

State Overview

HEALTHIEST WISCONSIN 2020

DHS is required by WI Statute 250.07 to develop a state public health agenda at least every 10 years. Planning for Healthiest Wisconsin 2020 (HW2020) began in 2008 and will be completed in 2010. The collaborative process involves a 54-member Strategic Leadership Team appointed by the DHS Secretary, 23 Focus Area Strategic Teams and Support Teams, and Community Engagement Forums with direct links to the Wisconsin Public Health Council and the Wisconsin Minority Health Leadership Council.

The plan is grounded in science, measurement, strategic planning, quality assurance, and collaborative leadership that engage partners and promote shared responsibility and accountability across sectors. The vision for HW2020 is Everyone Living Better Longer. The overarching goals are to improve health across the lifespan and achieve health equity.

Two or more measurable objectives have been identified for each of 23 Focus Areas for HW2020.

Overarching Focus Areas are: 1) Social, economic, and educational factors, and 2) Health disparities*.

Infrastructure Focus Areas are: 1) Access to quality health services*, 2) Collaborative partnerships for community health improvement*, 3) Diverse, sufficient, competent workforce that promotes and protects health*, 4) Emergency preparedness, response and recovery, 5) Equitable, adequate, stable public health funding, 6) Health literacy and health education*, 7) Public health capacity and quality, 8) Public health research and evaluation*, and 9) Systems to manage and share health information and knowledge.

Health Focus Area are: 1) Adequate, appropriate, and safe food and nutrition, 2) Chronic disease prevention and management, 3) Communicable disease prevention and control, 4) Environmental and occupational health*, 5) Healthy growth and development*, 6) Mental health, 7) Oral health*, 8) Physical activity, 9) Reproductive and sexual health*, 10) Tobacco use and exposure, 11) Unhealthy alcohol and drug use, and 12) Violence and injury prevention*.

Ten pillar objectives address overarching and recurring themes: 1) Comprehensive data to track health disparities, 2) Resources to eliminate health disparities, 3) Policies to reduce discrimination and increase social cohesion, 4) Policies to reduce poverty, 5) Policies to improve education, 6) Improved and connected health service system, 7) Youth and families prepared to protect health, 8) Environments that foster health and social networks, 9) Capability to evaluate the effectiveness and health impact of policies and programs, and 10) Resources for governmental public health infrastructure.

The Title V Program has had significant input into HW2020. There is representation on the Strategic Leadership Team with input to identify the 23 focus areas representing the factors influencing the health of the public. The Title V Program advocated for the state health plan to reflect a life course approach, acknowledging the health impact of early life events and critical developmental periods as well as the wear and tear a person experiences over time. Title V staff facilitated, recorded and provided technical assistance to support the work of 11 of the 23 Focus Area Strategic Teams including Healthy Growth and Development, Reproductive and Sexual Health, Violence and Injury Prevention, Health Disparities and others identified by an asterisk in the list above. This work involved defining the focus area, reviewing related data, identifying key objectives, measures and rationale, and identifying science-based strategies to meet the objective. Objectives for select focus areas were also identified for the Children and Youth with Special Health Care Needs population on advice from the Title V Program.

