Wisconsin Public Health Profiles
2016 | BAYFIELD COUNTY

BIRTH OUTCOMES

Normal birthweight babies: **94.4% of live births**

(2,500+ grams)

Wisconsin: 92.6% of live births

ACCESS TO HIGH QUALITY HEALTH SERVICES

Preventable hospitalizations: **15.3 per 1,000 population**

(For conditions where timely and effective ambulatory care can reduce likelihood of hospitalization)

Wisconsin: 13.2 per 1,000 population

SUBSTANCE ABUSE

Deaths related to alcohol and other drugs: **291.8 per 100,000 population**

(Alcohol, tobacco, or other drugs listed on death certificate as underlying or contributing cause. May reflect mention of multiple substances.)

Wisconsin: 179.3 per 100,000 population

Public Health Profiles, Wisconsin 2016, presents selected data on population characteristics, natality, mortality, morbidity, local health departments, long-term care, and hospitalizations for Wisconsin residents for calendar year 2014. Data were selected to profile important aspects of public health for the state as a whole, each of the 72 counties, the five Division of Public Health regions, the seven perinatal regions, all sub-county local health departments, and cities with a population over 35,000.

BIRTHS

Natality data are drawn from birth certificates maintained by the Vital Records Section, Division of Public Health. This report presents data from the calendar year 2014.

DATA DETAILS
These data include characteristics of the infant and pregnancy (birthweight, delivery method, birth order, trimester of first prenatal care visit, and number of prenatal care visits) and attributes of the mother (age, marital status, education, race/ethnicity, and smoking status).

Data include records on all births to state residents, including those that occur outside Wisconsin. Out-of-state records are obtained from the state of occurrence. Thus, county birth data include all births to county residents regardless of where the births occurred.

TOTAL BIRTHS

Total live births	124
Crude live birth rate (per 1,000)	8.2
General fertility rate (per 1,000)	69.6

PREGNANCY CHARACTERISTICS

Delivery Type	Births	%
Vaginal after prev. cesarean	5	4.0
Other vaginal	81	65.0
Primary cesarean	24	19.0
Repeat cesarean	13	10.0
Cesarean (unk. repeat/primary)	1	1.0
Vaginal vacuum	0	0.0
Forceps	0	0.0
Other/Unknown	0	0.0
Prenatal Care Visits		
No visits	0	0.0
1-4	2	2.0
5-9	21	17.0
10-12	61	49.0
13+	38	31.0
Unknown	2	2.0
First Prenatal Care Visit		
1st trimester	93	75.0
2nd trimester	26	21.0
3rd trimester	3	2.0
No visits	0	0.0
Unknown	2	2.0

MATERNAL CHARACTERISTICS

Marital	Births	%
Married	82	66.0
Not	42	34.0
Unknown	0	0.0
Education		
Elementary or less	2	2.0
Some high school	4	3.0
High school graduate	29	23.0
Some college	47	38.0
College graduate	42	34.0
Unknown	0	0.0
Smoking		
Smoker	31	25.0
Nonsmoker	93	75.0
Unknown	0	0.0

INFANT CHARACTERISTICS

Birthweight	Births	%
< 1,500 gm	2	1.6
1,500-2,499 gm	5	4.0
2,500+ gm	117	94.4
Unknown	0	0.0
Birth Order		
First	52	42.0
Second	46	37.0
Third	20	16.0
Fourth or higher	6	5.0
Unknown	0	0.0
Reported congenital anomalies [1]	0	0.0

MATERNAL CHARACTERISTICS AND BIRTH OUTCOMES

	All Births		LBW		Trimester of First Prenatal Visit 1st		2nd		Other/Unk.	
Race/Ethnicity	Births	%	Births	%	Births	%	Births	%	Births	%
White	93	75.0	6	6.5	74	80.0	17	18.0	2	2.0
Black/African-American	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
American Indian	19	15.0	1	5.3	12	63.0	6	32.0	1	5.0
Hispanic/Latino	4	3.0	0	0.0	0	0.0	0	0.0	0	0.0
Asian	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0
Two or more races	7	6.0	0	0.0	5	71.0	2	29.0	0	0.0
Other/Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Age	Births	Fertility rate (per 1,000)	Births	%	Births	%	Births	%	Births	%
< 15	0	--	0	0.0	0	0.0	0	0.0	0	0.0
15-17	0	.	0	0.0	0	0.0	0	0.0	0	0.0
18-19	7	.	1	14.3	3	43	4	57.0	0	0.0
20-24	25	89.0	1	4.0	18	72	4	16.0	3	12.0
25-29	40	200.0	1	2.5	34	85	4	10.0	2	5.0
30-34	42	132.0	4	9.5	30	71	12	29.0	0	0.0
35-39	9	.	0	0.0	7	78	2	22.0	0	0.0
40+	1	.	0	0.0	0	0.0	0	0.0	0	0.0
Unknown	0	--	0	0.0	0	0.0	0	0.0	0	0.0
Teen Births	7	20.0								

DEFINITIONS

Birthweight - infant weight at time of delivery (reported here in grams).

Live birth - complete expulsion or extraction of an infant from its mother, irrespective of the duration of pregnancy, which after such separation breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

Low birthweight (LBW) - birthweight of a liveborn infant of less than 2,500 gm (5lbs, 8oz) regardless of gestational age.

