



St. Croix County
Community Health Improvement Plan
2009—2014

Executive Summary



It's unanimous. *Access to Primary and Preventive Health Services* is the top health priority for St. Croix County for 2009 to 2014.



Photovoice: Groups of St. Croix County mothers armed with cameras documented their chief concerns about health and commonly identified *access to health care* as the county's top health priority for the next five years.



Use Your Voice: A random community survey conducted by mail and email in St. Croix County identified *access to health care* as the county's top health priority for the next five years.



Community Partners: A community steering committee reviewed statistics and trend data along with the Photovoice and Use Your Voice survey results, and voted to establish *access to health care* as the county's top health priority for the next five years.

The St. Croix County Community Health Improvement Process (CHIP) involved identifying and prioritizing health care needs of the county for the purpose of creating and maintaining healthy communities. There were 11 Health Priorities to choose from, as outlined in *Healthiest Wisconsin 2010*—the state public health plan, and there were three different review processes. All three processes ended up pointing to the same issue as the top health priority for St. Croix County for the next five years: "Access to Primary and Preventive Health Services".

Hudson Hospital & Clinics and St. Croix County Department of Health and Human Services (DHHS) – Public Health teamed up to lead this community health improvement process in the summer of 2008. By June of 2009 these partners had obtained structured feedback through:

- A unique Photovoice project that put cameras in the hands of St. Croix County mothers and asked these women to document what was important about health care to them and their families;
- Nearly 700 opinions from a community survey distributed randomly by mail and email;
- A data collection project that presented statistical information and historical trends to the CHIP Steering Committee for their review and ranking by written ballot.

Access to primary and preventive health services can mean different things to different people, and the three groups whose input established *Access* as the top priority for St. Croix County all identified different elements of access that were important to them. Survey respondents identified health care costs and lack of coverage as barriers. Steering Committee members voting on the priorities noted particular problems of access for mental health care and on-going access problems for dental care – especially among St. Croix County's Medicaid and BadgerCare Plus population. Mothers in the Photovoice project, including mothers of Hispanic ethnicity who do not speak English, identified transportation and language barriers as critical factors affecting access to health care services. Census data shows a steady increase in the Hispanic population in St. Croix County.

The five highest ranking Health Priorities for St. Croix County 2009—2014 are:

- Access to Primary and Preventive Health Services**
- Overweight, Obesity, and Lack of Physical Activity**
- Adequate and Appropriate Nutrition**
- Alcohol and Other Substance Use and Addiction**
- Tobacco Use and Exposure**

These priorities are not new. The community health needs assessment in 2005 (“*2005 and Beyond*”) also identified Lack of Access to Health Care and Dental Care as the number one priority, with Poor Diet and Lack of Exercise in third place, and Tobacco, Alcohol and Other Drug Use as number five.

“Within countries, health inequities are not found only between the worst off and the rest of society. Rather, most countries exhibit a gradient in health in which each step lower in the social hierarchy is associated with worse health outcomes. Health inequity, as a manifestation of structural social, economic, and political inequalities . . . represents a potentially urgent problem with respect to human, national, and global security. Many of the social and economic advances of the past were made without any explicit attention to improving health but, in many cases, resulted in improvements in health nonetheless. A conclusion to draw from such outcomes is that although major social, economic, and political processes and policies may not be intended to affect health or health equity (for better or worse), in all likelihood they will.”¹

St. Croix County Demographic Profile

According to Census estimates, St. Croix County’s 2008 population was 82,487; a growth of 30.6% since 2000. During this period St. Croix County grew 6 times as fast as the state overall and twice as fast as the next most rapidly growing county—Calumet. Projections by the Wisconsin Department of Administration for the year 2035 have St. Croix County jumping from the 23rd largest county (in 2000) to the 12th largest county with a population of 148,043. Planning for that much growth is a demanding task, but the overall numbers themselves are just part of the St. Croix County population story.

