



2014 Grant County Wisconsin

Community Health Needs Assessment/Community Health Improvement Plan

Prepared by:
Grant County Health Department
August 2014



Public Health
Prevent. Promote. Protect.

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Part I

Summary

Summary

For this assessment, local data was examined and key stakeholders were interviewed. Grant County was also compared to the southern region of Wisconsin, the State of Wisconsin as a whole, and the United States (U.S.). According to the U.S. Census Bureau (2012), Grant County had a population of 51,055. The county experienced a slight decline in population between 2010 and 2012. The percentage of the population over the age of 65 was higher than the state's average as well as the national average between 2010 and 2012. As a result, support for older individuals will be an important issue for the county now and for the foreseeable future.

Housing characteristics in Grant County were similar to those of Wisconsin and the US. However, Grant County remains largely rural with a population density of 45 people per square mile compared to Wisconsin's average of 105 people per square mile.

During the 1990s, the county's economy experienced a slight shift from manufacturing toward service industries; this shift caused an increase in lower paying service jobs. Grant County has a per capita income of \$21,391 and a median household income of \$46,138 (2008-2012) which is lower compared to Wisconsin's average of \$27,426 per capita and \$52,627 household income during the same time period. The percentage of people below the poverty level in Grant County exceeds both the state and national averages as well.

According to census data from 2008-2012, the percentage of adults over the age of 25 in Grant County with a college diploma (19.4%) was slightly lower than the state average (26.4%). The percentage of adults in Grant County over age 25 with a college diploma decreased considerably from the 2005-2007 rate of 28.6%. However, the percentage of adults over the age of 25 with a high school diploma was comparable to the state and U.S. average.

Cancer and heart disease continue to be the leading causes of death in Grant County. However, the rate of death from Alzheimer's disease and chronic lower respiratory disease was found to be higher in Grant County than in the region and state; while death caused by other diseases and respiratory illnesses occurred at a lower rate.

In addition to available data, focus groups were done in conjunction with the hospitals to identify the health concerns of Grant County residents. Key stakeholder groups were interviewed as well. The fourteen hospital focus group interviews were conducted to gain information about the public's perception of healthcare and services. The top issues identified by the focus group interviews included: difficulty finding and keeping a long term care provider, access to health care services, and lack of health services and facilities in smaller communities.

The other key stakeholder focus groups were interviewed to explore public health concerns. Top concerns included:

- Access to mental, dental, and primary health care
- Transportation
- Substance Abuse/Drug treatment center and residential facilities
- Access to healthy foods
- Diabetes and obesity issues
- Alzheimer's Disease (including the limited availability of caregiver support)
- Environmental concerns
- Low rates of immunization

Part II

*Priorities and Community
Health Improvement Plan
(CHIP)*

Priorities and Community Health Improvement Plan

Due to changes brought about by the Affordable Care Act as well as a desire to use a more targeted system based approach, the following health priorities were chosen for the plan:

- Improving and ensuring access to health care
- Improving and ensuring access to dental care
- Improving and ensuring access to substance abuse treatment and mental health care
- Environmental health improvement

Based upon the Data, Focus Groups, and Key Stakeholders, a set of recommendations were created for the Community Health Improvement Plan.

- Improve access to health care for Grant County residents who do not have health insurance or cannot afford it, and for residents who face other obstacles such as low health literacy, being unaware of available resources, lack of support, and transportation issues.
- Optimize the health care sector of Grant County’s economy by increasing awareness, increasing collaboration with traditional and non-traditional partners, and recruiting and retaining more providers including mid-level practitioners.
- Increase capacities for the provision of services and support as demographics shift.
- Reduce unhealthy behaviors, such as substance abuse, among Grant County residents, while increasing the number of programs and education available related to chronic disease prevention.
- Consider health impacts in the development of all policies and in community planning efforts.
- Improve and ensure environmental and public health capacity to prevent and better respond to human health hazards, communicable disease outbreaks (including food and water borne illnesses), as well as natural and man-made disasters.

Specific Initial Objectives

Improve access to health care for Grant County residents who do not have health insurance or cannot afford it		
Objectives (to be completed by December 31, 2019 or sooner)	Activities	Evaluation Measures
Increase health insurance coverage for Grant County residents by 5% by December 31, 2019	Assist with promoting health insurance options, enrollment information, and where one can get assistance in enrolling in public or private plans	Record number of events and monitor and report health insurance coverage information as it becomes available.

Assess provider shortages in the area of primary, mental, and dental health and work toward increasing capacity by 10 % by December 31, 2019	<p>Review Health Professional Shortage Area (HPSA) information.</p> <p>Work with hospitals, dentists, Southwest Community Action Program (SWCAP), area Federally Qualified Health Centers (FQHCs), Free Clinics, and the Wisconsin Rural Health Cooperative and Wisconsin Dental Health Association (WDHA) to attract and provide access.</p> <p>Seek grants for funding capacity building activities.</p>	<p>Monitor for changes to HPSA designations.</p> <p>Monitor and report provider/population ratios (as reported in the County Health Rankings) and compare to state and national averages and top performers looking for a 10% improvement from the 2014 level.</p>
Assist with increasing access to providers that can serve uninsured or those with public assistance. Providing at least one more access point or provider for primary care, dental health, and mental health services by December 31, 2019	<p>Work with hospitals, dentists, Southwest Community Action Program (SWCAP), area Federally Qualified Health Centers (FQHCs), Free Clinics to improve access to free, sliding fee scale service or acceptance of public assistance.</p> <p>Work toward helping uninsured get coverage.</p>	<p>Monitor and report the number of clients served via free clinics and charitable care and compare against the current percentage of uninsured that gain access.</p> <p>Monitor and report number of free clinics, FQHCs, and providers accepting public assistance.</p>
Optimize the health care sector of Grant County by increasing awareness, increasing collaboration		
Objectives (to be completed by December 31, 2019 or sooner)	Activities	Evaluation Measures
Form new collaborations with providers. Ongoing objective through December 31, 2019.	<p>Assign nursing staff to act as liaisons with Hospitals.</p> <p>Contact clinics and providers to help promote each other's services and programs.</p>	<p>Monitor and report the number of new collaborations formed.</p> <p>Monitor and report any jointly sponsored events conducted.</p>
Strengthen collaboration with existing partners by conducting at least one new joint activity each year. Ongoing objective.	Work more closely with entities such as Southwest Community Action Program (SWCAP), Schools, Aging Disability Resource Center (ADRC), Unified Community Services	Documentation of new activities with existing partners.

Work with areas businesses to promote and/or conduct health screenings or work place wellness activities or programs conducting at least three events per year.	Reach out to local employers to offer screenings	Monitor and report the number of events held
	Provide information on workplace wellness programming	Monitor and report the number of outreach activities and requests for information.
Ongoing objective through December 31, 2019.	Assist with implementing workplace wellness programming	Monitor and report the number of businesses that enhance or add workplace wellness programs.

Increase capacities for the provision of services and supports as demographics shift

Objectives (to be completed by December 31, 2019 or sooner)	Activities	Evaluation Measures
Monitor data annually to assess trends related to demographic shifts. Ongoing objective through December 31, 2019.	Review available data from the US Census, Wisconsin Interactive Statistics on health (WISH) as well as other sources.	Document and report changes in demographics.
Provide more information to individuals and families impacted by illnesses that increase due to demographic shifts by including at least one outreach activity each quarter. Ongoing objective through December 31, 2019.	Provide relevant information in newsletters, health fairs, websites, pamphlets, fact sheets.	Monitor and report the number of outreach activities.
Collaborate with area partners. Ongoing objective through December 31, 2019.	Work with partners such as ADRC, Parkinson's groups, Alzheimer's groups and SWCAP to identify areas of need and work to enhance or promote services.	Document and report collaborations.

Reduce unhealthy behaviors, such as substance abuse, among Grant County residents

Objectives (to be completed by December 31, 2019 or sooner)	Activities	Evaluation Measures
Create a strategic plan for the continuation of substance abuse prevention activities after the completion of the Drug Free County (DFC) Grant by December 31, 2014	Work with partners to ensure that substance abuse prevention activities, key programs (YLC, Plunge), and efforts to address emerging threats are continued.	Review the plan.

