

DUNN COUNTY COMPREHENSIVE HEALTH ASSESSMENT: PHASE II

Physical and Dental Health

By

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Abstract

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This study was designed to assess the healthcare services available in Dunn County and the health and wellness needs of residents in the county. This report focused on the areas of physical and dental health. For the purposes of this report, physical and dental healthcare referred to an individual's physiological needs, or body needs, either acute or chronic.

An original questionnaire was developed for this research, which consisted of over 200 items on 11 pages. The final questionnaire was mailed during the fall of 2001 to a random sample of 1,000 Dunn County residents. A total of 296 deliverable surveys were returned for a response rate of 32%.

In Dunn County 24% of respondents indicated poor or fair health for themselves and 18% for their families. Compared to national statistics, the Dunn County results suggest higher percentages of people perceiving their health to be poor or fair. Four percent of the respondents reported no health insurance and 4% reported using Medicaid insurance.

Twenty-one percent of the households received all of their medical and dental services outside Dunn County. Those receiving their medical services from "within and outside the

county” were less likely to be restricted by insurance, and limited by payment options. Families receiving dental services both within and outside the county were more likely to state that availability of services limits their use.

The medical facility most typically frequented by Dunn County families using physical healthcare services within the county was Red Cedar Clinic (74%). The type of medical care most frequently used was the doctor’s office (88%) followed by urgent care (4%).

Top performance areas of the clinic or hospital mainly visited by respondents and their families were: a pleasant atmosphere (92%), friendly and warm staff (90%), and explaining medical procedures and treatments (86%). Lowest performance areas were: specialized medical equipment (60%), phone calls returned quickly (66%), and offers a variety of specialists (66%). In the past 12 months, 39% of the households used optometry, 19% used physical therapy, 9% used the Dunn County Health Department, and 6% used sports medicine.

When asked about prescribed medical treatments, 71% of households “always complied” and 26% “complied often.” The top two reasons for not following prescribed medical treatments were cost (14%) and disagreement with the prescribed medical treatment (10%).

The following dental services were used by households in the past 12 months: 93% used routine check-ups/cleanings, 41% used on-going treatment, 17% used emergency care, and 10% used orthodontics. Factors considered most important when selecting a dentist were effective treatments (90%), well-trained staff (88%), and attentive staff (86%). Least important selection factors were cost (39%), specialized dental equipment (48%), and facility location (49%).

Top reasons for not visiting the dentist in the past year were “limited or no” dental insurance (11%), cost (11%), and “no reason” (7%). Seniors (65+), households earning \$40,000 or less, and individuals in poor or fair health were less likely to visit a dentist due to cost.

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## Chapter 1

*Introduction*

*Health is a state of complete physical, mental, and social well being and not merely the absence of disease or infirmity (World Health Organization).*

With the decline of infectious diseases as the leading causes of mortality, chronic diseases such as coronary heart disease (CHD), cancer, and stroke accounted for more than 60% of the U.S. death rate by 1990 (CDC, 1996). These chronic diseases do not appear to have single causative agents such as microorganisms. Attention in medicine has consequently shifted to examinations of the roles of the environment and the host in the understanding of causes and treatments for chronic diseases.

The presence of risk factors predictive of chronic diseases, as well as primary causes, are being studied together to understand the interactions among agent, host, and environment in understanding health and disease. The risk-factor revolution now recognizes that understanding health and disease extends beyond simple biological and lifestyle risk factors. A multitude of behavioral, psychosocial, and sociological factors associated with lifestyle are now believed to be major contributors to morbidity and mortality in the U.S. The leading causes of death are CHD, cancer, stroke, unintentional injuries, pulmonary disease, pneumonia and influenza, diabetes, suicide, liver disease, HIV infection, and homicide (CDC, 1996). Behavioral and lifestyle risk factors such as smoking, diet, physical inactivity, obesity, and alcohol consumption contribute to these diseases. In addition, individual characteristics such as anger and depression, and social and environmental factors such as socioeconomic status, ethnicity, lack of social support, and occupational stress are influential (Schneiderman, et al, 2001).

Even though medical science continues to understand cellular and molecular biology, contemporary approaches to medicine and public health now incorporate the study of risk factors and interactions among agent, host, and the environment. This contemporary approach also includes a shift from the individual to a focus on the population or community.

U.S. Surgeon General David Satcher believes that healthcare is not just about seeing a health-care professional when illness occurs, but it is a shared responsibility of public health organizations, individual homes, schools, churches, and community centers where people can learn to promote health and prevent disease. He believes in a balanced approach to healthcare that defines health holistically and responds to healthcare as cooperative communities. His vision of a balanced community health system balances “health promotion, disease prevention, early detection and universal access to care” (APA Monitor Online, 1999).

This vision is not consistent with current reality. The U.S. spends more money on healthcare than any other country in the world; \$1.5 trillion per year. At the same time 44 million Americans are uninsured and not likely to receive appropriate healthcare. Furthermore, it is estimated that 90% of the nation’s healthcare budget is spent on treating late stages of disease, while less than 2% is spent on disease prevention and health promotion (APA Monitor Online, 1999).

Clearly, healthcare in the U.S. is a serious concern. In national surveys published in Public Agenda Online (2001), over one-half of Americans say that the healthcare system needs fundamental changes, are worried a great deal about the uninsured, and believe the government should increase spending on healthcare. Making improvements to healthcare and public health should be continuous.

Creating the most comprehensive healthcare system is likely to involve the development and integration of biomedical, behavioral, psychological, and sociological science knowledge and techniques for understanding health and illness and applying this knowledge and techniques to disease prevention, diagnosis, treatment, rehabilitation, and health promotion (Schneiderman, et al, 2001). Many communities are addressing the integration of these various fields through public health coalitions to identify needs and develop solutions for health priorities. Coalitions can combine human and material resources to effect changes the members are unable to create independently. Furthermore, the efforts of coalitions should be research based. The results of needs assessments are useful for developing community intervention plans (Schneiderman, et al, 2001).

The Dunn County Community Health Coalition, a subgroup of the Dunn County Community and Family Resource Coalition, formed in 2000 to integrate a variety of public health agencies and improve public health in the county. This new subgroup consists of representatives of numerous local agencies including the Community Health Partnership Program, First Call for Help, the Dunn County Department of Human Services, the Dunn County Office on Aging, the Department of Public Health, Myrtle Werth/Red Cedar Clinic/Mayo Health Systems, Stout Solutions, and other agencies.

This new coalition requested assistance with a county health needs assessment from the Department of Psychology, UW-Stout, Menomonie, Wisconsin, in December 2000.

### *Background*

This report completed a one-year assessment of healthcare services available in Dunn County and of the health and wellness needs of residents in the county. The primary focus of the investigation was to prioritize the health and wellness needs of county residents and the extent to

which those needs were currently met. This was done in order to identify specific healthcare improvement goals and action plans needed to address those goals. The overall strategy for the assessment was to achieve a consensus of health priorities through the collection of existing data, interview and focus group methodologies, and a structured survey to county residents.

During the spring of 2001, the UW-Stout investigators reviewed relevant healthcare literature, conducted a series of individual interviews with healthcare providers, and conducted four focus group interviews with selected county residents. This initial qualitative assessment was requested by the Dunn County Community Health Coalition, a subgroup of the Dunn County Community and Family Resource Coalition, and funded by the Menomonie Community Health Foundation, Inc. The report for the initial assessment, *Dunn County Comprehensive Health Assessment Phase I: Qualitative Assessment*, was published in May 2001, and distributed to healthcare providers throughout the county.

*Phase II: Quantitative Assessment* was based on a structured questionnaire mailed during the fall of 2001 to a random sample of Dunn County residents. Phase II was a continuation of the same objectives as the initial project. This project had a more representative sample of county residents and more specifically defined health and healthcare issues. It also examined relationships among residents' demographics, healthcare experiences, and perspectives on health priorities. Phase II of the assessment was funded by grants from the Menomonie Community Health Foundation, Inc. and the Dunn County Department of Public Health. Two UW-Stout graduate students and one professor from the original research team conducted the research.

Local Health Departments and Boards of Health are required in Chapters 250 and 251 of the Wisconsin Statutes to carry out the core public health function of assessment. Furthermore, the Wisconsin Division of Public Health suggests that all public health agencies and providers

should create community coalitions and partnerships in order to improve the health status of communities (Healthiest Wisconsin 2010, Wisconsin Department of Health and Family Services). This research effort was targeted at the health assessment requirement and partnership development initiative for Dunn County and the state of Wisconsin.

*Purposes of the Investigation*

The objectives of this research were:

1. Assess the health status of Dunn County, Wisconsin residents.
2. Assess residents' utilization of services, satisfaction with services, and needs for services in the following areas:
  - Primary physical healthcare services from hospitals, clinics, dentists, and optometrists.
  - Mental healthcare services.
  - Social services such as family health and counseling, care for the elderly, and care for children.
  - Complementary healthcare services such as chiropractic, massage, and acupuncture.
  - Rehabilitation services for alcohol and other drug abuse, physical, and vocational rehabilitation.
  - Health prevention and promotion programs.
  - Safety and risk control services related to crime and accidents.
  - Environmental health concerns.
3. Prioritize health and wellness needs of residents in the county.
4. Prioritize healthcare service improvements for the county.

5. Examine relationships among residents' demographics, health status, behavioral risk factors, access to and utilization of healthcare services, and priorities for healthcare.
6. Engage in a process of inquiry that brings increased awareness to health, wellness, and healthcare; creates new health-related coalitions or partnerships; and potentially creates real solutions to identified needs in Dunn County.

This report focused on the physical and dental healthcare portions of the research. The objectives were:

1. Assess the physical and dental health status of Dunn County residents.
2. Assess residents' utilization of, satisfaction with, and factors considered when selecting physical and dental healthcare services.
3. Examine relationships among residents' demographics, health status, insurance coverage, access issues, lifestyle factors, stress issues and physical and dental healthcare.

## Chapter 2

### *Literature Review*

#### *Physical Health*

Physical health encompasses those health issues dealt with by clinics, hospitals, and other independent health-related professionals. This form of health deals with the health of an individual's physiological needs, or body needs, either acute or chronic. Acute care is defined as healthcare when a patient is treated for immediate and severe episodes of illness, subsequent treatment of injuries (related to accident or trauma), or recovery from surgery (Pohly, 2000). Chronic care is defined by long term care of those with longstanding, persistent diseases or conditions (Pohly, 2000). Overall health is characterized by a "complete physical, mental, and social well-being" (Pohly, 2000).

Dunn County professional healthcare providers attempt to meet these overall health needs. Providers range from traditional practitioners such as physicians, nurses, physical therapists, dentists and optometrists to complementary practitioners such as chiropractors and reflexologists. As the population changes at a national, regional, and local level, changing service needs and demands will need to be met by the professional healthcare community. A critical factor in determining these service needs and demands is examining previous and current data that may provide directional opportunities.

#### *Healthcare Visits*

In 1998, 82% of Wisconsin residents saw a doctor during the year. When examining adult trends, women were more likely than men to have seen a physician in the past year—especially, women of childbearing age (18-44). There appeared to be no significant difference between

males and females in seeking medical services among adults 65 and older (Wisconsin Family Health Survey, 1998). Physician visits by children (0-17 years) averaged 85%.

In 1998, 60% of Wisconsin residents had a physical examination during the year (Wisconsin Family Health Survey, 1998). Women were more likely to have had a recent physical examination than were men—with men ages 18-44 being the least likely to have a physical examination within the past year. Blacks were more likely than whites and children of unemployed parents were more likely than children belonging to at least one employed parent to have had a physical exam in the past year. Individuals with health insurance for part (57%) or all of the year (61%) were more likely to have had a physical examination within the past year than were uninsured individuals (40%).

During 1998, there were 588,934 hospitalizations in Wisconsin with Dunn County accounting for 3,353 hospitalizations (Health Profiles, 1998). In Wisconsin, the average hospitalization stay is 4.3 days with an average charge of \$8,312 whereas for Dunn County the average hospitalization stay is 3.5 days with an average charge of \$5,592. Out of the 588,934 hospitalizations 75,574 hospitalizations (505 represented by Dunn County) were identified as being “preventable”. “Preventable hospitalizations” are defined as “hospitalizations for conditions where timely and effective ambulatory care can reduce the likelihood of hospitalization” (Health Profiles, 1998). These “preventable hospitalizations” cost Wisconsin residents \$533,779,162 and cost Dunn County residents \$1,944,250 (Wisconsin & Dunn County Health Profiles, 1998).