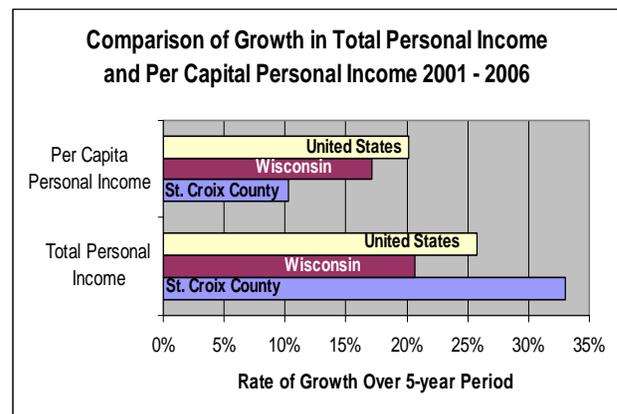
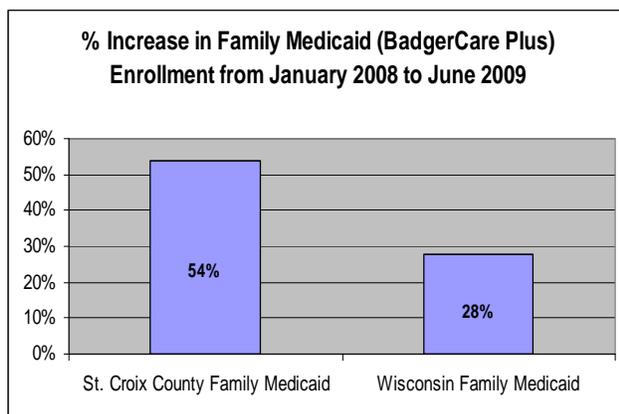
- Much of the county’s growth is attributed to flight from metropolitan St. Paul and Minneapolis (about half of St. Croix County’s work force commutes to jobs in Minnesota).
- St. Croix County also maintains the second highest *natural* growth rate in Wisconsin. This natural growth rate explains, in part, the relative growth of the very young child population alongside the declining overall population under age 18 and the population over age 65.
- It is reasonable to anticipate that the county now houses a relatively high percentage of younger adults who are just starting families. Workforce predictions forecast that St. Croix County’s adult workforce will continue to grow well after Baby Boomers retire in large numbers and reduce the work force in other areas of the state.
- St. Croix County’s diversity has also changed over the past decade. Although the county’s White, non-Hispanic population still accounts for over 95% of the population (compared to 85% statewide), that group’s relative size in St. Croix County decreased by 2% between 2000 and 2008. In addition:
 - Black population doubled, but remains only 1/10 of the statewide proportion of 6%;
 - Hispanic and Latino population nearly doubled to about 1/5 of the statewide proportion of 2%;
 - Population of Asian descent more than doubled in size to 1.3% of the total, and is now much closer to the statewide Asian population rate of 2%;

Priority #1: Access to Primary and Preventive Health Services

Private and Public Insurance Coverage

Published statewide calculations concerning the number and percent of individuals with or without health insurance coverage have not kept pace with the recent expansions to public coverage through the BadgerCare Plus program and the new BadgerCare Plus Core Plan for Adults without Dependent Children. However, trend data from 2004 through 2007 indicated that while the percent of people with year-round health insurance coverage in St. Croix County (91%) remained higher than statewide (89%), the percent of people in St. Croix County with coverage has been slipping compared with the state overall. From the beginning to the end of that period of years, the percent of individuals in St. Croix County who identified themselves as “currently uninsured” rose from 5% to 7%, while the statewide figure remained unchanged at 7%.

During that time St. Croix County also exhibited another trend contrary to the experience of the state as a whole. Private health coverage levels held relatively steady across the state, while both private measures (employer-sponsored and individual plans) dipped slightly in St. Croix County. At the same time, public coverage rose faster in St. Croix County than throughout the rest of the state. This may be attributable, at least in part, to the fact that the percent of low-income people increased in St. Croix County while it dropped statewide.



Charity Care and Bad Debt: Numbers and Costs

While lack of insurance or inadequate coverage may cause some individuals to delay or skip health services altogether, many others access health services but are unable to pay for them. For some qualifying individuals, the cost of care can be discounted in part or in full (*Charity Care*). Others are still obligated to pay, but do not (*Bad Debt*). The Wisconsin Hospital Association keeps track of these unpaid costs and publishes an annual *Uncompensated Health Care Report*. The most recent report (October 2009) identified uncompensated care from 2008. The report provides some insight to the scale of the problem. In 2008, the four hospitals in St. Croix County provided Charity Care to 2,297 individuals at a total cost of \$2,231,731. Bad debt cost the system a little less per person, but because so many people (15,165) in St. Croix County experienced bad debt, that cost soared to \$6,030,115. Statewide, uncompensated care costs are equal to about 3.5% of all hospital revenue. In St. Croix County, the figure is higher: 4.4% of total hospital revenue – with the eastern end of the county showing dramatically higher numbers of people with uncompensated care.