Identify and secure resources for the continuation of substance abuse prevention activities after the completion of the Drug Free County (DFC) Grant by December 31, 2014	Look for ongoing funding, grants, and/or in-kind contributions.	Review available funding.
Conduct community outreach to educate the public regarding substance abuse issues and help secure necessary resources to prevent or address identified issues. Ongoing objective through December 31, 2019.	Secure continued support via coalition members and supporters. Continue with newsletters, public events, school based activities, and coalition meetings.	A report to indicate activities.

Consider health impacts in the development of all policies and in community planning efforts

Objectives (to be completed by December 31, 2019 or sooner)	Activities	Evaluation Measures
Pass a resolution supporting health in all policies by December 31, 2014	Educate on the importance of considering health impacts in policy creation. Draft and forward a resolution regarding health in all policies to be considered for passage by the Grant County Board of Health and the Grant County Board of Supervisors.	The passage of a resolution (or identification of the barriers to passage)
Increase Public Health involvement in the creation of new policies, regulations, projects and zoning. Ongoing objective through December 31, 2019.	Reach out to become more involved in the creation or review of new policies, regulations, projects and zoning. Work toward creating new procedures that include a timely public health review of new policies, regulations, projects and zoning to allow for considerations of potential health impacts to offer suggestions, input, and/or changes.	Documentation of increased involvement. Documentation of the inclusion of public health best practices or influence on new and existing policies, regulations, projects and zoning.

Improve and ensure environmental and public health capacity to prevent and to better respond to human health hazards, communicable disease outbreaks (including food and water borne illnesses), as well as natural and man-made disasters.		
Objectives (to be completed by December 31, 2019 or sooner)	Activities	Evaluation Measures
Solidify funding so that mandated and critical environmental health services can remain intact by December 31, 2015	Explore funding options including local levy, fees for service, grants, and adding programming to support the infrastructure necessary to continue mandated and critical services.	Having a balanced budget that supports mandated and critical environmental health services.
Investigate and address (if necessary) all complaints of human health hazards and public health nuisances. Ongoing objective through December 31, 2019.	Maintain the expertise to investigate and address human health hazards and public health nuisances, childhood lead poisoning prevention and asbestos inspection services.	Reports to document the number of human health hazards and public health nuisances investigated and addressed.
Improve capacity to respond to foodborne illnesses as well as natural and man-made disasters. July 31, 2016	Explore options to increase access to properly trained staff to respond to foodborne illnesses as well as natural and man-made disasters. This could include adding staff, training existing staff, attempting to procure volunteers, or generating agreements with others.	Document increases in staff, collaboration, or agreements to provide assistance or services.

Part III

Demographic and Economic Profile

Demographic and Economic Profile

Grant County Demographic Profile

Population Characteristics

Grant County had a population of 51,055 according to the U.S. Census Bureau (2012). The county experienced a 0.2% decline in population between 2010 and 2012, which is lower than the growth rate for Wisconsin (0.7%) in the same period (US Census, State and County QuickFacts, 2010-2012). The decline in population may have resulted from declining birth rates combined with a pattern of people moving out of the county (Grant County Workforce Profile, Wisconsin Department of Workforce Development, 2011).

Age

Grant County had a higher percentage of people age 65 and older (15.6%) than Wisconsin (13.8%) and the U.S. (13.2%). Grant County had a similar percentage of people under the age of 19 (26.8%) to Wisconsin (26.3%) and to the U.S. (26.9%). The percentage of the Grant County's population composed of individuals age 20-44 (32.1%) was similar to the same age group in the population of Wisconsin and the United States; however, the percentage of individuals 45-64 in Grant County (25.4%) was below the Wisconsin average (27.6%) and the United States average (26.3%). The table below compares the population characteristics of Grant County to the state of Wisconsin and the US in 2008-2012.

Age Profile 2008-2012				
	Grant County		Wisconsin	US
Age	Number	% Of Total	% Of Total	% Of Total
0-19	13,695	26.8%	26.3%	26.9%
20-44	16,404	32.1%	32.3%	33.6%
45-64	12,994	25.5%	27.6%	26.3%
65+	7,962	15.6%	13.8%	13.2%
Total	51,055	N/A	5,687,219	309,138,711

Source: US Census Bureau, ACS Demographic and Housing Estimates: 2008-2012

Race

Grant County's population is predominantly Caucasian (97.1%). This percentage was higher than percentages for both the state (88.2%) and the United States (77.9%). Hispanic or Latino persons made up 1.3% of Grant County's population, followed by African American persons at 1.2%, Asian persons at 0.7%, American Indian and Alaska Native at 0.3% of the population (US Census Bureau, Population Estimates Program, 2012).

Household Characteristics

Grant County had 19,377 households. The county had a lower percentage of households with single female parents and children (4.9%) than the state average (6.5%) and the U.S. (7.3%). Grant County's percentage of households with married couples and children was lower than the state, and the US as well (U.S. Census Bureau, American Community Survey, 2008-2012). Selected household characteristics are listed in the following table:

Household Characteristics for 2008-2012			
	Grant County	WI	US
Household containing married couple with own children	18.1%	19.8%	20.3%
Household containing single female parent with own children	4.9%	6.5%	7.3%
Household with no children (Non-family Households)	36.7%	35.4%	33.5%
Householder living alone	26.6%	28.6%	27.5%

Source: U.S. Census Bureau, ACS Selected Social Characteristics: 2008-2012

Population Density

Grant County ranked 39th out of 72 Wisconsin counties in terms of population density in the year 2010. Grant County had approximately 45 people per square mile which was considerably less than the state average of 105 people per square mile (US Census Bureau 2010). Grant County is predominately rural.