Smoking status - a mother is defined as a smoker if she reports smoking cigarettes at any time during or three months prior to the pregnancy. This is not comparable to Wisconsin data on maternal smoking for births prior to 2011.

Teen birth - births in which the mother was less than 20 years old.

MEASURES

Crude live birth rate - number of live births per 1,000 population.

General fertility rate - number of live births per 1,000 women of childbearing age (15-44).

Age-specific fertility rate - number of births to women in an age category, per 1,000 women of that age.

Teen fertility rate - number of live births to females under 20 years of age per 1,000 females age 15-19.

NOTES

[1] **Live births with reported congenital anomalies.** Due to the change in Wisconsin birth data collection beginning in 2011, the number of live births with reported congenital anomalies in 2011 and subsequent years cannot be compared with the number in 2010 and earlier years.

DEATHS

Mortality data are drawn from three sources maintained by the Vital Records Section, Division of Public Health: death certificates, infant death certificates matched with the corresponding birth certificates, and fetal death reports (deaths of fetuses of at least 20 weeks of gestation). This report presents data from the calendar year 2014.

DATA DETAILS

This report presents Wisconsin resident data (deaths of Wisconsin residents). The majority of these deaths occurred in Wisconsin, although death certificates of Wisconsin residents are received from other states and countries as well. Deaths have been assigned to the area where the person lived (usually legal residence), regardless of where the death occurred.

PERINATAL MORTALITY

	Deaths	Rate (per 1,000)
Total perinatal mortality	0	.
Neonatal	0	.
Fetal	0	.

INFANT MORTALITY

	Deaths	Rate (per 1,000)
Total infant mortality	0	.
Neonatal	0	.
Postneonatal	0	.
Birthweight		
< 1,500 gm	0	.
1,500-2,499 gm	0	.
2,500+ gm	0	.
Unknown	0	.
Race of Mother		
White	0	.
Black	0	.
Hispanic	0	.
Asian	0	.
Other/Unknown	0	.

TOTAL DEATHS

Total deaths	159	
Crude death rate (per 100,000)	1,054.7	

CHILD AND ADULT MORTALITY

Age	Deaths	Rate (per 100,000)
1-4	0	.
5-14	0	.
15-19	3	.
20-34	2	.
35-54	14	.
55-64	17	.
65-74	36	1,520.9
75-84	44	4,271.8
85+	43	13,030.3
Selected Underlying Causes		
Heart disease (total)	33	218.9
Ischemic heart disease	21	139.3
Cancer (total)	35	232.2
Trachea/Bronchus/Lung	12	.
Colorectal	1	.
Female breast*	4	.
Cerebrovascular disease	11	.
Lower respiratory disease	13	.
Pneumonia and influenza	3	.
Accidents	8	.
Motor vehicle	5	.
Diabetes	2	.
Infectious/Parasitic diseases	3	.
Suicide	6	.
Alcohol and Drug Abuse as Underlying or Contributing Cause of Death		
Alcohol	4	.
Tobacco use	38	252.1
Other drugs	2	.

* Based on female deaths from breast cancer and female population.

DEFINITIONS

Cause of death - reported underlying cause of death, as recorded on death certificates. The categories and ICD-10 codes are listed in the Technical Notes.

Fetal death - death occurring prior to the complete expulsion or extraction from its mother of a product of conception; the fetus shows no signs of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. Only deaths of fetuses of at least 20 weeks of gestation must be reported in Wisconsin. Fetal death reports do not include induced abortions.

Infant death - death of a live-born individual less than one year of age.

Neonatal death - death of a live-born infant less than four weeks (28 days) of age.

Perinatal deaths - neonatal deaths plus all reported fetal deaths of 20 or more weeks of gestation.

Postneonatal death - death of an infant between four weeks (28 days) and one year of age.

MEASURES

Crude death rate - number of deaths per 100,000 population.

Crude cause-specific death rate - number of deaths from a cause per 100,000 population.

Death rate by age - number of deaths in an age group per 100,000 population in that age group.

Neonatal, postneonatal, and infant death rates - number of deaths per 1,000 live births.

Fetal and perinatal death rates - number of deaths per 1,000 live births and fetal deaths.

Race-specific and age-specific infant death rates - deaths per 1,000 live births in that race or weight category.

NOTES

Alcohol and Drug Abuse as Underlying or Contributing Cause of Death provides a count of deaths with any mention of alcohol, tobacco use, or other drugs on the death certificate. A death with more than one of these causes mentioned is counted for each one. For instance, a death that mentions both alcohol and tobacco will be counted in both categories.

Ⓗ Hospitalizations

Hospitalization data are obtained from hospital inpatient discharge files prepared by the Health Analytics Section, Division of Public Health (DPH), from data collected by the Wisconsin Hospital Association Information Center. This report presents data from the calendar year 2014.

DATA DETAILS

Diagnostic definitions used for the categories are based on the principal diagnosis. Hospitalizations are measured as inpatient discharges. Hospitalizations for an individual can occur more than once due to multiple admissions and transferring between hospitals. The diagnoses most affected by transfers are malignant neoplasms, mental disorders, cerebrovascular disease, coronary heart disease, and injury-related diagnoses.

