

Health Outcomes
Years of Potential Life Lost (YPLL)
and
General Health Status

Health Outcome Criterion: Years of Potential Life Lost (YPLL)
Number per 100,000 Population and Rank: 2007 – 10,424 (44)
 2008 – 9,837 (45)

Health Outcome Criterion: General Health Status
Percent of Fair/Poor Health and Rank: 2007 – 16.6% (65)
 2008 – 17% (66)

Years of Potential Life Lost (YPLL) is a measure of mortality and accounts for years of potential life lost prior to age 75. It is an indicator for county mortality that accounts for the age at which a person dies; persons who die at a younger age are considered to have lost more “potential” years of life. As an example, persons who die at age 65 have lost 10 “potential” years of life while an individual who dies at age 50 will have lost 25 years.

Waupaca County has maintained a rank in the mid-40’s (of 73) for YPLL, which is the lower middle quartile. YPLL is a widely-used measure of the rate and distribution of premature mortality. It allows one to target resources to high-risk areas and investigate further into the causes of death.

General Health Status is the percent of the population that reports fair or poor health. Data are based on responses to a telephone survey which asks the question, “In general, would you say your health is excellent, very good, good, fair or poor?”

Waupaca County has consistently ranked in the 60’s (of 73) in the category of General Health Status. The 2008 rank of 66 kept this outcome component in the bottom quartile. People reporting fair or poor health provides an estimate of the health-related quality of life, or morbidity (illness), of a population.

Health determinants are predictors of future health. As we see improvement in our health determinants, we should see improvement in our health outcomes. In 2008, there has been a dramatic improvement in the Waupaca County health determinant ranking. 56th of 72 in 2007 to 49th of 73. Though our health outcomes

do not yet reflect the change overall, improvements in health in populations often lag behind individual health determinant statistics. The programs and interventions enacted by Waupaca County, and discussed in this document, may yet yield improved future health outcomes.

Waupaca County Community Focus Group Priority Health Concerns

In addition to using published statistics to determine the priority needs of Waupaca County, representatives of the Waupaca County Department of Health and Human Services (WCDHHS) met with citizen groups to discuss their health concerns. Representatives of the Health Services Division of the WCDHHS and the UW-Extension Office in Waupaca identified groups in each community in the county which might be willing to participate in the needs assessment process. These groups were composed of community leaders and encompassed various age groups. Presidents of the identified organizations were contacted by the needs assessment project coordinator for possible inclusion in the assessment process. Fourteen organizations from around the county agreed to allow time at one of their meetings for members to complete the Focus Group Priority Health Concerns survey.

The initial survey instrument (Appendix E1) proved to be too time consuming. Most groups could allot only 20-30 minutes of meeting time for the needs assessment survey process so, while the basic intent of the survey remained the same, the instrument was modified considerably, (Appendix E2).

The process of data collection involved introductory remarks from the WCDHHS project coordinator which included: an explanation of the needs assessment process; the participants' role in determining health priorities; and a discussion of services currently provided by the WCDHHS. Participants were then asked to take a few moments to respond to the question, "What do you think are the most important health concerns in your community?" They listed as many concerns as possible in the approximately 5 minutes allotted. These written responses were then collected and a public health nurse grouped and posted all responses on a poster board. During the process, the project coordinator advanced to the next two questions, "What do you think needs to be available to make a healthier

community?” and “If you had a magic wand and, with one wish, you could improve the health of the residents of Waupaca County, what would you do?” These responses were collected. The final step in the process was to have participants vote on their top 3-5 choices of all the health priorities posted earlier on the posterboard. The number of votes was determined by the number of items posted. The 3 categories receiving the most votes became the health priorities identified by the group. Group data, rather than individual data, was the focus of this data-collection process. A list of the participatory groups can be found in Appendix E3. The health priorities identified by these county groups is displayed in Table 19.