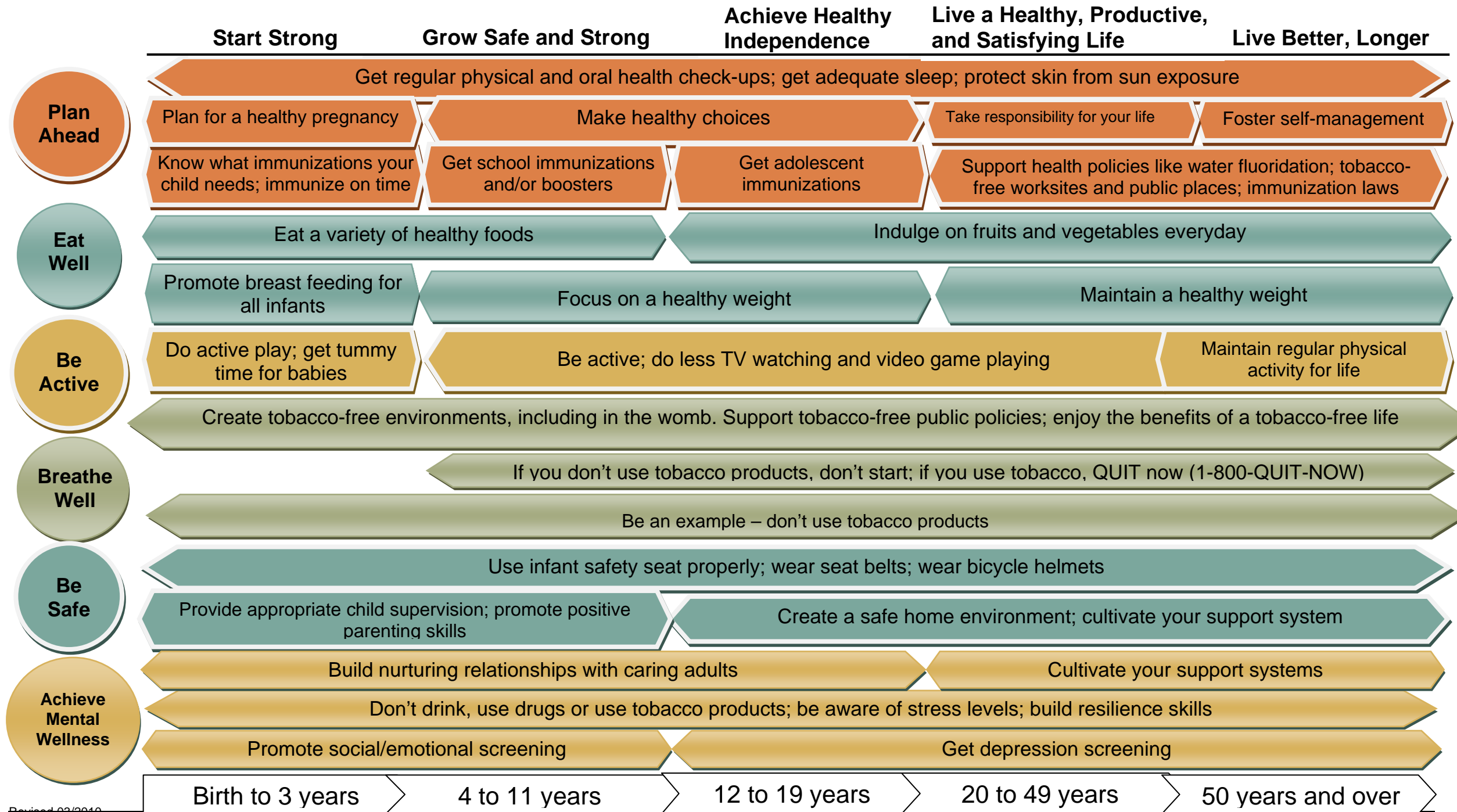
PROGRAM INTEGRATION

DPH has a 10 year plus history of advocating program integration. MCH has been an active partner since the beginning and the current DPH Program Integration Workgroup is co-chaired by MCH staff. Two years ago the life course perspective was adopted and included the development of Healthy People at Every Stage of Life Framework. This framework incorporated 6 key messages as defined by the

Bureau of Community Health Staff: Plan Ahead, Eat Well, Be Active, Breathe Well, Be Safe, and Achieve Mental Wellness. The Family Health Section (FHS) has fully incorporated this framework and the supporting key messages across all of the program areas (Healthy People at Every Stage of Life Framework follows):

HEALTHY PEOPLE AT EVERY STAGE OF LIFE FRAMEWORK: Core Messages

Key Messages



In addition to the internal efforts, Wisconsin is one of 6 states currently participating in a CDC Chronic Disease 3-year pilot (01/2009 to 12/2011) to help develop the future of chronic disease programming. While MCH is not an official component of the pilot, Wisconsin has incorporated MCH staff as part of the pilot leadership team with the intent of normalizing program integration across the Bureau. This approach fits with the life course perspective given that many chronic conditions share common risk factors (e.g., smoking, poor diet, lack of exercise) and by utilizing our "collective effort" we can reduce duplicative efforts and maximize efficiency of program resources. In order to have a true impact in wellness and healthy promotion we have to take an upstream approach and include the maternal and child health population.