Prior to 2011, information was not reported on Wisconsin residents hospitalized out of state. As a result, the hospital data for border counties were incomplete, since residents of these counties may receive a significant amount of care from out-of-state facilities. Beginning in 2011, the Public Health Profiles include records for Wisconsin residents treated in Minnesota hospitals. Therefore, counts and rates of hospitalizations in the affected counties changed substantially and caution is advised when comparing across data years. Counts and rates remain underestimated for those counties whose residents receive a significant amount of care in Iowa, Michigan, or Illinois hospitals.

TOTAL HOSPITALIZATIONS	Cases	Rate (per 1,000)	LOS	Average charge	Charge per capita
Total	1,645	109.1	4.0	$27,240	$2,972
Age					
<18	174	69.5	3.7	$13,209	$918
18-44	327	97.6	3.6	$17,999	$1,756
45-64	415	75.5	4.5	$36,203	$2,735
65+	729	195.6	4.1	$29,633	$5,796

Cause by selected age group	Cases	Rate (per 1,000)	LOS	Average charge	Charge per capita
INJURY-RELATED					
Injury: All					
Total	124	8.2	4.2	$30,988	$255
<18	3	.			
18-44	22	6.6	4.1	$36,120	$237
45-64	26	4.7	3.3	$22,784	$108
65+	73	19.6	4.7	$32,693	$640
Injury: Hip Fracture					
Total	30	2.0	4.4	$32,793	$65
65+	26	7.0	4.5	$32,160	$224
Injury: Poisonings					
Total	1	.			
18-44	1	.			
DRUG & ALCOHOL USE					
Alcohol-Related					
Total	58	3.8	3.8	$12,742	$49
18-44	27	8.1	3.3	$9,610	$77
45-64	28	5.1	4.3	$15,245	$78
Drug-related					
Total	17	.			
18-44	12	.			
MENTAL DISORDERS					
Total	100	6.6	6.2	$11,402	$76
<18	22	8.8	7.9	$11,751	$103
18-44	52	15.5	4.9	$10,013	$155
45-64	14	.			
65+	12	.			
PREVENTABLE HOSPITALIZATIONS					
Total	231	15.3	3.9	$17,271	$265
<18	13	.	1.8	$7,050	$37
18-44	27	8.1	3.2	$17,123	$138
45-64	53	9.6	5.2	$25,534	$246
65+	138	37.0	3.7	$15,090	$559

Cause by selected age group	Cases	Rate (per 1,000)	LOS	Average charge	Charge per capita
DIABETES					
Total	28	1.9	3.5	$25,287	$47
65+	4	.			
CARDIOVASCULAR DISEASE					
Coronary Heart Disease					
Total	65	4.3	3.5	$54,791	$236
45-64	20	3.6	2.8	$47,690	$174
65+	45	12.1	3.8	$57,948	$700
Cerebrovascular Disease					
Total	46	3.1	3.4	$32,542	$99
45-64	10	.			
65+	34	9.1	2.9	$21,500	$196
CHRONIC PULMONARY DISEASE					
Asthma					
Total	3	.			
<18	0	.			
18-44	1	.			
45-64	0	.			
65+	2	.			
Other Chronic Obstructive Pulmonary Disease					
Total	23	1.5	3.2	$12,640	$19
45-64	3	.			
65+	20	5.4	3.5	$13,265	$71
PNEUMONIA & INFLUENZA					
Total	81	5.4	3.5	$14,672	$79
<18	6	.			
45-64	19	.			
65+	48	12.9	3.9	$14,040	$181
NEOPLASMS					
Malignant Neoplasms (Cancers): All					
Total	56	3.7	6.3	$52,262	$194
18-44	4	.			
45-64	14	.			
65+	37	9.9	4.8	$39,957	$397
Neoplasms: Female Breast (rates for female population)					
Total	2	.			
Neoplasms: Colorectal					
Total	7	.			
65+	5	.			
Neoplasms: Lung					
Total	3	.			

DEFINITIONS

Length of stay (LOS) - average duration, in days, of a single episode of hospitalization for an individual with the specified condition.
Preventable hospitalizations - Hospitalizations for conditions where timely and effective ambulatory care can reduce the likelihood of hospitalization (see Technical Notes).

MEASURES

Average charge - total charges within a particular diagnostic category and age group divided by the number of discharges with reported charges in that group.
Charge per capita - total charges divided by the estimated total population (within age groups: age-specific charges divided by the estimated age-specific population).
Rate of discharge - number of discharges in that diagnostic category and age group per 1,000 population in that age group.
Rate of discharge for female breast neoplasms - number of discharges in that diagnostic category per 1,000 women.

NOTES

Length of stay and charge outliers were defined as values below the 1st percentile or above the 99th percentile (i.e., the highest 1 percent and the lowest 1 percent). In these cases, the length of stay or charge was set to the 1st or 99th percentile value. Since reporting of charges is optional for lengths of stay over 100 days, the charges for those cases with a missing charge and length of stay over 100 days were also set to the 99th percentile value.

Long-Term Care

Data for the Community Options Program (COP) and Medicaid Waiver programs are maintained in the Human Services Reporting Syst em (HSRS), managed by the Division of Long Term Care (DLTC). Nursing home data are drawn from the Division of Quality Assurance (DQA) Staffing Survey, as well as the federal MDS (minimum dataset) resident-based data collected from Medicare- and/or Medicaid-certified nursing homes, and were provided by the Division of Quality Assurance (DQA). The data do not include the five state-licensed-only nursing homes in Wisconsin. This report presents data from the calendar year 2014.