An estimated 14% of Wisconsin household residents (730,000) received emergency room services (ER) in 1998. Blacks, the poor, residents of Milwaukee, those with less education, and

children who live with no employed adults visited the emergency room more frequently than other groups.

The top four disease-related hospitalizations (in descending order) for Wisconsin and Dunn County were bodily injuries, psychiatric health, coronary heart disease, and cancer. Drug-related hospitalizations ranked last out of all the disease-related stays with the 18-44 years of age bracket accounting for the majority of these hospitalizations in both the state of Wisconsin and Dunn County. There were 13,513 alcohol-related hospitalizations in the state of Wisconsin with Dunn County accounting for 54 of the alcohol-related hospitalizations (Health Profiles, 1998). The majority of patients seen for alcohol-related needs in the state of Wisconsin and Dunn County were represented in the “18-44 and 45-64 years” age group.

#### *Leading Causes of Death*

Some of the major health problems facing America are cancer, heart problems and strokes. According to Healing with Nutrition the top four diseases that kill Americans today are: #1 Cardiovascular Disease (50% of all deaths), #2 Cancers (one in three will get cancer), #3 Infections (deaths from infection rose 56% from 1980 to 1992), and lastly #4 Adult-onset diabetes (100 years ago it was #100 on the disease list) (2000).

According to Data 2010, the overall number of cancer deaths at a national level was 202.4 per 100,000 persons of all ages based on the 1998 statistics (2000). The rate of cancer survival, categorized by living five or more years after diagnosis, from 1989-1995 was at 59% of those diagnosed.

Along with cancer, Coronary Heart Disease is at the top of the list of killers of Americans. Coronary Heart Disease takes 208 lives per 100,000 people, based on 1998 statistics from Data 2010. One hundred more males (per 100,000) die from CHD in comparison to

females. Basic heart problems also plague America. Individuals, ages 65 to 74 years old, are reported to be hospitalized due to heart failure sometime in their life at a rate of 1320 per 100,000 persons. Individuals, ages 75 to 84, are shown to be affected at a rate of 2670 per 100,000 and those 85 and older are affected at a rate of 5270 per 100,000.

Diabetes also affects Americans, as stated before. It is among the top four killers of Americans. According to NIDDK statistics, 5.9% of Americans have diabetes (2000). Every year new individuals are diagnosed with diabetes at a rate of 798,000 new diagnoses a year (NIDDK, 2000). Diabetes also has a link with many other diseases, these include: heart disease, stroke, high blood pressure, blindness, kidney disease, and many more.

Another health problem facing this nation is strokes. At a rate of 60 per 100,000 people dying from strokes, it is an issue to be addressed. Males are affected by strokes slightly more than females. Twenty-eight percent of adults, age 20 or older, have high blood pressure, based on statistics from 1994 from Data 2010, although in 1998 it was found that 82% of adults 18 and older take action to control their blood pressure.

In 1998, there were 45,890 deaths of Wisconsin residents (Wisconsin Deaths, 1998) with 281 of these deaths reported by Dunn County (Public Health Profiles for Dunn County, 1998). This is the highest number ever recorded (for the state of Wisconsin) when assessing years previous to 1998. The increase was due to the increase in Wisconsin's population (especially the senior citizen population). Since about 1945, Wisconsin's death rate (deaths per 1,000 population) has been almost identical to the United States death rate.

Wisconsin and Dunn County's three leading causes of death in 1998 were heart disease, malignant neoplasms (cancer) and cerebrovascular disease (stroke). These three causes of death accounted for 60% of all Wisconsin resident deaths (Wisconsin Deaths, 1998) and 64% of all

Dunn County resident deaths (Public Health Profiles for Dunn County, 1998). Lung cancer contributed the most to cancer deaths in Dunn County and the state of Wisconsin. Suicide was the ninth leading cause of death in Wisconsin. Over half (53%) of all suicides in 1998 involved firearms.

The death rate and the number of deaths among Wisconsin infants increased from 1997 to 1998. An infant is defined as being “less than one year of age.” The two leading causes for infant death were perinatal conditions and congenital (existent at birth) anomalies. The definition of “perinatal” is “from the 20<sup>th</sup> week of gestation to the 28<sup>th</sup> day of newborn life” (Webster’s American Dictionary, 1997). Milwaukee County accounted for 151 (the highest) out of 488 Wisconsin infant deaths with ten counties reporting zero deaths. Dunn County reporting only 2 infant deaths during 1998 (Wisconsin Deaths, 1998).

#### *Chronic Health Conditions*

Over 1.4 million Wisconsin adult residents reported having one or more of ten chronic conditions in 1998. These chronic conditions are: arthritis, cancer, diabetes, asthma, emphysema or chronic bronchitis, high blood pressure, heart disease, heart attack, stroke, and osteoporosis. (These estimates do not include persons living in nursing homes and other institutional settings.)

Arthritis and high blood pressure (both at 16%) represent the top adult chronic diseases in Wisconsin with strokes being the least pervasive (Wisconsin Family Health Survey, 1998). Hypertension was rated the highest (12%) chronic condition in Dunn County with arthritis ranking second with 10% having a doctor diagnose this ailment (Department of Health & Family Services-Reference Center, 1998). With the exception of asthma, the presence of these chronic conditions increases with age in the state of Wisconsin.

The existence of chronic conditions can assist in the creation of physical limitations. In 1998, an estimated one-quarter of the adult household population in Wisconsin (921,000) had one or more of four physical limitations due to health problems: trouble walking one block; climbing stairs; bending, lifting or stooping; and/or doing vigorous exercise or work (Wisconsin Family Health Survey, 1998). Age is a determining factor with 53% of 65-74-year-olds and 62% of 75 and older being physically limited. Income level and educational level are negatively correlated with physical limitations.

In addition to this, an estimation of 249,000 adults (at any given time) in Wisconsin households were kept from working at a job, doing household work, or going to school because of a health problem. These estimates include individuals permanently unable to do things along with those individuals whose disability is temporary. Health problems also negatively affected the adult population's (approximately 70,000 adults) ability to eat, to dress oneself, to bathe, or to use the toilet. Individuals who are "75 years and older" are affected the most by health-related limitations.

### *Behavioral Risks*

"Behavioral risk" behaviors increase an individual's chance for contracting a chronic disease (Wisconsin Behavioral Risk Factor Survey, 1999). The over-consumption of alcohol is defined as a "behavioral risk" along with being overweight, smoking cigarettes, and skipping health screenings. In 1999, 5% of Wisconsin residents surveyed reported having "60 or more drinks in the past month" and "driving after having too much to drink". Twenty-seven percent of those surveyed "had 5 or more drinks on one occasion" (Wisconsin Behavioral Risk Factor Survey, 1999) making a 5% increase from 1998 (Wisconsin Behavioral Risk Factor Survey, 1998). In all three categories males reported drinking more than females.

In 1998, the state of Wisconsin reported 6,850 alcohol-related motor vehicle crashes out of a total of 62,236 motor vehicle crashes. Dunn County reported 50 alcohol-related motor vehicle crashes out of 456 motor vehicle crashes. Approximately, 11% of the motor vehicle crashes in the state of Wisconsin and Dunn County were alcohol-related (Health Profiles for Wisconsin and Dunn County, 1998).

Obesity is one of the biggest risk factors of the number one killer of Americans, heart disease (WebMD, 2000). Only 42% of adults, 20 and older, are at a healthy weight (2000, Data 2010). In 1994 it was found that an astonishing 23% of adults, 20 and older, were obese. Twenty –five percent of the female adult population was overweight while 20% of the male adult population was overweight (Data 2010). An interesting note, at a healthy weight, females have a higher percentage of heart disease (45%) than males (38%)(Data 2010).

In 1999, 33% of Wisconsin residents who completed the “Wisconsin Behavioral Risk Factor Survey” stated that they were overweight. Being overweight is defined by “Body Mass Index (BMI), a calculation (weight in kilograms divided by height in meters squared) using a self-reported height and weight” (Health Counts in Wisconsin-Behavioral Risk Factors, 1999). Males reported a higher incidence of being overweight than females.

Tobacco use is believed to be a major contributor to several diseases and numerous deaths in the United States. In 1999, 24% of Wisconsin residents completing the Behavioral Risk Factor Survey stated that they “currently smoke.” A current smoker is someone who reports smoking greater than or equal to 100 cigarettes during their lifetime and who reports smoking every day or some days (Wisconsin State Health Profile, 2000). Those with a high school education or less had the highest prevalence (33%) of smoking (Wisconsin State Health Profile, 2000). In 1999, 38% of Wisconsin youths (less than 18) reported smoking (Chronic Disease-

Wisconsin Department of Health and Family Services, June 21, 2000). During 1998, more males died from lung cancer (45 deaths per 100,000) than females (22 per 100,000) in Wisconsin (Wisconsin State Health Profile, 2000).

Skipping health screenings is also considered to be a behavioral risk. In 1999, 41% of Wisconsin residents reported “not having a routine check-up in the past year” (Behavioral Risk Factor Survey, 1999). In 1999, approximately 28% of the adult female population (18-50) had not received a mammogram or breast exam within a 2-year period (Wisconsin State Health Profile, 2000). Out of all the health-related screenings, surveyed residents were least likely (only 43%) to have a cholesterol check (Health Counts in Wisconsin-Behavioral Risk Factors, 1999).

#### *Crime/Accidents*

The Uniform Crime Report for 1999 published by the FBI (U.S. Department of Justice) creates a common basis for comparing crime in Dunn County with state and national statistics. In 1999, the city of Menomonie had 60% fewer violent crimes than the state of Wisconsin and 80% fewer violent crimes than the national level (Uniform Crime Report, 1999). Violent crimes are defined as forcible rape, robberies, murders or manslaughters, and aggravated assaults. Menomonie ranked the lowest in all violent crime areas with the exception of rape. Menomonie had a slightly higher incidence of rape than the national level and a 75% higher incidence of rape than the state level (Uniform Crime Report, 1999).

The National Safety Council (2000) concludes that there are 11 accidental deaths and about 2,370 disabling injuries every hour. Accidents are the fifth leading cause of death in the U.S., and the leading cause of death in the age range of 1-34 (National Safety Council, 2000). There were no fatal traffic accidents in Menomonie in 1999. As reported by the Dunn County Sheriff's Office, there were 5 fatal traffic accidents, two suicides, and 159 traffic related

accidents with injuries in 2000. With the high incidence of accidents at a local, state, and national level, this area will remain a considerable health-related concern.

### *Summary*

In 2000, 60% of Wisconsin deaths were attributed to heart disease, cancer, and stroke (Wisconsin Deaths, 2000). In 1999, 77% of Dunn County deaths were attributed to heart disease, cancer, and stroke (Dunn County Public Health Profiles, 1999). Accidental deaths ranked as the fifth leading cause of deaths at a national and local level (National Safety Council, 2000, and Dunn County Public Health Profiles, 1999).

In 1999, the two most prevalent chronic conditions for adult Wisconsinites were arthritis (18%) and high blood pressure (17%) with strokes being the least prevalent (Wisconsin Family Health Survey, 1999). Other chronic conditions plaguing Wisconsinites were cancer, diabetes, asthma, emphysema or chronic bronchitis, heart disease, and osteoporosis. Several behavioral risks contributing to these chronic conditions are tobacco use, obesity, and alcohol consumption. The lack of health screenings may also contribute to these chronic conditions due to the lack of early detection. Lack of health screenings may be due to healthcare access issues.

Based on statistics from Data 2010, in 1996, 12% of families had difficulties or delays in obtaining needed healthcare. Seventeen percent of individuals who were poor or near poor stated that they had these difficulties, while only 9% of middle/high income families reported the difficulties or delays. Those families with private insurance reported the lowest percentage having problems at 7%, those with public insurance reported 12% and lastly those uninsured reported the highest percent of problems at 27%.

According to the Wisconsin State Planning Grant Final Report to the Secretary for the Wisconsin Department of Health and Family Services (2001) an estimated 4% of Wisconsin

homes were uninsured for a continuous 12-month period. A point-in-time measure showed 6% uninsured at a given time during 2000. Insurance coverage and/or poverty status not only affected access to primary healthcare services; it also affected access to dental-related healthcare.

During 1998, 74% of Wisconsin residents obtained dental services. Dental visits were affected by insurance coverage and/or poverty status. Seventy-seven percent of the residents with insurance coverage visited the dentist whereas only 42% of the residents without insurance coverage visited the dentist. Visits varied based on poverty levels: 50% of the poor, 66% of the near-poor and 80% of the non-poor reported to have seen the dentist within the past year (Wisconsin Family Health Survey, 1998). Dental care for Badgercare recipients is extremely limited in Dunn County making it most difficult to receive the proper dental-related attention.

