DANE COUNTY: HEALTH AT A GLANCE

PUBLIC HEALTH - MADISON AND DANE COUNTY

2007 SUMMARY REPORT
On behalf of Public Health-Madison and Dane County (PHMDC), we are pleased to present the 2007 Summary Report “Dane County: Health at a Glance.” The data presented in this report focus on the health of both our residents and our environment. This information will help guide the Department’s plans and actions and provide important information to community leaders, elected officials and the general public.

Dane County is home to beautiful scenery, rich natural resources, vibrant communities, and exciting recreational and cultural opportunities, all of which contribute to health. The role of PHMDC is to help preserve the health of our community by protecting the environment, controlling disease, improving health-promoting behaviors, and striving for equity and access to health care.

“Dane County: Health at a Glance” draws on data from various sources, some of which are limited in availability and scope. Nonetheless, this report provides important information specific to many key health indicators in Dane County. It includes comparison data to the rest of Wisconsin and to the Healthy People 2010 goals (when applicable) and measures our progress, achievements, and shortcomings in reaching certain health benchmarks that define a healthy population. The full report will be available online at www.PublicHealthMDC.com.

Public Health-Madison and Dane County is now a unified, county-wide agency. Our goals are to address key issues at the community level in ways that will help individuals to make healthy choices, create healthy environments, promote public health in legislation, and eliminate health disparities between population groups. The information from this report and from discussions with community members and elected officials will be an invaluable resource in achieving these vital goals.

Thomas L. Schlenker, MD, MPH
Director, Public Health-Madison and Dane County
Dane County Demographics

Dane County is home to 464,513 residents living in more than 60 distinct cities, villages, and towns. Between 2000 and 2006, the population of Dane County grew 8.9%. This residential growth took place both within and outside the City of Madison, and is anticipated to continue. In 2004, 9.8% of Dane County individuals lived below the poverty level, compared with 10.9% in WI.

Births: Total Births 2000-2006: 33,022
Deaths: Total Deaths 2000-2006: 15,162

<table>
<thead>
<tr>
<th>Race Distribution of Dane County Residents</th>
<th>Percent of People Below Poverty Level</th>
<th>Median Household Income by Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Races: 27.7%</td>
<td>Asian: 2.2%</td>
<td>Latino: 6.0%</td>
</tr>
<tr>
<td>White: 58.4%</td>
<td>African American: 20.9%</td>
<td>Mixed: 3%</td>
</tr>
<tr>
<td>American Indian: 0%</td>
<td>Pacific Islander: 2.0%</td>
<td>Median Household Income: $52,223</td>
</tr>
<tr>
<td>Asian/Pacific Islander: 3%</td>
<td>Hispanic: 3%</td>
<td>Non-Hispanic: 87%</td>
</tr>
<tr>
<td>Hispanic: 3%</td>
<td>Non-Hispanic: 87%</td>
<td>White: 52%</td>
</tr>
<tr>
<td>Native American: 0%</td>
<td>White: 52%</td>
<td>Median Household Income: $56,000</td>
</tr>
</tbody>
</table>

Age Distribution of Dane County Residents

- 0-19 years: 27%
- 20-44 years: 43%
- 45-64 years: 21%
- 65-84 years: 6%
- 85+ years: 1%

Source: 2000 census

Median Household Income by Race

- All Races: $52,223
- White: $56,007
- African American: $37,847
- Hispanic: $27,697
- Asian/Pacific Islander: $28,103
- American Indian: $27,697
- Mixed: $28,103

Source: 2000 census

Median Household Income: $52,223

Births: Total Births 2000-2006: 33,022
Deaths: Total Deaths 2000-2006: 15,162
Intestinal infections, or “enteric diseases,” include bacteria, viruses, and parasites that are often transmitted through contaminated food but also spread from infected people or animals.

- Dane County met the CDC’s Healthy People 2010 Objective for the incidence of Hepatitis A infections in 2006, but did not for Campylobacter, E. coli O157:H7, or Salmonella infections.