DATA DETAILS

In most counties, the COP and Medicaid Waiver programs are administered by a single county agency. For counties that have more than one agency serving different populations, the data were combined to produce the numbers in the county report. Data from the Oneida Tribe were included in Brown County data. Both the client counts and the costs are taken from the reporting system prior to any year-end contract adjustments with the provider agencies. COP and Medicaid Waiver counts represent unduplicated cases, as reported by DLTC. Waiver costs reported include federal funding.

	Clients	Costs
COMMUNITY OPTIONS PROGRAM (COP)	6	$35,575
MEDICAID WAIVER*		
CIP1A Developmentally disabled	0	$0
CIP1B Developmentally disabled	0	$0
CIP2 Elderly/Physically disabled adults	0	$0
COP-W Elderly/Physically disabled adults	0	$0
CLTS Disabled children	17	$169,135
Brain injury	0	$0
Total COP/Waivers	6	$35,575
Eligible and Waiting	13	N/A

* Waiver costs reported here include federal funding.
$0 of the above waiver costs were paid as local match/overmatch using COP funds.
This amount is not included in the above COP costs.

FAMILY CARE/PARTNERSHIP PROGRAM	Clients	Costs
Family Care	104	$2,926,212

NURSING HOMES	Count
Nursing homes	1
Licensed beds	65
Nursing home residents on December 31	56

RESIDENTS AGE 65+ PER 1,000 POPULATION	18.2

NOTES

Clients eligible and waiting for the COP/Medicaid Waiver programs are phased into care as appropriate based on DLTC policies.

Community Integration Program-1A (CIP1A) is authorized by Wis. Stat. § 46.275. It is a Medicaid-funded (state and federal) program designed to provide community services to persons who are relocated or diverted from the state centers for the developmentally disabled. Participants must be Medicaid eligible. The target group is developmentally disabled persons, of any age, who reside in or would enter a state center for the developmentally disabled without this program.

Community Integration Program-1B (CIP1B) is authorized by Wis. Stat. § 46.278. It is a Medicaid-funded (state and federal) program designed to provide long-term care assessments, care plans, and community services to persons who are relocated or diverted from ICFs-MR other than a state center for the developmentally disabled. Participants must be Medicaid eligible. The target group is developmentally disabled persons, of any age, who are diverted or relocated from an ICF-MR (not a state center) and certain nursing homes.

Community Options Program-Waiver (COP-W) is authorized by Wis. Stat. § 46.27 (11). It is a Medicaid-funded (state and federal) program designed to provide community services as an alternative to nursing home placement. Participants must be Medicaid eligible. The target group is frail elderly and physically disabled adults. COP-W is funded as an allocation to counties, based on the Community Aids formula or as designated by legislative intent. Counties manage these funds by serving eligible people within the total amount of COP-W funding.

Community Integration Program II (CIP2) targets the same group of frail elderly and physically disabled adults. This program is intended to increase the capacity of home-based and community-based care programs when nursing home resources are lost due to closing of facilities or reducing the number of licensed beds.

Children's Long-Term Support Waivers (CLTS) are authorized by Wisconsin Statute in 2001 Wisconsin Act 16, § 9123 (16rs); and 2003 Wisconsin Act 33, § 9124 (8c). This is a Medicaid-funded (county, state and federal) program designed to provide long-term care assessments, care plans, and community services to children who meet functional and financial eligibility criteria. Participants must be Medicaid eligible. The target group is children with developmental, mental health, or physical disabilities up to age 22. Beginning in 2012, CLTS claims for all counties are submitted for payment processing to the Third-Party Administrator (TPA), Wisconsin Physicians Service (WPS).

Family Care is a Medicaid long-term care program for adults with physical or intellectual/developmental disabilities and frail elders. The Department of Health Services (DHS) contracts with managed care organizations (MCOs) to operate Family Care. DHS provides the MCO with a monthly capitation payment for each member. The MCO uses these funds to provide individually planned services for all of its members. Care managers work with members to identify their needs, strengths, and preferences. Together, they identify the resources available and develop a care plan that may include help from family, friends, and neighbors. When this help is not available, the MCO will purchase necessary services from a contracted provider. The Partnership and PACE (Program of All-Inclusive Care for the Elderly) programs are similar to Family Care, but include primary and acute care services, and prescription drugs.

Local Health Departments, Programs & Licenses

Local health department (LHD) statistics come from the 2013 Local Health Department Survey, which was conducted within the Wisconsin Department of Health Services (DHS) by the Office of Policy and Practice Alignment (OPPA), Division of Public Health (DPH).

DATA DETAILS

The percent of children compliant with immunization requirements is based on reports required from all public and private schools and compiled by the Immunization Section, Bureau of Communicable Diseases (BCD), DPH. Immunization data in this report are for the 2014-2015 school year.

The Food Safety and Recreational Licensing Section of the Bureau of Environmental and Occupational Health (BEOH), DPH, provided the licensed establishment data. This report includes licensed establishment data for State Fiscal Year 2014.

