

2008 SUMMARY REPORT

DANE COUNTY: HEALTH AT A GLANCE



Healthy people and places

Message from the Director

“Health at a Glance 2009” is a brief overview of the health of the people and the physical environment of Dane County, that puts our community in the context of the national “Healthy People 2010” and the state “Healthiest Wisconsin 2010” goals. It draws on various data and analyses that are displayed more completely in the **“Community Health Assessment Data Book,”** which can be viewed at <http://www.publichealthmdc.com/publications> or <http://www.publichealthmdc.com/healthassessment/profile>.

“Health at a Glance 2009” offers benchmarks that define healthy populations by summarizing selected diseases, risk factors, and measures of prevention, noting where we are meeting goals and where we are falling short. Achievements and challenges in environmental health, infection control, maternal and child health, chronic disease, oral health, injuries and mental health are quantified in tables, graphs and text.

“Health at a Glance 2009” and the “Community Health Assessment Data Book” provide important information to community leaders, elected officials and the general public and help guide Public Health - Madison & Dane County to preserve and improve the health of our community by protecting the environment, controlling disease, promoting healthy behaviors, and striving for equity and access to quality health care.



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Dane County Profile

Dane County had the fastest population growth (almost 9%) of all Wisconsin counties between 2002-2006. The population of Dane County reached 466,360 in 2006, representing an increase of 6,216 (1.36 percent) over the previous year. (See Table 1.) Since 2000, total county population has grown 8.7 percent¹. Recently, the population outside of the city of Madison exceeded that within the city of Madison.

- Dane County experienced considerable growth in the Hispanic/Latino population, which now represents over 4% of the total county population, up from 3.4% in 2000.^{2,3} However, census data greatly underestimates this population which could be up to 8% of the total county population.
- The Black population has also slightly increased in Dane County from 4.0% in 2000 to 4.4% in 2006.^{2,3}

Demographic Information (2006)	Dane County	Wisconsin
Population Size	466,360	5,556,506
% Change in population (April 2000-July 2006)	8.7%	3.6%
White (%)	89.2%	90.0%
Hispanic or Latino (%)	4.4%	4.6%
Black (%)	4.4%	6.0%
American Indian or Alaskan Native	0.4%	0.9%
Asian	4.4%	2.0%
Native Hawaiian and Other Pacific Islander	>0.5%	>0.5%
More than one race	1.6%	1.1%

Source: Wisconsin Family Health Survey, 2004-2006, Bureau of Health Information & Policy

Table 1

Income, Poverty & Access to Health Care

- The African American population in Dane County tends to have higher rates of poverty and single-parent households and lower levels of education.⁴ In 2000, Black children in Dane County were 12 times more likely to be poor than White children (36% vs. 3%). In 2000, approximately one-half of African American families with minor children qualified for some form of public assistance (cash, medical assistance or food stamps), compared to only 6% of White families. The unemployment rate for Madison Black adults is 2.5 times that of the Dane County community. 37% of Madison Blacks live in poverty, compared to 11 percent of the entire community.⁵
- The median household income from the 2000 census was \$49,223, but there are differences across racial groups, from under \$30,000 among Asians and African Americans, to \$50,927 in Whites.³
- In Dane County, nearly 10% of the population lives below the poverty level, with significantly higher rates among minority populations (Black, Asian, Latino) even though these populations represent a smaller proportion of the overall population.³ (See Table 1 and Fig. 1.)
- The rate of children in poverty rose from 7.5 percent to 10.8 percent between 2000 and 2007. In 2005, 11.7% of children in Dane County were living in poverty.⁶

Poverty Status and Health Insurance Coverage in Dane County, 2004-2006

	Estimated Number	Estimated Percent
Dane County Total	439,000	100%
Poverty Status		
Less than 100% of Federal Poverty Level	28,000	6%
100%-199% of Federal Poverty Level	47,000	11%
200% or more of Federal Poverty Level	353,000	80%
Unknown	11,000	2%
Insurance Status		
Insured all of the past year	398,000	91%
Insured part of the past year	21,000	5%
Uninsured all of the past year	16,000	4%
Insurance Type		
Currently uninsured	26,000	6%
Employer-sponsored	362,000	82%
Private	12,000	3%
Medicaid	19,000	4%
Medicare	19,000	4%
Others	2,000	--%

Table 2

Percent of People Living Below Poverty Level (2000 census)

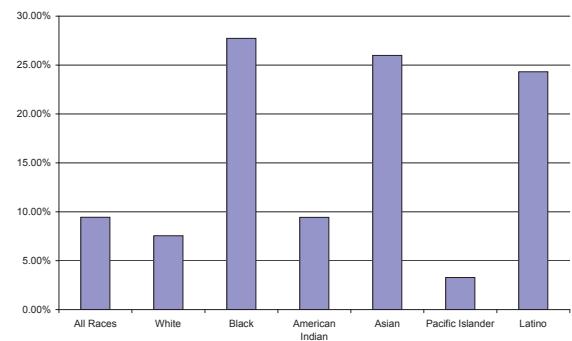


Fig. 1

Mortality: Leading Causes of Death in Dane County

Mortality Data⁷

- Cancer and heart diseases are the two leading causes of death, representing almost half of all deaths in Dane County. (See Table 3.)
- While Dane County Whites have lower death rates than Whites statewide for the leading causes of death, Dane County Blacks have death rates comparable to Blacks statewide. This creates a larger disparity in death rates between Blacks and Whites in Dane County compared to the rest of Wisconsin.
- Dane County Asians had lower death rates than Dane County Whites for cancer, heart disease, and chronic lower respiratory disease, and higher death rates than Dane County Whites for cerebrovascular diseases and kidney disease, both of which are related to hypertension. (See Fig. 2.)
- Dane County Hispanics' death rates from the top 3 causes of death - cancer, heart disease and cerebrovascular disease - were the lowest of all racial and ethnic groups examined. (See Fig. 2.)