For those with or without insurance, Dunn County provides several primary healthcare facilities. Myrtle Werth Hospital and Red Cedar Clinic are located in Menomonie along with Oakleaf Medical Network (an independent physicians' association). In the Fall of 2002, the city of Menomonie will welcome a newcomer to the primary healthcare services market—Marshfield Clinic. For the outlying farming communities, another primary healthcare provider exists—Midelfort Clinic in Colfax. In addition to these facilities, numerous private practitioners offer other healthcare services. Some of the healthcare services provided (some complementary) are: dental-related services (orthodontics excluded), physical therapists, chiropractors, massage therapists, acupuncturists, optometrists, and the Dunn County Health Department.

Given the issues at hand, this report focused on the physical and dental healthcare issues in Dunn County. The objectives were:

1. Assess the physical and dental health status of Dunn County residents.

2. Assess residents' utilization of, satisfaction with, and factors considered when selecting physical and dental healthcare services.
3. Examine relationships among residents' demographics, health status, insurance coverage, access issues, lifestyle factors, stress issues and physical and dental healthcare.

## Chapter 3

### *Methodology*

#### *Subjects*

The population of Dunn County residents was approximately 44,000 at the time of this study. To represent the population, 1,000 residents of the county were randomly sampled from the adult voters who cast ballots during the record-setting November 2000 elections. The offices of the Dunn County Clerk and the Menomonie City Clerk provided voter names and addresses to the Department of Public Health for the research. This population list was considered to represent the residents of the county more accurately and currently than any other available list. The names of 410 voters with UW-Stout dormitory addresses were eliminated from the population list with the rationale that the majority of their healthcare needs were met through the university health service or in their home communities. The elimination of those names created a population list of 19,132 adult residents from which 1,000 were randomly selected.

#### *Instrument*

An original questionnaire was developed for this research. Content for the instrument was developed through focus group discussions and healthcare provider interviews from *Phase I*, as well as relevant national, state, and local publications. Draft versions of the questionnaire were pilot tested by several healthcare providers, by representatives from each of the funding agencies, and by selected county residents. Items were designed to be understood by the general public. Questionnaire items included closed-form response formats such as multiple choice checklists and Likert type scales of 3 or 4 options. Several items requested short written answers. The final instrument, composed into a booklet format, consisted of over 200 items on

11 pages. The questionnaire was more comprehensive than any other health assessment instruments reviewed.

The questionnaire requested the following kinds of information from resident individuals and their families when appropriate:

- Demographics (9 items including personal and family characteristics)
- Current health of individuals and family members (3 items)
- Insurance Coverage and Satisfaction (21 items)
- Visits in the past year with various kinds of healthcare providers (6 items)
- Conditions that limit access to healthcare (11 items)
- Lifestyle Qualities related to health (20 items)
- Stress Factors in the home (8 items)
- Physical Healthcare Services from hospitals, clinics, optometrists, dentists, and others (58 items including locations and types of services used, importance and satisfaction ratings for services received, compliance with prescribed treatments and medications)
- Social and Mental Health Services (19 items on awareness of, use of, and recommended improvements for county programs)
- Complementary Medicine and Therapies (16 items on types of therapies used and attitudes about complementary therapies)
- Environmental Concerns (9 items on environmental health and safety)
- Crime and Safety (8 items)
- Health Priorities for Dunn County (16 items)

Refer to Appendix B for a copy of the survey instrument.

*Procedures*

The UW-Stout Institutional Review Board for the Protection of Human Subjects approved a cover letter introducing the project and requesting resident's participation (See Appendix A), the assessment questionnaire, and a description of research procedures on October 19, 2001. On October 31, 2001 the survey instruments, cover letters, and postage paid business reply envelopes were mailed to the 1,000 randomly sampled Dunn County residents. Replies to the university address of the principal investigator were requested by November 16, 2001. Paid advertisements announcing the research process were published in the *Dunn County News* on November 7 and 11, 2001 to stimulate rate of response to the survey. After December 3, no additional surveys were included in analyses of results.

## Chapter 4

### *Results*

#### *Rate of Response*

Of the 1,000 surveys mailed, 937 were assumed delivered. Sixty-three were returned unable to be delivered for several reasons. By December 3, 296 surveys were completed and returned for a response rate of 32% (N=296).

#### *Preface to Results*

This report of survey results was based on responses from 296 respondents to over 200 questionnaire items. For the best understanding of results, the reader should refer to the actual questionnaire instrument in Appendix B for clarification of item wording.

In each of the following descriptive statistics tables, percent (%) refers to valid percent, which is the percent based on only those who actually responded to the item. In most tables the total number of responses is fewer than 296 because of respondents' choices to not respond to individual items.

Most of the descriptive statistics tables are followed by comments labeled "Additional Findings." The results presented in "Additional Findings" are based on extensive nonparametric and inferential statistical analyses examining relationships among variables. Only statistically significant findings are reported.

## Demographics

Respondents indicated the following demographics.

Table 1

Sex of Respondents

Sex	N	%
Female	202	68.5
Male	93	31.5

Table 2

Marital Status of Respondents

Marital Status	N	%
Single	23	7.8
Married	231	78.3
Divorced/Separated/Widowed	41	13.9

Table 3

Location of Residence in the County

Location	N	%
City	94	31.8
Village	53	17.9
Township	149	50.3

Table 4

Years of Residence in the County

Years	N	%
Less than 5	39	13.2
5 but less than 10	44	14.9
10 or more	212	71.9

Table 5

Annual Household Income

Income Level	N	%
Less than \$12,000	7	2.5
12,000-\$20,000	31	11.0
\$20,001-\$40,000	79	28.0
\$40,001-\$80,000	120	42.6
\$80,001+	45	16.0

Table 6 reports the % of homes with numbers of persons in different age categories. A total of 819 persons were represented through survey responses.

Table 6

Household Residents' Ages

Persons in home	9 years or less %	10-19 years %	20-34 years %	35-49 years %	50-64 years %	65+ years %
None	85.1	71.9	76.3	59.3	59.3	71.5
1	8.1	15.9	14.9	17.6	19.0	12.9
2	4.1	7.8	8.1	23.1	21.7	15.3
3	2.4	4.4	.3	0	0	0
4	0	0	0	0	0	0
5	.3	0	0	0	0	.3
6+	0	0	.3	0	0	0
Total #	74	132	108	188	184	133

Table 7

Households with Persons in General Age Groups

Age Groups	N	%
Children 0-19	109	36.9
Middle age 20-64	237	80.3
Seniors 65+	84	28.5

Table 8

Respondents' Ages

Ages	N	%
10-19 years	2	.7
20-34 years	33	11.5
35-49 years	92	31.9
50-64 years	94	32.6
65+ years	67	23.3

## Additional Findings: Demographics

All respondents indicated that households spoke English and 97.3% of households were White. Those in income ranges \$12,000 to \$40,000 were less likely to have children 0-19 than those in other income groups, chi square (4, N = 281) = 16.543,  $p < .01$ . Those in higher income groups were more likely to have adults 20-64 and less likely to have seniors 65+, chi square (4, N = 281) = 66.821,  $p < .001$ .

*Health Status of Respondents and their Families*

Respondents were requested to indicate their own health status and the health status of their families when appropriate as either “poor,” “fair,” or “good.” Because only 7 respondents (2%) rated their own or their family’s health as poor, the poor and fair health status descriptions were combined for analyses.

Table 9

Respondents' Current State of Health

Health Status	N	%
Poor or Fair Health	71	24.3
Good Health	221	75.7

## Additional Findings: Respondents' Health Status

Those living in the county for less than 10 years considered their health to be better than those living in the county more than 10 years, chi square (2, N = 291) = 8.297,  $p < .05$ . Those with higher incomes considered their health to be better than those with lower incomes, chi square (4, N = 278) = 17.500,  $p < .01$ . Those in homes with seniors 65+ were more likely to consider their own health to be poorer than those in homes with children or younger adults, chi square (1, N = 291) = 13.240,  $p < .001$ . Senior respondents 65+ rated their own health poorer than all other ages of respondents, chi square (4, N = 285) = 19.145,  $p < .001$ .

Table 10

Family's Current State of Health

Health Status	N	%
Poor or Fair Health	48	18.1
Good Health	217	81.9

### Additional Findings: Health Status of Family Members

Township residents rated family health better than village or city residents, chi square (2, N = 265) = 6.418,  $p < .05$ . Family health status for those in higher income groups was rated higher than those with incomes less than \$20,000, chi square (4, N = 255) = 12.942,  $p < .01$ . Families with seniors 65+ had their health rated poorer than families without seniors, chi square (1, N = 264) = 27.558,  $p < .001$ .

### *Insurance Coverage*

Table 11 reports types of insurance coverage reported by respondents.

Table 11

### Insurance Coverage

Type of Insurance	N	%
No Insurance	12	4.1
Private insurance outside employment	47	15.9
Insurance through employment	203	68.6
Medicare	86	29.1
Medicaid	12	4.1
Separate dental plan	55	18.6
Other health insurance	31	10.5

### Additional Findings: Insurance Coverage

Those without insurance were more likely to rate their own health more poorly, chi square (1, N = 292) = 7.869,  $p < .05$ . Those with some form of health insurance were more likely to have incomes greater than \$20,000 per year, chi square (2, N = 282) = 10.185,  $p < .01$ .

Those with insurance through employment rated their own health better, chi square (1, N = 292) = 12.813,  $p < .001$ , and their family health better, chi square (1, N = 265) = 6.438,  $p < .01$ . Those with Medicare rated their own health more poorly, chi square (1, N = 292) = 14.361,  $p < .001$ , and their family health more poorly, chi square (1, N = 265) = 33.788,  $p < .001$ . Those with separate dental plans rated family health better, chi square (1, N = 265) = 5.241,  $p < .05$ .

Table 12

Types of Insurance Coverage

Type of Insurance	N	%
Not sure of what is covered	12	4.3
Preventative checkups/exams	196	70.3
All or most physical health	252	90.3
All or most prescriptions	199	71.3
Healthcare outside county	156	55.9
Referral to specialists	180	64.5
All or most mental health needs	122	43.7
Most dental needs	137	49.1
Most eye care needs	100	35.8
Some complementary care	144	51.6

## Additional Findings: Types of Insurance Coverage

Those with private insurance outside employment were less likely to have policies that cover preventative health concerns, chi square (1, N = 279) = 15.948,  $p < .001$ , all or most physical needs, chi square (1, N = 279) = 6.161,  $p < .05$ , prescription medications, chi square (1, N = 279) = 60.544,  $p < .001$ , referral to specialists, chi square (1, N = 279) = 6.702,  $p < .05$ ,

dental needs, chi square (1, N = 279) = 48.541,  $p < .001$ , or eye care needs, chi square (1, N = 279) = 14.938,  $p < .001$ .

Those with insurance through employment were more likely to have policies that cover preventative health, chi square (1, N = 279) = 25.077,  $p < .001$ , most physical health needs, chi square (1, N = 279) = 14.996,  $p < .001$ , prescription medications, chi square (1, N = 279) = 100.918,  $p < .001$ , receiving healthcare outside the county, chi square (1, N = 279) = 7.355,  $p < .01$ , referrals to specialists, chi square (1, N = 279) = 19.258,  $p < .001$ , dental needs, chi square (1, N = 279) = 63.780,  $p < .001$ , and eye care needs, chi square (1, N = 279) = 8.762,  $p < .01$ .

Those with Medicare were less likely to have policies that cover preventative health, chi square (1, N = 279) = 20.126,  $p < .001$ , prescription medications, chi square (1, N = 279) = 63.806,  $p < .001$ , referrals to specialists, chi square (1, N = 279) = 4.712,  $p < .05$ , dental needs, chi square (1, N = 279) = 55.211,  $p < .001$ , and more likely to cover physical health needs, chi square (1, N = 279) = 7.267,  $p < .01$ .

Table 13

Satisfaction with Insurance and Payment Arrangements

Level of Satisfaction	Insurance Cost Value (%)	Insurance Customer Service (%)	Payment Arrangements (%)
Completely satisfied	35.1	45.0	48.8
Somewhat satisfied	38.7	39.9	41.9
Somewhat dissatisfied	18.3	11.5	7.3
Completely dissatisfied	7.9	3.6	2.1

### Additional Findings: Satisfaction with Insurance and Payment Arrangements

Those with insurance coverage were more likely to be satisfied with payment arrangements than those without insurance, chi square (3, N = 39.122) = 39.122,  $p < .001$ .