LOCAL HEALTH DEPARTMENTS		FTEs
Staffing - Full-Time Equivalent (FTE)	**Count**	**per 10,000**
Total FTEs	10.0	6.6
Administrative	1.0	0.7
Public health nurses	2.6	1.7
Oral health professionals	0.0	0.0
Environmental health professionals	2.0	1.3
Public health educators	1.0	0.7
Nutritionists	0.0	0.0
Other professional staff	0.3	0.2
Technical/Paraprofessionals	0.1	0.1
Support staff	3.0	2.0
Funding	**Funds**	**per capita**
Total funding	$844,832	$56
Local taxes	$239,221	$16

LICENSED ESTABLISHMENTS	Count
Bed & Breakfast	20
Camps	35
Hotels/Motels	53
Tourist rooming	258
Pools	11
Restaurants	130
Body art	1

WIC PARTICIPANTS	Count
Total	504
Pregnant/Postpartum women	127
Infants	76
Children, age 1-4	301
Non-English-speaking	3
English-speaking	501

IMMUNIZATIONS	Count	%
Children in Grades K-12		
Compliant	1,459	100.0
Noncompliant	0	

DEFINITIONS

Environmental health professionals - includes registered sanitarians and other environmental professionals.
Other professional staffing - includes dietitians, physicians, epidemiologists, laboratory professionals, registered nurses, nurse practitioners, and other public health professionals.
Technical and paraprofessionals - includes computer specialists, diet technicians, interpreters, lab technicians, licensed practical nurses, and other paraprofessionals.
Lodging facilities - includes hotels, motels, tourist rooming houses, and bed and breakfast establishments.
Recreational facilities - includes water attractions, swimming pools, recreational educational camps, and campgrounds.
Body art establishments - includes both tattoo and body piercing establishments.

NOTES

Local Health Departments - The Office of Policy and Practice Alignment distributed the 2014 survey to local health officers via the online survey tool, which allowed the LHDs to submit their responses electronically. Some local health departments serve populations that do not coincide with county boundaries. For example, the city of Appleton is located in three counties. This report apportions staff and funding according to the percent of the health department's population in each county, using population estimates provided by the Wisconsin Department of Administration for January 1, 2014.

Immunization - The number of childen noncompliant with immunization requirements does not include those whose parents have filed waivers based on personal conviction, religious, or medical grounds.

Licensed Establishments - The facilities in this report are active establishments licensed and inspected by the Food Safety and Recreational Licensing Section, or by local health departments under contract with the Division of Public Health. Restaurants are categorized by the complexity or risk of their fare (prepackaged, simple, moderate, complex).

WIC - The number of participants in the Supplemental Nutrition Program for Women, Infants and Children (WIC) represents an unduplicated count of participants by county. The state and regional values were obtained by summing the county values, which introduced duplication, reflecting those participants who moved to another county during the year. The number of WIC participants in a county may seem high compared to the number of births. Once a participant enters the WIC program, that participant's status is not modified as it changes. For example, an infant may be 11 months old in January and change to a new status of "child" in the next month. For purposes of the unduplicated count, this participant is counted as an infant for the fiscal year report. Starting from 2008, the Profiles include the number of WIC participants who do not speak English and those who do. Totals may differ somewhat from totals for type of participants because the timeframes are slightly different. For 2009 and future WIC data, if a WIC participant lived in more than one county in the year and did not speak English, that participant is reported in each county of residence.

Population

The population by age, sex, race, and ethnicity was estimated for July 1, 2014, by the Health Analytics Section, Division of Public Health. Estimates of poverty and median household income in Wisconsin were obtained from the U.S. Census Bureau's Small Area Income and Poverty Estimates (SAIPE) program website. Employment statistics (civilian labor force, unemployment rate, and average wage) were obtained from the Division of Workforce Solutions, Wisconsin Department of Workforce Development.

POPULATION ESTIMATES

Total 2013	15,080
County population rank (1-72)	64
Population per square mile	10
County rank in population density (1-72)	69
Population growth 2010-2014	62
County rank in 5-year population growth (1-72)	38

	Female	Male	Total
Total	7,280	7,800	15,080
Age			
0-14	960	1,080	2,040
15-17	220	240	470
18-19	130	170	300
20-24	280	300	590
25-44	1,150	1,320	2,470
45-64	2,690	2,810	5,490
65-84	1,640	1,760	3,400
85+	210	120	330
Race/Ethnicity			
White	6,320	6,790	13,110
African American	60	70	120
American Indian	760	790	1,550
Hispanic	100	120	220
Asian	40	30	70

POVERTY ESTIMATES

	Estimate (%)	(C.I. ±)
All ages	13.6%	2.7%
Ages 0-17	23.9%	5%

EMPLOYMENT

Average wage for jobs covered by unemployment compensation (place of work)	$26,764

LABOR FORCE ESTIMATES

	Annual Average
Civilian labor force	7,678
Unemployment rate	9.5%
5-year avg. unemployment rate (2010-2014)	10.08%
Median household income	$45,466
Rank in median household income (1-72)	49

DEFINITIONS

Civilian labor force - includes all persons 16 years of age or over who are either working or looking for work. This statistic does **not** include members of the armed forces; "discouraged workers" who are not actively seeking employment, about to start a new job, or waiting to be called back from a layoff; or other people (such as students or retired persons) not working or looking for work.