Selected Preventable Causes of Death - Comparison by Race/Ethnicity

Dane County Adults - 2002-2006 combined years

Age-adjusted Death Rate (deaths per 100,000 population)

Differences may not be significant - please refer to text for interpretation

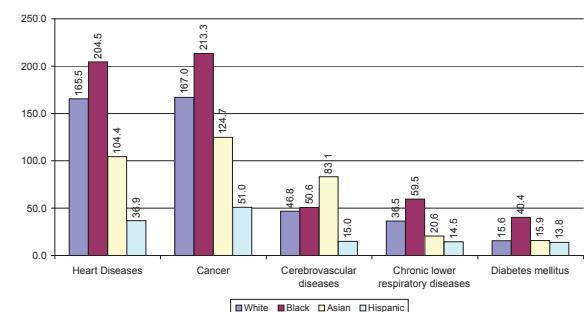


Fig. 2

Causes of death	Dane County				Wisconsin		
	Rank	Ave. # deaths/yr.	% of all deaths	Rate per 100,000	Rank	% of all deaths	Rate per 100,000
Cancer	1	635	24.2%	138.05	2	23.7%	195.19
Heart diseases	2	629	23.9%	136.68	1	25.4%	209.72
Cerebrovascular diseases*	3	175	6.6%	37.95	3	6.4%	52.82
Unintentional injuries	4	139	5.3%	30.28	4	5.2%	43.28
Chronic lower respiratory diseases**	5	135	5.1%	29.41	5	5.1%	42.47
Alzheimer's disease	6	103	3.9%	22.31	6	3.3%	27.03
Influenza and Pneumonia	7	78	3.0%	17.02	8	2.5%	20.41
Diabetes	8	55	2.1%	12.02	7	2.7%	22.67
Suicide	9	52	2.0%	11.30	10	1.4%	11.73
Kidney disease	10	35	1.3%	7.53	9	2.0%	16.62

Table 3

Environmental Health

Environmental Health Data,⁸ unless otherwise indicated.

Air Quality

- Since 2000, air quality, as measured by levels of ozone and fine particulate (PM 2.5), remained relatively stable. (See Fig. 3.) Though Dane County has good air quality, there are still too many days with levels of air pollution that are unhealthy for the most sensitive members of our community (elderly, children, etc).⁹
- The amount of industrial toxic air pollutants decreased dramatically in the last decade and has allowed Dane County to achieve the Healthy People 2010 objective to decrease emissions to 25% of 1993 levels (447 tons annually). (See Fig. 4.)
- Ozone is the principal component formed in ambient air when nitrogen oxides (NOX) and volatile organic chemicals (VOC) react in hot, sunny weather conditions. Short-term exposures to ozone has been linked to respiratory symptoms, decreases in lung function, and irritation of the eye, nose, and throat. The chart shows the estimated amount of volatile organic chemicals (VOC), nitrogen oxides (NOX), fine particulate matter (PM 2.5), and sulfur dioxide by source category in Dane County. (See Fig. 5.)

The data reported in 2005 closely mirror the previous emissions data collected in 2002. (See Fig. 4.)

- Cars and trucks (mobile sources) are the primary sources of air pollutants in Dane County. Specifically, these vehicles are the largest contributor of NOX and the second largest contributor of VOC to Dane County air; both of these compounds contribute to ozone formation.
- Off-road sources including farm tractors, construction vehicles, and other non-road vehicles and equipment are also a significant source of NOX and VOC but much less than on-road vehicles.

Air Quality in Madison and Dane Co according to the Air Quality Index (AQI) for ozone and fine particulate matter*

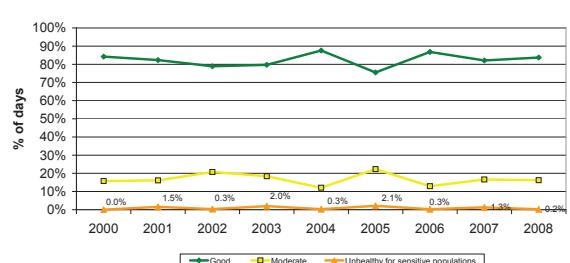


Fig. 3

Emissions of Air Toxics by Dane County Industries

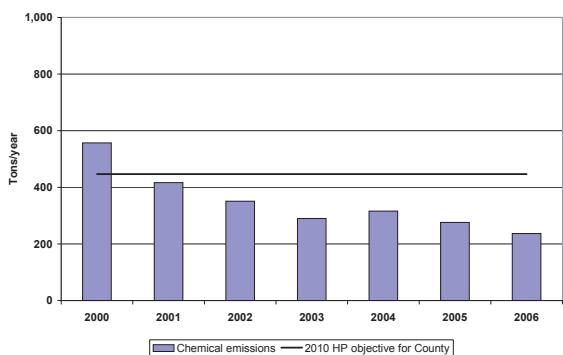


Fig. 4

- Area sources of these pollutants include many general activities such as painting, fueling machines and vehicles, and lawn mowing. While individually these activities do not create a significant amount of air pollution; when these combined activities are evaluated at the county level they are the primary source of VOC and fine particulate matter in Dane County.
- Point sources (industries and other distinct sources of emissions) are the primary source of SO2 and important sources of VOC, NOX, and PM 2.5.

Despite these similarities, there are important differences that demonstrate both the continued progress in air quality improvement and the continued challenges faced by Dane County during the course of this process. The emissions reported for VOC and NOX have been reduced by approximately 35.1% and 19.1%, respectively, in comparison with 2002 data. However, increases in PM 2.5 (8.7%) and SO2 (1.2%) have also been observed and will require increased attention in order to reduce these levels.

