



Community Health Assessment DRAFT

Implemented Date:

Revised Date:

FOREWARD

Dear Community:

Public health is all around us, working to protect the health of entire populations. As our mission statement reads, the Greenfield Health Department works diligently to assure optimal health and wellness of all members of the community through protection, promotion, education, enforcement, and partnership.

Partnership and collaboration are the essence of this community health assessment report. Though required every five years by state statute, the biggest benefit of the report is that it allows us to more closely examine Greenfield's health indicator data with our community partners, residents, businesses, and other interested persons to determine our health needs and priorities.

Though the formal process for completing this report began in December 2015, the process really is ongoing and informed through active participation of Healthiest Greenfield Coalition members. Coalition members represent all sectors of the community including business, health care, Chamber of Commerce, long-term care, school district, city government and more. Coalition members assisted us in the review of the key data, and really helped to identify what our health priorities, including:

- **Physical activity and nutrition.** Only 73% of residents consume two or more servings of fruits per day, and only 15% consume three or more vegetable servings each day. Only 32% of residents are achieving moderate activity, as defined by 30 minutes of exercise five days per week. Seventy-one percent of residents are classified overweight or obese using the BMI.
- **Behavioral health,** which includes substance abuse and mental health issues. In 2015, 7% of residents surveyed reported feeling depressed always or nearly always; an equal percentage considered suicide in the past year. Residents surveyed cited that mental health or depression was one of the top three community health issues. Narcan (naloxone) was administered 24 times to prevent fatal opioid overdoses according to Fire Department data; overdose was coded as the dispatch reason in 69 (2%) emergency medical service calls in 2015.
- **Healthy aging.** Greenfield is home to several large nursing homes and senior living facilities. Furthermore, census data indicates that nearly 21% of city resident are 65 years of age or older; by comparison, the percentage of residents 65 years and above in Wisconsin is only 14%. With an aging population, we are susceptible to aging-related issues including dementia, Alzheimer's, need for caregivers, living wills, and power of attorneys.

Knowing our health priorities helps mobilize departmental and community resources to address these issues. Very soon, we'll begin the process of outlining our community health improvement plan to address these health priorities through action. Your feedback and insights into this process are encouraged and necessary. Our improvement plan is only as good as those who work with it. We appreciate your role in the community, and hope you'll jump aboard the next step of creating the Community Health Improvement Plan.

I encourage everyone reading this report to provide feedback and insights. Most importantly, read the report and contact me about getting involved.

Yours in Health,



Darren J. Rausch, MS, CPH
Health Officer/Director
Greenfield Health Department

PURPOSE

A Community Health Assessment (CHA) is a process that engages with community members and partners to systematically collect and analyze qualitative and quantitative health related data from a variety of sources within a specific community. The findings of the CHA are presented in the form of a community health profile and inform community decision making, the prioritization of health problems and the development and implementation of community health improvement plans. The collaborative assessment and improvement plan process will mobilize community partners, garner resources and initiate action to improve the population's health.

ABOUT THE PROJECT

Process

The Greenfield Health Department was awarded an ASI Grant from the National Association of County and City Health Officials in Fall of 2015. This grant provided extensive training and research abilities for lead staff members, work time, technical assistance and a designated work plan to create an exemplary Community Health Assessment while setting the tone for Improvement Planning. This grant became the roots of this project, allowing for community involvement to build the foundation of the assessment.

The community engaged portion of Greenfield's Community Health Assessment process began as a gathering of community leaders, residents and partners forming The Healthiest Greenfield Coalition (HGC) in early 2016. Together, this group conducted a high-quality Community Health Assessment, updating the most recent published version and as a prerequisite to apply for voluntary national accreditation through the Public Health Accreditation Board. Building upon local history of cross-sector collaboration, the Healthiest Greenfield Coalition deepened partnerships in order to collaboratively approach this project while conserving and enhancing the local capacity to do this work.

Model

Through a series of several Coalition meetings, enhanced with online communication and feedback mechanisms such as surveys and newsletters, partners worked through the Mobilizing for Action Through Planning and Partnerships (MAPP) Model in order to complete the assessment. HGC worked through the four MAPP Assessments: (a) Community Health Systems Assessment; (b) Community Themes and Strengths Assessment; (c) Forces of Change Assessment; and (d) Local Public Health System

Assessment. Upon completion, strategic issues were identified with support of a variety of data sources and collection methods. With the large number of strategic issues that arose from the assessment, Coalition members utilized a set of scoring criteria to focus on top issues within the Greenfield Community. The criteria included ranking health issues according to the size of the problem, urgency, severity, impact on others, propriety, economics, acceptability, resources and legality. (SEE APPENDIX) Total scores, combined with Coalition deliberation, resulted in selecting the top three strategic issues what will move forward to the Improvement Planning process.

Data Collection

A variety of data sources were used in the development of this report. Both primary and secondary data as well as qualitative, quantitative and non-traditional collection methods were utilized.