Not Receiving Needed Care

If access to care without coverage presents one problem, delaying or skipping care may contribute to deterioration of health, the development of chronic conditions, and the likelihood that problems will eventually become more serious. Every year the Family Health Survey asks respondents if they did not get health care (medical care or surgery) for something they felt they should have had treated. In the most recent County Health Rankings Report issued by the Wisconsin Institute on Population Health, St. Croix County fared relatively poorly in this measure despite the fact that its levels of insurance coverage are still higher than the statewide levels. Out of the 73 reporting local health sites in the state (72 counties and the City of Milwaukee), St. Croix County ranked 44th – meaning that 43 other counties reported more people getting health care services they felt they needed.

According to a 2006 report, *Identifying Priority Substance Abuse Needs in Wisconsin*, by the Wisconsin Department of Health and Family Services, approximately 80% of the individuals in St. Croix County who needed Alcohol and Other Drug Abuse (AODA) treatment did not receive treatment. ⁱⁱ

Access to oral health care continues to be a major concern. Ironically, as more and more children are added to the roles of Wisconsin’s expanding Medicaid and BadgerCare Plus programs, the number of providers willing to accept patients served by these programs remains inadequate. Some preventive programs appear to be having an effect by reducing the incidence of decay.

2008 Make Your Smile Count: The Oral Health of Wisconsin’s Children
<ul style="list-style-type: none">Dental decay is a significant public health problem for Wisconsin’s children.
<ul style="list-style-type: none">Many children in Wisconsin do not get the dental care they need. (In 2007-2008 20% of Wisconsin’s third graders had untreated tooth decay.)
<ul style="list-style-type: none">About half of the children in Wisconsin do not have dental sealants, a well accepted clinical intervention to prevent tooth decay on molar teeth.
<ul style="list-style-type: none">There are significant oral health disparities in Wisconsin with minority and low-income children having the highest level of dental disease and the lowest level of dental sealants.
<ul style="list-style-type: none">Wisconsin has met the <i>Healthy People 2010</i> objectives for reducing the prevalence of untreated tooth decay and increasing the prevalence of dental sealants among elementary school children, <i>but has not met the Healthy People 2010</i> objective for decay experience.
<ul style="list-style-type: none">Our prevention programs are working. Compared to 2001-02, fewer children today have dental decay and more have dental sealants.

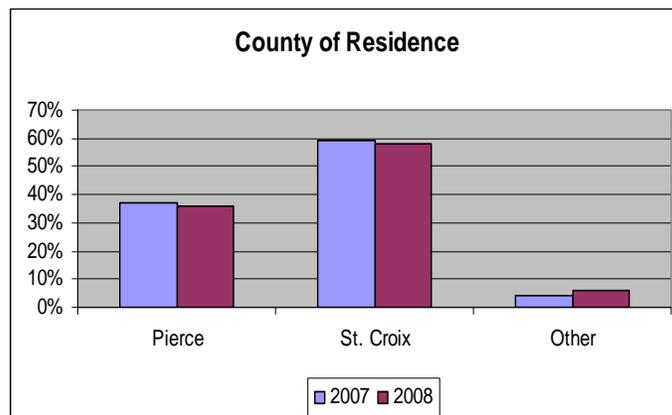
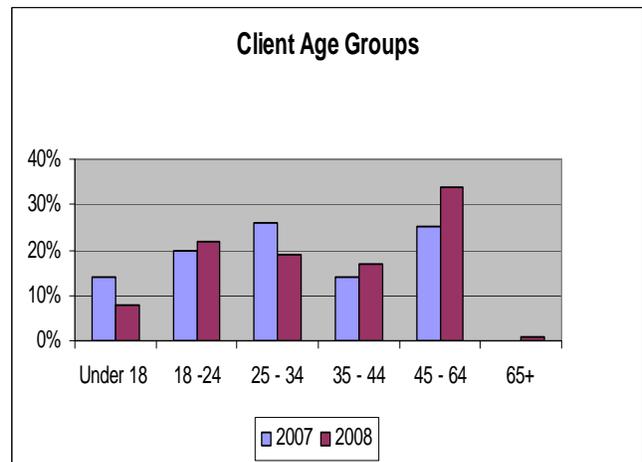
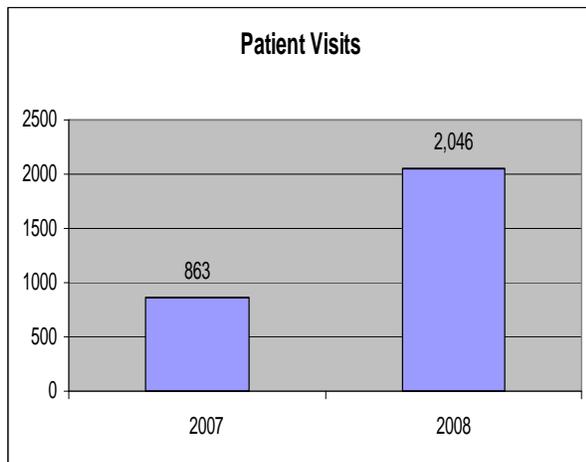
While Wisconsin is working to achieve parity in access to mental health care, the state is still likely to experience some continued effects of the same barriers that limit access to mental health care nationally. According to the 2006 National Survey on Drug Use and Health (NDSUH), some 28.3 million adults over age 18 received mental health treatment in the previous year—12.9% of the adult population. This rate of treatment receipt is only slightly lower than the rate receiving treatment in 2005—13% of the adult population. Also, in 2006, another 10.5 million adults reported that they had not received mental health treatment that they needed. This is roughly one third of the number who did receive treatment.