Water Quality

- Though there are more than 22,000 private wells in Dane County, very few are tested for nitrates and bacteria. Within those tested (>450) between 1997-2006, many more wells exceeded Wisconsin's Preventive Action Limit for Nitrate (levels of 2 ppm or more) than did not. Municipal wells, frequently tested, have had very low (safe) rates of nitrates.
- Manganese in water was a concern for Madison residents in 2005 and 2006, though in a test of 2000 drinking water samples, 92% of households in Madison were found to be receiving drinking water with low levels of manganese (less than EPA's aesthetic standard of 50 ppb which is the threshold for discoloration but not safety). Manganese levels exceeding 300 ppb were found at 11 homes or businesses.

Food Quality

- Food handling and problems with handwashing represent the majority of risk factor violations in Madison and Dane County food establishments, which, combined with ill workers, creates a high risk for foodborne illnesses.

Healthy Homes and Communities

- Dane County has not yet achieved the Healthy People 2010 Objective to eliminate childhood lead poisoning but progress has been achieved in pursuit of this objective. In 2008, lead poisoning in Dane County children dropped to 0.46% of children tested; compared to 0.81% and 0.52% in 2006 and 2007, respectively. However, the number of children tested continues to be less than the number of children at risk. In 2008, only 22% of Dane County children less than 3 years of age were tested for lead poisoning. This is less than half of children that should be screened, since 35% to 50% of Dane County children are at risk of lead poisoning.¹⁰
- Dane County has also not achieved the Healthy People 2010 Objective to increase the percent of homes built before 1950 tested for lead hazards to 50%. As of 2004, 24% of Dane County homes built before 1978 have been tested for lead-based paint, which is only half of the target.

Dane County 2005 Emissions by Source

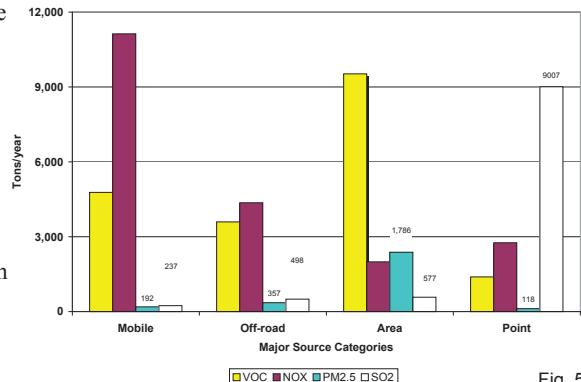


Fig. 5

Health Behaviors

Health Behaviors Data,¹¹ unless otherwise indicated. All youth data¹³ is from 2005.

Cigarette Smoking and Environmental Tobacco Smoke

- 17% of Dane County adults are current smokers, lower than the 21.7% adult smoking rate for Wisconsin (2002-2006), meeting the Healthy Wisconsin 2010 goal to reduce adult smoking to 19% by 2010, but falling short of the Healthy People 2010 (National Health Plan) goal to reduce the percentage of adults who smoke to 12% by 2010. (See Fig. 6.)
- 89% of Dane County residents reported working in an entirely smoke-free workplace (2004-2006). (See Fig. 6.)
- Approximately 367 Dane County residents die annually from illness directly related to smoking. This represents 14% of all deaths in Dane County.¹²
- From 2002-2006, 9.2% of Dane County women reported smoking during pregnancy, compared to 14.2% of pregnant women in Wisconsin. (See Fig. 6.)
- 17.1% of high school students reported smoking within the previous 30 days, lower than state (22.8%) and national rates (23%); succeeding in meeting both the Healthy People 2010 goal (16%) and the Healthy Wisconsin Goal (22.4%).¹³

Diet

- From 2000-2005, 3 out of 4 (75.1%) Dane County adults reported eating less than the recommended 5 servings of fruit and vegetables a day, far from meeting the Wisconsin state goal for 40% of the Wisconsin residents to eat at least 5 servings of fruit or vegetables a day.
- Only 11.9% of Dane County 7th and 8th graders, and 6.8% of high school students reported eating the recommended 5 servings of fruit and vegetables most days, much lower than the rate for Wisconsin (28%) and the U.S. (20.1%) in 2005.¹³

Physical Inactivity

- From 2000-2006, 42.5% of Dane County adults reported not getting the recommended amounts of moderate or vigorous activity. While this is slightly better than the rate of physical inactivity for Wisconsin (46.8%) and Dane County is ranked 10th best among Wisconsin counties, there is still considerable room for improvement.
- Less than 50% of Dane County adolescents reported physical activity in at least 5 of the past 7 days, and 17.5% reported no physical activity in the past 7 days.¹³

Obesity and Overweight

- From 2000-2006, over half (54%) of Dane County adults were either overweight or obese, falling short of the Healthy People 2010 goal of 40%. This may be due, in part, to growing populations of racial and ethnic groups that have higher rates of obesity. (See Fig. 7.)
- 21.8% of Dane County adolescents reported heights and weights that put them in overweight or obese categories, comparable to the 2005 state rate (24%), but lower than the national rate (28.8%).¹³
- 25.7% of the children ages 2 up to 5 (in WIC program) who were served in 2006 had a BMI that fell into either the overweight or obese range; 11.3% were obese.

Use of Available Health Screening Tests

(See Fig. 8.)

- From 2004-2006, 69% of Dane County adults (age 50 and over) received a colonoscopy/sigmoidoscopy, achieving the Healthy People 2010 Goal of 50%.
- From 2004-2006, 77% of Dane County women (age 40 years and older), received a mammogram in the past two years, achieving the Healthy People 2010 Goal of 70%.
- From 2004-2006, 84% of Dane County women received a pap smear test within the past three years, still falling short of the Healthy People 2010 Goal of 90%.
- From 2000-2006, 42% of adults (18-64 years) ever had an HIV test, with higher rates among women and Blacks.
- In 2005, 72% of adults (age 18 or older) have had a cholesterol test within the past 5 years, falling short of the Healthy People 2010 Goal of 80%.