<table>
<thead>
<tr>
<th>Enteric Disease</th>
<th>Dane County Incidence* in 2006</th>
<th>Healthy People 2010 Goal*</th>
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<tbody>
<tr>
<td>Campylobacter</td>
<td>19.4</td>
<td>12.3</td>
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<tr>
<td>E. coli O157:H7</td>
<td>4.0</td>
<td>1.0</td>
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<tr>
<td>Hepatitis A</td>
<td>3.0</td>
<td>4.5</td>
</tr>
<tr>
<td>Salmonella</td>
<td>18.3</td>
<td>6.8</td>
</tr>
</tbody>
</table>

* cases per 100,000 population

Opportunities

- PHMDC investigates reports and outbreaks of enteric infections to determine the source and to prevent transmission to other people.
- To prevent enteric infections, the public should pay careful attention to handwashing, thorough cooking of meat and poultry, and thorough washing of fruits and vegetables.
- Those people who become ill with enteric infections should be restricted from delivering food services, health services, and child care.
Immunizations

Immunizations are an effective, safe way to prevent people from acquiring specific communicable diseases. Without vaccine protection, we can easily contract and transmit infectious diseases. It may only take one person, whether it's a family member, a neighbor, or a visitor from another country, to start the spread of a disease.

- In Dane County, 91.6% of infants who turned 3 months of age during 2006 are up-to-date in their immunizations (1 DTaP, polio, Hib, Hepatitis B, PCV). While this is a respectable level, this immunization coverage should achieve the highest level possible (100%) in order to more fully protect our population from preventable diseases.
- 66.7% of 24-month-olds are up-to-date in their immunizations (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella). By this age, some children have fallen behind because of problems with access to health care or with prioritizing preventive measures.
- Most childhood immunizations are provided by the private sector through pediatricians and family physicians, but PHMDC also provides free immunizations to populations in need.

Opportunities

- Make sure you and your children are up-to-date in immunizations. Visit www.cdc.gov/nip for childhood and adult immunization schedules.
- Get your immunization records from your health clinic or from the public health department.
- Make sure you know which vaccines are recommended for traveling. Visit www.cdc.gov/travel.
- PHMDC provides free immunizations to populations in need, and works with other health care and community organizations to raise immunization rates county-wide.
Mental Health

Mental illness significantly increases the risk of developing a chronic illness and contributes further to chronic disease-related disability. Some illnesses place us at greater risk for mental illness. People with a history of major depression are four times more likely to have a heart attack and twice as likely to have a stroke. Depression is consistently associated with diabetes, arthritis and asthma, and those patients with diabetes who also have depression have medical expenditures 4.5 times higher than those patients with diabetes and no depression. Mental health influences not only our modifiable health behaviors, such as diet, exercise, smoking and alcohol use, but also our ability to access resources and manage chronic illness.

National estimates assert that 26.2% of American adults suffer from a diagnosable mental disorder in a given year. Currently, Major Depressive Disorder is the leading cause of disability in the U.S. for ages 15-44. It has been estimated that only a quarter of those with mental illness are actually diagnosed and treated. The implications are profound as we contemplate the skyrocketing cost of chronic disease and the many barriers to mental health care in Dane County.

Suicide, associated 90% of the time with mental illness, is the second leading cause of death for Wisconsin adolescents, and is in the top four causes of death for all Wisconsin residents from ages 10 to 54. Mental illness impedes our ability to seek education, secure and maintain employment and housing, sustain relationships, and also to care for others and ourselves, including our children. The risks and burdens untreated mental illnesses impose on individuals, communities, and our systems of justice, healthcare, industry and education are considerable and abiding.

Mental Health References
Sexually Transmitted Infections (STIs)

Sexually transmitted infections (STIs) are infections that are spread from person to person through unprotected oral, vaginal, or anal sex. STIs include chlamydia, gonorrhea, genital herpes, and syphilis.

- The incidence of STIs has been increasing in Dane County since 2002. The age groups most affected by STIs are 15-24 year olds. This is a concern as STIs can have lifelong consequences for reproductive and overall health.

Disparities in STIs and HIV - a Priority for PHMDC

In Dane County, STIs disproportionately affect African American individuals. The causes of observed disparities are complex and only partially defined, but are thought to include social and economic factors, access to care, and differences in sexual networks between different ethnic groups in the United States. A second concern is that HIV is disproportionately affecting African American and Hispanic populations, with 20.3% and 10.9% of the new cases, respectively.