ELIMINATING RACIAL AND ETHNIC DISPARITIES IN BIRTH OUTCOMES

Eliminating racial and ethnic disparities in birth outcomes has been identified as one of the highest priorities for Wisconsin. In the recently released, HW2020, the elimination of health disparities is 1 of 3 overarching focus areas. A new objective, to reduce racial and ethnic disparities in poor birth outcomes by 2020, including infant mortality, has been created.

In 2008, 501 Wisconsin infants died during the first year of life. Of these, 315 were white and 100 were African American. The white infant mortality rate of 5.9 deaths per 1,000 live births in Wisconsin was above the national Healthy People 2010 objective of 4.5 deaths per 1,000 live births. Infant mortality rates for Wisconsin's racial/ethnic minority populations were much further from this objective; the African American infant mortality rate in 2006-2008 was 15.2.

During the past 20 years, infants born to Wisconsin African American women have consistently been 3-4 times more likely to die within the first year of life than infants born to white women. Further, during the past 20 years, no sustained decline has occurred in Wisconsin's African American infant mortality rate. If African American infant mortality were reduced to the white infant mortality level, 57 of the 100 deaths would have been prevented. Compared to white infant mortality, disparities also exist among American Indian, Laotian, Hmong, and Hispanic/Latina populations, although disparities are smaller than those for African Americans.

Compared to other reporting states and the District of Columbia, Wisconsin's infant mortality ranking has worsened since 1979-1981. In 1979-1981, Wisconsin had the third best African American infant mortality rate (a rank of 3 among the 33 reporting states and the District of Columbia). In 2003-2005, Wisconsin had the third worst African American infant mortality rate, with a rank of 38 out of 39 reporting states and the District of Columbia. Wisconsin's rank based on white infant mortality rates also worsened relative to other states, moving from a rank of 5 in 1979-1981 to 13 in 2003-2005. Wisconsin's white infant mortality rate improved during the past two decades, but the improvement did not keep pace with other states.

In response to these startling statistics, Wisconsin established a statewide initiative to eliminate racial and ethnic disparities in birth outcomes. The following is an outline of the major highlights and components of this initiative:

Awareness and Promotion

- 2003--Statewide Summit: Wisconsin prioritizes racial and ethnic disparities in birth outcomes--MCH Program, other state and local MCH advocates sponsor event with national expert Dr. Michael Lu of UCLA presented life-course perspective on reducing disparities in birth outcomes; Healthy Babies regional action teams supported by Title V funds, and subsequent summits have been held, co-sponsored by March of Dimes and the Assoc. of Women's Health, Obstetric and Neonatal Nurses; Title V Program identifies a 1 FTE, Director of Disparities in Birth Outcomes (Patrice Onheiber)
- 2004--Milwaukee Forum: DHS/DPH host Milwaukee forum on Racial and Ethnic Disparities in Birth Outcomes with Mayor Barrett, Secretary Nelson, and Medicaid Program and expands focus of the issue to include Racine, Kenosha, and Beloit