Alcohol

- From 2000-2006, about 1 out of 4 (24.1%) Dane County adults reported binge drinking at least once in the past 30 days, the same as for Wisconsin residents (24%), yet far higher than the Healthy People 2010 goal to reduce the percentage of adults who have engaged in binge drinking within the past 30 days to 6%. (See Fig. 9.)
- 32.7% of Dane County high school students reported binge drinking within the past month, slightly higher than the 2005 rate for Wisconsin (31%) and much higher than the national rate (25.5%) and Healthy Wisconsin 2010 goal of 26.7%.¹³

High Risk Sexual Activity

Data available for youth only.¹³ (2005)

- 34% of Dane County adolescents reported having had sexual intercourse, with no difference between boys and girls; slightly lower than the reported 40% for all youth in Wisconsin.
- African American high school students were more likely to report being sexually active (61.9%), almost double the rate for White teens. Native American and Hispanic teens were also more likely to report being sexually active.
- 9.9% of adolescents reported having 4 or more partners, comparable to the state rate.
- 45.2% of high school students who were sexually active reported that they do not always use a condom.

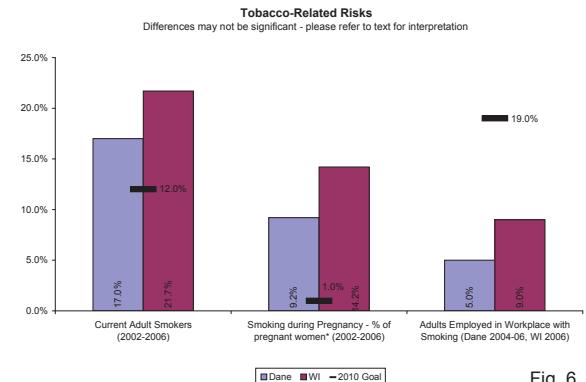


Fig. 6

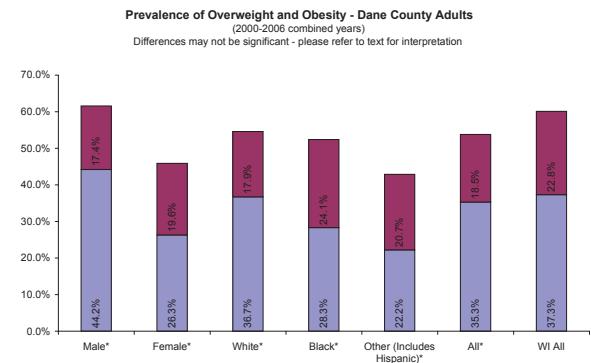


Fig. 7

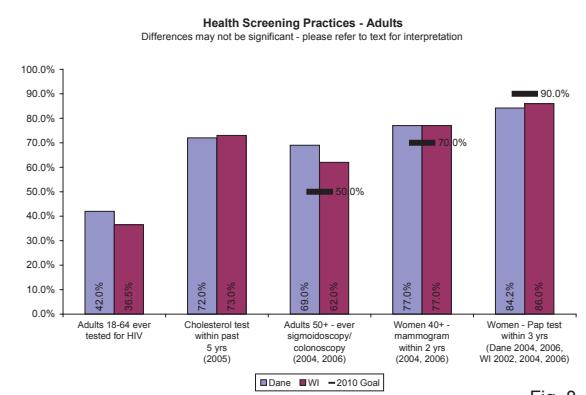


Fig. 8

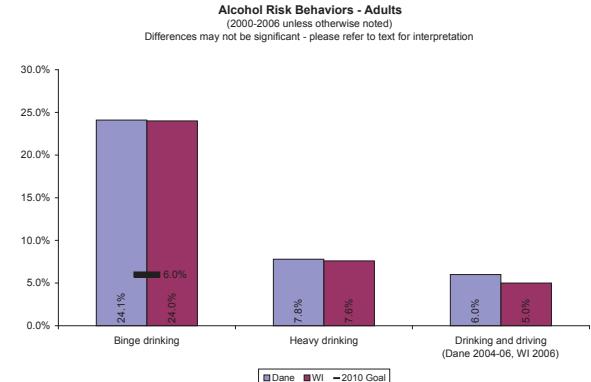


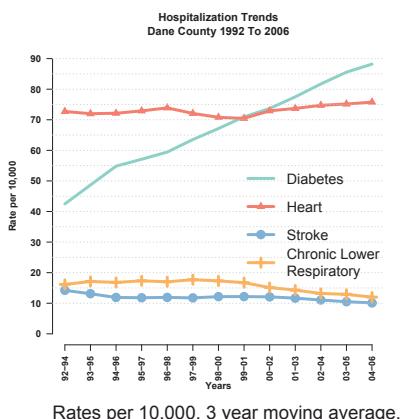
Fig. 9

Chronic Disease

Hospitalization Data¹⁴

Diabetes Mellitus

- In 2008, the prevalence of diagnosed and undiagnosed diabetes was 9.3% in Dane County.¹⁵
- The rate of diabetes related hospitalization in Dane County has increased 27% from the period 1997-2001 to 2002-2006. (See Fig. 11.)
- The increase in hospitalizations for diabetes was highest among women and African Americans, the latter of which has a rate almost double compared to Whites. (See Figs. 12-13.)
- In 2006, diabetes related hospital charges were estimated by DHFS to be \$109,268,200, 14% of all hospital charges.¹⁵
- Although diabetes is among the leading causes of death in Dane County, the age-adjusted death rate (12.0 per 100,000) falls well below the HP2010 goal of 45 per 100,000.⁷



Rates per 10,000, 3 year moving average.