The table below from the NDSUH allocates the reasons adults gave for not receiving treatment.

Reasons Given for Not Receiving Mental Health Treatment	% Among Adults Who Did Not Receive Treatment
Could Not Afford Cost	41.5
Could Handle Problem without Treatment at the Time	34
Did Not Have Time	17.1
Did Not Know Where to Go for Services	16
Might Cause Neighbors/Community to Have Negative Opinion	10.5
Might Have Negative Effect on Job	9.8
Treatment Would Not Help	9.3
Fear of Being Committed/Have to Take Medicine	9.2
Did Not Want Others to Find Out	9.1
Did Not Feel Need for Treatment	9

Free Clinic of Pierce and St. Croix Counties

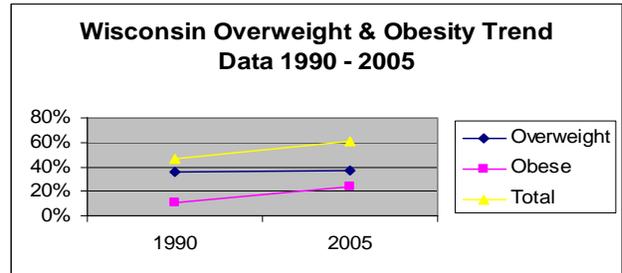
While expansions in the BadgerCare Plus program to include adults without dependent children continue, some of the county's uninsured will continue to receive health care services at the Free Clinic of Pierce and St. Croix Counties.



Priority #2: Overweight, Obesity, and Lack of Physical Activity

According to the July 2009 report of the Trust for America's Health (*F as in Fat 2009: How Obesity Policies are Failing in America*ⁱⁱⁱ) adult obesity rates have not decreased in a single state this decade. Wisconsin's rate of obese adults is right in the middle of scores from all 50 states. Wisconsin seems to perform better among children aged 10 to 17, though, ranking as the 12th best state.

Between 1990 and 2005 Wisconsin's overweight and obese population grew from less than 50% of the state to over 60%. By 2008 that total measure had reached 64% of the state's total population. Ominously, the obese population has been growing much faster than the overweight population.

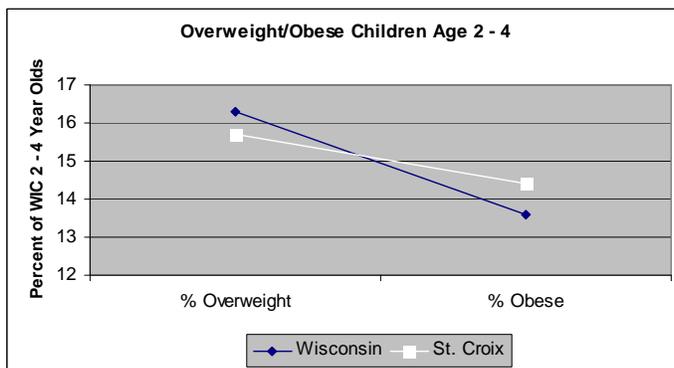


Five of the seven key tracking elements identified for this priority by the state have shown some signs of improvement since 2000. The two elements that worsened (statewide) during this time are the percentage of overweight children in WIC and the percentage of obese adults. For both of these measures, St. Croix County's most recent scores are worse than the most recent statewide scores:

- The 2000 baseline percentage for *overweight* children in WIC statewide was 11.5%. By 2005/2006 that had increased to 13.3%. The most recent St. Croix County measure (2007) is that 14.4% of WIC children here are *overweight*.
- The 2000 baseline percentage for *obese* adults statewide was 20%. For the period from 2000 to 2007, inclusive, 24.1% of all Wisconsin adults were *obese*. In St. Croix County, the inclusive measure of *obese* adults was 25.1% of the population. (Wisconsin Population Health Institute)

In this same report, St. Croix County falls just below the statewide rankings in terms of individuals who are considered to be obese (37th most out of 72), but the county ranks near the bottom (66th out of 72) in the State in overall physical activity. According to the most recent report by the Department of Health Services, 14.9% of St. Croix County adults engage in no physical activity, keeping the county in the lowest quartile among the state's counties.

The Youth Risk Behavior Survey data show that St. Croix County high school students watch TV, play video games, attend physical education classes, and exercise at about the same levels as their peers statewide. The St. Croix County scores did indicate a slightly lower level of vigorous physical activity.



"The current economic crisis could exacerbate the obesity epidemic. Food prices, particularly for more nutritious foods, are expected to rise, making it more difficult for families to eat healthy foods. At the same time, safety-net programs and services are becoming increasingly overextended as the numbers of unemployed, uninsured and underinsured continue to grow. In addition, due to the strain of the recession, rates of depression, anxiety and stress, which are linked to obesity for many individuals, also are increasing."^{iv}

Priority #3: Adequate and Appropriate Nutrition

Nearly 80% of St. Croix County residents report eating an insufficient amount of fruits and vegetables. This ranks the county at number 45 out of the state's 72 counties (73 reporting sites). In the Youth Risk Behavior Survey, St. Croix County high school students reported higher levels of positive nutritional intake than students statewide: more fruits and vegetables, more green salads, more carrots and other vegetables, more breakfast and more milk. There was one exception: St. Croix County students—especially males—reported drinking more pop than other students statewide.

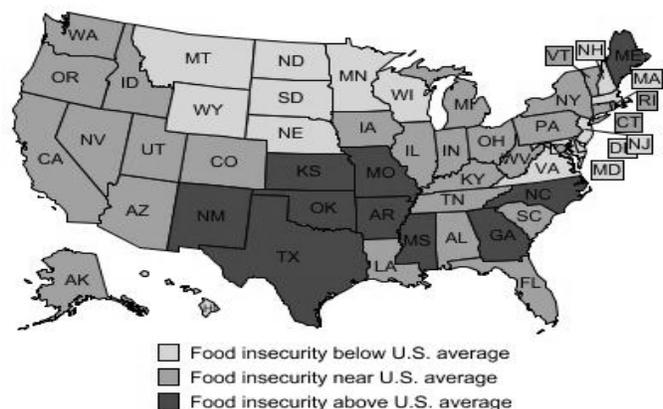
St. Croix County mothers report breastfeeding their children at higher rates than most other counties. This includes breastfeeding in the hospital, at 6 months and at 12 months and exclusive breastfeeding longer than 3 months. WIC children age 6 months and older experience anemia (low blood Hgb levels) at less than half the rate of children statewide (4.4% to 10.5%).

St. Croix County schools report one of the fastest rates of growth in participation in the Free and Reduced Lunch Program, although the county's rates of participation are still below statewide rates. St. Croix County's percent of participation increased by over 71% between 2001 and 2006—the 6th largest increase among all Wisconsin counties. In 2006, St. Croix County schools reported 14.72% of children were enrolled in the Free and Reduced Meals Program. Only four counties reported a lower rate of participation, and the statewide average was 32%, more than twice as high.