- 2006--HRSA Community Strategic Partnership Review: HRSA brings together key partners to select infant mortality as the key population-based health indicator for collaborative state and local efforts in Milwaukee
- 2006 and ongoing--Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes: established to advise the DHS in the implementation of the initiative's Framework for Action and held town hall meetings to raise awareness, monitor progress, and promote best practices; established workgroups on communication and outreach, data, evidence-based practices, and policy and funding; committee meets 2 times/year; website provides list of participating organizations (<http://dhs.wisconsin.gov/healthybirths>)
- 2007--UW Partnership Funds: State Health Officer and MCH Chief Medical Officer deliver presentation in April to the WI Partnership Fund of the UW School of Medicine and Public Health; Dean Robert Golden reports to UW Regents in May that the school is willing to make a multi-year resource commitment to address the issue
- 2008-2009--Focus Groups and Social Marketing: begin community-driven social marketing efforts with state Minority Health Program funds and federal funds; national experts brought on to technical advisory group
- 2008 and ongoing--DHS Performance Measure: eliminating racial and ethnic disparities in birth outcomes selected as a department-wide performance measure and a DPH priority initiative that is tracked and monitored
- 2009--A Response to the Crisis of Infant Mortality: Recommendations of the Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes released in July 2009 (<http://dhs.wisconsin.gov/healthybirths/advisory.htm>)
- 2009 and ongoing--Journey of a Lifetime Campaign: DHS Secretary Timberlake launches campaign in Milwaukee and Racine; ABCs for Healthy Families and campaign are presented at MCHB Partnership meeting in Washington DC, Delaware conference, and National WIC Association conference
- 2010 and ongoing--text4baby: DPH, Title V, and ABCs for Healthy Families join National Healthy Mothers Health Babies Coalition to promote text4 baby messages for pregnant and new moms
- 2010--Legislative Study on Infant Mortality: a Legislative Council Study on Infant Mortality has been proposed, as the result of a legislative briefing on eliminating racial and ethnic disparities in birth outcomes, organized by Rep. Cory Mason of Racine at Wingspread in January 2010
- 2010--Legislative Study on Strengthening Families: a Legislative Council study will in its final year of appointment focus on early brain development co-chaired by Sen. Lena Taylor and Rep. Steve Kestell

State and Federal Funds

- 2005--Home Visiting in Milwaukee: DPH awards \$4.5 million, 5-year TANF home visiting program to City of Milwaukee Health Department; by 2007, program demonstrating positive birth outcomes in 6-central city zip code area; program expanded to additional zip codes
- 2007 and ongoing--Home visiting in Racine: 2007 Wisconsin Act 20 authorizes \$500,000 of GPR each biennium to reduce fetal and infant mortality and morbidity in Racine--ongoing TA provided
- 2008-2010--ABCs for Healthy Families: DHS receives \$498,000 from HRSA/MCHB for First Time Motherhood-First New Parents Initiative, 2-year federal social marketing grant to reduce African American infant mortality in Milwaukee and Racine
- 2009 and ongoing--Wisconsin Partnership Funds: UW School of Medicine and Public Health announces \$10 million, 5-year Lifecourse Initiative for Healthy Families (LIHF) to improve birth outcomes and reduce African American infant health disparities in Milwaukee, Racine, Kenosha, and Beloit

Statewide Collaborative Efforts

- 2003 and ongoing--Healthy Start: Title V staff participate on committees of Milwaukee Healthy Beginnings and Honoring our Children Healthy Start projects
- 2008 and ongoing--Medicaid: Title V staff collaborate with Medicaid to redesign Prenatal Care Coordination services and certification and provide recommendations for establishing a registry for high risk pregnant women

- 2009 and ongoing--Wisconsin Medical Home Pilot for Birth Outcomes: collaborate with Medicaid Program to establish a Medical Home Pilot and pay-for-performance benchmarks to reduce poor birth outcomes among high-risk pregnant women; implement evidence-based practices recommendations and provide information on mental health and social services referrals for the new Medicaid Managed Care Organizations in southeastern Wisconsin
- 2009 and ongoing--FIMR: Title V staff are working with the LHDs in Milwaukee, Racine, and Madison/Dane County on continuing local or establishing regional FIMRs with plans to work with Rock County
- 2009 and ongoing--UW LIHF: Title V Chief Medical Officer and Southeastern Regional Office Deputy Director are steering committee members of UW LIHF; MCH staff, including Director of Disparities in Birth Outcomes, provide ongoing technical assistance
- 2009 and ongoing--Home Visiting: jointly plan with Department of Children and Families for state and federal home visiting services, including Empowering Families of Milwaukee at the City of Milwaukee Health Department and Family Foundations home visiting services throughout the state
- 2009 and ongoing--Centering Pregnancy: DHS provided start-up funds for Centering Pregnancy prenatal care at Milwaukee Health Services and provide TA to other providers who want to promote it
- 2009-2010--Kellogg Action Learning Collaborative: support the Partnership to Eliminate Racial and Ethnic Disparities in Infant Mortality, action learning collaborative on racism and fatherhood in Milwaukee; ABCs for Healthy Families collaborate on messages for fathers
- 2009 and ongoing--PRAMS: use the Pregnancy Risk Assessment Monitoring System data to help inform MCH program priorities
- 2006 and ongoing--Wisconsin Minority Health Program: collaborate together and through Healthiest Wisconsin 2020 to improve birth outcomes for African American women
- 2008 and ongoing--WIC: support WIC efforts to increase breastfeeding and early enrollment for African American women participating in WIC; promote WIC services through Journey of a Lifetime campaign; presented the campaign at the National WIC conference in May 2010 in Milwaukee

