were interviewed by telephone. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected using the next birthday method (n=300). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=100). A reimbursement of \$20 was offered to respondents to cover the cost of incoming minutes. At least 8 attempts were made to contact a respondent in both samples. Post-stratification was done by sex and age to reflect the 2000 census proportion of these characteristics in the county. With a sample size of 400, the margin of error is $\pm 5\%$. The margin of error for smaller subgroups is larger.

2008 Survey

The 2008 Washington County Community Health and Emergency Preparedness Survey was conducted from February 4 through February 12, 2008. A total of 400 random adults 18 and older within the county were interviewed by telephone. The sample of random telephone numbers included listed and unlisted numbers. Respondents within each household were randomly selected by the next birthday method. At least 8 attempts were made to contact a respondent. Post-stratification was done by sex and age to reflect the 2000 census proportion of these characteristics in the county. With a sample size of 400, the margin of error is $\pm 5\%$. The margin of error for smaller subgroups is larger.

2006 Survey

The 2006 Washington County Community Health and Emergency Preparedness Survey was conducted from January 9 through February 6, 2006. A total of 400 random adults 18 and older within the county were interviewed by telephone. The sample of random telephone numbers included listed and unlisted numbers. Respondents within each household were randomly selected by the next birthday method. At least 8 attempts were made to contact a respondent. Post-stratification was done by sex and age to reflect the 2000 census proportion of these characteristics in the county. With a sample size of 400, the margin of error is $\pm 5\%$. The margin of error for smaller subgroups is larger.