

# Cancer in Your Community

## MENOMINEE COUNTY

### Every day in Wisconsin....

**87** people learn they have cancer.

**30** people lose their life to a cancer related death.

### We can reduce the risk of cancer in Wisconsin by making healthy behaviors the easy choice!

The WI Comprehensive Cancer Control Program brings partners together to outline goals to reduce cancer in Wisconsin. **Everyone** can contribute to reaching those goals by implementing policy, systems, and environmental changes that support healthy lifestyles that will reduce the risk of cancer.

Specifically, cancer prevention partners are working together on:

- increasing access to **healthy foods**,
- promoting **physical activity**, and
- **limiting access to tobacco** products



### In Menominee County:

- Cancer is a leading cause of death, and **Lung Cancer** is the #1 cancer killer.
- The **rate** of people **diagnosed with cancer** each year is **550** per 100,000 population. Menominee County has **not met** the WI 2015 goal of 427 per 100,000 population.
- The **rate** of people **who die of cancer** each year is **292** per 100,000 population. Menominee County has **not met** the WI 2015 goal of 151 per 100,000 population.

### Healthy Behaviors can help Menominee County achieve the WI 2015 goals.

Note: The rates presented are 5-year averages for 2005-2009. Rates are age-adjusted per 100,000 population to reflect the age distribution of the 2000 US standard population. See source notes on back for more information.

### 50-75% of cancer deaths are caused by our behaviors

Two critical behaviors that contribute to these deaths are obesity and tobacco use.

#### 2006-2008 Adult Obesity

WI 2015 Goal 20%

State of WI Rate 26%

Menominee County Rate 24%

#### 2006-2008 Adult Smoking

WI 2015 Goal 16%

State of WI Rate 20%

Menominee County Rate 32%\*

Note: If an \* appears next to any rate above, there is a statistically significant difference between county and state rate for that estimate. If not, there is no statistical difference.

**For more information visit:**  
**wicancer.org**



# WI Comprehensive Cancer Control Program

## County Cancer Fact Sheets

### Data Sources

Measure	Year	Description and Source
Estimated WI Cancer Statistics	2012	According to the American Cancer Society's Facts and Figures 2012 Report, there were an estimated 31,920 new cancer cases and 11,240 cancer deaths in 2012 in Wisconsin. <i>American Cancer Society:</i> <a href="http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-031941.pdf">http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-031941.pdf</a>
Rate of Cancer Diagnoses (Cancer Incidence Rate)	2005-2009	<u>Cancer Incidence Rate:</u> The number of new cancer cases for all sites that occur during a specified period for a population at risk for developing the disease, expressed as a rate per 100,000 persons. A yearly average for the period is reported here.
Rate of Cancer Deaths (Cancer Mortality Rate)	2005-2009	<u>Cancer Mortality Rate:</u> The number of deaths from cancer for all sites that occur during a specified period of time for a particular population, expressed as a rate per 100,000 persons. A yearly average for the period is reported here.  <u>Age-adjustment:</u> Rates have been age-adjusted to reflect the age distribution of the 2000 U.S. standard population. This is done in order to allow for comparison of county estimates to the state and the state to the nation while controlling for the effects of differing age compositions. <i>Note: In some counties, rates may appear lower due to under reporting. In boarder counties, rates may also appear lower due to care sought outside the state.</i> Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <a href="http://dhs.wisconsin.gov/wish/">http://dhs.wisconsin.gov/wish/</a> . Cancer Module, accessed 3/20/2013.
WI 2015 Goals	2015	The WI 2015 Goals for Cancer Incidence, Cancer Mortality, Adult Obesity, and Adult Smoking are taken from the WI Comprehensive Cancer Control Plan 2010-2015. The WI CCC Plan can viewed here: <a href="http://wicancer.org/documents/2010-2015_WI_CCC_Plan_FINAL.pdf">http://wicancer.org/documents/2010-2015_WI_CCC_Plan_FINAL.pdf</a>
Cancer deaths caused by human behaviors	2009/2010	According to the National Cancer Institute, "scientists estimate that as many as 50–75 percent of cancer deaths in the United States are caused by human behaviors such as smoking, poor diet quality, and physical inactivity." National Cancer Institute. Cancer Trends Progress Report. 2009/2010. <a href="http://progressreport.cancer.gov/2009/doc.asp?pid=1&amp;did=2009&amp;mid=vcol&amp;chid=91">http://progressreport.cancer.gov/2009/doc.asp?pid=1&amp;did=2009&amp;mid=vcol&amp;chid=91</a>
Smoking Rates	2006-2008	Percent of adult population that currently smokes every day or only some days, and has smoked at least 100 cigarettes in their lifetime.
Obesity Rates	2006-2008	Percent of adult population that has a body mass index greater than or equal to 30 kg/m <sup>2</sup> (weight in kilograms divided by height in meters squared). Estimates of <b>obesity</b> may be underreported as more than 4% of BRFs respondents, primarily women, did not report their weight for the years 2006-2008.  <u>BRFS estimates*:</u> Smoking and Obesity percentages are based on Behavioral Risk Factor Surveillance (BRFS) survey data. The BRFS is a representative, statewide telephone survey of Wisconsin household residents aged 18 and older. A sample of the adult population is randomly selected and surveyed and responses are weighted to represent the overall population of Wisconsin adults living in households with landline telephones. Small sample sizes in the less populated counties require that several years of data be combined to provide county level estimates. The combined years of 2006-2008 are presented here. <u>Age-adjustment:</u> Estimates have been age-adjusted to reflect the adult age distribution of the 2000 U.S. standard population. This is done in order to allow for comparison of county estimates to the state and the state to the nation while controlling for the effects of differing age compositions. <u>Significant differences between state and county estimates:</u> When comparing 2 estimates, a statement about the presence or absence of a statistically significant difference is often made. This is a statistical term based on whether or not the range between the lower and upper confidence intervals of the 2 estimates overlap. A 95 percent confidence interval (sometimes referred to as a "margin of error") is commonly calculated around estimates and this range contains the true value 95 percent of the time. It is important to consider confidence intervals before making assumptions about the significance of differences between estimates. We caution against labeling one percentage as higher or lower than another unless the confidence intervals <b>do not</b> overlap. Though confidence intervals are not reported here, they have been calculated and, in the cases where these DO NOT overlap, we have noted with an asterisk (*) that the county estimate is <b>significantly different</b> than the state estimate. Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <a href="http://dhs.wisconsin.gov/wish/">http://dhs.wisconsin.gov/wish/</a> , BRFs Module, accessed 2/2/2013.

**\*Note regarding BRFs data from 2006-2008:** It is important to note that the method for creating population estimates based on survey responses has changed over time in order to become as precise as possible. Earlier estimates, such as those reported here based on 2006-2008 data, are based on landline responses only and may be less precise as cell phone responses were not included. Smoking is known to be more prevalent among the cell phone-only population, therefore, landline estimates for this risk factor should be considered conservative. BRFs now includes both landline and cell phone-only samples, and future estimates will use combined landline/cell phone data.