See also the extensive catalog of "Initiatives Addressing Disparities in Birth Outcomes in Wisconsin", compiled by the Center for Urban Population Health, April 2010 (<http://www.cuph.org>)

American Recovery and Reinvestment Initiative

BCHP is a recipient of Federal stimulus dollars from the Prevention and Wellness Strategies funds totaling \$10,690,350 for the two year grant period February 2010 to 2012. Wisconsin received State Supplemental-State and Territories funding for 3 components related to reducing obesity by increasing physical activity and healthy eating and decreasing tobacco use with the following focus on policies: 1) Promote state-wide policy and environmental changes that focus on health behaviors including 60 minutes of daily physical activity, farm to school nutrition, and compliance with smoke free work place laws, 2) Provide state level policy change in schools and child care settings, assuring 60 minutes of daily physical activity for youth 2-18, and 3) Expand and enhance tobacco cessation services through the Quit Line. Wisconsin also received Communities Putting Prevention to Work funds to implement evidence-based policy and environmental change that will reduce obesity and promote healthy living in LaCrosse and Wood Counties. Examples of select MAPPs strategies (media, access, point of purchase, pricing, and social support and services) include: increasing the availability and accessibility of healthy foods such as farm to school programs, increasing safe routes to school and decreasing screen time. A goal of the BCHP is to create an organizational culture where program integration is the norm. This approach assures that the Title V MCH Program activities will be integrated with ARRA-funded activities related to nutrition, physical activity and tobacco control services.

Federal Health Care Reform

The Patient Protection and Affordable Care Act includes a number of MCH-related provisions. The expansion of insurance coverage to many women and children will mean that women will have coverage for preconception and interconception care and CYSHCN will have better insurance coverage. Provisions to increase access to community health centers, school-based clinics and health care homes in Medicaid offer additional opportunities for collaboration. Workforce provisions to increase the primary

care and public health workforce, promote community health workers, and support training in cultural competency and working with individuals with disabilities are of special interest to Title V.

The MCH population will greatly benefit from funds to expand prevention and public health programs. Three new sections in Title V create significant opportunities to enhance MCH activities in Wisconsin.

- Maternal, Infant, and Early Childhood Home Visiting Programs supports goals of DHS in many public health programs including healthy birth outcomes, maternal health, infant and child health and development, injury prevention, domestic violence prevention and substance abuse and mental health prevention and treatment. This grant opportunity builds upon and expands the reach of the MCH programs' work over the last decade to implement ECCS and LAUNCH grants which support effective, integrated systems of services for young children to age 8 years across agencies in key areas of health, development including social-emotional wellness, safety, early education, and parent support and skill building.
- Personal Responsibility Education grants to states will fund programs to educate adolescents on both abstinence and contraception for prevention of teenage pregnancy and sexually transmitted infections including HIV/AIDS. Education also includes adulthood preparation subjects. These funds could be used to expand the work of the Milwaukee Adolescent Pregnancy Prevention Partnership serving African American teens, ages 15-19, to provide outreach and access to the Family Planning Waiver. Activities could include expansion of Plain Talk by the City of Milwaukee Health Department focusing on parent-child communication related to sexual health, and expansion of life skills development training currently provided by New Concepts.
- Services to Individuals with a Postpartum Condition and their Families grants will fund health and support services for women with or at risk for postpartum depression and postpartum psychosis. The MCH program is positioned to apply for funds to: 1) Expand Women's Health Now and Beyond Pregnancy interconception services to include a focus on depression screening, referral and follow-up, 2) Implement a quality improvement project focused on postpartum depression with Prenatal Care Coordination Providers participating in regional provider meetings, 3) Integrate services to individuals with a postpartum condition into home visiting programs, and 4) Increase training to public health nurses and others via the new mental health certificate program, the endorsement program, and Pyramid training for social and emotional health.