HIV and AIDS Cases Reported in Dane County

HIV is also transmitted through unprotected oral, vaginal, or anal sex. In addition, HIV is spread through sharing needles used for injecting drugs.

- The number of HIV infections has been relatively stable over the past five years. Throughout the history of HIV in Dane County, the leading high-risk population has been men who have sex with men (MSM). This remains the same through 2006, with 43.8% of new cases being among MSM.

Disparities in STIs and HIV - a Priority for PHMDC

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Opportunities

- STIs and HIV can be prevented through abstinence; consistent and correct condom use; reducing the number of sexual partners; and limiting alcohol and drug use.
- If someone uses needles for drug injection, seek treatment to stop or use a needle exchange service, but do not share needles or equipment.
- If you are at risk for STIs and HIV, get tested and encourage your sexual partners to also get tested.

Human Immunodeficiency Virus (HIV)

HIV/AIDS Cases Reported in Dane County

HIV/AIDS Cases Reported in Dane County (5 Year Moving Average)
Tuberculosis (TB) is a contagious disease that occurs primarily in the lungs. Most people who have TB infection (called latent TB infection, or LTBI) never actually develop active TB disease and can take medication to prevent this from happening.

- In Dane County, incidence of TB has ranged from 1.6 to 3.3 cases per 100,000 people over the past 5 years, which is higher than the national goal of 1 case per 1 million for TB elimination. Most of these cases were contracted from somewhere outside the U.S.
- In 2005, PHMDC provided medications to over 300 people with LTBI, 81% of whom completed their medications. This is a key service provided by PHMDC, which also provides TB skin tests for people at risk for TB infection.

Opportunities

- TB is a truly global disease; over one third of the world's population is infected. Globalization, migration, and increased international travel are all contributing factors. If you suspect that you might be infected with TB, get a TB test and, if necessary, take medications for latent TB infection.
- For people with active TB disease, PHMDC ensures they take their medication and stay isolated until they are no longer infectious. We also work with community partners to help arrange resources for people who are in isolation.
Risk Factors and Health Behaviors

Certain behaviors are "risk factors" or underlying causes of the leading chronic diseases that affect people in Dane County. PHMDC works to prevent cardiovascular disease, cancer, lung disease and diabetes by reducing these risk factors in our communities. Cigarette smoking and obesity are both high priorities for public health prevention strategies because they contribute to many diseases. Inadequate physical activity and poor diet contribute to obesity, but they also significantly increase a person’s risk for other chronic diseases, including cardiovascular disease, diabetes and cancer.

Obesity and Overweight

- Almost 1 out of every 5 (19%) Dane County adults is obese (Body Mass Index (BMI) 30kg/m2 or higher) and 1 out of every 3 (34.5%) is overweight (BMI > 25-29.9kg/m2). The prevalence of obesity tends to be higher in women than in men, and higher in African Americans than in Whites.
- The rate of obesity in Dane County adults is slightly better than the Wisconsin rate (22%), but is still above the Healthy People 2010 goal of 15%.
- Of special concern is the rising rate of overweight in our children. Among Dane County 7th-12th grade students, 18% of girls and 26% of boys are overweight or obese. Over 25% of 2-5 year olds in Dane County are overweight or obese.

Nutrition

- Only 1 out of 4 Dane County adults, and fewer than 1 out of 10 Dane County 7th-12th grade students eats the recommended 5 or more servings of fruit and vegetables a day.

Physical Inactivity (Sedentary Lifestyle)

- About 2 of 5 (42.5%) Dane County adults report levels of activity that do not meet recommended levels of moderate physical activity. The Healthy People 2010 Goal is to reduce that figure to 20%.
- Dane County youth are also not achieving adequate levels of exercise, with over 40% reporting inadequate physical activity and 1 in 5 is getting no exercise.

Blood Pressure and Cholesterol

- About 1 out of 5 Dane County adults has been told they have high blood pressure, and of those, 75% are taking medication for it.
- About 1 out of 4 Dane County adults has been told they have high cholesterol. About 20% of Dane County adults have never had their cholesterol checked.