Eighteen percent without insurance reported complete satisfaction and 36% without insurance reported to be somewhat satisfied with payment arrangements.

Those with private insurance outside employment were more dissatisfied with the cost value of their policies, chi square (3, N = 279) = 16.316,  $p < .001$ . Those with insurance through employment were more satisfied with the cost value of their policies, chi square (3, N = 279) = 12.661,  $p < .01$ .

### *Recent Healthcare Experiences*

Respondents were asked to estimate the total number of visits made by all household members to various kinds of healthcare providers for the past 12 months. Table 14 reports mean number of visits and standard deviations for each kind of provider.

Table 14

#### Total Household Visits to Healthcare Providers within Past 12 Months

Healthcare Provider	M	SD
Doctors, nurses and physical therapists in hospitals and clinics	9.63	10.40
Dentists and orthodontists	4.00	3.41
Eye care professionals	1.88	1.61
Social and Human Services	.31	2.47
Mental health or counseling	.97	4.64
Complementary providers	4.84	10.07

#### Additional Findings: Visits to Doctors, Nurses and Physical Therapists

Those families with children 0-19 made more doctor visits ( $M = 11.28$ ) than those without ( $M = 8.65$ ),  $t(288) = 2.095$ ,  $p < .05$ . Those families with adults 20-64 made fewer visits to doctors ( $M = 8.79$ ) than those families without ( $M = 13.09$ ),  $t(288) = -2.804$ ,  $p < .001$ . Those who rated their own health as poor or fair made more visits to doctors ( $M = 12.10$ ) than those who rated their health as good ( $M = 8.83$ ),  $t(285) = 2.287$ ,  $p < .05$ . Those who rated their family's health as poor or fair made more visits to doctors ( $M = 12.45$ ) than those who rated their family's health as good ( $M = 9.02$ ),  $t(260) = 2.085$ ,  $p < .05$ .

#### Additional Findings: Visits to Dentists and Orthodontists

Those with household incomes greater than \$40,000 had more visits to dentists ( $M$ 's = 4.46-5.25) than those making less than \$40,000 ( $M$ 's = 2.71-3.46),  $F(4, 271) = 3.710$ ,  $p < .05$ .

Those families with children 0-19 made more dentist visits ( $M = 5.86$ ) than those without ( $M = 2.90$ ),  $t(288) = 7.850$ ,  $p < .001$ . Those families with adults 20-64 made more visits to dentists ( $M = 4.29$ ) than those families without ( $M = 2.76$ ),  $t(288) = 3.034$ ,  $p < .01$ . Those families with seniors 65+ made fewer visits to dentists ( $M = 2.84$ ) than those without ( $M = 4.45$ ),  $t(288) = -3.692$ ,  $p < .001$ .

Those who rated their own health as poor or fair made fewer visits to dentists ( $M = 3.15$ ) than those who rated their health as good ( $M = 4.27$ ),  $t(284) = -2.374$ ,  $p < .05$ .

Those with private insurance outside employment made fewer visits to dentists ( $M = 2.85$ ) than those without ( $M = 4.22$ ),  $t(288) = 2.526$ ,  $p < .01$ . Those with insurance through employment made more dentist visits ( $M = 4.44$ ) than those with other kinds of insurance ( $M = 3.03$ ),  $t(288) = 3.301$ ,  $p < .001$ . Those with Medicare made fewer dentist visits ( $M = 2.83$ ) than those with other kinds of insurance ( $M = 4.47$ ),  $t(288) = -3.760$ ,  $p < .001$ . Those with separate

dental insurance visited dentists more ( $M = 4.93$ ) than those without ( $M = 3.79$ ),  $t(288) = 2.216$ ,  $p < .05$ . Those with dental insurance coverage within their healthcare policies visited dentists more ( $M = 5.09$ ) than those without ( $M = 3.02$ ),  $t(272) = 5.263$ ,  $p < .001$ .

#### Additional Findings: Visits to Eye Care Professionals

Those with Medicare made more eye care visits ( $M = 2.22$ ) than those with other kinds of insurance ( $M = 1.74$ ),  $t(290) = 2.293$ ,  $p < .05$ . Those with insurance coverage for eye care visited eye care professionals more ( $M = 2.31$ ) than those without ( $M = 1.60$ ),  $t(275) = 3.556$ ,  $p < .05$ .

#### *Conditions That Limit Access to Healthcare in Dunn County*

Table 15 reports issues that have typically “limited” use of healthcare services in Dunn County by respondents and their families.

Table 15

Conditions that Limit Access to Healthcare in Dunn County

Limiting Conditions	Never Limits Use (%)	Sometimes Limits Use (%)	Almost Always Limits Use (%)
Cost of services	65.2	24.9	9.9
Insurance restrictions	51.4	33.1	15.5
Payment options	72.8	20.9	6.3
Knowledge of services	58.8	35.7	5.5
Availability of services	50.9	42.4	6.7
Concerns about quality	50.4	37.1	12.5
Transportation	90.6	4.9	4.5
Childcare	94.8	3.9	1.3
Times available	63.8	31.3	4.9
Previous conflicts with providers	80.8	15.3	4.9
Lengthy/confusing paperwork	78.8	17.8	3.4

## Additional Findings: Conditions that Limit Access

Those who indicated that insurance restrictions always limit access make fewer annual visits to dentists ( $M = 3.23$ ) than those who indicated insurance restrictions sometimes limit access ( $M = 4.79$ ) or never limits access ( $M = 3.67$ ),  $F(2, 271) = 4.215$ ,  $p < .05$ .

*Lifestyle Qualities of Respondents*

A variety of items requested information regarding lifestyle variables related to behavioral health. Table 16 reports the number and percent of respondents indicating affirmative responses for themselves and their families.

Table 16

Lifestyle Qualities

Lifestyle Factors	N	% Yes
Someone overweight	185	64.2
Too little exercise	198	69.2
Long-term health problem	136	47.4
Regular health screenings	224	78.3
Balanced diets	220	76.9
5 or more drinks/sitting	29	10.0
Alcohol caused legal or safety problems	12	4.1
Alcohol caused health problem	9	3.1
Use of cigarettes/tobacco	69	23.9
Use of cigarettes/tobacco by someone under age 18	4	1.4
Health problem from smoking	10	3.5
Attempt to quit smoking	70	24.7
Successfully quit smoking	95	37.1

### Additional Findings: Lifestyle Qualities

Regular physicals/health screenings were more likely to be a priority for those individual households not using cigarettes or other tobacco products, chi square (1, N = 286) = 4.107,  $p < .05$ . Those in homes reporting regular health screenings made more annual doctor visits ( $M = 10.49$ ) than those not reporting regular health screenings ( $M = 7.06$ ),  $t(279) = 2.276$ ,  $p < .05$  and made more annual eye care visits ( $M = 1.98$ ) than those not reporting regular health screenings ( $M = 1.48$ ),  $t(280) = 2.125$ ,  $p < .05$ .

Those in homes where there is a long-term health problem were more likely to rate their health as poor or fair, chi square (1, N = 284) = 44.958,  $p < .001$ , and family health as poor or fair, chi square (1, N = 256) = 42.903,  $p < .001$ . Those in homes where someone has had a long-term health problem made more annual doctor visits ( $M = 11.21$ ) than those not reporting long-term health problems ( $M = 8.27$ ),  $t(280) = 2.369$ ,  $p < .05$ .

Those in homes where someone is overweight made fewer annual doctor visits ( $M = 8.62$ ) than those without ( $M = 11.83$ ),  $t(281) = -2.493$ ,  $p < .001$ . Those in homes where someone gets too little exercise made fewer annual doctor visits ( $M = 9.32$ ) than those not reporting too little exercise ( $M = 10.71$ ),  $t(279) = -1.016$ ,  $p < .05$ .

Those in homes where someone has had a long-term health problem made fewer annual dentist visits ( $M = 3.56$ ) than those not reporting long-term health problems ( $M = 4.46$ ),  $t(279) = -2.191$ ,  $p < .05$ . Those in homes where someone under 18 smokes cigarettes made more annual dentist visits ( $M = 9.00$ ) than those without ( $M = 3.99$ ),  $t(278) = 2.937$ ,  $p < .01$ .

*Stresses in Residents and Family Lives*

Table 17 reports lifestyle issues related to stress in the respondent's home.

Table 17

Stresses in Residents' and Family Lives

Lifestyle	Disagree %	Neither Agree Nor Disagree %	Agree %	Not Applicable %
Financial Concerns	25.9	24.8	49.3	
Job Pressures	28.1	21.3	50.6	
Adult Health Issues	43.4	29.9	26.6	
Problems of Older Adults	19.4 (29.0*)	19.7 (29.4*)	27.8 (41.6*)	33.1
Children's Health	29.1 (50.7*)	13.5 (23.5*)	14.9 (26.0*)	42.6
Conflicts with Spouse	37.7 (53.2*)	17.3 (24.4*)	15.8 (22.3*)	29.2
Conflicts with Children	36.7 (56.6*)	16.0 (24.7*)	12.1 (18.7*)	35.2

\* Percent of households for which the issue is applicable.

## Additional Findings: Stresses in Lives

Those who have stress from health problems affecting adults in home were more likely to rate family health as poor or fair, chi square (2, N = 245) = 33.350,  $p < .001$ , and their own health as poor or fair, chi square (2, N = 271) = 32.131,  $p < .001$ . Those who have stress from health problems affecting adults in the home had fewer annual dentist visits ( $M=3.24$ ) than those not reporting this stress ( $M=4.78$ ),  $F(2, 265) = 5.342$ ,  $p < .01$ .

Those who have stress from health problems affecting children in the family had more annual doctor visits ( $M = 13.61$ ) than those not reporting this stress ( $M = 7.73$ ),  $F(3, 274) = 3.081$ ,  $p < .05$ . Those who are neutral about stress from health problems affecting children in the

family had more annual dentist visits ( $M = 4.89$ ) than those not reporting this stress ( $M = 4.36$ ),  $F(3, 275) = 2.941, p < .05$ . Those who have stress from conflicts with children in the home had more annual dentist visits ( $M = 3.86$ ) than those not reporting this stress ( $M = 3.26$ ),  $F(3, 275) = 5.418, p < .001$ .

### *Physical Healthcare Services*

Tables 18-23 are specific to services requiring the attention of a medical physician (doctor), nurse, or other medical (primary care) professionals.

Table 18

#### Location of Medical/Doctor Services

Location Received	N	%
Dunn County Only	72	25.3
Both Within & Outside Dunn County	152	53.3
Outside Dunn County	61	21.4

#### Additional Findings: Location of Medical Services

Those receiving some of their medical/doctor services from Dunn County were less likely to be restricted by insurance, chi square ( $4, N = 267$ ) = 12.373,  $p < .05$  or limited by payment options, chi square ( $4, N = 260$ ) = 12.810,  $p < .05$ . Those receiving medical/doctor services in Dunn County only were less likely to be limited by the availability of services, chi square ( $2, N = 265$ ) = 14.017,  $p < .001$ . Those receiving some or all of their medical/doctor services in Dunn County were less likely to be limited by concerns about quality, chi square ( $4, N = 268$ ) = 23.466,  $p < .001$ , issues concerning lengthy or confusing paperwork, chi square ( $4, N = 261$ ) = 10.058,  $p < .05$ , or childcare, chi square ( $2, N = 230$ ) = 13.153,  $p < .001$ .

Tables 19-23 are based only on respondents indicating that they received all or some of their healthcare services in Dunn County.

Tables 19-23 represent households who receive some of their primary healthcare services within Dunn County.

Table 19

Medical Facility Most Frequented by You and Your Family

Medical Facility	N	%
Red Cedar Clinic	170	74.2
Myrtle Werth Hospital	2	.9
Midelfort Clinic-Colfax	13	5.7
Oakleaf Medical Network	1	.4
Other	43	18.8

Respondents were asked to think about the clinic or hospital mainly visited by members of their family. Table 20 describes the clinic or hospital's performance in various areas.