LEGISLATIVE INITIATIVES

A number of initiatives from the 2009-2011 Legislative Session will directly benefit the MCH population of Wisconsin:

- Cochlear Implant Insurance Mandate--Insurance companies are required to provide coverage for hearing aids and cochlear implants for children
- Newborn Hearing Screenings--All infants born in WI are required to have a hearing screening with referrals to intervention programs for hearing loss
- Autism--Disability insurance policies and self-insured health plans sponsored by the state, county, city, town, village or school district are required to cover certain services for children with an autism spectrum disorder at a minimum of \$50,000/yr for intensive level services and \$25,000/yr for non-intensive services; A licensure and regulation program was created for autism treatment behavior analysts
- Dental education outreach facility--\$10 million in state bonding will be provided to Marshfield Clinic to construct a facility to educate dental health professionals
- WI State Statute 253.16--Right to Breastfeed in Public was signed into law March 2010
- Clean Indoor Air Act--A comprehensive smoke-free workplace law covering all restaurants and taverns in WI will go into effect 07/06/2010
- Operating While Intoxicated--WI citizens who choose to drink and drive will face tough new penalties
- Farm to School--A statewide Farm to School Advisory Council, a statewide coordinator and grant program will support Farm to School programs, with schools accessing fresh fruits and vegetables from WI farms

- Healthy Youth Act--Schools that teach sex education are required to provide comprehensive information about abstinence and sexually transmitted infections and pregnancy prevention strategies such as birth control and condom use
- Expedited Partner Therapy--Health care professionals are allowed to prescribe medication to treat certain sexually transmitted infections for the sexual partner of a patient without requiring an exam
- HIV--Updates to WI statutes improve HIV testing, disclosure and reporting; Testing for pregnant women will be done unless the woman opts out; A medical home pilot will be established for patients with HIV and Medicaid
- Mental Health Parity--Group Health insurance policies are required to cover addictions and mental disorders on par with other illnesses; Unlike the federal parity law, the WI bill applies to insurance policies provided by small employers as well as big companies; The measure also eliminates the minimum annual coverage requirements that insurers previously had to provide
- BadgerCare Plus Basic--See below

BADGERCARE PLUS

DHS recently implemented a number of important health care reform initiatives designed to increase access to health care for more low income Wisconsin residents. One of the most significant changes in improving access to health care in Wisconsin has been the implementation of the BadgerCare Plus program (<http://dhs.wisconsin.gov/badgercareplus>) to include a wider group of eligible participants.

BadgerCare Plus is Wisconsin's Program for Title XIX (Medicaid) and Title XXI (SCHIP) for children, providing health insurance coverage for all children up to age 19, regardless of income; for pregnant women with incomes up to 300% of the federal poverty level; for parents, caretaker relatives, and other adults with qualifying incomes. See <http://dhs.wisconsin.gov/badgercareplus> for a complete description of those eligible.

According to the two-year average comparison based on national census data from 2006-2007, Wisconsin had the second lowest uninsured rate for children at 5.3% and the third lowest uninsured rate for the non-elderly population (0-64 years) at 9.6%. However, census data from 2008 released 9-09 indicates that Wisconsin slipped to fourth place for the overall rate of uninsured, behind Massachusetts, Hawaii, and Minnesota.