Birth Characteristics

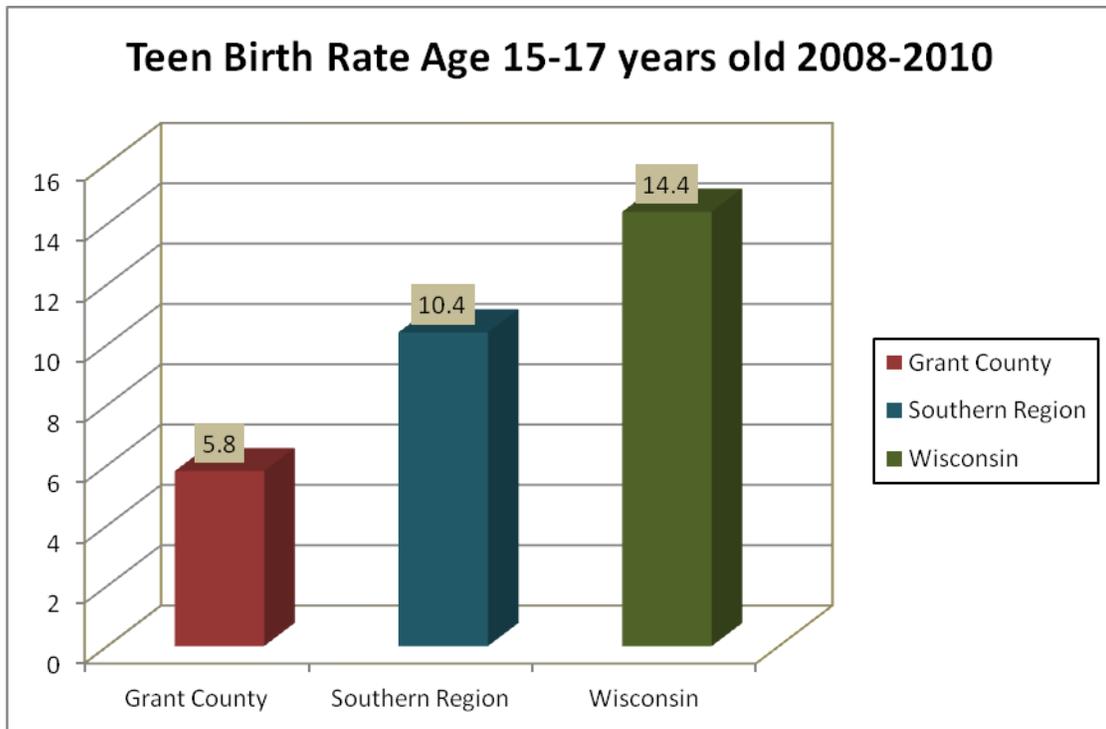
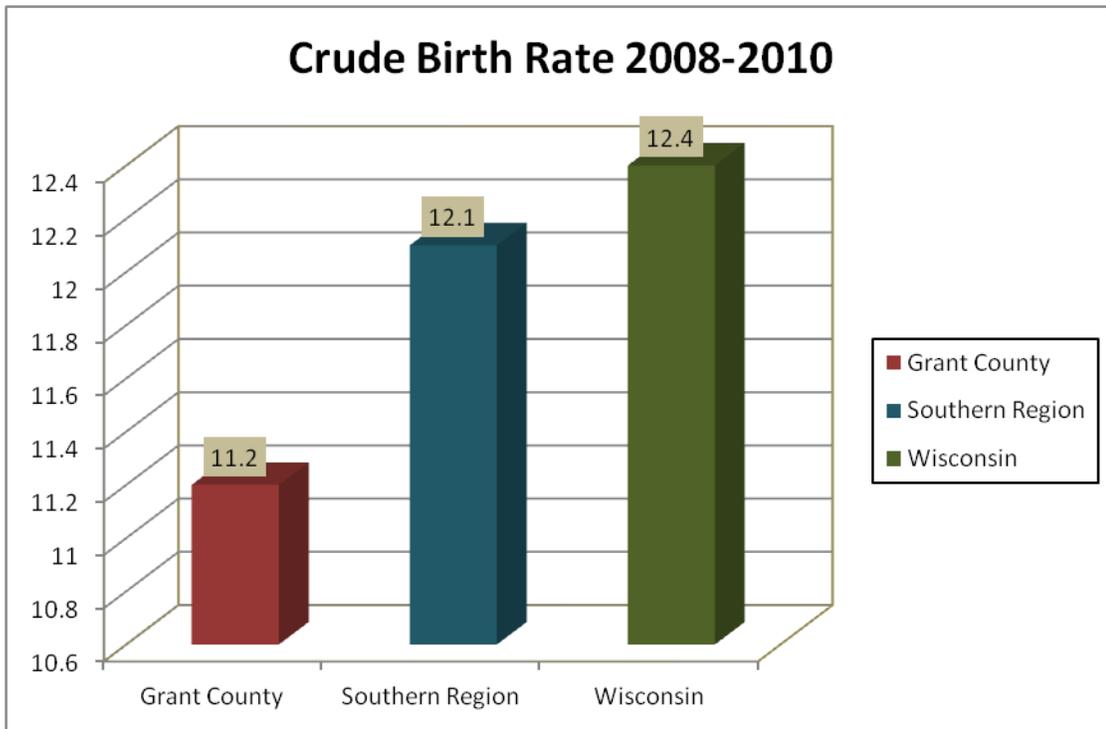
There were 1,713 births in Grant County from 2008-2010 (Wisconsin Interactive Statistics on Health). Grant County had a teen birth rate of 5.8% among women ages 15-17 years old. This rate is notably lower than the Southern Region (10.4%) and Wisconsin (14.2%) according to Wisconsin Interactive Statistics on Health 2008-2010.

The average crude birth rate is lower than the southern regional average and the State. However, the average general fertility rate for Grant County was comparable to the Southern Region and Wisconsin. The averages for crude birth rate and general fertility rate for 2008-2010 are located in the following table.

Birth Characteristics 2010			
	Grant County	Southern Region	Wisconsin
Average crude birth rate per 1,000 Total population	11.2	12.1	12.4
Average general fertility rate per 1,000 for women age 15-44	61.4	60.6	63.3
Average teen birth rate per 1,000 age 15-17	5.8	10.4	14.2

Source: Wisconsin Interactive Statistics on Health, 2008-2010

The following graphs show crude birth and teen birth rate averages from 2008 to 2010 for Grant County, the Southern Region, and the State of Wisconsin.



Source: Wisconsin Interactive Statistics on Health, 2008-2010

Causes of Death

Cancer was the leading age adjusted cause of death in Grant County between 2009 and 2011. The rate of death due to acute myocardial infarctions (57.6 annual deaths per 100,000) was higher than the Southern Region (38.7) and Wisconsin (38.6). Grant County also had higher rates of death due to chronic lower respiratory diseases (45.2) than the Southern Region (33.1) and the State of Wisconsin (34.6). Alzheimer's deaths were higher at 43.2 per 100,000 versus 32.0 for the region and 24.7 for the State.

In contrast, deaths due to all other diseases (residual) were lower in Grant County (73.9) than the southern region (87.7) and the state (90.4). Grant County also had lower rates of malignant neoplasms of the trachea and bronchus.

The ranked detailed causes of death from 2009-2011 are shown in the table below. The table compares the top ten causes of death in Grant County to death rates in the region and the state. The results are age adjusted deaths per 100,000 population.

* The causes of death are defined by the National Center for Health Statistics International Classification of Diseases (ICD-10) coding structure.

Causes of Death 2009-2011			
* Ranked Detailed Causes of Death: Age-adjusted rate (deaths per 100,000 population)			
	Grant County	Southern Region	Wisconsin
Malignant Neoplasms of Trachea, Bronchus and Lung	44.0	46.1	46.3
All Other and Unspecified Malignant Neoplasms	24.5	18.9	19.8
Acute Myocardial Infarction	57.6	38.7	38.6
Heart Failure	25.0	21.4	20.4
All Other Forms of Heart Disease	30.7	32.3	34.1
All Other Forms of Ischemic Heart Disease	27.6	46.1	49.61
Cerebrovascular Diseases	47.5	40.1	37.8
Other Chronic Lower Respiratory Diseases	45.2	33.1	34.6
Alzheimer's Disease	43.2	32.0	24.7
All Other Diseases (residual)	73.9	87.7	90.4

Source: Wisconsin Interactive Statistics on Health, 2009-2011, Mortality Module: Ranked Detailed Causes of Death

Key Findings for Grant County

- **No population growth to a slight decline from 2010-2014.**
- **Aging population, higher percentage of people over the age of 65 than the state and US.**
- **Lower population density, rural.**
- **Significantly lower teen birth rate than the southern region and the state.**
- **Higher death rate due to acute myocardial infarction, cerebrovascular, chronic lower respiratory diseases, and Alzheimer's Disease compared to the southern region and the state.**
- **Lower rate of death from all other diseases (residual) than the southern region and state.**