The same is true for the Food Share program ("Food Stamps"). As a result, St. Croix County's rate of Food Share participation among residents with low incomes now nearly matches the statewide rate. Nationally, Food Stamps (generic term for Wisconsin's Food Share Program) now feed one in every eight adults and one in every four children. The U. S. Department of Agriculture administers the Food Stamp program nationally, and that department released a report on November 20, 2009, indicating that only 18 states successfully enrolled 70% of the people who should be enrolled. Wisconsin was not one of those states. 64% of the likely eligible individuals in Wisconsin were enrolled in Food Share. Thirty states (including the District of Columbia) did better than Wisconsin, and 20 states did worse. ^v

Between 2002 and 2007 St. Croix County WIC recipients reported a sharp rise in Food Insecurity; increasing by 22% from 35% in 2002 to 57% in 2007. Statewide, the increase was just 7%, and the statewide rate of 51% in 2007 was lower than the St. Croix County rate by 6%.

On November 16, 2009 the U.S. Department of Agriculture released its annual report on Food Insecurity. In 2008, 17 million households, or 14.6 percent, were food insecure and families had difficulty putting enough food on the table at times during the year. This is an increase from 13 million households, or 11.1 percent, in 2007. The 2008 figures represent the highest level observed since nationally representative food security surveys were initiated in 1995. Wisconsin showed lower than average food insecurity for the period 2006 – 2008, so the 2007 figures on WIC food insecurity in St. Croix County point to a likely population health disparity. In September, the Department of Agriculture announced that Wisconsin is one of six states to receive funds for a Supplemental Nutrition Assistance Program (SNAP) to support nutrition assistance for the "Working Poor".



Priority #4: Alcohol and Other Substance Use and Addiction

St. Croix County is among the top 10 counties in Wisconsin with the highest rates of binge drinking. This is an adult measure gleaned from a national behavioral risk telephone survey. Over the 7-year span from 2001 to 2007, some 27.6% of St. Croix County adults engaged in binge drinking compared to 23.3% statewide. This reporting in the County Health Rankings is based on survey questions asking how many times men drank more than 5 drinks in one day and women more than 4 drinks in one day during the previous month.

St. Croix County high school students compared favorably with statewide results on the 2007 Youth Risk Behavioral Survey on alcohol and drug-related questions, with alcohol and marijuana use consistently and significantly below statewide use. On just two measures, St. Croix County students reported slightly higher use than their peers statewide:

- Beginning drinking before age 13, and
- Sniffing/inhaling glue, aerosols, paints, or sprays.

While the overall rate at which alcohol serves as an underlying or contributing cause of death has been declining in St. Croix County, the rate at which other substances contribute has been increasing.

Alcohol-related car crashes and related deaths have lessened in pace since 2000 in St. Croix County; however, the number of adult arrests for Operating While Intoxicated has increased dramatically. Enforcement activities may play a role in this increase of arrests, but may not fully explain the entire increase.

Drug-related arrests among both adults and juveniles in St. Croix County have diminished in the past couple of years and have done so at a faster rate than the general statewide decrease.

Total Adult Drug Arrests and Percent Change 2006 - 2007			
	2006	2007	% Change
St. Croix County	172	148	-14%
Wisconsin	21,114	20,927	-0.9%

Total Juvenile Drug Arrests and Percent Change 2006 - 2007			
	2006	2007	% Change
St. Croix County	54	44	-19%
Wisconsin	5,088	4,946	-2.8%