According to the 2007 Wisconsin Family Health Survey:

- 91% of Wisconsin residents were covered by health insurance for the entire year
- 5% had no coverage for the entire prior year and of those, 90% were childless adults
- Significant decrease in the rate of uninsured from 8% in 2006 to 6% in 2007
- Percentage of children 0-17 uninsured all year decreased from 4% in 2006 to 2% in 2007
- Over 99% of the elderly have coverage
- African American, Hispanic and American Indian adults, ages 18-64, were more likely to be uninsured than were non-Hispanic white adults of the same age group
- Nine percent of children 0-17 living in poor or near-poor households were uninsured for part or all of the past year, compared to 3% of children in non-poor households

In February 2008, the BadgerCare Plus program expanded coverage to all uninsured children and increased the program income limits for pregnant women, parents, and self-employed residents. Since then there have been an enrollment increase in Wisconsin's Medicaid and Children's Health Insurance Program (CHIP) programs of 137,522 individuals.

More recently, the BadgerCare Plus Core Plan was implemented for low-income, childless adults without health insurance. As of 10/09/2009, over 32,000 childless adults have been enrolled in the Core Plan. Because the number of applications submitted exceeds the available funding, the Department suspended enrollment into the program on October 9 and established a waitlist. In the 2010 Legislature, a proposal to implement a self-funded Basic Plan for those on the sizable Core Plan waiting list was enacted into law. The Legislature approved the basic plan which BadgerCare Plus officials hope will serve as a bridge to the more comprehensive coverage options offered by the enactment of national health systems reform.

In addition, DHS is in the process of expanding the Family Care entitlement program statewide and recently implemented the Long Term Care Partnership Program to allow moderate income consumers access to affordable long-term care insurance regardless of assets. Finally, the Department is planning to eliminate the "asset limit" for blind and disabled children who are in need of Medicaid long-term care.

State legislation was recently enacted to increase the maximum age for dependent coverage. Beginning January 1, 2010, adult children will be able to stay on their parents' health insurance plan until they reach age 27, regardless of their school status.

While the expansion of BadgerCare Plus is a significant improvement for low income residents of Wisconsin, it does not address the underinsured or the adult population with income above program limits. It also does not address the rising cost of insurance premiums or the decreasing rate of employer sponsored insurance.

ACCESS is a set of online tools developed by DHS (<https://access.wisconsin.gov/access>), for public assistance programs, including FoodShare, Healthcare, Family Planning Waiver, and Child Care, that allows customers and prospective customers to assess eligibility for programs, check case benefits and report case changes and online program application. For many, this is an appealing alternative to office visits and phone calls. Although they may not own a personal computer, a growing number of customers do have access to computers -- through friends or family, at work, at school or at the library. Others use online tools with the help of staff/volunteers at food pantries, clinics, HeadStart programs, Community Action Agencies, WIC clinics, Job Centers, etc.

The goals of the ACCESS project are to:

- Increase participation in FoodShare, Medicaid, and other programs
- Improve customer service and satisfaction
- Improve FoodShare payment accuracy
- Ease workload for local agencies

Some of the key features of ACCESS are:

- Design was based on direct input from customers. More than 15 focus groups and design review sessions were undertaken with low-income residents of Wisconsin
- Friendly, encouraging text written at a 4th grade reading level
- Personalized pages, results and next steps
- Quick, simple, intuitive navigation
- For some people, ACCESS is the first website they've ever used
- Assurance about privacy. Some are nervous about giving personal information online

The major components of ACCESS are:

- Am I Eligible?--A 15-minute self-assessment tool for:
 - * FoodShare
 - * All subprograms of Medicaid
 - * SeniorCare and Medicare Part D
 - * Women, Infants and Children (WIC)
 - * The Emergency Food Assistance Program
 - * School meals and summer food assistance
 - * Tax credits (EITC, Homestead and Child Credit)
 - * Home Energy Assistance
- Check My Benefits--An up-to-date information segment (begun 09/30/2005) that includes:
 - * Displays information about Medicaid, FoodShare, SeniorCare, Child Care, SSI Caretaker Supplement benefits
 - * Information displayed is based on why customers call their workers
 - * Provides data directly from CARES (automated eligibility system)
 - * Data is "translated" to make it more understandable
 - * Data is furnished real time at account set-up, and is then updated nightly

- Apply For Benefits--An online application for FoodShare, Medicaid, the Family Planning Waiver program, and Child Care

DATA SYSTEMS

The State Systems Development Initiative (SSDI) Program carries out activities identified as essential in improving data capacity for the Title V MCH Program: 1) providing leadership to the needs assessment process, 2) assuring availability and utilization of data to drive MCH work at the local, regional and state levels and across stakeholders, 3) linkage activities such as the Newborn Health Profile, and 4) increasing access to and strengthening use of MCH related data within the framework of the strategic planning process. The MCH program staff administer and support several data systems including SPHERE, PRAMS, WE-TRAC, and WBDR.