Employed persons - individuals 16 years or older who worked for pay anytime during the week that includes the 12th day of the month, or who worked unpaid for 15 hours or more in a family-owned business, or who were temporarily absent from their jobs due to illness, bad weather, vacation, labor dispute, or personal reasons.

Unemployed persons - individuals 16 years or older who had no employment, were available for work, and either actively seeking employment, about to start a new job, or waiting to be called back from a layoff.

NOTES

Estimated populations are reported rounded to the nearest 10.

The **race/ethnicity categories** are mutually exclusive (racial categories exclude Hispanics). Estimated populations are reported rounded to the nearest 10.

Poverty Estimates - A 90 percent confidence interval (C.I. ±) is printed in a column next to each estimated value; this means that 90 percent of similar surveys would obtain an estimated value within the confidence interval specified.

Cancer

Cancer incidence data are compiled from reports submitted by Wisconsin hospitals, clinics, and physicians to the Wisconsin Cancer Reporting System (WCRS), Health Analytics Section, Division of Public Health, as mandated under Wis. Stat. § 255.04. This report presents cancer incidence data for cases diagnosed in the calendar year 2013 (the latest data available).

DATA DETAILS

Hospitals report all cases seen with active cancers. Clinics and physicians report all treated cases and any non-treated cases that have not been referred to a Wisconsin hospital. Central cancer registries in 19 other states and several Minnesota hospitals that diagnose and/or treat Wisconsin resident cancer patients report voluntarily to WCRS.

All reports sent to WCRS include patient demographics, tumor-specific characteristics, and type of treatment. WCRS reportable cancers include all malignant invasive and noninvasive neoplasms (except basal cell and squamous cell carcinomas that arise in the skin and noninvasive cervical cancers) plus in situ (pre-malignant) bladder cancers and (since January 1, 2004) benign tumors of the brain and central nervous system.

PRIMARY SITE	Cases	Crude incidence rate (per 100,000)
Female breast[*]	8	109.5
Cervical[*]	1	13.7
Colorectal	7	46.4
Lung and bronchus	13	86.1
Prostate[*]	7	89.8
Other sites	28	185.4
Total	64	423.8

*Rates include cases per 100,000 sex-specific population

MEASURES

Crude incidence rate - cases per 100,000 unadjusted population.

NOTES

Totals include only invasive cancers and are thus not comparable to any previous publications that included both invasive and noninvasive cancers.

Communicable Diseases

Data for communicable diseases are shown for selected reportable diseases. Numbers of confirmed cases were obtained from the Bureau of Communicable Diseases, Division of Public Health. Wisconsin Stat. ch. 252 and Wis. Admin. Code ch. DHS 145 require the surveillance and control of certain communicable diseases. This report presents data from the calendar year 2014.

DATA DETAILS
Completeness of reporting varies by disease. The figures for a county or region refer to reported cases among residents of that county or region, regardless of where the disease was contracted.

Specific counts for a year are subject to some slight changes over time as medical tests reveal previously unidentified cases or change previous diagnoses.

NOTES
The symbol "<5" denotes that the number of reported cases is between 1 and 4. The exact number is suppressed to maintain confidentiality.

DISEASE	Cases
Babesiosis	0
Blastomycosis	0
Campylobacter enteritis	<5
Cryptosporidiosis	<5
E.coli, shiga toxin-producing (STEC)	0
Ehrlichiosis/Anaplasmosis	<5
Giardiasis	8
Haemophilus influenzae, invasive	0
Hepatitis A	0
Hepatitis B*	0
Hepatitis C	9
Influenza-associated hospitalization	<5
Legionnaires'	<5
Lyme	9
Measles	0
N. meningitidis (Meningococcal disease)	0
Meningitis, other bacterial	0
Mumps	0
Pertussis	0
Salmonellosis	<5
Shigellosis	0
Streptococcus pneumoniae, invasive	0
Streptococcal diseases, all other	0
Tuberculosis	0
Sexually Transmitted Disease	
Chlamydia trachomatis	14
Gonorrhea	<5
Syphilis	0

*Includes all positive HBsAg test results.

Motor Vehicle Crashes

Data on injuries and fatalities in motor vehicle crashes are obtained from the WisDOT-DMV Traffic Accident Database of the Wisconsin Department of Transportation (DOT). This report presents data from the calendar year 2014.

DATA DETAILS

These data are based on location of crash, not on residence.

Motor vehicle crash data are occurrence data from the county in which the crash took place. (Most other data in the Profiles are based on the county of residence.) County statistics on persons injured and killed therefore do not include county residents who were injured or killed outside the county, and may include persons who are residents of other counties or other states.

TYPE OF MOTOR VEHICLE CRASH	Persons Injured	Persons Killed
All crashes	103	1
Alcohol-related	19	0
With citation for OWI	15	0
With citation for speeding	17	0
Motorcyclist	5	1
Bicyclist	0	0
Pedestrian	4	0

DEFINITIONS

Persons injured - persons who were physically harmed or complained of physical harm from injuries received in the crash, but did not die within 30 days of the crash.
Persons killed - were all persons who died within 30 days from injuries received in the crash .
Alcohol-related crash - a crash in which either a driver, bicyclist, or pedestrian is listed on a police or coroner report as drinking alcohol before the crash.
Crashes with a citation for OWI - crashes in which a law enforcement official has issued a citation for violation of Wis. Stat. § 346.63, "operating under influence of intoxicant or other drug."