- Primary Data Sources:
 - The Community Health Survey Commissioned by Aurora health Care, Children’s Hospital of Wisconsin, Columbia St. Mary’s Health System, Froedtert Health, Wheaton Franciscan Healthcare; in partnership with Center for Urban Population Health and the Greenfield Health Department.
 - US Census Bureau
 - Greenfield Police, Fire and Ambulance Data as reported to the City of Greenfield and area health systems.
 - Youth Risk Behavior Survey includes Greenfield School District specific Data for 9th, 10th and 11th grade levels, surveyed each year.
 - Alzheimer’s Association including Alzheimer’s Disease, Other Dementias and Caregiver data from a national and state perspective.
 - Women, Infants & Children (WIC) reports on participant demographics.
 - Wisconsin Department of Workforce Development & US Department of Labor Unemployment Rate reports.
 - State of Wisconsin Mortality Data with comparison to Milwaukee County.
- Secondary Data Sources:
 - Community Voices Survey was completed at a Community Event in Summer 2015 where respondents were asked “I could be healthier if…” and in follow up “ Why don’t you do (what the first answer was)?”
 - Community Sketches survey was administered at a Community Event in Summer 2015. Participants were asked to draw a response to the question “What does health mean to you?”
 - School district reports detailing student enrollment and languages spoken in the home.
 - Physical Activity survey to create a list of strategies and physical activity availability to residents.

Community Health Assessments

- **Forces of Change:** The Greenfield Board of Health conducted a Forces of Change Assessment to identify those forces that the Coalition (and community) should consider while selecting strategic priority issues. These forces will also greatly come into play when the coalition spring boards into the health improvement process and creates an action plan for addressing priority health issues. Members discussed what has occurred recently that may affect our local public health system or community, barriers to achieving a shared community vision of health and foreseeable future forces.
- **Community Themes and Strengths Assessment:** A Community Themes and Strength Assessment was administered with community partners at HGC meeting. Participants shared both strengths and weaknesses of the community as well as how quality of life is perceived, what is important to Greenfield, community assets and barriers to achieving a high quality of health and wellness.
- **Local Public Health System Assessment:** A local public health system assessment was conducted with leaders of the public health department. This small group walked through an assessment tool that identified the capacity to which our entire health community is functioning based on the 10 Essential Public Health Services. It is difficult to know and understand all of the activities and capacities of our entire local public health system, so this assessment was completed to the best of our ability. There are limitations to this conducted assessment, but does paint a picture of our entire Local Public Health System in Greenfield.
- **Community Health Status Assessment:** To compliment the commissioned Community Health Survey, an online survey was distributed to coalition members and residents via web link as an additional mechanism to provide comments and feedback regarding the health status and emerging priority issues. The limitations include low response rates due to a quick timeframe and lack of publishing from the local newspaper.

Community Engagement

The Healthiest Greenfield Coalition, in association with the Community Health Assessment (CHA) and Community Health Improvement Process (CHIP), is a collaborative entity formed with community partners representing a variety of individuals and agencies. The main workgroup is comprised of health department, hospital, education-system, business, agency, non-profit and community resident personnel. Elected officials and regional leaders have been invited and informed of the Coalition's directives. The engaged members follow a collaborative structure and a philosophical promise to integrate and apply a health equity perspective to its processes and data interpretations.

Health Equity

Health Equity is defined as the economic and social conditions that influence the health of individuals, communities and jurisdictions as a whole. Achieving health equity requires valuing all individuals and

populations equally and entails focused and ongoing societal efforts to address avoidable inequalities by ensuring the conditions for optimal health for all groups, particularly those of any disadvantage. (Adewale Troutman in Health Equity, Human Rights and Social Justice) It also requires looking at and addressing the social determinants of health: income and income inequality; education; race, ethnicity and gender; built environment; stress; social support; early childhood experiences; employment; housing; transportation; food environment; social standing. The Healthiest Greenfield Coalition is dedicated to using a lens of Health Equity in order to correctly present and identify health priority issues as well as seek appropriate and effective intervention strategies.

DESCRIPTION OF GREENFIELD

Geography: The City of Greenfield, incorporated in 1957, contains 13 square miles in southwestern Milwaukee County. The city was the last to incorporate in Milwaukee County, owing to its highly irregular city boundaries. The City begins at 27th Street to the east and ends at 124th Street to the west.

Population:

Age Distribution: Census data indicates that nearly 21% of city residents are 65 years of age or older; by comparison, the percentage of residents 65 years and above in Wisconsin is only 14%.

Income: Per census data, poverty impacts nearly 7% of residents. The median household income is \$50,864.

Race and Ethnicity: The 2010 census figures identified that nearly 89% of Greenfield is Caucasian, Asian and African-American rounding out the top three. Eighty-three percent of residents are non-Hispanic, and two percent cite two or more races.

Eight percent of Greenfield residents are foreign-born, and 13% speak a language other than English at home.

Housing: According to the 2010 census, there are 16,391 housing units in the City, with a median home value of \$176,900. Nearly 70% of all housing units were built prior to 1979, and 57% of housing is owner-occupied. The average household size is 2.2.

Education: 91% of Greenfield residents boast bachelor's degrees, compared to 89% of Wisconsin. Bachelor's degrees or higher are found among 27% of residents, compared to 25% in Wisconsin.

SES/Economic: The 2015 community health survey indicated that 2% of residents do not have health insurance; 5% indicated that a family member was without insurance in the past year. These data compare favorably with 13% and 19%, respectively, in 2012. Some of the increase may be due to the Affordable Care Act and changing SCHIP and Medicaid enrollment.

Conclusion:

KEY FINDINGS BY CATEGORY

ADEQUATE, APPROPRIATE AND SAFE FOOD & NUTRITION

Measure: Based on the USDA dietary guidelines, at a minimum, adults should have two servings of fruit and three servings of vegetables each day.