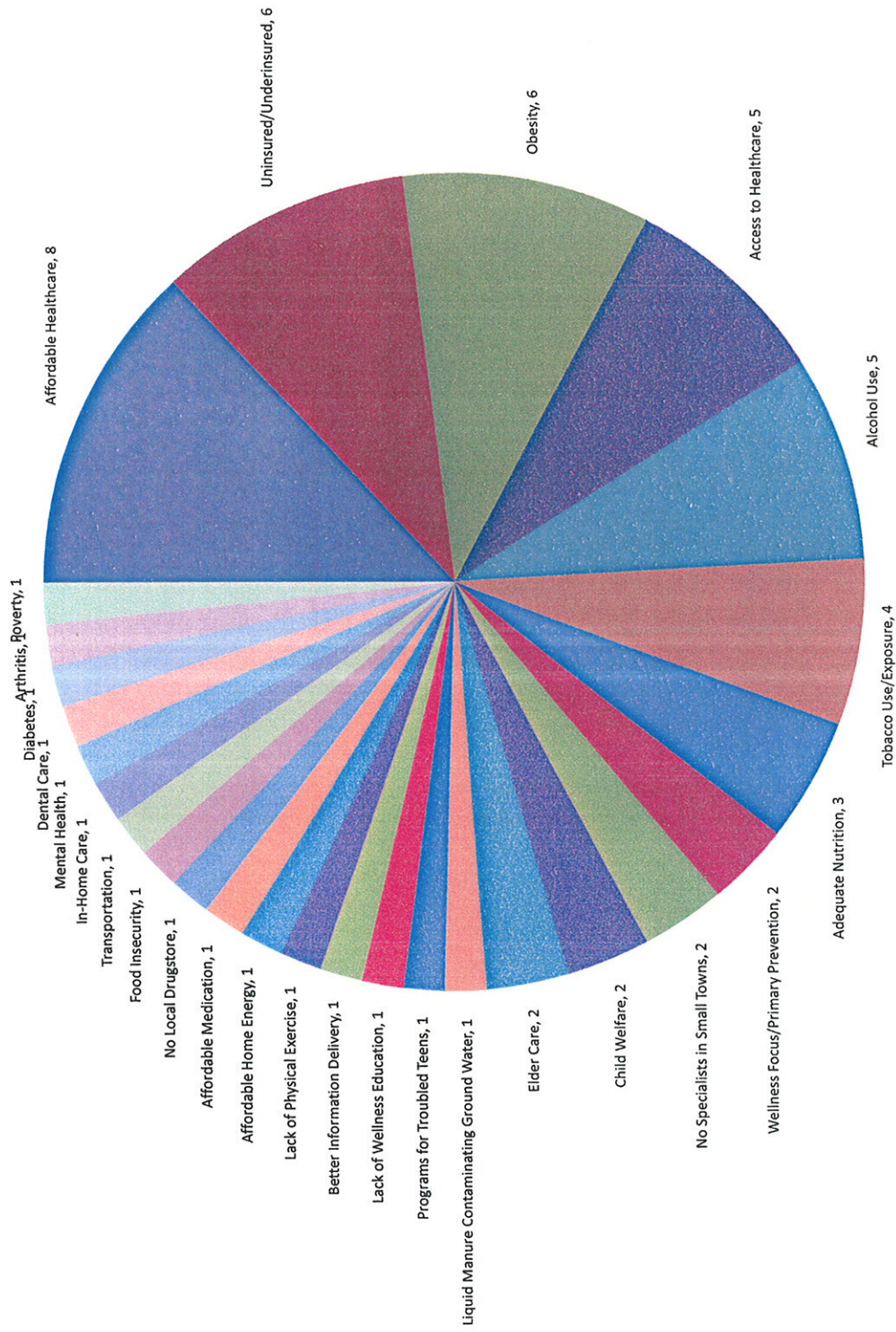
In response to the question, “What do you think needs to be available to make a healthier community?” some of the most frequent responses included: education/seminars; healthcare/access to care; walking trails/exercise opportunities and local physicians. There was emphasis placed on personal responsibility in the need for education and exercise expressed by respondents. There was also significant concern regarding the need for appropriate, accessible care in participants’ own communities.

In response to the question “If you had a magic wand and, with one wish, you could improve the health of Waupaca County residents, what would you do?” the most frequent answers included smoking-related issues: no smoking in restaurants/bars; smoking cessation for all smokers and smoking bans in communities. Other responses to the question included: affordable health insurance for all; healthcare for all and education about healthy lifestyles.

One respondent felt he would use his one wish to “have more people with common sense”. Finally, one respondent felt his community would be healthier if “we had less lefse and no lutefisk.”

Table 19

Priority Needs Identified By Community Groups*



*Data represents 14 groups (209 individual participants)

Waupaca County Strengths

Needs assessments are conducted to determine what is needed, what is missing and to disclose where problems can be found. But just as important, and too often neglected, is the issue of revealing community strengths. In Waupaca County, there are some of which we can be proud.

There is a long history, in the county, of providing good diabetic care. This means persons afflicted with diabetes are receiving timely testing and monitoring which helps them control their disease and forestall chronic vision and cardiovascular problems common with diabetes. Biennial mammography statistics have improved markedly in Waupaca County in the last three years. Both of these are quality of care health determinants and strengths in our county community.

In the past two years, Waupaca County has also seen a marked decrease in the number of children in poverty. In 2008, the county entered the top quartile for this socioeconomic health determinant. Children are the future. Improving their social conditions will have positive ramifications for years to come in the health of our population.

Finally, Waupaca County has gotten moving and lowered its rate of obesity. The greatest change came in the area of physical activity. Waupaca County residents took the county from the lower to the middle quartile range in this health determinant category. Physical inactivity and obesity are two health behavior health determinants which are modifiable. They are strongly influenced by individual efforts. They bear a direct correlation to the amount of hypertension, heart disease, cancer and diabetes in a population. Interventions which reduce weight and increase activity will bring about reductions in these chronic health problems and serve to usher Waupaca County into a higher level of overall health in the years to come.

Priority Needs Identified

There are four health determinants in which Waupaca County has ranked in the bottom quartile (56-73): (1) No Health Insurance (61), a health care health determinant; (2) Motor Vehicle Crash-Related ER Visits – On Road (59), a health behavior health determinant which is a proxy for alcohol use while driving; (3) Nitrate Levels in Water (63), a physical environment health determinant and (4) Radon Risk (72), a physical environment health determinant.