Demographic and Economic Profile

Grant County Economic Profile

Employers, Industry, and Wages

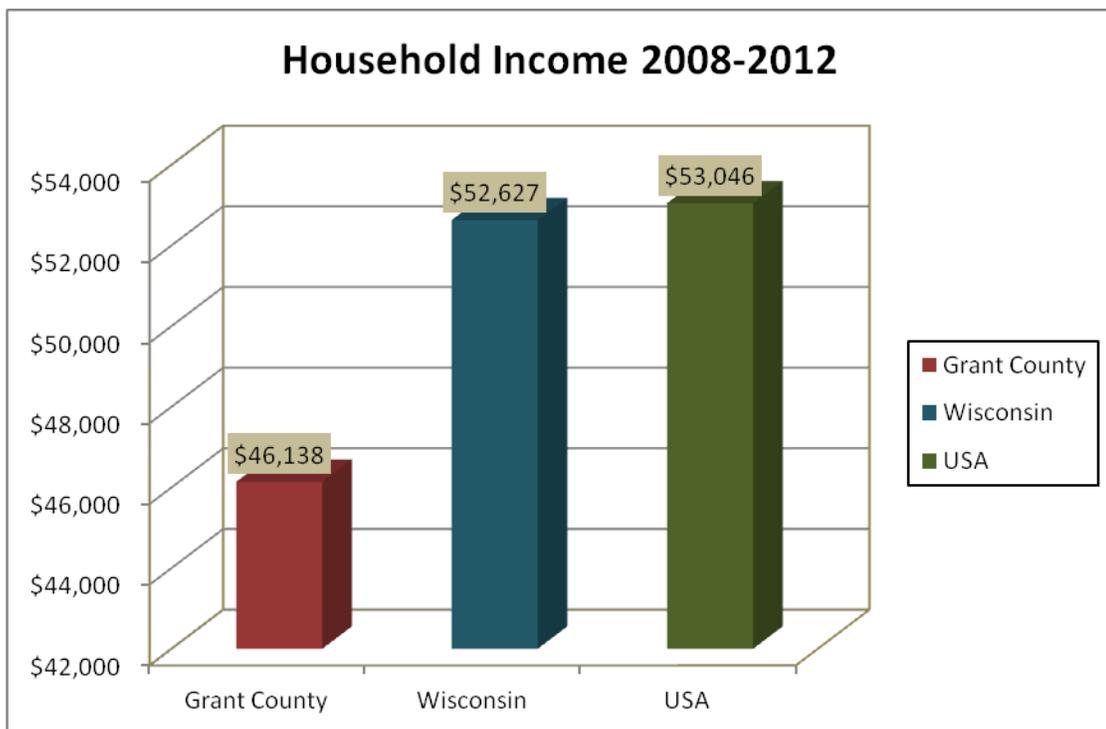
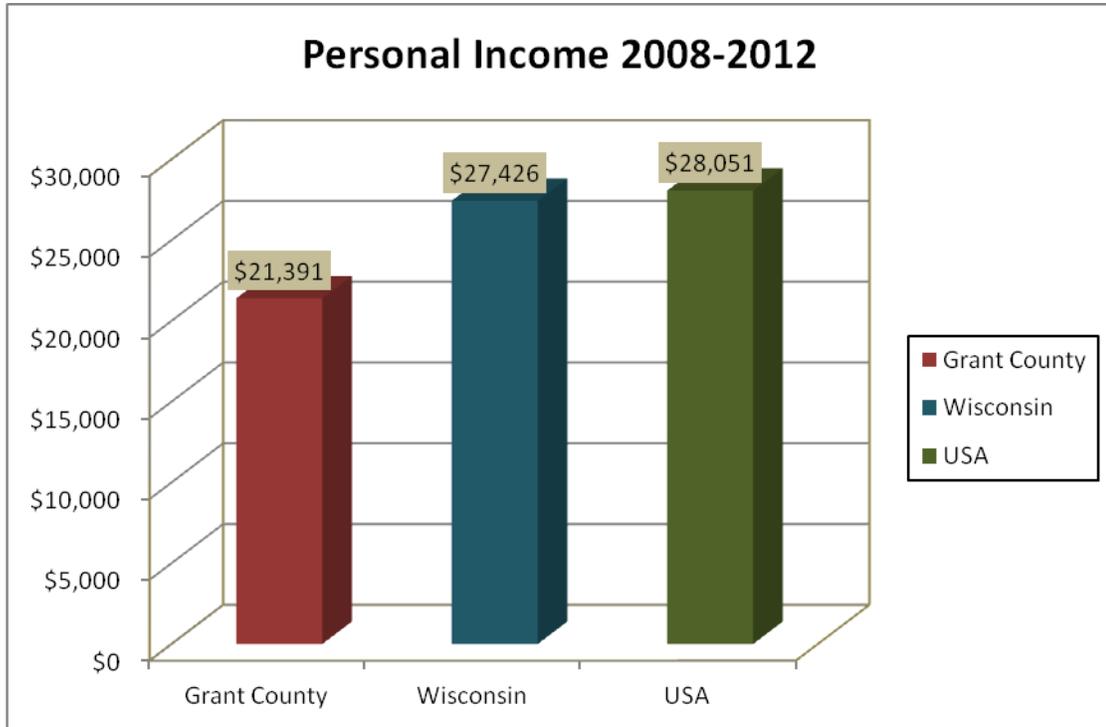
The table below shows the Top 10 employers in Grant County. Two of the top 10 largest employers in Grant County in 2013 were in higher education. The top two employers employed 500-999 people. Employers ranked third through eighth employed between 250-499 people.

	Employer	# Employed
1.	UW – Platteville	500-999
2.	Grant County	500-999
3.	Southwest Health Center, Inc.	250-499
4.	Nu-Pak, Inc.	250-499
5.	Wal-Mart Associates	250-499
6.	Scot Industries	250-499
7.	Platteville Public Schools	250-499
8.	Southwest Wisconsin Technical College	250-499
9.	Department of Corrections	100-249
10.	Lancaster Public Schools	100-249

Source: Office of Economic Advisors- Wisconsin Department of Workforce Development: February 2013

Income

Grant County had a per capita income of \$21,391 which was lower than the state (\$27,426) and US average (\$28,051) from 2008-2012 (U.S. Census Bureau, Selected Economic Characteristic: 2008-2012). The median household income of Grant County (\$46,138) was also lower than the state (\$52,627) and the US (\$53,046) as shown in the graph below (U.S. Census Bureau, Selected Economic Characteristic: 2008-2012).



Sources: U.S. Census Bureau, Selected Economic Characteristic: 2008-2012

Labor Force Participation

Labor force is defined as the number of residents age 16 and older who are either working or looking for work. The total labor market in Grant County was 65.2%, which fell between the state rate of 68.5% and the US rate of 64.7% according to the U.S. Census Bureau, Selected Economic Characteristic: 2008-2012.

Unemployment

Unemployment in general mirrors or trends lower in Grant County than the state average. In December of 2013, 4.8% of the labor workforce was unemployed (Grant County Workforce Profile, Wisconsin Department of Workforce Development, 2013).

Unemployment Rates 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Wisconsin	5.6%	5.0%	4.8%	4.7%	4.9%	4.8%	8.7%	8.5%	7.5%	6.9%	4.8% (Dec.)
Grant Co.	5.1%	4.6%	4.4%	4.5%	4.8%	4.8%	7.6%	7.2%	10.9%	5.8%	4.8%

Source: Office of Economic Advisors-Wisconsin Department of Workforce Development: 2013

Poverty

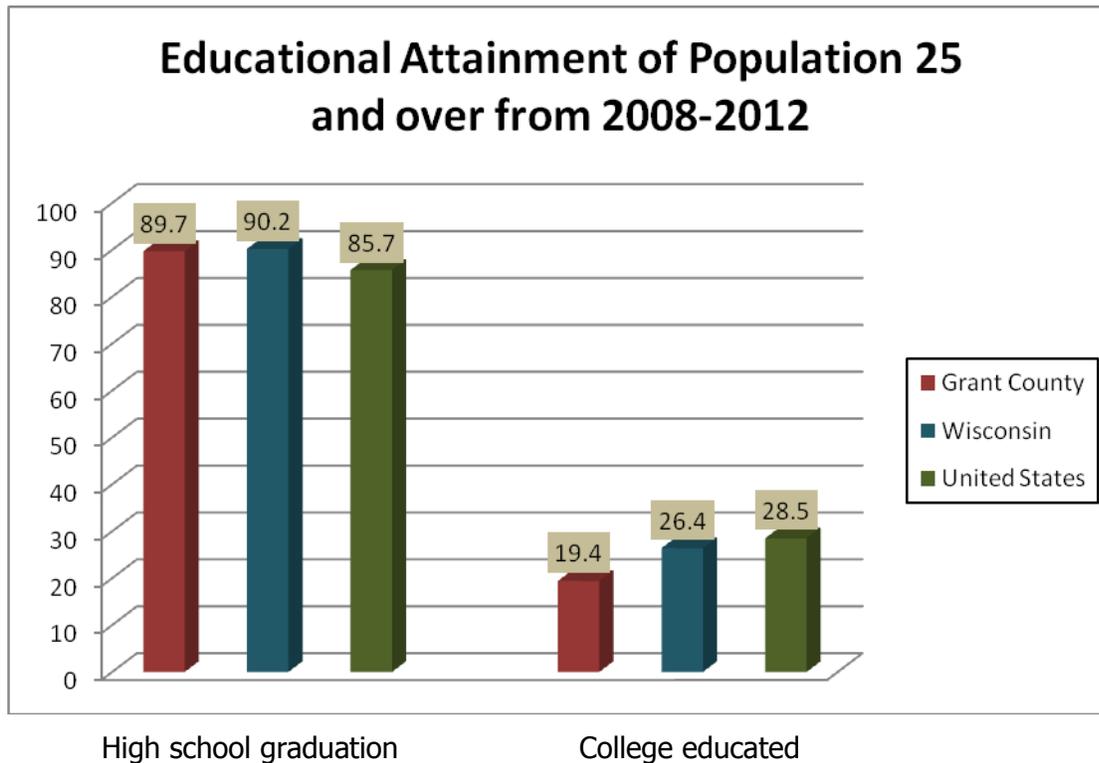
Grant County had a higher percentage of people living in poverty (15.6%) than the state (12.5%) and the US (14.9%) in 2008-2012. As shown in the table below, Grant County had a lower percentage of children living in poverty than the US during the same time period.