Table 20

Performance of Clinic/Hospital Mainly Visited by Your Family

Areas Being Assessed	Needs Improvement (%)	No Opinion (%)	Performs Well (%)
Provides minimal waiting time for an office visit.	13.4	11.6	75.0
Medical staff return phone calls quickly.	13.3	21.0	65.7
Offers a variety of specialists.	8.2	25.9	65.9
Provides medical staff that pays attention to what I say.	7.9	10.0	82.1
Provided effective treatments in the past.	7.3	20.2	72.5
Offers specialized medical equipment.	7.0	32.6	60.4
Has staff that explains medical procedures and treatment.	4.3	9.6	86.1
Offers well-trained medical staff.	3.9	14.2	81.9
Provides friendly and warm staff.	3.0	7.3	89.7
Provides a pleasant atmosphere.	.9	6.9	92.3

Additional Findings: Performance of Clinic or Hospital

Households with adults 20-64 were more likely to state that the clinic or hospital mainly visited by their family “needs improvement” in offering a variety of specialists, chi square (2, N

= 231) = 8.636,  $p < .05$ , and offering specialized medical equipment, chi square (2, N = 230) = 12.141,  $p < .01$ . Households with seniors 65+ were less likely to state that the clinic or hospital mainly visited by their family “needs improvement” in offering a variety of specialists, chi square (2, N = 231) = 12.919,  $p < .01$ , and in offering specialized medical equipment, chi square (2, N = 230) = 16.007,  $p < .001$ .

Households with a single marital status were less likely to award a “performs well” rating to the clinic or hospital mainly visited by their family regarding specialized medical equipment, chi square (4, N = 230) = 11.485,  $p < .05$ . Those who have lived in the county for 10 or more years were more likely to state that the clinic or hospital mainly visited by their family “performs well” in offering specialized medical equipment, chi square (4, N = 229) = 12.327,  $p < .05$ .

Those receiving Medicare were more likely to state that the clinic or hospital mainly visited by their family “performs well” in offering a variety of specialists, chi square (2, N = 232) = 15.241,  $p < .001$  and offering specialized medical equipment, chi square (2, N = 230) = 14.907,  $p < .001$ . Those who receive the majority of their medical/doctor services from Red Cedar Clinic were less likely to award a “performs well” rating regarding the offering of specialized medical equipment, chi square (4, N = 220) = 22.508,  $p < .001$ . (Oakleaf Medical Network and Myrtle Werth Hospital were not included in this analysis due to their small sample sizes.)

Respondents were asked “how often” they and their families follow prescribed medical treatments such as medications, follow-up visits, and/or extended therapies. Table 21 reports household compliance with prescribed medical treatments.

Table 21

Household Compliance with Prescribed Medical Treatments

Compliance Level	N	%
Always	166	70.6
Often	62	26.4
Occasionally	4	1.7
Rarely	2	.9
Not At All	1	.4

Additional Findings: Household Compliance

Households with seniors ages 65+ were more likely to always follow prescribed medical treatments, chi square (2, N = 234) = 10.866,  $p < .01$ .

Table 22

Possible Reasons For Not Complying with Prescribed Medical Treatments

Possible Reason	N	% Yes
Our family always follows prescribed medical treatments.	186	79.8
Cost of prescribed medical treatments.	33	14.2
I was not in agreement with the prescribed medical treatment.	24	10.3
Lack of information—"I felt like I was missing information on what to do."	4	1.7
Lack of information—"I didn't understand what I was told to do."	3	1.3
Directions were difficult to read, see, or hear.	2	.9

## Additional Findings: Household Compliance

Households with adults 20-64 were less likely to follow prescribed medical treatments that they are "not in agreement with", chi square (1, N = 232) = 4.454,  $p < .05$ .

*Miscellaneous Healthcare Services*

Respondents were asked to report other primary care services received by their household in the past 12 months. Table 23 describes those miscellaneous primary healthcare services.

Table 23

Miscellaneous Healthcare Services Used by Dunn County Families in the Past Year

Type of Miscellaneous Healthcare Service	N	% Yes
Optometry	186	79.8
Physical Therapy	33	14.2
Dunn County Health Department Services	24	10.3
Ophthalmology	4	1.7
Sports Medicine	3	1.3
Other	2	.9

## Additional Findings: Miscellaneous Healthcare Services

Households with children 0-19 were more likely to receive sports medicine than those without, chi square (1, N = 228) = 19.003,  $p < .001$ . Those who have used sports medicine over the past year had a higher number of yearly doctor visits (M = 17.00) than those who have not used sports medicine services (M = 9.47),  $t(223) = 2.457$ ,  $p < .05$ , and those who have used physical therapy services over the past year had a higher number of yearly doctor visits (M = 16.51) than those who have not used physical therapy services (M = 8.34),  $t(223) = 4.696$ ,  $p < .001$ .

*Dental Healthcare Services*

Tables 24-27 are specific to services requiring the attention of a dentist or other dentistry support staff.

Table 24

Location of Dental Services

Location	N	% Yes
Dunn County Only	171	59.8
Both within and outside Dunn County	54	18.9
Outside Dunn County	61	21.3

## Additional Findings: Location of Dental Services

Those living in villages or townships were more likely to receive dental services outside Dunn County only, chi square (4, N = 286) = 13.313,  $p < .01$ , while those living in the city were more likely to receive dental services in Dunn County only or “both within and outside Dunn County”, chi square (4, N = 286) = 13.313,  $p < .01$ . Those receiving the majority of their dental services in Dunn County only were less likely to state that insurance restrictions limits their use of dental services, chi square (4, N = 269) = 13.667,  $p < .01$ .

Those receiving the majority of their dental services “both within and outside Dunn County” were more likely to state that availability of services limits their use of dental services, chi square (4, N = 263) = 9.664,  $p < .05$ .

Those receiving the majority of their dental services from Dunn County only were less likely to state that “concerns about quality” limits their use of dental services, chi square (4, N = 265) = 9.583,  $p < .05$ . Those receiving dental services in Dunn County only had a lower number

of yearly dental visits ( $M = 3.55$ ) than those receiving dental services “both within and outside Dunn County” ( $M = 4.98$ ) and outside Dunn County only ( $M = 4.58$ ),  $F(2, 278) = 4.588$ ,  $p < .05$ . Tables 25-27 are based only on respondents indicating that they received some dental healthcare services in Dunn County.

Tables 25-27 represent households who received all or some of their dental services within Dunn County.

Table 25

Dental Services Used by Dunn County in the Past Year

Dental Service	Adults (%)	Children (%)	Both (%)	Neither (%)
Routine check-up/cleaning	63.2	5.8	23.8	7.2
On-going treatment	30.0	4.9	5.8	59.2
Emergency care	13.5	2.7	.9	83.0
Orthodontics	1.8	8.5	0	89.7

Additional Findings: Dental Services Used

Households in poor or fair health were more likely to use routine check-ups/cleanings for adults whereas households in good health were more likely to use routine check-ups/cleanings for both adults and children, chi square (3,  $N = 196$ ) = 8.443,  $p < .05$ .

Households where both children and adults use routine check-ups/cleanings had a higher number of yearly dental visits ( $M = 6.85$ ) than households where only adults ( $M = 3.23$ ) or where only children received routine check-ups/cleanings ( $M = 3.77$ ),  $F(3, 216) = 20.551$ ,  $p < .001$ . Households where both children and adults receive on-going dental treatments had a higher

number of yearly dental visits ( $M = 9.25$ ) than households where only adults ( $M = 4.32$ ) or where only children received on-going dental treatments ( $M = 5.18$ ),  $F(3, 216) = 13.810$ ,  $p < .001$ .

Households where children received orthodontic services had a higher number of yearly dental visits ( $M = 9.00$ ) than households where only adults ( $M = 7.50$ ) or where neither children nor adults received orthodontic services ( $M = 3.47$ ),  $F(2, 217) = 31.116$ ,  $p < .001$ .

Factors listed in Table 26 are prioritized by “very important” ratings.

Table 26

Factors Considered when Choosing Dental Care

Factors Considered	Very Important (%)	Somewhat Important (%)	Not Important (%)
Effective treatments	90.1	9.9	0.0
Well-trained staff	87.6	11.5	.9
Attentive staff	85.9	13.2	.9
Staff explains dental procedures/treatments	84.6	14.5	.9
Dental provider’s reputation	83.5	13.4	3.0
Friendly and warm staff	75.3	23.8	.9
Minimal waiting time for an office visit	60.3	34.2	5.6
Pleasant atmosphere	57.9	37.3	4.7
Reasonable payment options	57.5	33.5	9.0
Insurance coverage	56.2	16.3	27.6
Offers a variety of services	55.2	37.9	6.9
Dental facility’s location	49.1	34.9	15.9
Offers specialized dental equipment	47.6	41.6	10.8
Cost	39.1	50.6	10.2

### Additional Findings: Factors Considered When Choosing Dental Care

Those in poor or fair health were more likely to place a “very important” rating on the location of dental services when selecting a dentist, chi square (2, N = 230) = 6.227,  $p < .05$ .

Those in good health were more likely to place a “very important” rating on staff explaining dental procedures/treatments when selecting a dentist, chi square (2, N = 232) = 6.812,  $p < .05$ . Those in good health were more likely to place a “somewhat” or “very” important rating on the offering of specialized dental equipment when selecting a dentist, chi square (2, N = 229) = 12.062,  $p < .01$ .

Households stating insurance coverage to be “somewhat important” when selecting a dentist had a higher number of yearly dental visits ( $M=5.26$ ) than households stating insurance coverage to be “very important” ( $M=4.09$ ) or “not important” ( $M=3.13$ ),  $F(2, 196) = 3.614$ ,  $p < .05$ .

Table 27

#### Reasons For Not Visiting The Dentist in the Past Year

Possible Reasons	N	% Yes
Residents did visit dentist	188	79.3
Insurance	27	11.4
Cost	26	11.0
Fear	11	4.6
No reason to go	16	6.8
Bad experiences	9	3.8
Quality of care	3	1.3
Cannot get there	1	.4

### Additional Findings: Reasons For Not Visiting the Dentist in the Past Year

Households in poor or fair health were less likely to have visited the dentist in the past year than households in good health, chi square (1, N = 208) = 4.773,  $p < .05$  and were less likely to not have visited a dentist in the past year due to cost than those households in good health, chi square (2, N = 225) = 12.736,  $p < .01$ .

Those not visiting a dentist in the past year due to cost, chi square (1, N = 208) = 4.773,  $p < .01$ , or insurance, chi square (2, N = 225) = 11.331,  $p < .01$  were more likely to earn \$40,000 or less annually. Those not visiting a dentist in the past year due to no reason to go were more likely to earn \$40,000 or less annually, chi square (2, N = 225) = 7.965,  $p < .05$ .

Households with seniors 65+ were less likely not to have visited a dentist in the past year due to cost than households with children 0-19 and adults 20-64, chi square (1, N = 236) = 7.843,  $p < .01$ . Those who have not visited the dentist in the past year due to cost issues had a lower number of yearly dental visits ( $M=2.50$ ) than those who did not state cost as being an issue ( $M=3.95$ ),  $t(230) = -2.031$ ,  $p < .05$ .

Those who have not visited the dentist in the past year due to insurance had a lower number of yearly dental visits ( $M = 2.00$ ) than those who did not state insurance as being an issue ( $M = 4.01$ ),  $t(230) = -2.846$ ,  $p < .01$ . Those who have not visited the dentist in the past year due to no reason to go had a lower number of yearly dental visits ( $M = .27$ ) than those who had reasons ( $M = 4.03$ ),  $t(230) = -4.237$ ,  $p < .01$ .

### *Health Priorities*

Respondents were asked to rate their priorities for improving health and healthcare in Dunn County. Table 28 shows which factors in healthcare are priorities in Dunn County. Factors listed in Table 28 are prioritized by “Needs Much Improvement” ratings.

Table 28

Health Priorities for Dunn County

Priorities	Needs Much Improvement (%)	Needs Some Improvement (%)	Satisfactory (%)
Reducing costs of medical services	45.9	41.4	12.7
Improving delivery of services to uninsured/ poor	42.2	40.6	17.1
Improving coordination among providers	25.8	50.4	23.9
Improving environment and reducing pollution	22.0	52.3	25.8
Improving access to complementary care	20.6	41.6	37.7
Increasing access to long term care	20.2	49.2	30.6
Increasing health promotion programs	19.0	46.0	35.0
Reducing crimes, accidents, & injuries	17.4	53.6	29.1
Increasing access to specialists	16.2	43.1	40.8
Improving quality of medical care	9.7	36.0	54.3
Improving doctor/patient relationships	9.5	32.4	58.0
Improving quality of social/mental care	8.5	42.7	48.8
Increasing special equipment	6.2	42.1	51.7
Improving facilities of social/mental care	3.6	23.9	72.5
Improving facilities of medical care	3.4	14.1	82.4

Additional Findings: Health Priorities for Dunn County

No additional findings based on relationships between priorities and other variables were computed. These priorities were intended to represent the consensus views of residents of the county.