Fig. 10

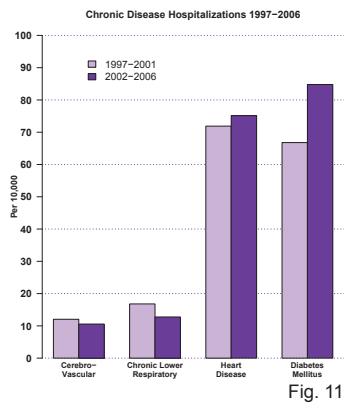


Fig. 11

Heart Disease

- There has been a slight increase (4%) in the overall rate of heart disease related hospitalizations from the period 1997-2001 to 2002-2006 to reach 75 per 10,000 population. (See Fig. 11.)
- In both periods, the rate of hospitalization for heart diseases is higher among Whites and males, but the increase in the second period (2002-2006) is highest among Blacks, at 25%. (See Figs. 12-13.)
- The coronary heart disease (CHD) death rate decreased significantly between 1990-2007 to 81 per 100,000, less than half of the HP2010 goal of 166 per 100,000.

Cerebrovascular Diseases

- In 2006, cerebrovascular diseases (particularly stroke) were the third underlying cause of death in Dane County after ischemic heart diseases and lung cancer, but this has declined over the last 15 years by over 20%.⁷

Chronic Lower Respiratory Diseases

- The overall hospitalization rate for chronic lower respiratory diseases (including asthma, emphysema and other chronic obstructive pulmonary diseases) decreased by 24% between the periods 1997-2001 and 2002-2006 to reach 12.8 per 10,000. (See Fig. 10.)
- Chronic lower respiratory disease hospitalization rates among Blacks was dramatically higher in the 1992-2006 time periods than rates among Whites. (See Fig. 12.)

Asthma

- During the period 2002-2006, asthma prevalence in Dane County was 10% among the adult population (18 years and older). The prevalence among non-Hispanic Blacks was 22.5%, more than twice the Whites.¹¹
- The asthma hospitalization rate among women was higher and the African American rate at 8.7 per 10,000 was more than 4 times higher compared to Whites. Asthma-related hospitalization costs on average, \$8,251.

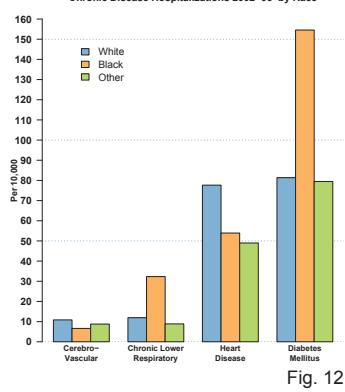


Fig. 12

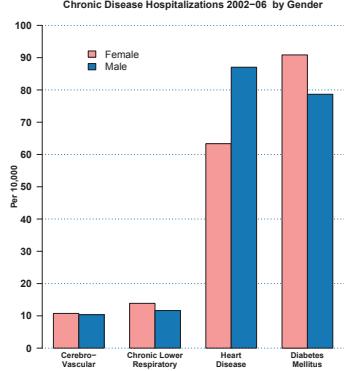


Fig. 13

Cancer

Cancer Mortality Incidence Rates,¹⁶ unless otherwise indicated.

- From 2001 to 2004, on average 1780 people in Dane County were newly diagnosed with cancers. That is a rate of 454 per 100,000, which is lower than Wisconsin's (471 per 100,000).
- The leading cancer types are prostate, breast, lung and colorectal, together representing 54% of the new cases of cancers and 49% of the deaths by cancer.
- In Dane County, cancer is the second most common cause of death after cardiovascular diseases, as is the case in the rest of the nation.⁷
- In 2001-2005 the mortality rate for all types of cancer was 170.2 (164.2-176.3) per 100,000 with a declining trend similar to the rest of the state, and a lower rate than Wisconsin (186.7 per 100,000) but still above the objective of Healthy People 2010 of 159.9 deaths per 100,000.⁷
- Cancer mortality among Blacks is about 29%, while the rate of cancer among Whites has fallen. (See Fig. 14.) There was no significant difference in the overall cancer incidence rate.

Cancer Mortality Trend Dane county 1990-2006

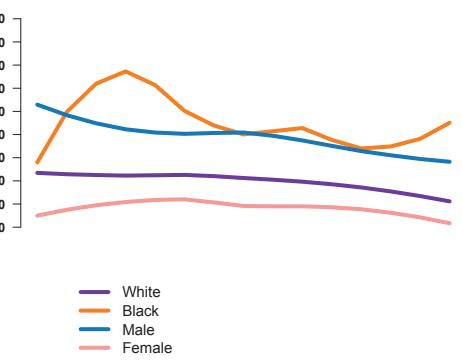


Fig. 14

Oral Health

There is little comprehensive data about oral health in Dane County, but judging by the demand and provision of existing community dental health services that do exist, it is reasonable to assume that the unmet need for oral health care is significant. Though it is unclear what percent of the Dane County population does not have access to dental care, we do know that many oral health providers that offer services to the uninsured and high-risk populations are simply unable to meet the demand. In 2007, over 82,000 dental visits were needed to meet the needs of uninsured, underinsured, or MA-enrolled participants.