The Waupaca County Needs Assessment has revealed the following to be the Healthiest Wisconsin 2010 Health Priorities of concern to the Waupaca County Department of Health and Human Services and the citizens of Waupaca County related to these health determinants:

- Access to Primary and Preventive Health Services
- Alcohol and Other Substance Use and Addiction
- Environmental and Occupational Health Hazards

Several other health-determinant factors, scoring in the lower middle quartile, have a significant impact on the health outcomes of the citizens of Waupaca County. These include: (1) Did Not Receive Needed Healthcare (54), an access to care health determinant; (2) No Recent Dental Visit (48), an access to care health determinant; (3) Less Than 5 a Day (51), a health behavior determinant; (4) Cigarette Smoking (54), a health behavior health determinant; (5) Divorce (51), a socioeconomic health determinant and (6) Houses with Increased Lead Risk (51), a physical environment health determinant.

The Healthiest Wisconsin 2010 Health Priorities related to these issues, not listed previously are:

- Adequate and Appropriate Nutrition
- Social and Economic Factors that Influence Health

It is apparent that access to health services, at all levels, is an issue for Waupaca County residents. Both the published statistics and the community survey bore out the need for greater availability of medical and dental services, closer to home, at an affordable price. An opportunity for affordable health insurance was cited as a key to this access. Continued pursuit of a “Community Clinic” is also strongly warranted.

Motor vehicle crash data is a proxy for alcohol use while driving because alcohol is a factor in many motor vehicle crashes. Waupaca County has yet to reach a level of success in dealing with alcohol issues in the population. Cultural acceptance and our status as a tourist destination make it difficult to effectively deal with alcohol issues.

Issues related to our physical environment are significantly impacting our poor health determinant ranking. In 2006, our overall physical environment health determinant rank was 51 of 72. In 2007 it was 64 of 72. In 2008, it is 67 of 73. Nitrate levels in water, houses with increased lead risk and radon risk have been the factors contributing the most to our poor showing in this area. Education campaigns, including media strategies and public forums, to inform people of how to lower their risks of exposure to these three threats, may help reduce the prevalence of these issues and contribute to more positive health outcomes for our residents in future years.

Cigarette smoking continues to be a key issue for Waupaca County residents. While our smoking rates have improved, we are still in the lower middle quartile (54 of 73). We also continue to exceed the state rate of smokers and almost double the target rate of 12%. Also, cigarette smoking remains the single most prevalent cause of death in Wisconsin and the U.S., contributing to more deaths than alcohol, drugs and motor-vehicle accidents. This is a modifiable health determinant. It is the goal of the Waupaca County Department of Health and Human Services, the Waupaca

County Tobacco-Free Coalition and the WIC program to continue to intervene to reduce the numbers of smokers in Waupaca County.

Adequate and appropriate nutrition for Waupaca County residents is an ongoing concern. Food insecurity continues to increase in the population. Another modifiable health determinant, nutrition plays a statistically significant role in a healthier population but can't be viewed as an isolated issue. Socioeconomic concerns play strongly into the nutritional status of families.

With a shortage of resources in general, families have a shortage of resources for food. This may be especially true in single-parent or divorced households where incomes are usually lower. With fewer resources, people tend to consume diets lower in fruits and vegetables as well as overall variety and nutritional value. Adults in food insecure homes, especially women, are at increased risk for being obese, partly due to the low cost of foods high in sugar, fat and calories. Adults and children in food-insecure homes and divorced or single-parent homes experience more adverse health effects such as depression, chronic disease, and poor levels of overall health.

Food insecurity is a critical piece of the overall health puzzle and should be dealt with aggressively. Greater access to supplemental food programs – church suppers, Food Pantries, FoodShare will help in reducing food insecurity in Waupaca County. It is also the altruism of neighbors and the acceptance of food as an issue of health which are needed to see a sustained positive effect.

Conclusions

Waupaca County has seen some improvements in health outcomes in 2008. While still in the 60's this year, our ranking dropped to 62 of 73 for health outcomes (see Appendix F). Probably the most significant change has come in health determinant ranking where, for the first time since at least 2004, we have improved from the 50's to rank 49 of 73. The health determinant ranking is most significant, at this point, because it is a predictor of future health. Health determinant changes lag behind overall outcomes in that it takes some time for individuals' improved health behaviors to impact their overall health. So, while our health outcome ranking improved only slightly this year, the effects of our interventions on our overall health may be yet to be seen.

Though our overall health determinant score did improve this year, there are individual health determinants which are of significant concern. Strategies are needed to: increase access to healthcare; provide access to and education about appropriate nutrition and greater food security; reduce acceptability of and exposure to tobacco and alcohol and, finally, educate and provide tools to reduce exposure to the risks of nitrates in water and the risks of lead and radon exposure in homes.

Primary, secondary and tertiary prevention strategies will be needed. This means prevention, early diagnosis and treatment strategies will all be required to deal with our issues. These are the means to progress toward a healthier Waupaca County.