Data Source: City of Greenfield Community Health Survey

Year: 2015

Reason for Measure: Nutrition is the intake of food, considered in relation to the body's dietary needs. Proper nutrition is the foundation of good health. Poor nutrition can lead to reduced immunity, increased susceptibility to disease, impaired physical and mental development and reduced productivity. (WHO)

Key Findings:

- Of Greenfield residents surveyed, 65% of respondents reported at least two servings of fruit on an average day and 29% reported three or more servings of vegetables on an average day.
- In order to look into the details of these self-reports, consumption by income bracket may be an important socioeconomic indicator to focus on disparities and equity. Seventy-five percent of respondents in the top 40 percent household income bracket reported at least two servings of fruit a day compared to 68% of those in the middle 20 percent income bracket or 52% of respondents in the bottom 40% household income bracket.
- Out of a total 5,361 enrolled students, 36.99% are eligible for Free/Reduced Price lunch. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status and social support needs.
- Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. Greenfield has a Food Insecurity rate of 17.39% or 6,406 out of 36,837.

ALCOHOL AND OTHER DRUG USE OR SUBSTANCE ABUSE

Measure: The reported binge drinking rate (past month timeframe) measures alcohol substance abuse. Currently, the Centers for Disease Control (CDC) defines binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males to account for weight and metabolism differences.

Data Source: City of Greenfield Community Health Survey

Year: 2015

Reason for Measure: The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental and public health problems including but not limited to teenage pregnancy, sexually transmitted diseases, domestic violence, motor vehicle crashes and crime.

Key Findings:

- Twenty-four percent of residents reported binge drinking in the past month.
- Household problems in the past year related to substance abuse were reported in 0-8% of instances. There is a large under reporting for alcohol and drug abuse in this community and others.
- Opiate use and overdoses are of growing concern in Greenfield.
- According to Greenfield Police & Fire Data, Narcan (naloxone) was administered 24 times in 2015 to prevent fatal overdoses; in 2014, Narcan was administered 25 times. Data indicates that overdose was coded as the dispatch reason in 69 (2%) of all ambulance runs in 2015.

CHRONIC DISEASE PREVENTION AND MANAGEMENT

Measure: Chronic Disease deaths (mortality) – High Blood Pressure, High Blood Cholesterol, Diabetes, Heart Disease

Data Source: City of Greenfield Community Health Survey

Year: 2015

Reason for Measure:

Diabetes is a chronic disease in which there are high levels of sugar in the blood. People with diabetes have high blood sugar because their body cannot move sugar into fat, liver and muscle cells to be stored for energy. Diabetes can lead to other serious health problems such as a loss of vision, feet and skin infections, amputation, heart attack, stroke, nerve damage and kidney disease.

Heart disease includes a number of problems, many related to plaque that builds up in the walls of the arteries. This narrows the arteries, making it harder for blood to flow through which can cause a heart attack or stroke. Though some risk factors such as family history, ethnicity and age cannot be changed, there are several that can be treated or changed.

Key Findings:

- Thirty-four percent of residents have high blood pressure. Respondents 65 and older were more likely to report high blood pressure in the past three years (66%) compared to those 35 to 44 (28%) or respondents 18 to 34 years old (3%).
- Inactive respondents were more likely to report high blood pressure in the past three years (61%) compared to those who met the recommended amount of physical activity (31%).

- Only 74% of residents have had their cholesterol tested within the past four years in comparison to the Healthy People 2020 goal of 82%. Overweight respondents were more likely to report high blood cholesterol in the past three years compared to those who were not overweight (26% and 10% respectively).
- Thirteen percent of respondents reported heart disease or condition in the past three years. Those who were overweight or inactive were more likely to report the condition.

COMMUNICABLE DISEASE PREVENTION AND CONTROL

Measure: Adequate immunization coverage represents the percentage of children age 19-35 months who have received the recommended immunizations (4:3:1:3:3:1 series). The completion of this series means that these children have received all appropriate doses. (details?)

Data Source: Wisconsin Immunization Registry

Year: 2015

Reason for Measure: Most of the vaccinations a child receives in the first few years of life provide lifelong protection against deadly childhood diseases. This measure highlights one of the preventative aspects of healthcare that markedly reduces morbidity and improves long-term health for the individual and the community. High rates of immunization are important across the community in order to protect individuals who are not able to be vaccinated, such as immune-compromised persons.

Key Findings:

- Seventy-three percent of the 2012 cohort of 2 year olds has a complete immunization schedule in comparison to 75.2% of the same cohort in Wisconsin and 68.4% in the US.
- Other notable vaccination indicators include influenza and pneumonia:
 - Forty-seven percent of adults 18+ were vaccinated for influenza in the past 12 months; the Healthy People 2020 goal is 70.0%.
 - The percentage of adults aged 65+ vaccinated for pneumonia is 74%; the Healthy People 2020 goal is 90.0%.

HEALTHY GROWTH, DEVELOPMENT AND AGING

Measure: Many factors affect the health, function and quality of life of older adults. The number of falls is an indicator of unintentional injury, disability and other risk factors.

Data Source: City of Greenfield Police & Fire Data

Year: 2015

Reason for Measure: Falls often cause severe disability among survivors. Falls are also the leading cause of death due to unintentional injury among older adults; deaths and injuries can be prevented by addressing risk factors associated with health, function and quality of life in this population.

Key Findings:

- Falls were the primary reason for ambulance runs in 2015 at a quantity of 642 (14%).
- According to the Centers for Disease Control, each year, 1 out of 3 older adults falls.
- The largest population by age group in the City of Greenfield is older adults age 65+ (7,650) followed by adults age 55-64 (5,738).