Estimated Poverty Rates 2008-2012	
<i>% Living in poverty</i>	2008-2012 US Census Estimates
Grant County	15.6%
Wisconsin	12.5%
US	14.9%
<i>% Under 18 years old living in poverty</i>	
Grant County	17.5%
Wisconsin	17.2%
US	20.8%

Source: U.S. Census Bureau, Selected Economic Characteristic: 2008-2012

Education

The educational attainment of residents in Grant County is similar to the state average and the US average. Over 89.7% of Grant County's population over the age of 25 has obtained a high school diploma. However, the percent of people over the age of 25 that have a college degree (19.4%) is lower than the state (26.4%) and the US (28.5%).



Source: US Census Bureau, Selected Social Characteristics: 2008-2012

Key Findings for Grant County

- **Two of the top ten largest employers are in higher education. Four of the top ten are in education.**
- **Six of the top ten employers are public sector employers.**
- **Lower per capita income and household income than the state and the US.**
- **Comparable labor force participation and unemployment to the state and the US.**
- **Higher percentage of people living in poverty than the state and US**
- **Lower percentage of children living in poverty than the US.**
- **Lower percentage of college graduates when compared to the state and the US.**

Part IV

Health Data

Health Rankings

Grant County ranked 20th in overall health outcomes and 25th out of the 72 Wisconsin counties in the 2014 County Health Rankings. Grant County also ranked 22nd in health factors (determinants) and 10th in health behaviors. However, Grant County ranked 47th in access to clinical care due to its poor ratio of population to health providers in primary, dental, and mental health. Though it should be noted, that providers outside of the county such as those in Dubuque are not included in the calculations. Additionally, the rankings do not consider primary care provided by Nurse Practitioners or Physician Assistants. Mid-level practitioners have become more prominent in Grant County in the past several years.

Source: UW Population Health 2014 County Health Rankings

Environment

Grant County ranked 26th in physical environment in Wisconsin out of the 72 Wisconsin counties in the 2014 County Health Rankings.

Source: UW Population Health 2014 County Health Rankings

Behaviors

Wisconsin has consistently high rates of adult alcohol consumption and binge drinking compared to other states and the U.S. as a whole. Additionally, Grant County has more individuals considered binge drinkers but less heavy drinkers than the state average.

2006-2008 Alcohol Consumption		
	Grant County	WI Average
Binge Drinker	27.5%	23.9%
Heavy Drinker	7.2%	8%

Source: WISH Data Query System (Wisconsin Interactive Statistics on Health) (2009)
(Rates per 100,000 age adjusted)

Smokers

17% of Grant County identifies themselves as smokers which is slightly lower than the 18% state average. This trend has been declining. In 2010, the Grant County rate was 22%.

Source: UW Population Health 2014 County Health Rankings

Characteristics of Smokers in Grant County and Wisconsin		
	Grant County	Wisconsin
Smokers	17%	18%

Sources: WISH Data Query System (Wisconsin Interactive Statistics on Health) (2009)
(Rates per 100,000 age adjusted) and Wisconsin Burden of tobacco (2006)

Weight

Grant County has more overweight (Body Mass Index (BMI) of 25 to 29.9 kg/m²) individuals at 40% of the population but less obese (BMI greater than or equal to 30 kg/m²) individuals at 27% of the population than the state averages.

Characteristics of Smokers in Grant County and Wisconsin		
	Grant County	Wisconsin
Overweight	40%	37%
Obese	27%	29%

Sources: UW Population Health 2014 County Health Rankings and Wisconsin Interactive Statistics on Health (WISH)

Part V

*Hospital/Public Health/
UW-Extension
Collaboration Data*

Data Collection and Limitations

Data was collected at multiple points throughout the process. Statewide data was reviewed by a committee consisting of two public health representatives and two hospital representatives. Data reviewed was primarily from the county health rankings. This committee reviewed the health rankings for Crawford and Grant County, and selected the highest ranked health issues in each of the following categories:

- Mortality -- diseases, conditions or behaviors that cause death (ie: heart attack, cancer)
- Morbidity -- Diseases or conditions that cause pain, distress, dysfunction, or social problems (ie: heart disease, diabetes)
- Injuries and accidents -- awareness of causes, prevention, and treatment or injuries related to accidents.
- Behavioral -- nutrition, exercise, drinking, smoking, safe driving, drug use
- Mental Health -- conditions that impact how people think, feel and act as they cope with life.
- Environment -- access to healthy foods, recreation, clean air, water, etc.
- Community Capacity -- ability to sustain a high quality of life, including access to employment, education, and housing.

The health issues in each of the above categories were used to develop a Stakeholder survey (Appendix A) which was completed by 186 people representing multiple sectors of the community. This group identified and prioritized issues in each of the above categories.

Limitations and Information Gaps

Timeliness of data- age/diversity (some of the most recent data is from 2006-2007)
Data sets often do not go as low as the County Level Survey so is not statistically valid.
In order to take advantage of statewide and county data, we identified primary service area vs. area where data was collected.

Part VI

Community Engagement

Surveys

The Community Health Assessment engaged different sectors of the community at various levels of participation. Community participants were defined as key partners, stakeholders or general community. Below are the definitions and participation levels of each group.

- Key Partners- Hospitals, Public Health, and UW-Extension

This group met regularly to conduct the community health assessment. Tasks required of this group included identifying process, creating surveys, identifying target audiences for participation in the surveys, assembling and reviewing results of data, identifying communities for focus groups and conducting focus groups.

- Stakeholders

Individuals with a vested interest in the community, and individuals who represent a larger demographic (ie: social workers, free clinic workers, school principals, government officials). Participants were asked to identify the sector or sectors of the population they represented, including: business, health care, faith-based, education, youth-serving, agriculture, government, aging, disabilities, low income, minority, education or other. All of the above sectors had adequate representation, with the lowest represented sector at 7.4% (minority), the highest at 50.6% (healthcare), and the average category ranging from 20-30% (education, youth, low income, government).

- General Community

Individuals and community members representing their own interests were reached in two ways: A general survey completed at public events (county fairs, local festivals) and focus groups. Community members completing the written survey identified themselves by age and number of children in household. Focus group participants were identified by gender.