Cigarette Smoking

Cigarette smoking and Environmental Tobacco Smoke (ETS) exposure cause myriad health problems, including lung cancer, other cancers, heart disease, lung disease, and serious problems for unborn babies, infants and children whose parents smoke.

- About 1 out of 6 (18%) Dane County adults is a current smoker, compared to an adult smoking rate of 21% for Wisconsin in 2006. This reflects a fairly steady decline in smoking rates in Dane County over the past 5 years.
- Tobacco use was directly related to an estimated 367 deaths and $312,510,000 in health care costs and lost productivity per year in Dane County (2000-2004). This figure does not include deaths indirectly related to smoking, such as fire-related deaths and infant deaths related to the mother smoking.
- Continued efforts are needed to meet the 2010 adult smoking rate goal of 12%.

Alcohol

Binge drinking is strongly associated with accidental and intentional injuries. Chronic heavy alcohol use (averaging over two drinks/day for men and one drink/day for women) increases the risk of alcoholism, some cancers (breast, head and neck, liver, and possibly colorectal), high blood pressure, stroke, and obesity.

- "Binge drinking" (drinking 5 or more alcoholic drinks on at least one occasion during the past 30 days) has declined slightly over the past 5 years, but still remains a serious problem in Dane County among both adults and youth. In 2005, 10.5% of Dane County adults reported binge drinking within the past month, slightly below the state rate (24%) and much higher than the Healthy People 2010 goal of 6%. The rate of binge drinking is considerably higher in males (29%) than females (10.6%).
- 24.6% of 7th-12th grade youth in Dane County reported at least one binge drinking event.

Opportunities

- The major chronic diseases can be prevented and controlled when individuals adopt healthy lifestyles. Both physical activity and a diet rich in fruit and vegetables help to prevent heart disease, diabetes, obesity, and some cancers.
- Health screening to detect high blood pressure and cholesterol is vital to the prevention of heart disease and stroke.
- Through the joint efforts of many community partners, we can create and maintain environments and services which make it easier for Dane County residents to be healthy.

<table>
<thead>
<tr>
<th>Prevalence of Adult Smoking in Dane County 2001-2005</th>
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<tbody>
<tr>
<td>Year</td>
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<td>2001</td>
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Prevalence of Adult Obesity by Race (2001-2005)

<table>
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<tr>
<th>Race</th>
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<tbody>
<tr>
<td>White</td>
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<tr>
<td>African American</td>
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<tr>
<td>Other</td>
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<tr>
<td>All</td>
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</tbody>
</table>

Percent of Obesity

- 16.5% of White adults
- 20.4% of African American adults
- 16.5% of Other adults
- 20.2% of All adults

Prevalence of Obesity (BMI>30 kg per meter square) in Dane County from 2001-2005 by race.
Burden of Disease and Death

Cardiovascular diseases (including heart disease and stroke) and cancers are the leading causes of deaths in Dane County, as they are in Wisconsin. In 2005, their respective age-adjusted mortality rates were 221.85 and 156 per 100,000 people, lower than those statewide. For both cardiovascular disease and cancer, there are gender, race, and age disparities, with men and Blacks having higher rates of death.

Cardiovascular Diseases

- Ischemic Heart disease (coronary heart disease), reduced blood supply to the heart muscle usually due to blocked coronary arteries, is the leading preventable cardiovascular disease. The death rate from ischemic heart disease (including heart attacks) has decreased significantly over the last decade in Dane County, as it has elsewhere (20.3% decrease from the average rates of 1996-2000 to 2001-2004) (WI DHFS). In part due to advances in treatment, reductions in fact, smoking.
- The death rate from cerebrovascular disease (stroke) has decreased 16.7% in the past ten years.

Cancers

- The incidence rate (new cases) of cancer in Dane County from 1999 to 2003 was on average 475.2 per 100,000 per year, lower than the state rate of 483.4.
- For Dane County, the average age-adjusted mortality rate for all cancers was 168.9 per 100,000 (2001-2005) compared to the Wisconsin rate of 184.81.
- Unlike the pattern in Wisconsin, African Americans in Dane County have a lower incidence of cancer than Whites. However, African Americans in Dane County have a higher cancer mortality rate than for Dane County Whites and for African Americans statewide. Disparities in cancer mortality may result from differences in various factors between groups, including: risk behavior such as smoking and poor diet that cause cancer (incidence); use of cancer screening services that allow for early diagnosis, and access to and acceptance of high quality cancer treatment.
- Disparities in cancer mortality may reflect differences in incidence, use of cancer screening services that allow for early diagnosis, and access to high quality cancer treatment.