## Chapter 5

### *Summary and Conclusions*

This report completed a one-year assessment of healthcare services available in Dunn County and of the health and wellness needs of residents in the county. The overall strategy for the assessment was to achieve a consensus of health priorities through the collection of existing data, interview and focus group methodologies, and a structured survey to residents of the county.

*Phase II: Quantitative Assessment* was based on a structured questionnaire mailed during the fall of 2001 to a random sample of Dunn County residents. Phase II of the assessment was funded by grants from the Menomonie Community Health Foundation, Inc. and the Dunn County Department of Public Health.

#### *Rate of Response*

Of the 937 surveys assumed delivered 296 households in the county responded, representing 819 total residents, for a response rate of 32%. Considering the length and complexity of the instrument, this response was impressive.

#### *Demographics*

Overall, the responding sample of county residents was judged to be accurately representative of county demographics (as noted in the 2000 U.S. Census Bureau Report), and consequently should be accurately representative of other characteristics included in the study. The average household size for the sample was 2.77 residents, with the average household size for the county population at 2.57 residents. Most respondents were female (69%), married (78%), and White (97.3%). Females and married were slightly over-represented in the sample, while the racial representation was accurate for the county population.

The majority of respondents (50%) were from townships, with 32% from the city of Menomonie, and 18% from villages. These results accurately represented county statistics on population distributions within the county. The majority of respondents (72%) had lived in the county for more than ten years. Household annual incomes were distributed across five income categories, with the mode category of \$40,000-\$80,000 (43%).

With regard to age distributions the sample was representative of the population. Children age 19 or younger constituted 25% of the 819 persons represented in the sample. The county population of 19 and less is 29%. Seniors age 65+ constituted 16% of the 819 persons represented in the sample, with the county population estimated at 11%.

#### *Health Status of Individuals and Families*

According to the National Center for Health Statistics published by the U.S Department of Health and Human Services (1998), one of 10 Americans subjectively report they are in poor or fair health, with the estimate going as high as 21% among the financially poor.

In Dunn County 24% of respondents indicated poor or fair health for themselves and 18% of their families were reported to be in poor or fair health. Compared to national statistics, the Dunn County results suggest higher percentages of people perceiving their health to be poor or fair.

In *Phase I of the Dunn County Health Assessment*, county statistics for causes of death, incidences of cancer and chronic diseases were favorably comparable to state and national statistics. It is unknown why so many respondents perceived themselves and their families to be in poor or fair health in Phase II.

For individual respondents in the county poorer health was associated with living in the county more than 10 years, lower incomes, and age for seniors 65+. Poorer family health was associated with living within the city or villages, lower incomes, and age for seniors 65+.

### *Insurance*

According to the Wisconsin State Planning Grant Final Report to the Secretary for the Wisconsin Department of Health and Family Services (2001) as estimated 4% of Wisconsin homes were uninsured for a continuous 12-month period. A point-in-time measure showed 6% uninsured at a given time during 2000.

In Dunn County 4% of respondents reported no health insurance. An additional 4% reported Medicaid insurance. A total of 8.2% was uninsured or marginally insured. Not having some form of insurance was associated with incomes below \$20,000.

The majority of respondents had insurance subsidized through their employment (69%). These types of policies offered the most comprehensive coverage and were related to better health ratings for individuals and families. The least comprehensive coverage was for those with private policies purchased outside employment (16%) and those with Medicare (29%).

For those with some form of insurance there was relative satisfaction with cost values of policies (74%) and customer service (85%). Satisfaction with policies was best for those with insurance through employment and worst for those with private insurance purchased outside employment.

Satisfaction with payment arrangements for healthcare, whether through insurance or cash payments, was reported for 91%. Overall, those with some form of insurance indicated higher satisfaction with their payment arrangement than those without insurance. It should be noted, however, that 18% without insurance indicated complete satisfaction and 36% without

insurance reported to be somewhat satisfied with payment arrangements. Some without insurance appear to be making that choice for reasons other than financial reasons.

*Healthcare Experiences within Past One Year*

An average of 9.63 annual visits with doctors, nurses, and others in hospitals and clinics was reported per household. More annual visits were reported for those with children, households with seniors, and those who rated their own and their family health more poorly. Notably, income and insurance were not related to annual doctor visits.

An average of 4 annual visits with dentists was reported per household. More annual visits were reported for those with incomes greater than \$40,000, families with children and adults under 65, those with insurance through employment, separate dental insurance, and dental insurance through their healthcare policies. Significantly fewer visits were reported for those with poorer individual health, private insurance outside employment and those on Medicare.

An annual average of 1.88 visits to eye care professionals was reported per household. More visits were reported for those on Medicare and those with insurance coverage for eye care.

An annual average of .31 visits was made for social and human services per household. More visits were made for single residents and those on Medicaid.

An annual average of .97 visits to mental health providers was reported per household. More visits were made for those who rated their own health poorer and those on Medicaid.

An annual average of 4.84 visits for Complementary Care was reported per household. More visits for complementary care were made for those with complementary care insurance coverage.

### *Conditions That Limit Access to Healthcare*

Overall, issues that were perceived to most likely to limit access to healthcare services in Dunn County were concerns about quality, availability of services, insurance restrictions, and knowledge of services. Issues that were perceived least likely to limit access were childcare, transportation, previous conflicts with providers, and lengthy or confusing paperwork.

For those with income less than \$40,000, cost and transportation were more likely to limit access. Concerns about quality of services limited those in villages and those without seniors in households. Transportation and previous conflicts with providers limited access for those in poor health.

For those without insurance there were many issues limiting access, including costs of services, insurance availability, payment options, previous conflicts with providers, and lengthy or confusing paperwork. Transportation, lengthy or confusing paperwork, and cost of services were more likely to limit access for those with private insurance outside employment and less likely to limit access for those with insurance through employment.

For those on Medicare, transportation and lengthy paperwork were more likely to limit access, while insurance restrictions and concerns about quality were less likely to limit access. Childcare was likely to limit access for those receiving Medicaid coverage.

### *Lifestyle Qualities*

Lifestyle plays a large role in the overall health of people. This section was meant to assess these variables and the role that they play. Current use of cigarettes/tobacco was reported by 24% of households. Regular health screenings and eating balanced diets were priorities for more than 75% of households.

Poorer health was associated with households with someone having long-term health problems and homes where balanced diets are currently a priority. Poorer health was also associated with those in homes with health problems resulting from smoking and those in homes where someone has successfully quit smoking.

More annual doctor visits were associated with healthier lifestyles including homes where someone is not overweight, homes where someone is not getting too little exercise, and homes reporting regular health screenings. Homes where there have been long-term health problems were also associated with more doctor visits.

More annual dentist visits were associated with households not reporting long term health problems and those where someone under 18 smokes. More eye visits were associated with those reporting regular health screenings.

### *Stresses in Lives*

Because of the importance of stress in relationship with health, respondents were asked to indicate whether they experienced various sources of stress in their households. The most commonly reported stresses were job pressures, financial concerns, and problems affecting parents or older family members. Least stressful were conflicts with children, conflicts with spouses, and children's health. Poorer health was associated with stress from health problems affecting adults.

More annual doctor visits were reported for those with stress from health problems affecting children. Fewer annual dental visits were reported for those with stress from health problems affecting adults, and those who did not have stress from conflicts with children in the family.

*Physical Healthcare Service*

The physical healthcare section was specific to services requiring the attention of a medical physician (doctor), nurse, or other medical professionals. Respondents were asked where their family received medical/doctor services.

Twenty-five percent of the households received all of their medical services within Dunn County, 21% of the households received all of their medical services outside Dunn County, and 53% of the households received their medical services both within and outside Dunn County.

Those receiving their medical services within Dunn County only were less likely to be limited by the availability of medical, and less likely to be concerned about quality, lengthy or confusing paperwork, and childcare. Those receiving their medical services from “within and outside the county” were less likely to be restricted by insurance, limited by payment options, and less likely to be concerned about quality, lengthy or confusing paperwork, and childcare.

The following findings refer only to those receiving all or some of their medical services within Dunn County:

The medical facility most typically frequented by families was Red Cedar Clinic (74%). Other selections included Myrtle Werth Hospital, Midelfort Clinic-Colfax, Oakleaf Medical Network, and “other”. The type of medical care most frequently used was the doctor’s office (88%) followed by urgent care (4%).

Respondents were asked to rate the performance (in several areas) of the clinic or hospital mainly visited by their family. Top performance areas were: providing a pleasant atmosphere (92%), having a friendly and warm staff (90%), and explaining medical procedures and treatments (86%). Lowest performance areas, though still good, were specialized medical equipment (60%), returns phone calls quickly (66%) and offers a variety of specialists (66%).

Two of the lowest performance areas, the offering of specialized medical equipment and greater access to a variety of specialists, had been previously identified in *Phase I of the Dunn County Health Assessment* as areas in need of improvement. During Phase I, residents also noted Red Cedar/Myrtle Werth's positive direction in the offering of more specialists.

Seniors (65+) and Medicare recipients were more likely to give high ratings in the areas of offering specialized medical equipment and offering a variety of specialists than middle age (20-64) respondents. Married respondents, divorced/widowed/separated respondents, and those who resided in the county for more than ten years were more likely to give high ratings in the areas of offering specialized medical equipment. Those in poor or fair health expressed a need for the improvement of staff explaining medical procedures and treatments.

Respondents were asked how often they and their family followed prescribed medical treatments such as medications, follow-up visits, and/or extended therapies. Seventy-one percent always complied and 26% complied often. Seniors were more likely to always follow prescribed medical treatments. The top two reasons for not following prescribed medical treatments were cost (14%) and disagreement with the prescribed medical treatment (10%). Middle age (20-64) respondents were least likely to follow prescribed medical treatments with which they did not agree.

Respondents were asked what miscellaneous healthcare services they and their family used over the past 12 months in Dunn County. Thirty-nine percent utilized optometry, 19% utilized physical therapy, and 9% utilized the Dunn County Health Department. Sports medicine, used by 6%, was more likely to be used by families with children.

#### *Dental Healthcare Services*

The dental healthcare section was specific to services requiring the attention of a dentist and dentistry support staff. Respondents were asked where their family received dental healthcare services. Sixty percent of the households received all of their dental services in Dunn County, 21% of the households received all of their dental services outside Dunn County, and 19% of the households received their dental services both within and outside Dunn County.

Those receiving all of their dental services outside the county were more likely to live in villages or townships. Families receiving all of their dental care within the county were less likely to state that insurance restrictions and quality limit their use of dental services. Families receiving dental services both within and outside the county were more likely to state that availability of services limits their use.

The following findings refer only to those receiving all or some of their dental healthcare services within Dunn County:

Respondents were asked whether adults, children, both adults and children, or neither used one or more of the following dental services in the past 12 months: routine check-ups/cleanings, on-going treatment, emergency care, and/or orthodontics. Ninety-three percent of the households used routine check-ups/cleanings, 41% of the households used on-going treatment, 17% of the households used emergency care, and 10% of the households used orthodontics. Households in poor or fair health were less likely to have used routine check-ups/cleanings for both adults and children in the past 12 months.

Factors considered most important when selecting a dentist were effective treatments (90%), well trained staff (88%), and attentive staff (86%). Cost (39%), specialized dental equipment (48%), and facility location (49%) were considered to be the least important selection factors. Those in poorer health were more likely to rate location and the explanation of

treatments and procedures as somewhat important; whereas, those in good health were more likely to rate specialized equipment as either somewhat or very important. Respondents rating insurance coverage as somewhat important had a higher number of annual visits.

Top reasons for not visiting the dentist in the past year were “limited or no” dental insurance (11%) and cost (11%). “No reason” was stated by 7% of those not receiving dental services in the past year. Seniors (65+), households earning \$40,000 or less, and individuals in poor or fair health were less likely to visit a dentist due to cost. Those not visiting the dentist due to insurance limitations were more likely to have earned \$40,000 or less annually. Individuals in poor or fair health were less likely to visit the dentist on an annual basis.

### *Health Priorities*

The final set of items in the survey requested that residents rate a collection of health priorities in terms of needs for improvement. This was not a substitute for the more in-depth data gathered but was a concluding question that was designed with the intention of giving a brief overview of the collection of issues addressed in this assessment. Of the 15 health priorities that were listed, 9 were related to social and mental healthcare, complementary healthcare, environmental concerns, and other types of healthcare, while 6 were directly related to physical healthcare.

According to the data, 46% believe that reducing costs of medical services and medicines needs much improvement, 42% believe that improving delivery of services to poor and uninsured residents needs much improvement, and 26% believe that improving coordination among providers needs much improvement. The data also shows that only 6% believe that increasing special equipment needs much improvement, 4% believe that improving physical

facilities for social and mental services needs much improvement, and only 3% believe that improving physical facilities for medical services needs much improvement.