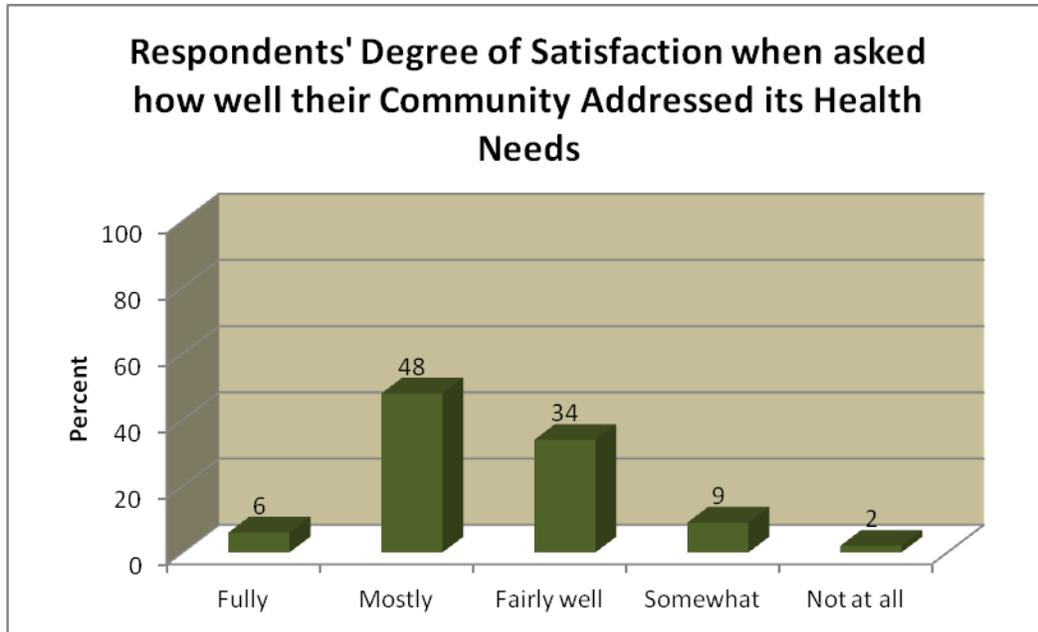
Stakeholder's Survey

In order to supplement other sources of data gathered to assess the health needs in our two counties, the committee, with the assistance of Grant and Crawford County UW-Extension offices, developed an assessment survey through Constant Contact.

The survey was developed to gain input from Stakeholders including: medical professionals, service agencies, community leaders, schools, and other appropriate officials. It was also emailed to religious personnel, emergency preparedness agencies, and service agencies representing low-income, and disability populations.

Respondents' demographics:

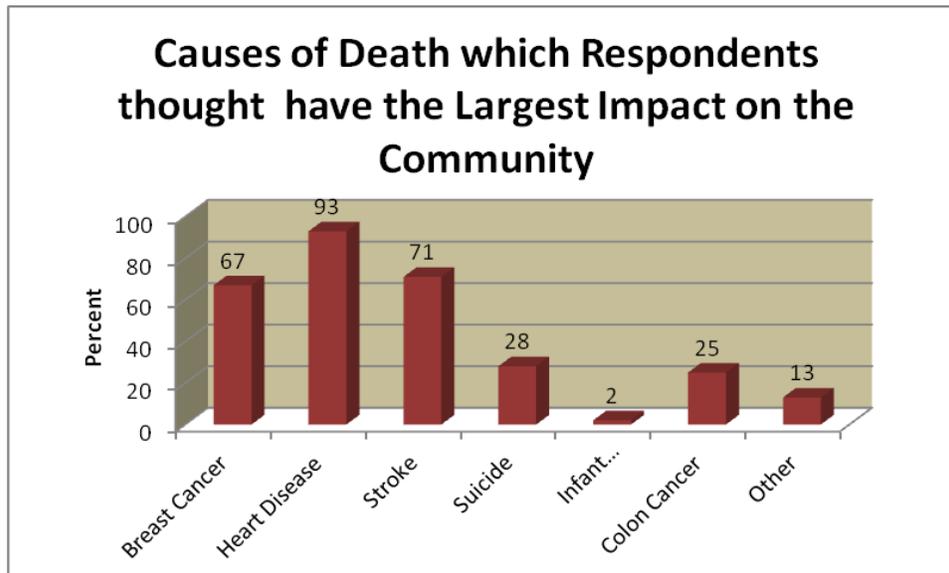
- 59% of responses came from individuals ages 41-60
- Most respondents did not work in a healthcare setting. 47% do not work in healthcare; 38% work in healthcare; and 15% did not respond.
- Male 31%; Female 66%
- 75% of respondents lived in their community for greater than 10 years



- Stakeholders were given seven areas of health needs to prioritize, the top three ranked as follows:
 - ❖ Mortality – diseases, conditions or behaviors that cause death (heart attack, cancer)
 - ❖ Behaviors – nutrition, exercise, smoking, drinking, drug use, safe driving, etc.
 - ❖ Morbidity – diseases or conditions that cause pain, distress (heart disease, diabetes, etc)
 - ❖ It is important to note that top three ranked very close to others, including: injuries, community capacity, mental health, and environmental issues.

Respondents were given a list of the most prevalent causes of death in our region and were asked to select the three that have the biggest impact on life in our community. The top three ranked as follows:

- Heart Disease 93%
- Stroke 71%
- Breast Cancer 67%
- The top three also received highest rankings for most available/accessible treatment options and also most available/accessible prevention services.



Surveys indicated that the following conditions have the most impact on quality of life:

- Diabetes 72%
- Cancer 71%
- Heart Disease 54%
- Alzheimer's 51%

Surveys indicated that the following causes of injury have the most impact on our communities include:

- Alcohol/drug related motor vehicle accidents 94%
- Falls at home/work/farm 83%
- Farm accidents 81%

Surveys indicated that the environmental factors with the most impact on our communities include:

- Culture of eating 88%
- Limited access to healthy recreation 58%
- Limited access to dental 48%
- Limited access to healthy foods 4%

Behavioral factors with the most impact on our communities include:

- Factors leading to obesity 66%
- Smoking 60%
- Drinking/Driving 57%
- Heavy drinking 53%
- Other close rankings included: Insufficient physical activity, Poor parenting skills, Binge drinking, Misuse of prescription drugs, Other substance abuse

Mental health conditions and issues that have the most impact on the quality of life:

- Depression 93%
- Substance abuse 80%
- Memory loss/Alzheimer's 73%
- Barriers include: Lack of mental health professionals, Lack of available services, Stigma, Public awareness, Cost

General Community Survey

To gain broad public input, a survey (Appendix B) was also created and distributed to the general public. This survey measured perspectives on health care and health needs. This survey was made available by offering online access and paper copies, with 121 total responses being received. The survey was also made available at the following community events:

- Strawberry Festival, Platteville, July 2012
- Grant County Fair, Lancaster, August 2012
- Crawford County Fair, Gays Mills, August 2012
- Preview to Christmas, Prairie du Chien, December 2012

Results

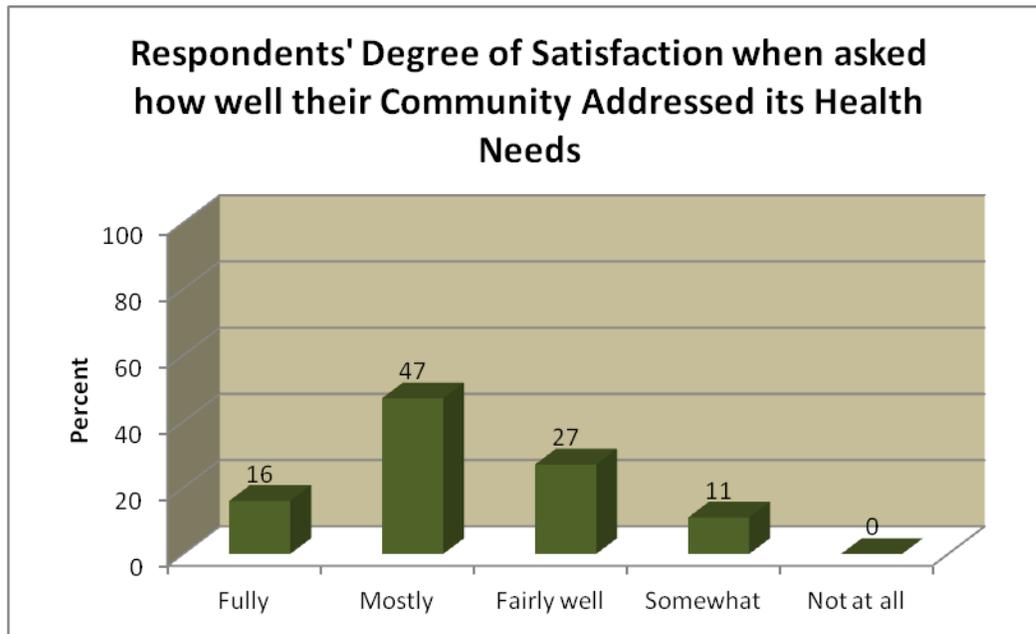
• Respondents' Demographics

- Age of respondents ranged from under 20 to over 70; majority were 41 – 60 years of age.
- Male: 16%; Female 83%

Households described as:

- No minor living at home 53%
- Children under age 9 at home 25%
- Children age 9 – 18 at home 30%

- 50% of respondents felt the health care needs were being addressed.