- As a result of access issues, many people use Hospital Emergency Rooms and Urgent Care Centers for dental problems:
 - During the first ten months of 2008, data from two Dane County hospitals indicated that over 1,550 people presented to the emergency department for dental emergencies. A large percentage of these patients were either uninsured, underinsured or on medical assistance. The total charges incurred during this 10-month period for dental emergencies at hospitals exceeded \$1,000,000.¹⁷
 - Data from two local HMOs indicated that, in 2008, over 2,100 patients visited urgent care centers for dental pain.
- Dental problems were the most common health problem identified at Dane County Neighborhood Child Health clinics and Well Child clinics, which are targeted to underinsured or uninsured families.
- From the 2002 Wisconsin State “Make Your Smile Count Survey”,¹⁸ key findings for the southern region, which includes Dane County:
 - 60% of children had a history of dental caries (cavities).
 - 31% had untreated decay and needed dental care.
 - Disparities in race and ethnicity showed that 25% of White children had untreated decay compared to 50% of African American, 45% of Asian and 64% of Native American children. Likewise, a significantly higher proportion of Hispanic children had untreated decay (47%) compared to white children (26%).
 - Disparities also exist in socioeconomic status where children who attended lower income schools had significantly more untreated decay (44%) and urgent dental needs (8% vs. 2% and 1%) compared to children in both middle (32%) and higher income schools (17%).

COMMUNICABLE DISEASE

Sexually Transmitted Infections (STIs)

STI Data¹⁹

- In 2006, the rates (incidence) of chlamydia and gonorrhea in Dane County were just barely lower than those of Wisconsin and the U.S. (See Fig. 15.)
- The rate of STIs reported in Dane County is higher among Blacks. The cause of this disparity is unclear but does not appear to be related to a higher rate of risky behavior. (See Fig. 16.)
- In Dane County and in Wisconsin, reports of HIV, including AIDS, reached a peak between the years of 1990 and 1993, then declined significantly. Since the late 1990s, the rate of reported HIV infection has remained relatively stable in Dane County. (See Fig. 17.)
- The majority of individuals reported to have HIV are men who have sex with men. HIV among women remained relatively constant in Dane County, mirroring trends in the rest of the state. During the period 2002-2007, 19% of HIV cases in Dane County were among women.
- As with other diseases and conditions, African Americans are disproportionately affected by HIV. While only 4% percent of the population in Dane County is African American, 27% of all new cases of HIV reported in 2002-2007 were among African Americans. Latinos in Dane County constituted about 9% of HIV reports during the same period, while Latinos are 3% percent of our population. Whites represented 61% of HIV cases.

Comparison of Dane County, Wisconsin, & U.S. Chlamydia and Gonorrhea Rates in 2006

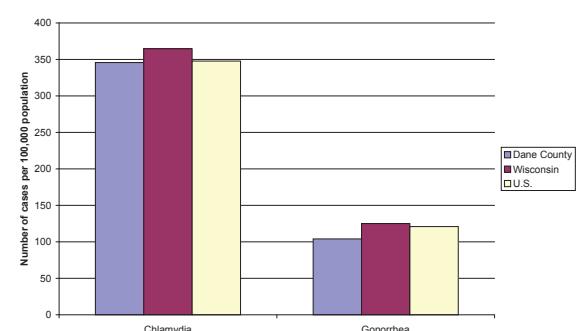


Fig. 15

Incidence of Sexually Transmitted Infections in Dane County by Race

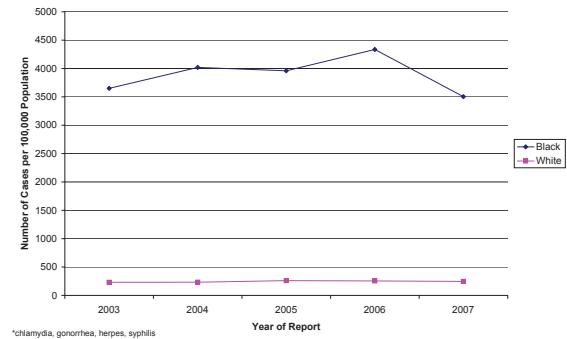


Fig. 16

Number of HIV Cases in Dane County

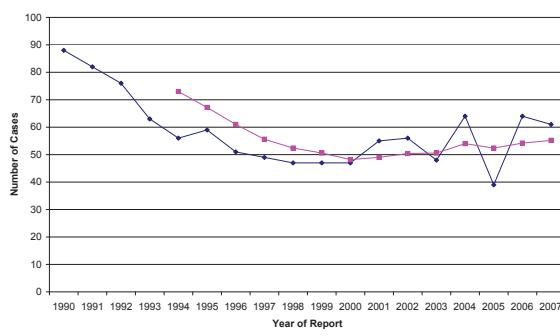


Fig. 17

Tuberculosis

Tuberculosis Data¹⁹

- Although the incidence of TB in Dane County is decreasing, the number and proportion of multidrug-resistant (MDR) TB cases increased. (See Fig. 18.)
- In 2007, there were only 4 active cases of TB, but two of those were MDR which requires more intensive medical and public health attention.

Number of Latent Tuberculosis Infection Clients in Dane County 2003-2007

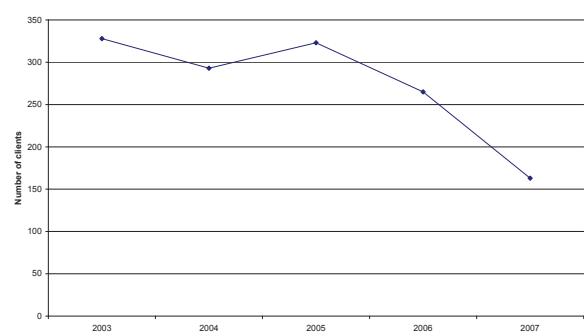


Fig. 18

Enteric Illness

Enteric Illness Data¹⁹

- More than 10% of all illnesses reported to PHMDC are enteric illnesses, which are infections of the digestive tract that cause vomiting, diarrhea and other symptoms. These infections are transmitted via the fecal-oral route.
- Dane County does not meet the Healthy People 2010 Goals for incidence of Campylobacter (12.3 cases per 100,000), Salmonella (6.8 cases per 100,000) and E. coli O157:H7 (1.0 cases per 100,000). (See Fig. 19.)