Diabetes and Asthma

- Although they cause many fewer deaths than cardiovascular disease and cancer, both diabetes and asthma are very important from a public health standpoint. They may contribute to other fatal diseases, and they may place a tremendous burden on those afflicted in terms of disability, reduced quality of life, and financial cost. Through proper medical management and self-care, complications of diabetes and asthma can be minimized. Unfortunately, with the increase in obesity in both adults and children, type 2 diabetes and pre-diabetes are increasing and occurring at younger ages, particularly among Hispanic, African American, and Native American and Hmong populations. From 2001-2005, 4.1% of the adult population in Dane County had diabetes (prevalence) and the mortality rate was 16.9 deaths per 100,000.
- Chronic lower respiratory diseases (including emphysema, bronchitis and asthma) had a mortality rate of 37.6 per 100,000 in 2001-2005, and asthma alone was prevalent in 10.2% of the adult population in Dane County.

Opportunities

- The major chronic diseases that burden our Dane County population can be prevented, delayed and controlled to prevent early death and disability. This can best occur when community environments and organizations promote and support individuals’ healthy lifestyles and all citizens have access to health information and preventive health services.
- Chronic disease prevention efforts must continue to focus on the leading causes: cigarette smoking, poor diet and physical inactivity.
- Screening for breast, cervical and colorectal cancers has saved countless lives, and should be universally available.
- All citizens need access to high quality, affordable disease management services to prevent complications that contribute to disability, premature death, and health care costs.
- Improved processes and systems for chronic disease surveillance are needed to track disease trends, target programs and evaluate the effectiveness of disease prevention efforts.

Diabetes Incidence Disparity in Dane County Rate (2000-2002)

Age-Adjusted to 2000 U.S. Population

In all races cancer incidence rate in women is lower compared to men. Asian incidence counts were too low to be displayed. Source: National Cancer Institute.

Cancer Incidence Disparity in Dane County Rate (2000-2002)

Age-Adjusted Cancer Mortality Rate in Dane County (2001-2005)

Cancer mortality disparity in Dane County by race and gender.

Leading Causes of Deaths, 2001-2005 (per 100,000 people) Average Age-Adjusted Mortality Rate in Dane County and Wisconsin

<table>
<thead>
<tr>
<th>Causes</th>
<th>Dane Co.</th>
<th>WI</th>
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<tbody>
<tr>
<td>Diseases of the heart*</td>
<td>172.86</td>
<td>202.22</td>
</tr>
<tr>
<td>Cancers</td>
<td>168.29</td>
<td>184.41</td>
</tr>
<tr>
<td>Other causes (residual)</td>
<td>93.23</td>
<td>95.04</td>
</tr>
<tr>
<td>Cerebrovascular diseases (Stroke)</td>
<td>53.17</td>
<td>52.75</td>
</tr>
<tr>
<td>Chronic lower respiratory diseases</td>
<td>37.64</td>
<td>39.52</td>
</tr>
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</table>

*including ischemic heart disease, congestive heart failure, source WISH (http://dhfs.wisconsin.gov/wish)
Injuries and Safety

- Unintentional injuries are among the top five leading causes of all deaths for Dane County residents.
- Motor vehicle crashes are the leading cause of injury death in Dane County. These rates are highest among those aged 15-24 years. Speed, alcohol, and failure to wear safety belts are preventable factors leading to motor vehicle deaths.
- Falls are the leading cause of injury related deaths for adults ages 65 and older and the number one cause of injury related hospitalizations and emergency room visits for all ages in Dane County.
- Suicide is the second leading cause of death for Wisconsin adolescents and in the top four causes of death for all Wisconsin residents ages 10 to 54.
- For the years 2002-2005, an average of 50 people died each year in Dane County from suicide. Ninety percent of people that die from suicide have a treatable mental illness or substance abuse problem. (source: American Foundation for Suicide Prevention)
- The majority of injury related deaths for infants and children 0-4 years old are due to suffocation. Some known preventable causes of suffocation are: babies sharing sleeping space with adults; drawstrings; window blind cords; and children being crushed by furniture tipping over.