- Chronic illnesses such as heart disease, cancer, stroke, and diabetes were identified as the highest area that need resources. Followed closely by changes in lifestyle behaviors such as improvements in nutrition, exercise, smoking, drinking and also injuries – awareness of causes, prevention and treatment.

- The top three causes of death in our region that concerned survey respondents the most were:
 - Heart Disease 85%
 - Breast Cancer 72%
 - Stroke 63%

- The four environmental factors respondents indicated made the biggest impact on their quality of life:
 - Culture of unhealthy eating 66%
 - Shortage of certain health professionals/service 54%
 - Limited access to healthy foods 52%
 - Limited access to healthy recreation alternatives 52%

- Top three behavioral factors that affect quality of life in the community:
 - Drinking and driving 68%
 - Smoking 54%
 - Binge/heavy drinking 43%

1. Hospital Focus Groups

Fourteen focus groups were conducted in 9 communities to provide qualitative data on topics such as perceived access to health care, barriers to health care, and ways health organizations can reach the public with information and education. Participants were asked brief questions about their general impressions of health and healthcare services in the community in which they live and/or work. Focus groups were conducted in the following communities:

Grant County

- Boscobel
 - 10/16/12: Session One: Participants: 3 female/6 male
 - 10/16/12: Session Two: Participants: 3 female/1 male
- Cassville
 - 10/24/12: Participants: 4 female/2 male
- Cuba City
 - 10/23/12: Participants: 4 female
- Fennimore
 - 11/09/12: Participants: 3 female
- Lancaster
 - 10/18/12: Participants - 6 female/1 male
 - 10/19/12: Participants - 3 female/2 male
- Platteville
 - 10/25/12: Session One: Participants: 6 female/2 male
 - 10/25/12: Session Two: Participants: 3 female
- Potosi
 - 10/29/12: Participants: 4 female/6 male

Crawford County

- Prairie du Chien
 - 10/23/12: Session One: Participants: 13 female/4 male
 - 10/23/12: Session Two: Participants: 3 female/2 male
 - 10/23/12: Session Three: Participants: 2 female/ 2 male
- Wauzeka
 - 11/08/12: Participants: 13 female/2 male

Barriers Mentioned Most Often:

- Lack of patient advocate to help navigate healthcare systems and insurances
- Access to health care services
- Difficulty in finding and staying with a long-term provider
- Lack of services/clinics/pharmacies in smaller communities
- Lack of health education offered or lack of awareness
- Culture of bad habits including: poor nutrition, lack of exercise
- Alcohol Abuse

What Services or Resources Are Lacking In Our Community:

- Alcohol/drug counseling & treatment
- Special needs/disability support
- Availability of specialists in smaller communities
- Dialysis
- Dental care
- Transportation to healthcare services

Other points to mention:

- Workplace wellness might be a good vehicle to bring additional awareness and health education to the decision-makers in the families.
- A focus on health education and better nutrition offered in the schools could target a group that would impact the future greatly.
- Hospitals could focus their health education at community events where there is a "captive audience". Screenings or health education would be more available to people attending the various community events.
- People tend not to worry about health problems until they have a personal need.

Hospitals and the partners are affected by a wide array of community strengths, weaknesses, opportunities and threats, all of which impact their collective ability to impact community health.

Strengths:

- Strong hospitals (financially, quality outcomes?)
- Primary care providers and primary care market share
- Profile of hospitals and providers in rural communities
- Strength in local economies
- Strong hospital and community health communicators
- Relatively high employment rate in Grant County

Weaknesses:

- Diabetes, obesity, heart disease rates
- Culture of poor eating habits
- Culture of heavy and binge drinking
- Lack of occupational health initiatives
- Limitations of data
- Limitations of available staff for outreach
- Relatively high unemployment rate in Crawford County
- High poverty rate
- Aging populations

Opportunities:

- Prevention and early intervention
- Focus on Metabolic Syndrome, now a widely agreed upon condition in which someone has three of these five: obesity, diabetes, high cholesterol or other lipids, cardiovascular disease, hypertension.
- Reduce stigma of mental health
- Telemedicine
- Increase dental providers and resources
- Advocacy and education

Threats:

- Future declines in reimbursement
- Limited access to mental health and dental services
- Community apathy, status quo, inertia
- Aging population (especially where combined with chronic medical conditions and relatively high poverty)
- Healthcare workforce shortages

2. Public Health Focus Groups

The following questions were asked of key public health partner groups including: the staff of Grant County Health Department, Grant County Board of Health members, Partners Group, and S.A.F.E. Grant County Coalition.

- What is the biggest Public Health challenge facing Grant County?
- What health issues lack capacity?
- What partnerships could be created or expanded?
- What projects should Public Health and their partners explore in the next five years?

The following responses were received.

•What is the biggest Public Health challenge facing Grant County?

Clinical access continues to be a problem
Mental Health and Dental Health access
Diabetes/Obesity/Culture of eating a problem
Alzheimer's Disease including Caregiver support an issue due to prevalence and aging population
Environmental concerns still present
Immunization rates of concern as well
Substance Abuse
Lack of inpatient and residential treatment facilities
Underage drinking

•What health issues lack capacity?

Mental Health
Substance Abuse (in/outpatient, and residential treatment centers)
Specialty Medicine
Developmentally Disabled Placement
Oncology
Access to healthy foods (i.e. low-fat food and fresh fruits and vegetables) especially in rural areas
Dental capacity
Prescription drug costs
Access to food (SNAP reductions)
Systems to share fresh produce, mobile food pantries
Experts on specific diseases (Specialists)

•What partnerships could be created or expanded?

Learn from community (Amish, UW-Extension, University, etc.)
Nutrition education (hospitals, schools, workplaces, etc.)
General education in what is healthy (schools/workplace wellness programming)
Increased involvement with schools, hospitals and daycares
Increased involvement with Southwest Community Action Program.

• **What projects should Public Health and their partners explore in the next five years?**

Drug treatment center and residential facilities

Bed bug issues- dirty homes (as mental health problems go unchecked and population ages)

Supports for elderly and disabled

Transportation

Mental Health Services

Improving access to Employee Assistance Programs for health, mental health, and other counseling

Workplace wellness

Underage drinking prevention activities

Joint/collaborative education campaigns

Conclusions

1. Empowering People

- Reducing/eliminating barriers to access primary, dental, and mental health services including substance abuse treatment
- Creating opportunities for screenings/early intervention
 - Cardiovascular disease
 - Diabetes
 - Depression
 - Cancer
- Metabolic Syndrome
- Improving patient advocacy
- Providing health and wellness education
- Offering free or low-cost screening activities
- Eliminating the stigma of mental health

2. Connecting People to Services and Resources

- Improving patient advocacy
- Raising awareness of existing clinical services
 - Mental health
 - Preventive services
 - Family medical care
 - First-trimester care
 - Alzheimer's care
 - Diabetes care
- Offering important community services
 - Smoking cessation
 - Pregnancy, labor and delivery classes
 - Free or low-cost health and wellness classes
 - Senior specific programs
- Increasing cancer screening and prevention awareness
- Recruiting and retaining dental providers/improving access to dentistry

3. Creating a Healthy Environment and a Culture of Wellness

- Promoting healthy eating and active living and support healthy choices
- Promoting access to healthy foods and activities
- Engaging in injury awareness activities
- Supporting drug abuse and excessive alcohol use prevention efforts
- Focusing education and change on underlying causes of Metabolic Syndrome