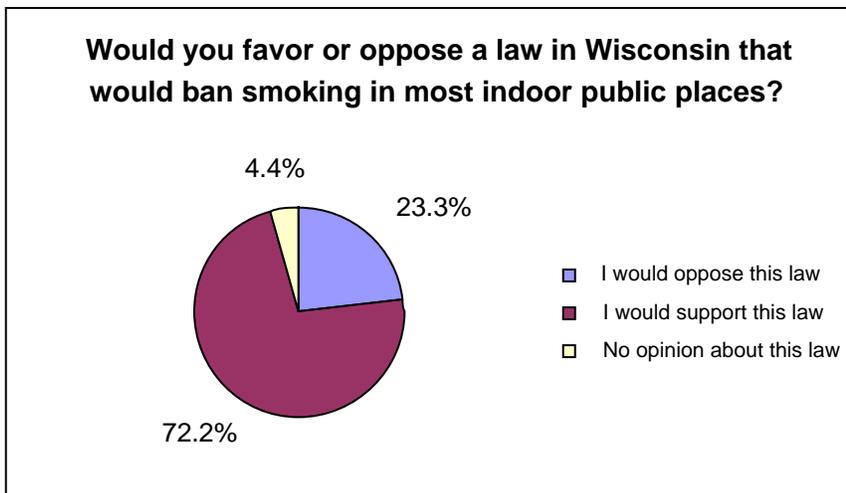
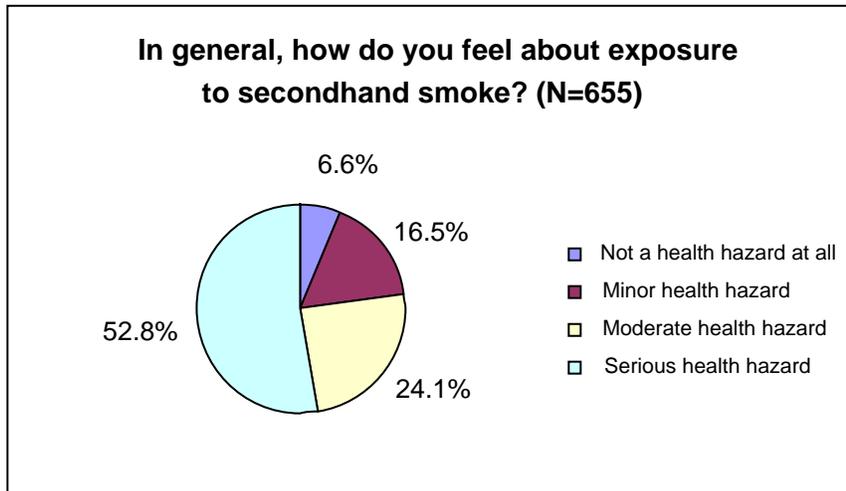
Persons Injured in St. Croix County Motor Vehicle Crashes							
Total Crashes	821	773	658	689	712	668	631
Year	2000	2001	2002	2003	2004	2005	2006
Alcohol-Related	81	102	74	75	74	87	68
OWI Citation	45	98	60	43	55	69	48
Speeding Citation	50	57	28	30	72	47	40
Motorcyclist	23	39	31	42	33	39	25
Bicyclist	9	2	3	5	9	9	10
Pedestrian	7	9	12	6	12	10	7

Priority #5: Tobacco Use and Exposure

Generally, over the course of the past five years, St. Croix County has not lost ground in the overall effort to reduce the harmful effects of smoking. Statewide rates of adult smoking have fallen more than the drop in the St. Croix County rate, but the county still remains at a rate that is overall a little better than the state rate. On the other hand, smoking among pregnant women—already lower in St. Croix County than statewide—has dropped even further here. In fact, St. Croix County’s rate of pregnant smokers is 5th best of the state’s 72 counties (nearly 5 percentage points better than the statewide rate of 14.1%).

Youth Risk Behavior Survey results for high school students in St. Croix County indicate that fewer St. Croix County youth smoke than their statewide peers, did not start smoking as early, and smoke fewer cigarettes. However, among those youth in St. Croix County who do smoke, fewer have attempted to quit. The county is also above statewide levels for high school youth who use various smokeless tobacco products such as chewing tobacco, snuff or dip.

Respondents in the St. Croix County Community Health Improvement Survey reported that they consider second-hand smoke to be a health hazard, and they supported the passage of a law in Wisconsin that would ban smoking in nearly all indoor public places.



Health and Mortality

By every measure of mortality, St. Croix County presents as a place where people tend to live well and live long. The 2008 *County Health Rankings* includes a measure called Years of Potential Life Lost (YPLL), which measures the rate at which people die earlier than expected. For example, a county where lots of people die young would have a very high YPLL score. In this report St. Croix County ranks as the third best in the state, behind only Calumet and Ozaukee counties.

The *Rankings* also includes self-reported good health. Surveyors ask people if their health is Excellent, Very Good, Good, Fair, or Poor. Self reports of *Fair* or *Poor* health lower the county's "General Health Status" score. St. Croix County ranked 18th among the 73 reporting sites on this measure.

Mortality ratings in St. Croix County remain well below both the Western Region and the State of Wisconsin for nearly every cause of death. As the more detailed charts in the full report indicate; however, St. Croix County mortality rates for some causes have increased sharply; including suicide, septicemia, and in situ and benign cancers (cancers that are not malignant and don't metastasize, but still grow in their original location). Malignant cancer mortality has also increased but remains well below state rates. St. Croix County cancer statistics indicate a relatively low rate of cancer incidence in the county but a relatively high rate of mortality among those who do get cancer. For some prominent causes of death—such as heart disease, stroke, influenza and pneumonia, and diabetes—St. Croix County's mortality rates are strikingly low compared with either the region or the state.