Injury Deaths by Main Causes in Dane County and Wisconsin (2002-2005)

Unintentional 69.4%
Homicide/ Assault 3.4%
Suicide/ Self-Inflicted 27.2%

More than three quarters of deaths by firearms are self-inflicted.

Opportunities

- Individuals can play an important role in preventing accidents and injuries by wearing bicycle helmets and seat belts, reducing speed and alcohol intake when driving, and being aware of environmental hazards.
- Prevention activities at the community level are critical. PHMDC takes a community-wide coordinated approach in its injury prevention efforts through partnership with the Safe Communities Coalition and the Madison Area Safe Kids Coalition in developing and implementing evidence-based strategies to reduce injury related deaths and hospitalizations in our community.
- Strategies to prevent falls include public, community organization and health care provider education, and multi-factorial interventions to address physical conditions, environmental hazards, and medications.
Environmental Health

A full environmental health report is available from PHMDC for additional reference.

Air Quality
- While Dane County benefits from a majority of days with good air quality, there is still need for improvement. In 5 of the last 7 years, ozone or fine particulate levels were high enough to have a noticeable health impact, making it more difficult to breathe for people with asthma and other respiratory problems.

Water Quality
- Dane County has a large supply of high quality drinking water and numerous bodies of water for recreation. However, elevated levels of nitrate in private wells and increasing levels of chloride and other pollutants in groundwater and surface water highlight the importance of protecting our water sources.
- Activities such as deicing, overuse of fertilizers and pesticides, and spills have an impact on our water supply.

Food Protection
- Improper food holding temperatures and problems with handwashing were the most common problems identified in Dane County restaurants in 2006.
- Four of the five foodborne outbreaks investigated in 2006 involved ill food workers and resulted in 185 people reporting norovirus infection.

Healthy Homes and Communities
- Although lead hazards persist in Dane County, the percentage of lead poisoned children continues to decrease.
- Recycling in Madison and Dane County is increasing.

Opportunities
- Reducing the amount of pollution from cars and trucks will have a tremendous positive impact on air quality, as will improving energy efficiency in our homes and businesses.
- Ongoing monitoring of public wells, increasing testing at private wells, and preventing spills and chemical releases into ground and surface water are essential services to protect our water supply.
- In our homes, we can eliminate lead and radon hazards by testing and taking corrective action; we can reduce our “footprint” by reducing waste, reusing materials and recycling.

Results of Nitrate Testing in Private Wells, Dane County

Air Quality in Madison and Dane County according to the Air Quality Index (AQI) for Ozone and Fine Particulate Matter*

Data provided by WI Department of Natural Resources.

*Dane County did not have any days with “unhealthy” or “very unhealthy” levels of ozone or fine particulate between 2000 and 2006.

Data provided by WI Department of Natural Resources.
Oral Health

Oral health is critical to an individual's overall health status. Recent studies indicate associations between oral infections, primarily in the gums, and diabetes, heart disease, and stroke. Such oral infections are also a risk factor for pre-term and low-weight births and can be so severe that they become fatal.

- Access to dental health care is a major challenge in our community and is a key health priority to ensure overall health among Dane County residents. Though it is unclear what percent of the Dane County population does not have access to dental care, we do know that many of the service providers that offer dental care to the uninsured and high-risk populations are simply overstretched and unable to meet the demand among children and adults in need of dental health care.

- Racial disparities in dental health are also significant among children served in PHMDC programs. A statewide survey in 2002 revealed disparities across race groups and socioeconomic status. Dental problems are the most common health problem identified at Dane County Neighborhood Child Health clinics, which are targeted to underinsured or uninsured families. In the 2006 PHMDC Well Child Clinics, 82 children under age 6 were screened. Of those screened, 51 had early childhood caries (cavities).