NOTES

These data are reported by state and local law enforcement agencies. Because crash data are from a different source, the numb er of 'Persons Killed' in motor vehicle crashes will not match the number of deaths from 'Accidents, Motor Vehicle' in the profile's Child and Adult Mortalit y section.

ABOUT THE DATA: DOCUMENTATION

Public Health Profiles, Wisconsin 2016, presents selected data on population characteristics, births, deaths, morbidity, local health departments, long-term care, and hospitalizations in Wisconsin for calendar year 2014. The data were selected to profile important aspects of public health for the state as a whole, each of the 72 counties, the five Division of Public Health (DPH) regions, the seven perinatal regions, as well as 34 additional sub-county local health departments and municipalities. Local public health professionals and others seeking general information about the health of Wisconsin's population use these data to establish yearly goals, conduct community health assessments, write grant proposals, and develop education and outreach programs.

The Wisconsin Department of Health Services (DHS) provided funds for developing and disseminating this report. This report is produced by the Health Analytics Section.

Most of the statistics included in this report came from data systems maintained in DPH. The DPH Health Analytics section provided mortality, birth, and infant mortality data; 2014 population estimates; cancer incidence for 2013 (latest available); and prepared hospitalization data from the inpatient discharge files, with data collected by the Wisconsin Hospital Association Information Center. The DPH Office of Policy and Practice Alignment compiled Local Health Department Survey data for 2014 collected online via Select Survey. The Bureau of Communicable Diseases provided morbidity data and immunization data. The Bureau of Community Health Promotion, Special Supplemental Nutrition Program for Women, Infants and Children (WIC), provided WIC participant data. The Bureau of Environmental and Occupational Health provided licensed establishment data.

Nursing home data were provided by the Division of Quality Assurance. Community Options Program data and Medicaid Waiver data were provided by the Bureau of Long-Term Support, Division of Long Term Care. Data for eligible and waiting clients were also provided by this bureau. Family Care data were derived from the Wisconsin Managed Care database. All of these entities are in the Department of Health Services.

Employment data were provided by the Bureau of Workforce Information, Division of Workforce Solutions, Wisconsin Department of Workforce Development.

Motor vehicle crash data are maintained by the Wisconsin Department of Transportation (DOT), Division of Motor Vehicles, Traffic Accident Section. Figures were compiled from that source by the Bureau of Transportation Safety in DOT's Division of State Patrol.

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Formulas for Birth and Death Rates

Births

Crude live birth rate	= 1,000	x	Number of resident live births
			Total resident population

General fertility rate	= 1,000	x	Number of resident live births
			Number of females ages 15-44

Age-specific fertility rate	= 1,000	x	Number of resident live births in age category
			Number of females in age category

Teen fertility rate	= 1,000	x	Number of resident live births to females under 20 years of age
			Number of females under 20 years of age

Deaths

Crude death rate	= 100,000	x	Number of resident deaths
			Total resident population

Crude cause-specific death rate	= 100,000	x	Number of resident deaths from cause
			Total resident population

Fetal death rate	= 1,000	x	Number of resident fetal deaths
			Total resident live births and fetal deaths

Neonatal death rate	= 1,000	x	Number of resident neonatal deaths
			Total resident live births

Postneonatal death rate	= 1,000	x	Number of resident postneonatal deaths
			Total resident live births

Perinatal death rate	= 1,000	x	Number of resident fetal and neonatal deaths
			Total resident live births and fetal deaths

Infant death rate	= 1,000	x	Number of resident infant deaths
			Total resident live births

Race-specific infant death rate	= 1,000	x	Number of infant deaths to mothers in race category
			Number of live births to mothers in race category

Weight-specific infant death rate	= 1,000	x	Number of infant deaths in birthweight category
			Number of live births in birthweight category

Rates

Most rates per population included in the Public Health Profiles were calculated using 2014 population data. A crude rate is the number of events per 1,000 (or 10,000 or 100,000) people. It is called "crude" because its magnitude may be affected by the population's age distribution. In contrast, an age-specific or age-standardized rate considers age distribution, and would be preferred over a crude rate for comparisons between populations with different age distributions.

Rates for some events were not calculated. For most measures, numerators of fewer than 20 events (indicated by ".") were judged to be too small to calculate rates that are meaningful; such rates would be misleadingly unstable over time because small annual fluctuations in the number of events can create large changes in a rate. Calculation of other rates was not done for other reasons (indicated by "--"); for example, the population base for a fertility rate for females under 15 years old cannot be estimated accurately.