INJURY AND VIOLENCE

Measure: The crude death rate due to accidental injury. Accidental injury deaths (sometimes called unintentional injury) include transportation accidents, burns, suffocation, drowning, falls, exposure, accidental poisonings, drug overdoses and other unintentional injuries. It does not include homicide or suicide deaths.

Data Source: City of Greenfield Community Health Survey

Year: 2015

Reason for Measure: Deaths due to accidents are often the largest cause of death for children and young adults. Poor socioeconomic environments can lead to increased deaths from accidental injury. Deaths due to accidental injury can be reduced through policy efforts to reduce hazards as well as through individual and family safety precautions.

Key Findings:

- Of a population of 36,687, there were 478 deaths or 1,302.9 per 1,000 population.
- Greenfield's crude death rate is the second highest among all municipalities in Milwaukee County, behind Glendale and before Cudahy, Greendale and Bayside.
- Unintentional injuries are the leading cause of death for ages 1-44.

MENTAL HEALTH

Adults

Measure: This indicator represents the percentage of adults who reported 14 or more days of poor mental health in the past 30 days. Adults who report this frequency of poor mental health days are categorized as having a mental health status that is "not good". The term mental health in this context includes, but is not limited to, stress, depression and problems with emotions.

Data Source: City of Greenfield Community Health Survey, Community Commons

Year: 2015

Reason for Measure: Overall health depends on both physical and mental well-being. Measuring the number of days when people report that their mental health was not good, i.e., poor mental health days, represent an important facet of health-related quality of life.

Key Findings:

- Seven percent of adult (18+) residents reported their mental health status as feeling sad/blue/depressed always or nearly always in the past year. The same number of residents considered suicide in the past year.
- Five percent seldom or never finding meaning and purpose in daily life.
- Mental health conditions are reported in 16% of the Greenfield adult population. These are often underreported.
- In Milwaukee County 20.90% of the total population 18+ self-reports that they receive insufficient social and emotional support all or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability.

Adolescents:

Measure: This indicator represents the percentage of 9th, 10th and 11th grade students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months. The term mental health in this context includes, but is not limited to, stress, depression and problems with emotions.

Data Source: Youth Risk Behavior Survey

Year: School Years 2011-12, 2012-13 & 2013-14

Reason for Measure: Overall health depends on both physical and mental well-being. Measuring the number of days when people report that their mental health was not good, i.e., poor mental health days, represent an important facet of health-related quality of life.

Key Findings:

- In the past three school years, the number of students harassed, picked on or bullied so much that they felt unsafe was 17% (11-12), 19% (12-13) and 20% (13-14).
- Nearly 1/3, or 3 out of 10, students have felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.
- Approximately 20% seriously considered attempting suicide and of those, nearly all 20% made a plan about how they would attempt suicide.

ORAL HEALTH

Measure: The percent of adults (18+) who have visited the dentist in the past year is the recommendation for routine dental care upkeep, as well as regular flossing and proper fluoride use.

Data Source: City of Greenfield Community Health Survey

Year: 2015

Reason for Measure: Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing and professional treatment is key to good oral health.

Key Findings:

- Seventy-two percent of respondents reported a dental visit in the past year which far surpasses the Health People 2020 goal of 49%.
- Eighty-one percent of respondents in the top 40% household income bracket reported a dental checkup in the past year compared to 73% of those in the middle 20 percent income bracket or 63% of respondents in the bottom 40 percent household income bracket.

PHYSICAL ACTIVITY

Adults

Measure: One nationally used definition of overweight status developed by the CDC is when a person's body mass index (BMI) is greater than or equal to 25.0. A BMI of 30.0 or more is considered obese. BMI is calculated by using kilograms/meter, squared. Data referenced in this report as "overweight" includes both overweight and obese respondents.

Data Source: City of Greenfield Community Health Survey

Year: 2015

Reason for Measure: Obesity is often the end result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, high cholesterol, stroke, liver and gallbladder disease, sleep apnea and respiratory problems and osteoarthritis.

Key Findings:

- Seventy-one percent of respondents were classified as overweight; In Wisconsin (2013), 67% of respondents were classified as at least overweight (37% overweight, 30% obese). The Healthy People 2020 unhealthy weight goal category is 66%.

- Thirty-five percent of respondents did moderate physical activity five times a week for 30 minutes while 24% did vigorous activity three times a week for 20 minutes.
- Respondents with a college education or in the middle 20 percent household income bracket were more likely to report adequate weekly physical activity.

REPRODUCTIVE AND SEXUAL HEALTH

Measure: The rate of sexually transmitted diseases per 100,000 population provides a picture of area incidence.

Data Source:

Year:

Reason for Measure: Almost half of the estimated 19 million new STD infections each year are among young people ages 15-24. Because many STDs go undiagnosed, reported cases represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term consequences, including infertility. Rates of Chlamydia have increased in recent years in Wisconsin (check?) and the United States.

Key Findings:

- The rate of sexually transmitted diseases for the City of Greenfield (Milw Co?) is 1353.0 (per 100,000 population) This rate includes gonorrhea, chlamydia, pelvic inflammatory disease and more. The Milwaukee area has repeatedly been identified as one of the top three cities in Wisconsin for both chlamydia and gonorrhea, and these infections are increasing in suburban areas as well.
- The local HIV Incidence Rate (per 100,000 population) is 13.9 compared to 4.0 in Wisconsin.