- Data availability exclusive to Dane County is limited, though we do know that in 2002, approximately 19.1% of elementary school children in the southern region of Wisconsin (which includes Dane County) had untreated tooth decay, a lower rate than all other regions in Wisconsin except the Western region.

- For preventive health, 85% of the population of Dane County receives fluoridated water. Most of the other 15% have private wells. For families using well water, PHMDC tests the water and provides fluoride supplements. Over 12,000 orders from Dane County residents were filled in the past 5 years.

- The prevalence of dental sealants in the southern region of Wisconsin (which includes Dane County) was 49.1%, greater than the southeastern and northeastern regions, but not as high as western and northern regions.

Opportunities

- Most tooth decay in children and adolescents could be prevented through appropriate amounts of fluoride and application of dental sealants that protect the tooth surface.
- PHMDC collaborates with the dental health community in Dane County to provide additional dental services to children and adults in need.
- Reducing sugar intake and soda can prevent tooth decay.
- Infants and toddlers should not walk around with baby bottles in between meals, as the sugar in milk and juice causes tooth decay.

Dental Sealants by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Sealant Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern</td>
<td>49.1</td>
</tr>
<tr>
<td>Southeastern</td>
<td>43.0</td>
</tr>
<tr>
<td>Northeastern</td>
<td>40.0</td>
</tr>
<tr>
<td>Western</td>
<td>57.9</td>
</tr>
<tr>
<td>Northern</td>
<td>58.6</td>
</tr>
</tbody>
</table>
Maternal and Child Health

In 2005, 6,055 children were born in Dane County, a 1% increase from 2004.

Newborns
- Premature births and very low birth weights are known to have adverse effects on birth outcome. In 2005, 10.3% of Dane County births were premature, 6.5% had a low birth weight (under 2500 grams, about 5.5 lbs), and 14.5% of those were under 1500 grams (very low birth weight).
- Children born with these risk factors have a higher incidence of lifelong disability.

Mothers
- 79% of the mothers in Dane County in 2005 had adequate prenatal care (initial visit at the first trimester with nine or more subsequent visits); this is an important rate to continue pushing upwards.
- 91.4% of Dane County women abstained from cigarette smoking during pregnancy, falling significantly short of the Healthy People 2010 goal of 99%.
- 1.2% of the new births in 2005 were to teens under 18 compared to 2.6% in Wisconsin.
- While Dane County leads the state in exclusive breastfeeding, 23% for at least 3 months, and also leads the state with 36% of mothers breastfeeding for at least 6 months, it is still short of the Healthy People 2010 goal (50%) for exclusive breastfeeding for 6 months.
- 69% of new mothers in 2005 initiated breastfeeding, still lower than the Healthy People 2010 goal of 75%.

Infant Mortality
- Over the five year period 2001-2005, Dane County experienced an average fetoinfant (stillbirths and infant deaths) mortality rate of 9.7 per 1000 births, compared to 11.7 per 1000 in Wisconsin.
- In 2005, 24 children died in Dane County before the age of one, and 32 fetal deaths were reported (death that occurs at 20 or more weeks of pregnancy).

Disparities in Birth Outcomes
- Over the last 15 years the overall infant mortality rate has declined in Dane County, but the African American infant mortality rate is steadily 2 to 3 times that of White infants. The cause of this disparity can be partially explained by the difference in some risk factors such as very low birth weight, prematurity, or inadequate prenatal care, though this must be explored further.


- "Low Birth Weight" is under 2500 grams;
- "Late Prenatal" is no initiation of prenatal visit in the first trimester;
- "Preterm" is birth before 37 weeks of gestation; and
- "Teen" is mother under 18 year old.
Health At A Glance References and Resources

- Wisconsin State Health Plan 2010 (http://dhfs.wisconsin.gov/statehealthplan/conditions/index.htm).
- Behavioral Risk Factor Surveillance Systems-BRFSS (www.cdc.gov/brfss/technical_infodata/surveydata/2006.htm). Thanks to Jennifer C. Ullsvik (Wisconsin DHFS) and WISH.
- City Match (www.citymatch.org).
- Wisconsin Department of Administration / Census and Population Information (www.doa.state.wi.us/sectiondetail.asp?link=cat=&id=11).