Part VII

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Reference List

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Part VIII

Appendices

Appendix A

Key Stakeholder Community Health Needs Assessment

1. Which hospital do you live closest to?
 - Prairie du Chien Memorial Hospital
 - Boscobel Area Health Care
 - Grant Regional Health Center (Lancaster)
 - Southwest Health Center (Platteville)

2. Below is a list of several sectors in our local communities. Please select any/all you represent.
 - Business
 - Health Care
 - Faith-based organizations
 - Education
 - Youth-serving organizations
 - Agriculture
 - Government
 - Aging
 - Disabilities
 - Low Income
 - Minorities
 - Other _____

3. Overall to what degree do you feel the health needs of your community are being addressed?
 - Fully
 - Mostly
 - Fairly Well
 - Somewhat
 - Not at all

4. For this survey, we will look at seven areas of health needs. While all are important, please rank each according to how you feel resources in your community should be allocated, with #1 being the most important, #7 the least important.
 - Mortality –diseases, conditions or behaviors that cause death (i.e. heart attack, cancer)
 - Morbidity—diseases or conditions that cause pain, distress, dysfunction or social problems (i.e. heart disease, diabetes)
 - Injuries—awareness of causes, prevention and treatment
 - Behaviors—nutrition, exercise, drinking, smoking, drug use, safe driving, etc.
 - Environmental issues—access to healthy foods, access to recreation, clean air, water, lead exposure, etc.
 - Mental Health—conditions that impact how people think, feel and act as they cope with life
 - Community Capacity—ability to sustain a high quality of life, including access to employment, education and housing.
 - Comment _____

5. The following are the most prevalent causes of death in our region. Please check the 3 that you think have the biggest impact on life in your community.
- Breast Cancer
 - Heart Disease
 - Stroke
 - Suicide
 - Infant Mortality
 - Colon Cancer
 - Other _____
6. Please mark the 3 items that you think have the most available and accessible treatment options in your community.
- Breast Cancer
 - Heart Disease
 - Stroke
 - Suicide
 - First Trimester Pregnancy Care
 - Colon Cancer
 - Other _____
7. Please mark the 3 items that you think have the most available and accessible prevention services in your community.
- Breast Cancer
 - Heart Disease
 - Stroke
 - Suicide
 - First Trimester Pregnancy Care
 - Colon Cancer
 - Other _____
8. The following conditions and events-though not always fatal by themselves-do cause much pain, distress and other problems. Please choose the 3 you believe most impact the overall quality of life in your community and our region.
- Cancer
 - Heart Disease
 - Diabetes
 - Lower Respiratory Disease (includes asthma and emphysema)
 - Brain Injury (includes stroke and concussions)
 - Alzheimer's
 - Other _____
9. Consider your nearest or preferred hospital. What role or roles do you think it should fulfill in improving community health with regard to the above list of diseases and conditions (cancer, heart disease, diabetes, lower respiratory diseases such as asthma and emphysema, brain injury and Alzheimer's)?

10. As a key stakeholder in the community, what role could you (or your organization/business) fulfill to positively impact that same list of diseases and conditions (cancer, heart disease, diabetes, lower respiratory disease such as asthma and emphysema, brain injury, Alzheimer's)?

11. Below are common causes of injury in our region. Please mark the 5 causes that you believe have the most impact on life in your community.

- Falls in and around home, work or farm
- Accidental poisoning
- Firearms
- Alcohol/drug related motor vehicle accidents
- Deer related motor vehicle accidents
- Motor vehicle accidents related to road conditions
- Farm accidents
- Lawn mower accidents
- ATV accidents
- Suffocation
- Other _____

12. What are 3 things that could be done in your community to prevent injuries like the ones listed above?

13. What could be done in your community to improve outcomes after an injury or accident?

14. Please mark the 4 environmental factors from the list below that you think have the biggest impact on the quality of life in your community.

- Limited access to healthy foods
- Limited access to healthy recreation alternatives
- Culture of unhealthy eating
- Poor air quality
- Poor water quality
- Poor housing quality (lead, radon, asbestos, etc.)
- Poor workplace safety
- Shortage of health professionals/service
- Limited access to dental care
- Other _____

15. What steps do you think health officials in your community should take to improve environmental health (including access to healthy foods, access to healthy recreation, culture of healthy eating, air, water or housing quality, workplace safety, sufficient number of health professionals/services, access to dental care)?

16. As a key stakeholder in the community, what role could you (or your organization/business) fulfill to positively impact the environmental health (including access to healthy foods, access to healthy recreation, culture of healthy eating, air, water or housing quality, workplace safety, sufficient number of health professionals/services, access to dental care)?

17. Below is a list of behavioral factors. Please mark the 4 behavioral factors that you think most affect the quality of life in your community.

- Binge drinking
- Heavy drinking
- Drinking and Driving
- Smoking
- Misuse of prescription drugs
- Other substance abuse
- Obesity
- Insufficient Physical Activity
- Poor parenting skills
- Other _____

18. What behavior-related educational program do you think should be provided in your community?

19. Below is a list of mental health conditions and issues. Please mark the 4 that you think have the most impact on the quality of life in your community.

- Depression
- Memory loss/Alzheimer's and Dementia
- Substance abuse
- Anger
- Abuse (sexual, physical or emotional)
- ADHD
- Autism
- Other _____

20. Please mark the top 3 barriers to better mental health in your community.

- Lack of available services
- Lack of mental health professionals
- Transportation
- Stigma
- Public awareness
- Cost
- Other _____

21. Please identify any specific health care or social service you think is lacking in your community and that if added would improve the health of your community.

22. Please mark your age group.

- Under 20
- 20-30
- 31-40
- 41-50
- 51-60
- 61-70
- Over 70

23. Do you work in a healthcare setting?

- Yes
- No

24. Please mark your gender

- Male
- Female

25. How many years have you lived in your community?

- Less than 2 years
- 2-10 years
- More than 10 years

26. Any other comment?

Appendix B

General Public Community Health Needs Assessment

1. Overall, to what degree do you feel the health needs of your community are being addressed?
 - Fully
 - Mostly
 - Fairly Well
 - Somewhat
 - Not at all

2. Below are six areas of health needs. While all are important, please rank each according to how you think resources in your community should be allocated, with #1 being the area that should get the most resources/effort/attention and #6 the area to get the least resources.
 - Chronic Illnesses--- such as heart disease, cancer stroke, diabetes, etc.
 - Injuries--awareness of causes, prevention and treatment
 - Behaviors--nutrition, exercise, drinking, smoking, drug use, safe driving, etc.
 - Environmental issues--access to healthy foods, access to recreation, clean air, water, lead exposure, etc.
 - Mental Health--conditions that impact how people think, feel and act as they cope with life
 - Community capacity--including access to employment, education and housing

3. The following are the most prevalent causes of death in our region. Please check the 3 that concern you the most when considering the health of your community.
 - Breast Cancer
 - Heart Disease
 - Stroke
 - Suicide
 - Infant Mortality
 - Colon Cancer
 - Other _____

4. Please mark the 4 environmental factors from the list below that you think have the biggest impact on the quality of life in your community.
 - Limited access to healthy foods
 - Limited access to healthy recreation alternatives
 - Culture of unhealthy eating
 - Poor air quality
 - Poor water quality
 - Poor housing quality (lead, radon, asbestos, etc.)
 - Poor workplace safety
 - Shortage of health professionals/service
 - Limited access to dental care
 - Other _____

5. Below is a list of behavioral factors. Please mark the 3 behavioral factors that you think most affect the quality of life in your community.

- Binge/Heavy drinking
- Drinking and driving
- Smoking
- Other drug abuse
- Poor eating habits
- Not enough physical activity
- Poor parenting skills
- Other _____

6. What could be done to improve the health of your community?

7. Please mark your age group.

- Under 20
- 20-30
- 31-40
- 41-50
- 51-60
- 61-70
- Over 70

8. Please mark your gender.

- Male
- Female

9. Which of these statements describe your household? You may mark more than one.

- There are no minor children living in my home
- There are children under the age of 9 in my home
- There are children ages 9 – 18 in my home

10. Any other comment?