TOBACCO USE AND EXPOSURE

Measure: Adult smoking prevalence indicates number of current tobacco cigarette smokers who may be impacted by health concerns associated with the behavior.

Data Source: City of Greenfield Community Health Survey

Year: 2015

Reason for Measure: Each year approximately 443,000 premature deaths occur in the United States primarily due to smoking. Cigarette smoking is identified as a cause in multiple diseases including various cancers, cardiovascular disease, respiratory conditions, low birth weight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs.

Key Findings:

- In 2015, 15% of respondents were current tobacco cigarette smokers; those 18 to 44 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried were more likely to be a smoker.
- In the past 12 months, 43% of current smokers quit smoking for one day or longer because they were trying to quit.
- The Greenfield Common Council voted to include electronic cigarettes in the City's comprehensive smoking policy in October 2014. The use of electronic cigarettes, especially among youth, is an alarming trend that Greenfield attempted to get in front of.

Source: <http://archived.naccho.org/topics/infrastructure/CHAIP/upload/Comm-Health-Profile-Findings.pdf>

Women's Health						Alcohol Use in Past Month						
Greenfield	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	<u>2015</u>	Greenfield	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	<u>2015</u>	
Mammogram (50+; within past 2 years)	83%	79%	79%	74%	77%	Binge Drinker	17%	25%	19%	28%	24%	
Bone Density Scan (65 and older)		81%	72%	79%	85%	Driver/Passenger When Driver						
Cervical Cancer Screening						Perhaps Had Too Much to Drink	6%	<1%	1%	3%	1%	
Pap Smear (18 – 65; within past 3 yrs)	92%	82%	93%	84%	88%							
HPV Test (18 – 65; within past 5 yrs)				64%		<i>Other Research: (2013)</i>				<u>WI</u>	<u>U.S.</u>	
Screening in Recommended Time Frame (18-29: Pap every 3 yrs; 30 to 65: Pap and HPV every 5 yrs or Pap only every 3 yrs)				95%		Binge Drinker				23%	17%	
						Household Problems Associated With...						
<i>Other Research:</i>				<u>WI</u>	<u>U.S.</u>	Greenfield		<u>2006</u>	<u>2009</u>	<u>2012</u>	<u>2015</u>	
Mammogram (50+; within past 2 yrs; 2012)				82%	77%	Alcohol		3%	1%	3%	8%	
Pap Smear (18+; within past 3 years; 2010)				85%	81%	Misuse of Prescription or OTC Drugs				<1%	2%	
						Cocaine, Heroin or Other Street Drugs				1%	0%	
						Gambling				1%	<1%	
						Marijuana				0%	<1%	
Tobacco Cigarette Use												
Greenfield	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	<u>2015</u>	Distracted Driving						
Current Smokers (past 30 days)	22%	17%	21%	11%	15%	Greenfield					<u>2015</u>	
Of Current Smokers...						Driving with Technology Distractions (1+ times/day)					20%	
Quit Smoking 1 Day or More in Past Year Because Trying to Quit	45%	20%	45%	43%	43%	Driving with Other Distractions (1+ times/day)					20%	
Saw a Health Care Professional Past Year and Advised to Quit Smoking		44%	59%	90%	59%							
						Mental Health Status						
<i>Other Research:</i>				<u>WI</u>	<u>U.S.</u>	Greenfield		<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	<u>2015</u>
Current Smokers (2013)				19%	19%	Felt Sad, Blue or Depressed						
Tried to Quit (2006)				49%	56%	Always/Nearly Always (past 30 days)	6%	5%	10%	4%	7%	
						Find Meaning & Purpose in Daily Life						
						Seldom/Never	8%	6%	7%	6%	5%	
Exposure to Smoke						Considered Suicide (past year)	<1%	4%	6%	2%	7%	
Greenfield			<u>2009</u>	<u>2012</u>	<u>2015</u>							
Smoking Policy at Home						Children in Household						
Not allowed anywhere		72%	82%	81%		Greenfield					<u>2012</u>	<u>2015</u>
Allowed in some places/at some times		8%	7%	9%		Personal Doctor/Nurse who						
Allowed anywhere		4%	<1%	<1%		Knows Child Well and Familiar with History				83%	92%	
No rules inside home		17%	11%	9%		Visited Personal Doctor/Nurse for						
Nonsmokers Exposed to Second-Hand Smoke In Past Seven Days		35%	15%	11%		Preventive Care (past 12 months)				81%	90%	
						Did Not Receive Care Needed (past 12 months)						
<i>Other Research: (WI: 2003; US: 2006-2007)</i>				<u>WI</u>	<u>U.S.</u>	Medical Care				0%	12%	
Smoking Prohibited at Home				75%	79%	Dental Care				16%	2%	
						Specialist				0%	12%	
						Current Asthma				16%	12%	
Other Tobacco Products in Past Month						Safe in Community/Neighborhood (seldom/never)				0%	0%	
Greenfield					<u>2015</u>	Children 5 to 17 Years Old						
Cigars, Cigarillos or Little Cigars				5%		Fruit Intake (2+ servings/day)				73%	73%	
Electronic Cigarettes				3%		Vegetable Intake (3+ servings/day)				15%	25%	
Smokeless Tobacco				2%		Physical Activity (60 min./5 or more days/week)				65%	77%	
						Children 8 to 17 Years Old						
Top Community Health Issues						Unhappy, Sad or Depressed						
Greenfield				<u>2012</u>	<u>2015</u>	Always/Nearly Always (past 6 months)				0%	0%	
Chronic Diseases				56%	60%	Experienced Some Form of Bullying (past 12 months)				25%	8%	
Alcohol or Drug Use				59%	57%	Verbally Bullied				21%	8%	
Mental Health or Depression				21%	31%	Physically Bullied				8%	0%	
Violence				51%	21%	Cyber Bullied				9%	0%	
Infectious Diseases				26%	14%							
Teen Pregnancy				41%	5%	Personal Safety in Past Year						
Infant Mortality				23%	2%	Greenfield		<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	<u>2015</u>
Lead Poisoning				1%	2%	Afraid for Their Safety		4%	7%	9%	4%	2%
						Pushed, Kicked, Slapped, or Hit		2%	2%	4%	2%	4%
						At Least One of the Safety Issues		5%	8%	9%	5%	6%