2007 Mortality (Deaths per 100,000)	St. Croix County	Western Region	Wisconsin
Malignant neoplasms	156.34	197.07	193.92
Diseases of heart	137.58	200.59	197.94
Cerebrovascular diseases	35.02	51.09	46.65
Chronic lower respiratory diseases	26.27	41.45	42.45
Accidents (unintentional injuries)	26.27	42.62	45.96
Alzheimer's disease	23.76	29.33	29.35
Intentional self-harm (suicide)	11.26	13.29	12.83
In situ and benign neoplasms	10.01	6.91	5.94
Nephritis/nephrosis	8.76	20.98	17.8
Septicemia	7.5	7.43	7.94
Influenza and pneumonia	7.5	18.12	18.12
Diabetes mellitus	6.25	19.94	20.14
Parkinson's disease	6.25	8.47	8.33
Hypertension and hypertensive renal disease	6.25	5.08	7.11
Aortic aneurysm and dissection	3.75	5.08	6.01
Anemias	2.5	2.22	1.56
Pneumonitis due to solids and liquids	2.5	6.39	6.12

In 2007 St. Croix County showed a lower overall infant mortality rate (per 1,000 live births) than the Western Region and the state, but a significantly higher postneonatal infant mortality rate. ^{vi}

	St. Croix County	Western Region	Wisconsin
Infant Mortality (<1 year)	5.02	5.42	6.45
Postneonatal Mortality (28 - 364 days)	4.18	2.08	2.43

Perhaps the biggest predictor of one's health is one's wealth. It's not just the poor who are suffering; every step down the class pyramid corresponds to worse health. Study after study has shown that those at the top of the class pyramid live on average longer, healthier lives than the rest of us. The middle classes fare worse than those on the top and the poor get sick more often and die sooner. The greater the inequality in a society, the steeper the gradient. Currently, the United States has the greatest inequality among rich countries - and the worst health inequities. People in the middle are twice as likely to die prematurely (before age 65) as those on top; people at the bottom are three times as likely. The life expectancy of American men in the highest income group is 8 years longer than for men in the lowest income group, two and a half years longer than for the second highest income group. Wealthy women live almost 7 years longer than poor women. Children in low-income families are seven times as likely to be in poor or fair health as those in high-income families. Poorer adults are three times as likely to have a chronic disease that limits their activity; twice as likely to have diabetes, and are nearly 50% as likely to die of heart disease.^{vii}

Next Steps

It is not unusual for any kind of needs assessment to become a laundry list of problems. This community health improvement process, by seeking to carefully identify and prioritize health needs and provide benchmarks for the future, could be viewed as such a list. Therefore, it is fitting to close this summary with what many will see as positive news.

The community needs assessment produced a significant amount of noteworthy information that can help in understanding both the current and future health care needs and quality of life issues in St. Croix County.

The intent is that community individuals and organizations will use this information to set priorities, strengthen existing programs and services, and when necessary, develop new ones to improve community health, unify efforts in allocation of community resources, and secure grant funding for current and future projects.

The *St. Croix County Community Health Improvement Plan 2009–2014 (full report)* is available online (December 16) at:

www.co.saint-croix.wi.us (Public Health) or www.hudsonhospital.org (Community Focus)

For more information or if you are interested in participating on a community health improvement committee, please contact:

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i *Changes Not for the Fainthearted: Reorienting Health Care Systems Toward Health Equity Through Action on the Social Determinants of Health.* American Journal of Public Health. November 2009. pp 1068-1968

ii Wisconsin Department of Health and Family Services, Office of Strategic Finance, November 2006

iii <http://healthyamericans.org/reports/obesity2009/>

iv *Ibid*

v <http://www.google.com/hostednews/ap/article/ALeqM5j1FbfsFQRMJ7jID2nIuxurH7zLeQD9C65QC00>

vi Wisconsin Interactive Statistics on Health (WISH)

vii *Unnatural Causes: Is Inequality Making us Sick?* 2008 by California Newsreel. <http://www.unnaturalcauses.org/>.

Website Advisor and Manager: The National Association of County and City Health Officials