Incidence of Selected Enteric Infections in Dane County & Healthy People 2010 Goals

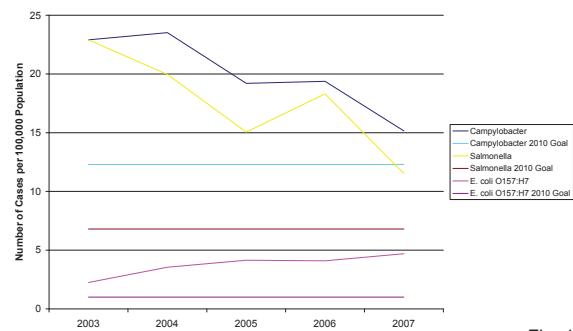


Fig. 19

Vaccine Preventable Illnesses

Vaccine Preventable Illnesses Data¹⁹

- Dane County is successful in keeping hepatitis A incidence low. The five-year case incidence of hepatitis A in Dane County is well below the Healthy People 2010 goal of no more than 4.5 cases per 100,000 people. This is in part due to vaccination success.
- During the outbreaks, most pertussis cases were in people who did not have an approved vaccine available to them; there were few cases in children who were fully immunized for pertussis.

Immunizations

Immunization Data, Wisconsin Immunization Registry²⁰

- Dane County continues to work toward the Healthy People 2010 goal to achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children. If vaccination levels fall too low (lower than 80%), the population is at risk for an outbreak.
- In 2007, 89% of children who turned 3 months in 2007 were up to date at 3 months; achieving good immunization coverage. However, 71% of children who turned 19 months in 2007 were up to date at 19 months; and 69% of children who turned 24 months in 2007 were up to date at 24 months, short of optimal immunization coverage.

Injury & Violence

Injury Data,²¹ unless otherwise indicated.

- The rates of injury hospitalization for falls and poisoning in Dane County (398 per 100,000 and 123 per 100,000, respectively) are greater than the state averages (376 per 100,000 and 111 per 100,000, respectively).
- Dane County exceeds the HP2010 national goal for the five leading causes of injury death, most notably with poisoning and falls. The death rate for poisoning (8.7 per 100,000) is almost 5 times greater than the national goal (1.8 per 100,000). (See Fig. 20.)
- Falls are the leading cause of injury death and hospitalization for those ages 65 and older in Dane County.
- Motor vehicle crashes are the leading cause of injury death in Dane County. In 2007, there were 46 motor vehicle related deaths, half of those killed were from alcohol-related crashes. 22 people were killed and 426 people injured in 714 alcohol-related crashes.²²
- Both unintentional injury and suicide deaths in Dane County are above the national goals (17.5 per 100,000 and 6.0 per 100,000, respectively) and have each increased from 2002-2006. (See Fig. 21.)
- For the years 2002-2006, almost 1/3 of the injury-related deaths in Dane County are a result of suicide. The majority of people in Wisconsin who completed suicide from 2001-2006 had current depressed moods, a current mental health problem, or were receiving treatment for mental illness.
- In Dane County, all age groups are impacted by suicide but the highest rates of suicide deaths and self-inflicted hospitalizations were in the 35-44 age group. For completed suicides (death), 45-54 years old is the second highest age group.
- Males have a rate of suicide death that is three times greater than females.

Injury Deaths by Underlying Cause in Dane County & Wisconsin (2002-2006)
(age-adjusted death rate per 100,000)

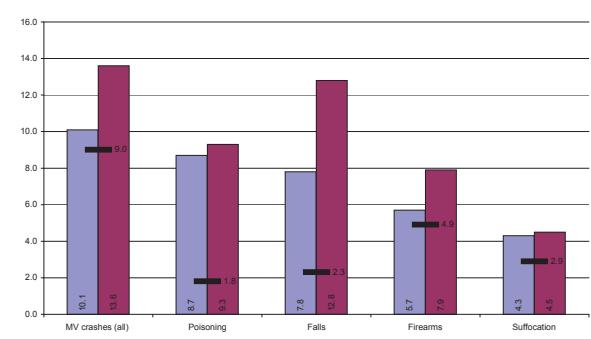


Fig. 20

Injury Deaths by Intent or Manner in Dane County & Wisconsin (2002-2006)
(age-adjusted rates per 100,000)

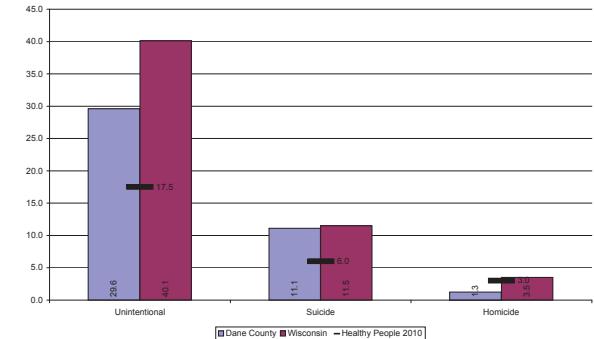


Fig. 21

Mental Health

Mental Health Data,²³ unless otherwise indicated.

Despite the gaps in Dane County-wide data, the statewide data from Wisconsin is both valid and integral to our assessment of community health within Dane County.