When compared to the data gathered on Phase I of the current study, there were some similarities. The most noticeable of these were the top two priorities listed in the current study, which both addressed financial concerns. In the previous study, this issue came up several times. The results section of the previous study reports that when asked about the influence of insurance and cost on their healthcare decisions, 62% were dissatisfied. When asked about other improvements needed in the county, 13.6% noted financial options, which was the third most common response. In response to the question of what are the most urgent health problems in Dunn County, insurance and cost concerns were the second highest urgent health problem noted at 14.3%.

Another similarity between the current study and the previous study was the priority listed as needing the least amount of improvement, facilities for medical care. In the previous study, 52% listed facilities as a ‘healthcare like’, which made it the number one “healthcare like” in the county.

### *Recommendations*

Throughout the one-year process of conducting this health assessment the dedication and professionalism of all healthcare providers and related agencies that were involved were apparent. Finding ways to recognize and congratulate the people who dedicate their lives to making Dunn County a healthy and safe place to live should be priorities.

This report should be disseminated throughout Dunn County to healthcare providers, social service agencies, policy makers, news agencies and other stakeholders. The report was intended to stimulate discussion and action to improve healthcare in Dunn County.

The findings and conclusions in this investigation, with other relevant research, should assist providers, agencies, policy makers, and other stakeholders to develop Action Plans to address the concerns and priorities that have been identified. This research could be used as a stimulant to create new partnerships, create new sources of funding and resources, create real solutions to identified concerns, and bring increasing awareness to health, wellness, and healthcare in Dunn County.

Programming across agencies should be expanded to help educate and motivate residents to increase responsibility for their own health and welfare. Improving communication about treatments and procedures between healthcare providers and clients is recommended. Periodic health assessments within agencies in Dunn County are recommended. Self-report research describing client perceptions should be used in conjunction with actual healthcare statistics.

While there are many specific findings within this assessment deserving attention, the health priorities for Dunn County identified by residents as most important for improvement are reducing costs of medical and other healthcare services, improving delivery of services to the uninsured and the poor, improving coordination among providers, improving environmental safety and reducing pollution, improving access to complementary and alternative healthcare, increasing access to long-term care, and increasing health promotion programming.

In conclusion, this study shows that physical and dental healthcare is an important part of the overall health of Dunn County residents. Physical and dental healthcare have exhibited a relationship with other types of healthcare such as demographic information, health status, insurance, access issues, lifestyle factors, and stress issues. Several areas in need of improvement for physical and dental health are staff explaining medical procedures and treatments by residents in poor or fair health; limited dental visitations due to cost issues by seniors (65+),

households earning \$40,00 or less, and individuals in poor or fair health; and limited dental visitations due to insurance coverage by those households who have earned \$40,000 or less.

These areas within physical and dental healthcare need to be addressed in order to improve the overall health of Dunn County residents and the healthcare operations of Dunn County providers.

*References*

- APA Monitor Online. Surgeon General calls for psychologists to increase efforts in health promotion. Retrieved from the Web on 1/31/01.  
As found in: <http://www.apa.org/monitor/oct99/in3.html>.
- Center for Disease Control. Data 2010:Healthy People 2010 Database. Retrieved from the Web on 4/24/01. As found in: <http://198.246.96.90/cgi-bin/broker.exe>.
- Chronic Disease (2000). Wisconsin Department of Health & Family Services. Retrieved from the Web on 4/23/01. As found in: <http://www.dhfs.state.wi.us/>.
- Dunn County Health Profiles (1998). Wisconsin Department of Health & Family Services. Retrieved from the Web on 4/23/01. As found in: <http://www.dhfs.state.wi.us/>.
- Franklin, T.E. et. al. (2001). Dunn County Comprehensive Health Assessment Phase I: Qualitative Assessment. Department of Psychology, UW-Stout, Menomonie, WI 54751
- Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public. (2001). *The Wisconsin Department of Health and Family Services*.
- Healing with Nutrition (2000). As found in: <http://www.healingwithnutrition.com>.
- National Institute for Diabetes, Digestive and Kidney Disease. Retrieved from the Web on 4/24/01.  
As found in: <http://www.niddk.nih.gov/health/diabetes/pubs/dmstats/dmstats.htm#prev>.
- National Safety Council (2000). As found in: <http://www.nsc.org>.
- Pam Pohly's Net Guide. Retrieved from the Web on 4/23/01. As found in: <http://www.pohly.com/terms.html>.

Public Agenda Online. Retrieved from the Web on 2/22/01. As found in:  
[http://www.publicagenda.org/issues/frontdoor.cfm?issue\\_type+healthcare](http://www.publicagenda.org/issues/frontdoor.cfm?issue_type+healthcare).

Schneiderman, N., et al. (2001). Integrating Behavioral and Social Sciences with Public Health.  
APA, Washington, D.C.

Uniform Crime Report (2000). Federal Bureau of Investigation. As found in:  
<http://www.fbi.gov/ucr/99cius.htm>.

United States Census Bureau (2000). Profile of General Demographic Characteristics.  
As found in: <http://factfinder.census.gov/servlet/QTable>.

United States Department of Health and Human Services. As found in:  
[www.acf.dhhs.gov/programs/opa/facts/major](http://www.acf.dhhs.gov/programs/opa/facts/major).

United States Department of Health and Human Services. (2001). Centers for Disease  
Control and Prevention: National Center for Health Statistics. As found in:  
<http://www.cdc.gov/nchs/fastats/hstatus.htm>.

WebMD National News Center. Retrieved from the Web on 4/23/01. As found in:  
<http://onhealth.webmd.com/conditions/brief/item%2c76488.asp>.

Wisconsin Behavioral Risk Factor Survey (1998). Wisconsin Department of Health & Family  
Services. Retrieved from the Web on 4/23/01.  
As found in: <http://www.dhfs.state.wi.us/stats/BRFS.htm>.

Wisconsin Behavioral Risk Factor Survey (1999). Wisconsin Department of Health & Family  
Services. Retrieved from the Web on 4/23/01.  
As found in: <http://www.dhfs.state.wi.us/stats/BRFS.htm>.

Wisconsin Deaths (1998). Hospital Inpatient Database, Bureau of Health Information, January  
2000. Retrieved from the Web on 4/23/01. As found in: <http://www.dhfs.state.wi.us/>.

Wisconsin Family Health Survey (1998). Bureau of Health Information, Division of Health Care Financing & Department of Health & Family Services. Retrieved from the Web on 4/23/01. As found in: <http://www.dhfs.state.wi.us/stats/familyhealthsurvey.htm>.

Wisconsin Public Health Profiles (1998). Wisconsin Department of Health & Family Services. Retrieved from the Web on 4/23/01. As found in: <http://www.dhfs.state.wi.us/>.

Wisconsin State Planning Grant Final Report to the Secretary of the Wisconsin Department of Health and Family Services (2001). As found in: <http://www.dhfs.state.wi.us/medicaidl/state-grant/spg-final.doc>.

Wisconsin 2000 State Health Profile. Atlanta, Georgia: US Department of Health and Human Services, CDC, 2000.

World Health Organization. (2001). Definition of Health. Retrieved from the web on 3/20/01. As found in: [www.who.int/aboutwho/en/definition](http://www.who.int/aboutwho/en/definition).

## Appendix A: Cover Letter

October 31, 2001

Your health and your access to the very best healthcare services that are possible are the priorities of hundreds of healthcare professionals in Dunn County. To help us improve availability, quality, and access to healthcare throughout Dunn County, we are hoping that you will take the time needed to thoughtfully respond to the enclosed questionnaire.

You are one of 1,000 residents of the county who have been randomly selected to participate in this survey. We are defining health very comprehensively, to include physical, mental, social, family, safety, and environmental considerations. Regardless of what your experiences with health and healthcare in Dunn County have been, your individual response is critical to the impact our research can have on continuous improvements for services and quality of life where we live.

Please respond to the questionnaire and return it in the stamped return envelope by **November 16, 2001**. Completing the questionnaire should take about twenty minutes. Health is such a comprehensive topic that some detail is required. Please be assured that your response is anonymous. There is no way to identify your individual response.

On behalf of our sponsors, the **Menomonie Community Health Foundation, Inc.** and the **Dunn County Department of Public Health**, thank you very much for your time and important insights. We pledge that doctors, nurses, and other healthcare providers throughout the county will very seriously consider the findings and recommendations we create in this process. This is not to be a report that gets filed on a shelf. This is a report to be used to reinforce what we do well and to improve our county's healthcare services wherever needed.

Our hope is that the person in your household who typically assumes health-related responsibilities will complete the questionnaire. If you have any questions about this project, or require any assistance to complete the questionnaire, please contact us at 715-232-2242. Thank you very much for your help.

Sincerely,

Dr. Tom Franklin, Investigator  
Rhonda Thorson and Angela Suihkonen, Research Assistants  
Department of Psychology  
UW-Stout  
Menomonie, WI 54751

I understand that by returning the questionnaire, I am giving my informed consent as a participating volunteer in this study. I understand the basic nature of the study and agree that any potential risks are exceedingly small. I also understand that the potential benefits that might be realized from the successful completion of this study. I am also aware that the information is being sought in a specific manner so that confidentiality is guaranteed.



10. Using the following choices, describe the **current state of health** for yourself and others within your family. Circle the number representing your choice.

1=Poor 2=Fair 3=Good

Your Health	1	2	3
Health of All Others in Your Family	1	2	3

If you feel that the description of all others in your family does not accurately represent each other person in your family, please explain why.

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### Insurance Coverage

11. Check (✓) all types of insurance coverage applicable to your household:

No Insurance At All (If you checked this category, Go to Item #15)

Private Insurance Purchased Outside of Employment

Insurance through Place of Employment (Includes ERISA plans)

Medicare

Medicaid (Includes Healthy Start and Badger Care)

Separate Dental Plan

Other Health Insurance, please specify \_\_\_\_\_

12. Check (✓) all appropriate types of coverage for which you are insured.

I am not sure of what my insurance covers

Preventative Health Check Ups/Exams/Immunizations

All or Most Physical Health Needs

All or Most Prescription Medications

Receiving healthcare outside Dunn County

Referral to Specialists

All or Most Mental Health Needs

Most Dental Needs

Most Eye Care Needs

Some Complementary Care (such as Chiropractic and/or Acupuncture)

13. Are you satisfied with the **cost value** of your insurance coverage? (Check one)

- Completely Satisfied       Somewhat Dissatisfied  
 Somewhat Satisfied       Completely Dissatisfied

14. Are you satisfied with the **Customer Service** provided through your primary insurance plan (including process for making claims, reimbursements, and other interactions with insurance administrators)? (Check one)

- Completely Satisfied       Somewhat Dissatisfied  
 Somewhat Satisfied       Completely Dissatisfied

15. Whether you have health insurance or pay cash for healthcare, how satisfied overall are you with your healthcare **payment arrangement**? (Check one)

- Completely Satisfied       Somewhat Dissatisfied  
 Somewhat Satisfied       Completely Dissatisfied

**Recent Healthcare Experiences**

16. In the past **12 months**, approximately how many total visits to healthcare providers in each area, have **all** persons in your household made? Please estimate as accurately as you can for each type of healthcare. *Write* in the number, even if it is zero.

- \_\_\_\_\_ Total Visits for **doctors**, nurses and physical therapists in hospitals and clinics  
 \_\_\_\_\_ Total Visits for **dental** healthcare providers, including dentists and orthodontists  
 \_\_\_\_\_ Total Visits for **eye care** professionals  
 \_\_\_\_\_ Total Visits for **social** or **human services** professionals for assistance with children, families, elderly, disabled, or alcohol/drug abuse  
 \_\_\_\_\_ Total Visits for **mental health** or **counseling** professionals  
 \_\_\_\_\_ Total Visits for **complementary** healthcare providers, including chiropractors, acupuncturists, massage therapists, and others

**Conditions that Limit Your Access to Healthcare in Dunn County**

17. For you and your family, to what extent has each of the following issues typically **limited your use** of healthcare services in Dunn County? Circle the response that best describes your experience.