Overall Health and Health Care Key Findings

In 2015, 47% of respondents reported their health as excellent or very good; 14% reported fair or poor. Respondents who were 35 to 44 years old, 55 to 64 years old, overweight or inactive were more likely to report fair or poor conditions. *From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported their health as fair or poor.*

In 2015, 2% of respondents reported they were not currently covered by health care insurance. Five percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months; respondents who were male, 45 to 54 years old, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report this. Six percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months; respondents in the bottom 40 percent household income bracket were more likely to report this. *From 2003 to 2015, the overall percent statistically decreased for respondents 18 and older who reported no current personal health care coverage. From 2003 to 2015, the overall percent statistically remained the same for respondents 18 to 64 years old who reported no current personal health care coverage. From 2009 to 2015, the overall percent statistically decreased for respondents who reported no personal health care coverage at least part of the time in the past 12 months. From 2003 to 2015, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past 12 months.*

In 2015, 13% of respondents reported they delayed or did not seek medical care in the past 12 months because of a high deductible, high co-pay or because they did not have coverage for the care; respondents 35 to 44 years old or in the middle 20 percent household income bracket were more likely to report this. Eight percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. Ten percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed; respondents who were female, 18 to 44 years old, with some post high school education or in the middle 20 percent household income bracket were more likely to report this. Sixteen percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed; respondents 18 to 34 years old or with a college education were more likely to report they did not receive the dental care needed. Two percent of respondents reported there was a time in the past 12 months they did not receive the mental health care needed. *From 2009 to 2015, the overall percent statistically remained the same for respondents who reported in the past 12 months someone in their household had not taken their prescribed medication due to prescription costs. From 2012 to 2015, the overall percent statistically decreased for respondents who reported an unmet mental health need in the past 12 months. From 2012 to 2015, the overall percent statistically remained the same for respondents who reported an unmet medical need or unmet dental need in the past 12 months.*

In 2015, 47% of respondents reported they contact their doctor when they need health information while 31% reported they go to the Internet. Seven percent reported themselves or a family member was in the health field and their source for information. Respondents who were female, 65 and older or with some post high school education or less were more likely to report they contact their doctor. Respondents who were male, 18 to 34 years old or with a college education were more likely to report the Internet as their source for health information. Respondents with a college education or in the top 60 percent household income bracket were more likely to report themselves or a family member in the health field and their source for health information. Eighty-one percent of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 65 and older, with a college education, in the top 40 percent household income bracket or married were more likely to report a primary care physician. Sixty-nine percent of respondents reported their primary place for health services was from a doctor's or nurse practitioner's office; respondents who were female, 55 and older, with a high school education or less or married respondents were more likely to report this. Forty-five percent of respondents had an advance care plan; respondents who were female, 65 and older or married were more likely to report an advance care plan. *From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting their source for health information was their doctor or the Internet. From 2012 to 2015 there was a statistical increase in the overall percent of respondents reporting their source for health information was themselves/family member in the health field. From 2006 to 2015, there was a statistical decrease in the overall percent of respondents reporting their primary place for health services was from a doctor's or nurse practitioner's office. From 2003 to 2015, there was a statistical increase in the overall percent of respondents having an advance care plan.*

In 2015, 87% of respondents reported a routine medical checkup two years ago or less while 74% reported a cholesterol test four years ago or less. Seventy-two percent of respondents reported a visit to the dentist in the past year while 49% reported an eye exam in the past year. Respondents with at least some post high school education, in the top 60 percent household income bracket or married respondents were more likely to report a routine checkup two years ago or less. Respondents who were female, 55 to 64 years old, in the top 40 percent household income bracket or married were more likely to report a cholesterol test four years ago or less. Respondents in the top 40 percent household income bracket were more likely to report a dental checkup in the past year. Respondents who were 65 and older, with some post high school education or married were more likely to report an eye exam in the past year. *From 2003 to 2015, there was no statistical change in the overall percent of respondents reporting a routine checkup two years ago or less, a cholesterol test four years ago or less, a dental checkup in the past year or an eye exam in the past year.*

In 2015, 47% of respondents had a flu vaccination in the past year. Respondents who were female or 65 and older were more likely to report a flu vaccination. Seventy-four percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *From 2003 to 2015, there was no statistical change in the overall percent of respondents 18 and older as well as in the overall percent of respondents 65 and older who reported a flu vaccination. From 2003 to 2015, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination.*