- Based on Wisconsin Behavioral Risk Factor Survey (BRFS) results, among Wisconsin adults identified with severe depression; 34% also reported being obese; 36% reported a lack of exercise; 9% reported a co-morbid diagnosis of diabetes; 22% reported co-morbid cardiovascular disease; and 14% reported having asthma.
- Socioeconomics play a role in the occurrence of depression. The overall prevalence of moderate to severe depression in Wisconsin is 7% at any given time; 20% for those living in poverty (<\$20,000 annual income); 20% for those with less than a High School education; 32% for those out of work for more than one year; and 39% for those no longer able to work.
- It is estimated that Dane County adults suffer the highest rate of Serious Mental Illness (SMI) of any county in Wisconsin, with 6.9% of non-institutionalized adults suffering from a mental disorder that significantly impairs their relationships, productivity or safety.
- In 2005, a total of 2,177 Dane County residents were hospitalized with a psychiatric illness. The bulk of these patients (1,010) were adults between the ages of 18 and 44 years. The average hospital stay was 9.4 days with an average overall cost of \$12,328.
- Madison Metropolitan School District (MMSD) data from 2005 indicates that 13-15% of school-aged children in the overall Madison Metropolitan School District have mental health issues that interfere with learning. Middle schools reflected the highest incidence of mental health issues, reporting that up to 20% of students were affected. African American students are disproportionately affected, accounting for 39% of the students identified with mental health concerns while making up only 21% of the total school population.²⁴

Maternal & Child Health

Maternal and Child Health Data²⁵, unless otherwise indicated.

- The proportion of births in Dane County to White mothers decreased by 18% from, between 1989 and 2006, with an increasing number of births to non-Hispanic Black mothers (8%) and Hispanic mothers (11%). (See Fig. 22.)
- The overall proportion of births to adolescent mothers was 5.5% in 2002-2006; African American mothers tend to give birth at a younger age. In 2002-2006, the median age for Black mothers was 24 years old versus 30 years old for Whites.
- Overall in Dane County, there is an increasing trend in the prevalence of preterm birth from 9.24% to 10.16%. A similar but stronger trend is noted nationwide (9.4% to 12.73% from 2000 to 2005). This may be partly explained by an increase in multiple births, which is increasing among White mothers.
- The overall infant mortality rate in Dane County dropped from 6.3 deaths per 1000 in 1992-2001 to 4.2 per in 2002-2006; reflecting an annual decrease of 4.4% since 1992. (See Fig. 23.)
- Dane County has witnessed a remarkable change in infant mortality among African Americans, with an average annual percent decline of 48.4% since 2002, dropping from an average of 19 deaths per 1000 live births from 1992-2001, to just 6.5 per 1,000 after 2002. This dramatic improvement is primarily due to a reduction in preterm births (less than 37 weeks gestation).
- The improvement in preterm births among Blacks is due primarily to a 60% decline in extremely (less than 29 weeks gestation) preterm births, which decreased to 1.2% in 2002-2006. However, it is still twice the overall prevalence in Dane County. Even after accounting for the change over time, plural births and earlier preterm, the risk for African American mothers to give birth to a premature infant is 80% higher compared to White mothers.
- In the 15 years period of 1992-2006, there have been only 5 maternal deaths in Dane County, all of which occurred between 2002-2006. In the review of Wisconsin maternal mortality during 1998-2005, the leading related causes of death were embolism, hemorrhage and cardiovascular diseases. Most of the deaths occurred in postpartum period.
- In 2006, 75% of Dane County mothers initiated breastfeeding, the second highest rate of all Wisconsin counties.²⁶ 13% of those practiced exclusive breastfeeding for 6 months.
- About 95% of the mothers started prenatal care by the fourth month of pregnancy. The risk of infant death was 70% higher among women who had their first prenatal visit after four months compared to those that initiated prenatal care before the fourth month.
- Between 1992-2006, 91% of all mothers received at least 80% of the adequate number of prenatal visits as defined by the Kotelchuck Index.

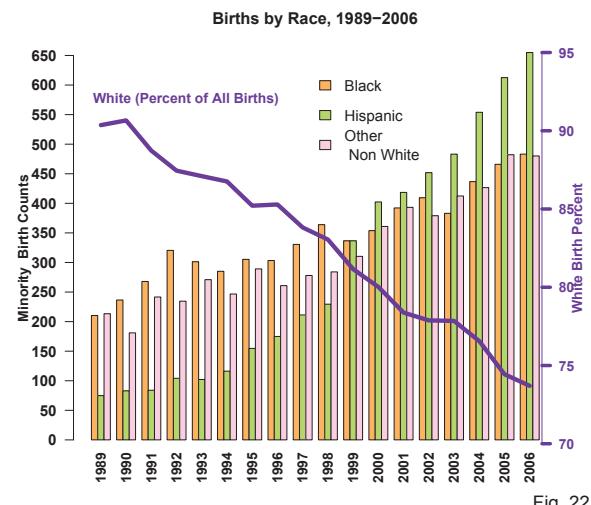


Fig. 22 Infant Mortality for Dane County and Wisconsin, 1989 To 2006

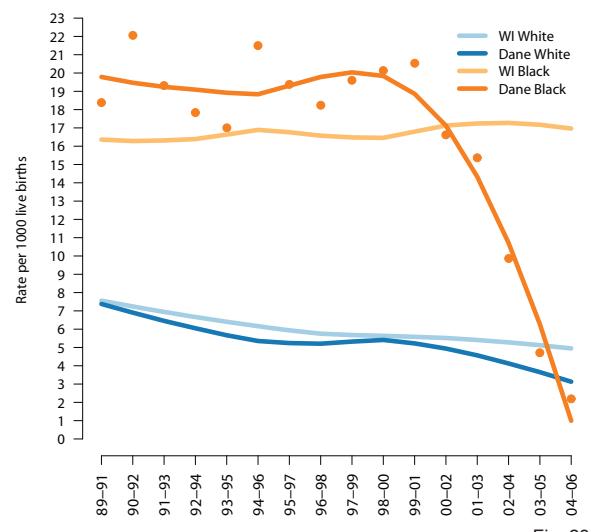


Fig. 23

Health At A Glance References and Resources

Public Health - Madison and Dane County
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(608) 266-4821

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