1= Never Limits Use    2=Sometimes Limits Use    3=Almost Always Limits Use

- |                                 |   |   |   |
|---------------------------------|---|---|---|
| Cost of Services                | 1 | 2 | 3 |
| Insurance limits/restrictions   | 1 | 2 | 3 |
| Payment options available to me | 1 | 2 | 3 |

1= Never Limits Use    2=Sometimes Limits Use    3=Almost Always Limits Use

Knowledge of services available	1	2	3
Availability of local services	1	2	3
Concerns about quality of local services	1	2	3
Transportation to receive services	1	2	3
Child care to receive services	1	2	3
Time when services are available	1	2	3
Previous conflicts with healthcare providers	1	2	3
Lengthy or confusing paperwork	1	2	3

### Lifestyle Qualities

18. Some Lifestyle Qualities are related to health. Answer honestly about whether you believe each of the following conditions describes you and your family. Circle the answer best describing your agreement with each statement.

Y=Yes    N=No

Someone in my home is overweight.	Y	N
Someone in my home is gets too little exercise.	Y	N
Someone in my home has a long-term health problem.	Y	N
Regular physicals or health screenings are a priority in my home.	Y	N
A balanced diet is a priority in my home.	Y	N
Someone in my home often has 5 or more alcoholic drinks in one sitting.	Y	N
Alcohol has caused a legal or traffic safety problem in my home.	Y	N
Alcohol has caused a health problem for someone in my home.	Y	N
Someone in my home smokes cigarettes or uses tobacco.	Y	N
Someone in my home under age 18 smokes cigarettes or uses tobacco	Y	N
Someone in my home has had a health problem resulting from smoking	Y	N
Someone in my home has tried to quit smoking	Y	N
Someone in my home has successfully quit smoking	Y	N
If Yes, Check (✓) each method used to quit:		

Prescribed Medicine       The Patch  
 Nicotine Gum               Hypnosis  
 Behavior Modification     "Cold Turkey" (no specific method)  
 Other Method (Please describe): \_\_\_\_\_

**Stress in Your Life (Lives)**

19. For each of the following issues related to stress, circle the response describing your agreement that the stress issue is important in your home.

1= Disagree 2=Neither Agree nor Disagree 3=Agree NA=Not Applicable to Me

Financial concerns	1	2	3	
Job/career pressures	1	2	3	
Health problems affecting adults in the home	1	2	3	
Problems affecting parents or older family members	1	2	3	NA
Health problems affecting children in the family	1	2	3	NA
Conflicts with spouse or partner	1	2	3	NA
Conflicts with children	1	2	3	NA

Other sources of stress that are important in your life:

Specify: \_\_\_\_\_

**Physical Healthcare Service**

This section is specific to services requiring the attention of a medical physician (doctor), nurse, or other medical professionals.

20. Where does your family receive medical/doctor services?

Dunn County Only

Both within Dunn County and outside Dunn County

Outside Dunn County Only.

*If you receive **all** of your doctoring services outside of Dunn County, please do not answer the questions in this section and move to the "Dental Health" section.*

21. For most medical/doctor services, where do you and your family typically go?

Check ONLY one.

Red Cedar Clinic

Midelfort Clinic-Colfax location

Myrtle Werth Hospital

Oakleaf Medical Network

Other, please specify \_\_\_\_\_

22. In the past 12 months, which type of medical care have you (and your family) used most of the time? Check ONLY one.

Hospital emergency room

Chippewa Valley Free Clinic (Eau Claire)

Urgent care center

Doctor's office

Department of Public Health

Hospital outpatient department

Other \_\_\_\_\_

23. Thinking about the clinic or hospital mainly visited by members of your family, how would you describe that organization’s performance in the following areas? Circle the response that best describes you and your family’s experience.

1= Needs Improvement    2= No Opinion    3= Performs Well

Provides a pleasant atmosphere	1	2	3
Minimal waiting time for an office visit	1	2	3
Medical staff return phone calls quickly	1	2	3
Offers a variety of specialists	1	2	3
Offers specialized medical equipment	1	2	3
Offers well-trained medical staff	1	2	3
Treatments have been effective	1	2	3
Friendly and warm medical staff	1	2	3
Medical staff pays attention to what I say	1	2	3
Staff explains medical procedures and treatment	1	2	3

Other positive feedback: \_\_\_\_\_

Other critical feedback: \_\_\_\_\_

24. Do you (and your family) generally follow prescribed medical treatments such as medications, follow-up visits, and/or extended therapies?

Always     Often     Occasionally     Rarely     Not At All

25. Check each reason you or your family might not have followed prescribed medical treatments in the past (medication, follow-up visits, and/or extended therapy).

- As a family, we have always followed prescribed medical treatments
- Lack of information—“I felt like I was missing information on what to do.”
- Lack of understanding—“I didn’t understand what I was told to do.”
- Directions difficult to read, see, or hear.
- Cost of treatment (medication, follow-up visits, and/or extended therapy)
- I was not in agreement with the prescribed medical treatment

Other reasons: \_\_\_\_\_

**Miscellaneous Healthcare Services:**

26. Over the past 12 months, have any members of your household received any of the following kinds of healthcare services in Dunn County? Check all that apply.

Dunn County Health Department Services  
 Optometry (vision correction)  
 Ophthalmology (eye disease and surgery)  
 Sports Medicine  
 Physical Therapy  
 Other \_\_\_\_\_

**Dental Healthcare Services:**

27. Where do you and your family receive most dental services?

Dunn County Only  
 Both within Dunn County and outside Dunn County  
 Outside Dunn County Only.

*If you receive **all** of your dental services outside of Dunn County, please do not answer the questions in this section and move to the next section on **Social & Mental Health**.*

28. What dental services have you and your family used in the past 12 months? **Check** all that apply and **circle** whether “Adults”, “Children”, or “Both” use this service.

<input type="checkbox"/> Routine check-up/cleaning	Adults	Children	Both
<input type="checkbox"/> On-going dental treatment	Adults	Children	Both
<input type="checkbox"/> Emergency dental care	Adults	Children	Both
<input type="checkbox"/> Orthodontics	Adults	Children	Both

29. When selecting a dentist, what do you consider to be important? Circle the number best describing your level of agreement with each statement.

1=Not Important    2=Somewhat Important    3=Very Important

Cost	1	2	3
Insurance coverage	1	2	3
Dental provider’s reputation	1	2	3
Location of facility	1	2	3
Provides a pleasant atmosphere	1	2	3
Minimal waiting time for an office visit	1	2	3
Offers a variety of services	1	2	3
Offers specialized dental equipment	1	2	3

1=Not Important    2=Somewhat Important    3=Very Important

- Offers well-trained dental staff 1 2 3
- Treatments have been effective 1 2 3
- Friendly and warm dental staff 1 2 3
  
- Staff pays attention to what I say 1 2 3
- Staff explains dental procedures/treatment 1 2 3
- Reasonable options for payment 1 2 3

Other Considerations: \_\_\_\_\_

30. If you or your family **have not** visited a dentist in the past year, what are the main reasons why? Check all that apply.

- My family has visited the dentist in the past year.
  - Fear/apprehension
  - Quality of services
  - Limited or no dental insurance
  - Cost
  - Bad past experiences
  - Cannot get to office
  - No reason to go
- Other Reasons: \_\_\_\_\_

**Social and Mental Health**

31. To what extent are you aware of Dunn County programs in the following areas? Circle the response that best indicates your answer.

1 = Aware of No Programs, 2 = Aware of Some Programs, 3 = Aware of Several Programs

- Programs for the elderly population 1 2 3
- Programs for infants, children, and adolescents 1 2 3
- Programs for people with disabilities 1 2 3
- Programs for people affected by domestic violence/sexual assault 1 2 3
- Programs for people in need of mental health/counseling services 1 2 3
- Programs for people affected by alcohol and other drug abuse 1 2 3

32. How many of the Dunn County programs have you used in the following areas? Circle the response that best indicates your answer.

1 = Used No Programs, 2 = Used Some Programs, 3 = Used Several Programs

- Programs for the elderly population 1 2 3
- Programs for infants, children, and adolescents 1 2 3
- Programs for people with disabilities 1 2 3
- Programs for people affected by domestic violence/sexual assault 1 2 3
- Programs for people in need of mental health/counseling services 1 2 3
- Programs for people affected by alcohol and other drug abuse 1 2 3

33. To what extent do you think that Dunn County programs in the following areas need improvement? Circle the response that best indicates your answer.

1 = Needs Improvement    2 = No Opinion    3 = Performs Well

Programs for the elderly population	1	2	3
Programs for infants, children, and adolescents	1	2	3
Programs for people with disabilities	1	2	3
Programs for people affected by domestic violence/sexual assault	1	2	3
Programs for people in need of mental health/counseling services	1	2	3
Programs for people affected by alcohol and other drug abuse	1	2	3

34. If you have any specific suggestions for improvement of Dunn County services in these social and mental health areas, please describe them:

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**Uses of Complementary Medicine**

*Alternative or complementary therapies are those usually found outside of traditional, mainstream medicine or therapy.*

35. Which of the following complementary therapies have you or your family used in the past year? Check (√) all that apply.

- |                                                   |                                          |                                              |
|---------------------------------------------------|------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Acupressure/acupuncture  | <input type="checkbox"/> Homeopathy      | <input type="checkbox"/> Nutritional therapy |
| <input type="checkbox"/> Chiropractic Realignment | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Spiritual Healing   |
| <input type="checkbox"/> Herbal Medicine          | <input type="checkbox"/> Meditation      | <input type="checkbox"/> Tai Chi/Yoga        |
| <input type="checkbox"/> None                     |                                          |                                              |

Others (Please Identify): \_\_\_\_\_

Circle the number best describing your level of agreement with each of the following statements.

1= Disagree    2=Neither Agree nor Disagree    3=Agree    NA=Not Applicable to Me

36. Overall, my experiences with complementary practices have been beneficial to my health	1	2	3	NA
37. I would consider using complementary practices instead of mainstream medicine for a health problem.	1	2	3	
38. Before using a complementary practice I would consult my medical doctor first	1	2	3	
39. I wish my medical clinic would provide options that include complementary health practices	1	2	3	
40. I have integrated complementary practices as a regular part of my lifestyle	1	2	3	NA

**Environmental Concerns**

41. Circle the number best describing your level of agreement with each of the following statements related to environmental issues and pollution threats in Dunn County.

1=Disagree 2=Neither Agree nor Disagree 3=Agree

I am concerned about problems with <b>air</b> quality	1	2	3
I am concerned about problems with <b>drinking water</b> quality	1	2	3
I am concerned about problems with <b>groundwater</b> (lakes, rivers)	1	2	3
I am concerned about problems with <b>food safety</b>	1	2	3
I am concerned about problems with <b>safe/clean housing</b>	1	2	3
I am concerned about problems with <b>sewage, garbage disposal</b>	1	2	3
I am concerned about problems with <b>pests</b> such as ticks, lice	1	2	3
I know who to contact with concerns about pollution control	1	2	3
Other environmental concerns: _____			

**Crime and Safety**

42. Circle the number best describing your level of agreement with each of the following statements related to crime and safety issues in Dunn County.

1= Disagree 2=Neither Agree nor Disagree 3=Agree

Living here I feel safe from murder/manslaughter	1	2	3
Living here I feel safe from rape/sexual assault	1	2	3
Living here I feel safe from robbery	1	2	3
Living here I feel safe from aggravated assault	1	2	3
Living here I feel safe from property crimes such as (burglary, theft, arson)	1	2	3
I am confident in our local law enforcement agencies	1	2	3
I am confident in our local firefighting department	1	2	3
I am confident in our local emergency rescue services (ambulances, EMT's, etc.)	1	2	3

**Health Priorities for Dunn County**

43. In general, please rate your **priorities for improving health and healthcare** in Dunn County. For each priority statement, circle the number representing your opinion on the following scale:

- 1=Current conditions are satisfactory  
 2=Current conditions need some improvement  
 3=Current conditions need much improvement

Improve quality of care for medical services	1	2	3
Improve quality of care for social/mental services	1	2	3
Improve physical facilities (buildings/clinics) for medical services	1	2	3
Improve physical facilities (buildings/clinics) for social/mental services	1	2	3
Increase specialized equipment in medical facilities	1	2	3
Increase access to medical specialists	1	2	3
Improve access to long-term specialized care (such as for cancer or cardiac treatments)	1	2	3
Improve doctor/patient relationships	1	2	3
Reduce costs of medical services and medicines	1	2	3
Improve delivery of medical services to uninsured and poor	1	2	3
Improve access to complementary practitioners	1	2	3
Improve environment and reduce pollution	1	2	3
Reduce crimes, accidents, and injuries	1	2	3
Increase health promotion educational programs	1	2	3
Improve coordination among all healthcare providers	1	2	3

Other priorities for Dunn County, please specify: \_\_\_\_\_

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**Thank you very much for taking your time for this important survey. Please mail your questionnaire, without the cover letter, in the stamped return envelope.**