Health Risk Factors Key Findings

In 2015, out of six health conditions listed, the two most often mentioned in the past three years were high blood pressure (34%) or high blood cholesterol (22%). Respondents 65 and older, in the bottom 40 percent household income bracket, who were overweight or inactive were more likely to report high blood pressure. Respondents who were 55 and older, in the middle 20 percent household income bracket, overweight or inactive were more likely to report high blood cholesterol. Sixteen percent reported a mental health condition; respondents who were female, 35 to 44 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Thirteen percent of respondents reported they were treated for, or told they had heart disease. Respondents who were 65 and older, with some post high school education, in the bottom 60 percent household income bracket, overweight or inactive were more likely to report heart disease/condition. Eight percent reported diabetes; respondents who were 55 and older, overweight or inactive were more likely to report diabetes. Twelve percent reported current asthma; respondents who were 18 to 44 years old, with a college education, in the middle 20 percent household income bracket or unmarried were more likely to report this. *From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol, heart disease/condition or diabetes. From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported current asthma. From 2009 to 2015, there was no statistical change in the overall percent of respondents who reported a mental health condition. From 2012 to 2015, there was a statistical decrease in the overall percent of respondents reporting their high blood pressure was under control. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting their high blood cholesterol, heart disease/condition, diabetes, current asthma or mental health condition was under control.*

In 2015, 7% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; respondents who were 45 to 54 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Seven percent of respondents felt so overwhelmed they considered suicide in the past year; respondents who were 45 to 54 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Five percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents in the bottom 60 percent household income bracket were more likely to report this. *From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed or they seldom/never find meaning and purpose in daily life. From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported they considered suicide in the past year.*

Behavioral Risk Factors Key Findings

In 2015, 35% of respondents did moderate physical activity five times a week for 30 minutes while 24% did vigorous activity three times a week for 20 minutes. Combined, 43% met the recommended amount of physical activity; respondents with a college education or in the middle 20 percent household income bracket were more likely to report this. Seventy-one percent of respondents were classified as overweight. Respondents who were 35 to 54 years old, with a high school education or less, in the bottom 40 percent household income bracket or inactive were more likely to be classified as overweight. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes. From 2006 to 2015, there was no statistical change in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes. From 2006 to 2015, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity. From 2003 to 2015, there was a statistical increase in the overall percent of respondents being overweight.*

In 2015, 65% of respondents reported two or more servings of fruit while 29% reported three or more servings of vegetables on an average day. Respondents who were 18 to 34 years old, with a college education, in the top 40 percent household income bracket, not overweight or who did at least some amount of physical activity were more likely to report at least two servings of fruit. Respondents with a college education, who were unmarried or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Fifty-nine percent of respondents reported they often read the labels of new food products they purchase; respondents who were female, 55 to 64 years old, with a college education, in the middle 20 percent household income bracket, not overweight or who met the recommended amount of physical activity were more likely to report this. Seventy-two percent of respondents reported they had two or fewer restaurant meals in the past seven days. Respondents who were in the bottom 40 percent household income bracket, not overweight, physically inactive or who did not have a child in the household were more likely to report two or fewer restaurant meals. *From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit on an average day or at least three servings of vegetables on an average day.*

In 2015, 77% of female respondents 50 and older reported a mammogram within the past two years. Eighty-five percent of female respondents 65 and older had a bone density scan. Eighty-eight percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Sixty-four percent of respondents 18 to 65 years old reported an HPV test within the past five years. Ninety-five percent of respondents reported they received a cervical cancer test in the time frame recommended (18 to 29 years old: pap smear within past three years; 30 to 65 years old: pap smear and HPV test within past five years or pap smear only within past three years). *From 2003 to 2015, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram within the past two years. From 2006 to 2015, there was no statistical change in the overall percent of respondents 65 and older who reported a bone density scan. From 2003 to 2015, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years.*

In 2015, 10% of respondents 50 and older reported a blood stool test within the past year. Eight percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 63% reported a colonoscopy within the past ten years. This results in 68% of respondents meeting the current colorectal cancer screening recommendations. *From 2003 to 2015, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year. From 2009 to 2015, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years. From 2009 to 2015, there was no statistical change in the overall percent of respondents who reported a colonoscopy within the past ten years. From 2009 to 2015, there was no statistical change in the overall percent of respondents who reported at least one of these tests in the recommended time frame.*

In 2015, 15% of respondents were current tobacco cigarette smokers; respondents 18 to 44 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to be a smoker. In the past 12 months, 43% of current smokers quit smoking for one day or longer because they were trying to quit. Fifty-nine percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking. *From 2003 to 2015, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers. From 2003 to 2015, there was no statistical change in the overall percent of current tobacco cigarette smokers who reported they quit smoking for one day or longer in the past 12 months because they were trying to quit. From 2006 to 2015, there was no statistical change in the overall percent of current smokers who reported their health professional advised them to quit smoking.*

In 2015, 81% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 60 percent household income bracket or nonsmokers were more likely to report smoking is not allowed anywhere inside the home. Eleven percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days; respondents who were male, 18 to 34 years old, with a college education or in the middle 20 percent household income bracket were more likely to report this. *From 2009 to 2015, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home. From 2009 to 2015, there was a statistical decrease in the overall percent of respondents who reported they were exposed to second-hand smoke in the past seven days.*

In 2015, 5% of respondents used cigars, cigarillos or little cigars in the past month; unmarried respondents were more likely to report this. Three percent of respondents used electronic cigarettes in the past month. Two percent of respondents used smokeless tobacco in the past month.