Categories of Underlying Cause of Death

Description	ICD-10 CODE
Infectious and Parasitic Diseases	A00-B99
Total Malignant Neoplasms	C00-C97
Trachea, bronchus, lung cancer	C33-C34
Breast cancer	C50
Colorectal cancer	C18-C21
Diabetes	E10-E14
Diseases of the Heart	I00-I09, I11, I13, I20-I51
Ischemic heart disease	I20-I25
Cerebrovascular Disease	I60-I69
Pneumonia and Influenza	J09-J18
Chronic Lower Respiratory Disease	J40-J47
Total Accidents	V01-X59, Y85-Y86
Motor vehicle accidents (crashes)	V02-V04, V09.0-V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0,V89.2
Intentional self-harm (suicide)	U-03, X60-X84, Y87.0

Drugs Listed as Underlying or Contributory Cause of Death

Alcohol	F10-F10.9, G31.2, G62.1, I42.6, K29.2, K70, R78.0, X45, X65, Y15
Tobacco	F17.9
Other Drugs	F11.0-F11.5, F11.7-F11.9, F12.0-F12.5, F12.7-F12.9, F13.0-F13.5, F13.7-F13.9, F14.0-F14.5, F14.7-F14.9, F15.0-F15.5, F15.7-F15.9, F16.0-F16.5, F16.7-F16.9, F17.0, F17.3-F17.5, F17.7-F17.8, F18.0-F18.5, F18.7-F18.9, F19.0-F19.5, F19.7-F19.9, X40-X44, X60-X64, X85, Y10-Y14

First-Listed Diagnoses Associated With Hospitalizations

Description	ICD-9-CM CODE
Malignant neoplasms	140.0-208.9, 230.0-234.9
Lung cancer	162.0-162.9
Female breast cancer	174.0-174.9
Colorectal cancer	153.0-154.8
Diabetes	250.0-250.9
Alcohol-related	
Alcohol psychoses	291.0-291.9
Alcohol dependence syndrome	303.0-303.03
Alcohol abuse	305.00-305.03
Alcoholic polyneuropathy	357.5
Alcoholic cardiomyopathy	425.5
Alcoholic gastritis	535.3
Chronic liver disease and cirrhosis	571.0-571.3
Excessive blood level of alcohol	790.3
Drug-related	
Drug psychoses	292.0-292.9
Drug dependency	304.00-304.93
Non-dependent abuse of drugs	305.10-305.93
Mental Disorders (excluding those related to alcohol or drugs)	290.0-319
Coronary heart disease	
Ischemic heart disease	410.0-414.9
Unspecified cardiovascular disease	429.2
Cerebrovascular disease	430-438
Pneumonia and influenza	480.0-487.8
Other chronic obstructive pulmonary disease	490-492, 494-496
Asthma	493
Osteoporosis	733.00-733.09
All injuries	800-999
Hip fracture	820.00-820.9
Poisonings	960.0-989.9

Diagnoses Defining Preventable Hospitalizations

(Principal Diagnosis only except where noted)

The list of conditions included in preventable hospitalizations was adapted with some modification from a study done between 1991 and 1994 by the United Hospital Fund of New York (Billings J, Anderson GM and Newman LS. "Recent Findings on Preventable Hospitalizations." Health Affairs, 15(3): 239–249, 1996). The diagnoses were defined by a medical panel of internists and pediatricians, and included conditions where timely and effective ambulatory care can reduce the likelihood of hospitalization by preventing the onset of an illness or condition, controlling an acute episodic illness or condition, or managing a chronic disease or condition. The descriptions and ICD-9-CM diagnostic codes for each preventable hospitalization category are listed below.

Description	ICD-9-CM CODE
Congenital syphilis	090.0-090.9 (includes secondary diagnosis for newborns)
Immunization - preventable conditions	033.0-033.9, 390, 391.0-391.9, 037, 045.00-045.93, (320.0 - age 1-5)
Grand mal status and other epileptic convulsions	345.0-345.9
Convulsions	780.3 (age >5)
Severe ear, nose, and throat infections	382.0-382.9, 462, 463, 465.0-465.9, 472.1 (except with a procedure of 20.01)
Pulmonary tuberculosis	011.00-011.96
Other tuberculosis	012.00-018.96
Chronic obstructive pulmonary disease	491.0-492.8, 494, 496, (466.0 with secondary diagnosis of 491.0-492.8, 494, 496)
Bacterial pneumonia	481, 482.2, 482.3, 482.9, 483, 485, 486 (except when there is a secondary diagnosis of 282.6 or patient is less than two months old)
Asthma	493.00-493.91
Congestive heart failure	428.0-428.9, 402.01, 402.11, 402.91, 518.4 (except with a procedure of 36.01-36.02, 36.05, 36.1, 37.5, 37.7)
Hypertension	401.0, 401.9, 402.00, 402.1, 402.90 (except with a procedure 36.01-36.02, 36.05, 36.1, 37.5, 37.7)
Angina	411.1, 411.8, 413.0-413.9 (except with any procedure 01.01-86.99)
Cellulitis	681.00-683, 686.0-686.9 (except with any procedure 01.01-86.99 unless only listed procedure is 86.0)
Skin grafts with cellulitis	DRG 263 and 264 (except if admitted from an SNF)
Diabetes A	250.10-250.31
Diabetes B	250.80-250.91
Diabetes C	250.00-250.01
Hypoglycemia	251.2
Gastroenteritis	558.9
Kidney/urinary infection	590.0-590.9, 599.0, 599.9
Dehydration – volume depletion	276.5
Iron deficiency anemia	280.1, 280.8, 280.9 (age 0-5 only; either principal or secondary diagnosis)
Nutritional deficiencies	260-262, 268.0, 268.1 (either principal or secondary diagnosis)
Failure to thrive	783.4 (age <1)
Pelvic inflammatory disease	614.0-614.9 (except with a procedure 68.3-68.8)
Dental conditions	521.0-523.9, 525.0-525.9, 528.0-528.9
Cancer of the cervix	180.0-180.9