In 2015, 24% of respondents were binge drinkers in the past month; respondents who were 45 to 54 years old or unmarried were more likely to report this. One percent reported they had been a driver or a passenger when the driver perhaps had too much to drink. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month. From 2003 to 2015, there was a statistical decrease in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month.*

In 2015, 8% of respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year. Respondents who were in the middle 20 percent household income bracket, unmarried or with children living in the household were more likely to report a household problem with alcohol. Two percent of respondents reported someone in their household experienced a problem with the misuse of prescription drugs/over-the-counter drugs. Less than one percent of respondents each reported someone in their household experienced a problem with marijuana or gambling. Zero percent of respondents reported someone in their household experienced a problem with cocaine/heroin/other street drugs. *From 2006 to 2015, there was a statistical increase in the overall percent of respondents reporting they, or someone in their household, experienced some kind of problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year. From 2012 to 2015, there was a statistical decrease in the overall percent of respondents reporting a household problem with cocaine/heroin/other street drugs. From 2012 to 2015, there was a statistical increase in the overall percent of respondents reporting a household problem with the misuse of prescription drugs/over-the-counter drugs in the past year. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting a household problem with marijuana or gambling in the past year.*

In 2015, 20% of respondents reported in the past 30 days they were driving and distracted by technology at least once a day while 52% reported zero times. Respondents 45 to 54 years old or with a high school education or less were more likely to report being distracted by technology at least once a day. Respondents who were female, 65 and older or in the bottom 40 percent household income bracket were more likely to report being distracted by technology zero times. Twenty percent of respondents reported in the past 30 days they were driving with non-technology distractions at least once a day while 47% reported zero times. Respondents 18 to 34 years old, 45 to 54 years old or in the middle 20 percent household income bracket were more likely to report driving with non-technology distractions at least once a day. Respondents 65 and older or in the bottom 40 percent household income bracket were more likely to report driving with non-technology distractions zero times in the past month.

In 2015, 2% of respondents reported someone made them afraid for their personal safety in the past year. Four percent reported they had been pushed, kicked, slapped or hit in the past year; respondents who were male, 18 to 34 years old, with a college education, in the middle 20 percent household income bracket or unmarried were more likely to report this. A total of 6% reported at least one of these two situations; respondents who were male, 18 to 44 years old, with a college education, in the middle 20 percent household income bracket or unmarried were more likely to report this. *From 2003 to 2015, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety. From 2003 to 2015, there was a statistical increase in the overall percent of respondents reporting they were pushed, kicked, slapped or hit. From 2003 to 2015, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues.*

Children in Household Key Findings

In 2015, a random child was selected for the respondent to talk about the child's health and behavior. Ninety-two percent of respondents reported they have one or more persons they think of as their child's personal doctor or nurse, with 90% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Two percent of respondents reported there was a time in the past 12 months their child did not receive the dental care needed while 12% reported their child did not receive the medical care needed. Twelve percent reported their child was not able to visit a specialist they needed to see. Twelve percent of respondents reported their child currently had asthma. Zero percent of respondents reported their child was seldom or never safe in their community. Seventy-three percent of respondents reported their 5 to 17 year old child ate two or more servings of fruit on an average day while 25% reported three or more servings of vegetables. Seventy-seven percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Zero percent of respondents reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Eight percent reported their 8 to 17 year old child experienced some form of bullying in the past year; 8% reported verbal bullying, 0% cyber bullying and 0% reported physical bullying. *From 2012 to 2015, there was a statistical increase in the overall percent of respondents reporting their child has a personal doctor or nurse. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting their child visited their personal doctor for preventive care in the past year. From 2012 to 2015, there was a statistical decrease in the overall percent of respondents reporting their child had an unmet dental need in the past 12 months. From 2012 to 2015, there was a statistical increase in the overall percent of respondents reporting their child had an unmet medical need in the past 12 months or their child needed to see a specialist but could not. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported their child had asthma or their child was seldom/never safe in their community. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child ate at least two servings of fruit, ate at least three servings of vegetables a day or their child was physically active five times a week for at least 60 minutes. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. From 2012 to 2015, there was a statistical decrease in the overall percent of respondents who reported their 8 to 17 year old child was bullied overall in the past year, more specifically, physically or cyber bullied. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported their 8 to 17 year old child was verbally bullied.*

Community Health Issues Key Findings

In 2015, respondents were asked to pick the top three health issues in Greenfield out of eight listed. The most often cited were chronic diseases (60%), alcohol/drug use (57%) and mental health/depression (31%). Respondents 18 to 34 years old, with at least some post high school education or in the top 60 percent household income bracket were more likely to report chronic diseases as a top issue. Respondents 18 to 34 years old were more likely to report alcohol/drug use or mental health/depression as a top issue. Twenty-one percent of respondents reported violence as a top issue; respondents in the bottom 40 percent household income bracket were more likely to report this. Fourteen percent reported infectious diseases; female respondents were more likely to report this. Five percent of respondents reported teen pregnancy as a top issue. Respondents 45 to 64 years old were more likely to report teen pregnancy. Two percent of respondents each reported infant mortality or lead poisoning as a top issue. *From 2012 to 2015, there was a statistical increase in the overall percent of respondents who reported mental health/depression as one of the top health issues in the community. From 2012 to 2015, there was a statistical decrease in the overall percent of respondents who reported teen pregnancy, infectious diseases, violence or infant mortality as one of the top health issues in the community. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported chronic diseases, alcohol/drug use or lead poisoning as a top issue.*