SPHERE: a web-based Secure Public Health Electronic Record Environment for collecting data for MCH, CYSHCN, and Family Planning/ Reproductive Health; developed in 2002 and released in 8/2003. SPHERE is a comprehensive system to document and evaluate public health activities and interventions at the individual, household, community, and system level. It utilizes 18 interventions as the framework for the system based on the "Intervention Model" (Minnesota Wheel) to document services provided. These interventions include: Surveillance; Disease and Health Event Investigation; Outreach; Case-Finding; Screening; Referral and Follow-up; Case Management; Delegated Functions; Health Teaching; Counseling; Consultation; Collaboration; Coalition Building; Community Organizing; Advocacy; Social Marketing; Policy Development; and Policy Enforcement. Subinterventions are associated with each Intervention and some include detail screens. There are currently 1,484 SPHERE users (active and inactive) representing 159 local organizations including all LHDs, Regional CYSHCN Centers, private not-for-profit agencies, private agencies including hospitals and clinics, and tribal health centers. Currently there are 238,143 clients in SPHERE and 963,464 activities. In 2009, SPHERE was used to document public health activities on 52,081 unduplicated clients with 153,488 Individual Public Health Activities; 2,790 Community Activities, and 1,494 System Activities.

Public health services provided to individual clients are reported as a snapshot in time. The Infant Assessment Summary Report based on infant assessments entered into SPHERE tells how many infants are being breastfed, sleeping in the back position, up-to-date on immunizations and well-child exams, and use a car seat. These data allows an agency to evaluate services that are being provided and the outcomes of those services. SPHERE required data is used for reporting the number of unduplicated clients served by the Block Grant and some outcome data.

DPH collaborates with the Office of Policy and Practice, Vital Records to use SPHERE to transmit confidential birth record reports to LHDs. Leveraging the existing security infrastructure of SPHERE ensured that access to birth records was restricted to only those individuals with assigned permissions and only those records for their particular jurisdiction. Recent enhancements to SPHERE include populating birth record data to the Postpartum and Infant Assessment screens. In 2005, a governance structure for the DPH Public Health Information Network (PHIN) was established. PHIN consolidates multiple systems into one initiative using a common set of functions. PHIN is the platform for integrated public health data in Wisconsin. SPHERE is a Program Area Module within the PHIN.

SPHERE enhancements planned are: transfer of data from WIC into SPHERE, testing linkage of SPHERE birth record files and newborn hearing screening, additional reports and screens to support Title V Block Grant Activities and address the recent findings of the MCH Needs Assessment, documentation and evaluation in SPHERE for services related to the Milwaukee Home Visitation Program, other Home Visiting Programs, and Medicaid billing.

SPHERE User groups exist in all 5 DPH regions, the MCH Central Office and CYSHCN Regional Centers. The statewide SPHERE Lead Team meets quarterly. A monthly WisLine web training is held featuring recent changes and enhancements to SPHERE.

MCH data sheets comparing annual state, regional, and local data were developed and updated yearly highlighting MCH priority areas, e.g. PNCC, Reproductive Health, Child Passenger Safety Seats, Infant Assessments, and Developmental Assessments. Home Visitation Projects are piloting handheld devices using the ASQ, ASQ:SE, HOME Inventory, and Home Safety Assessment tools. Data on these tools is entered in the home on the handheld device and uploaded to SPHERE.

PRAMS--Pregnancy Risk Assessment Monitoring System: In April, 2006, Wisconsin was awarded a five year PRAMS grant by CDC. African American women are oversampled because their infant mortality rates have been identified as being higher than white infant rates. Wisconsin PRAMS surveys a random sample of moms who have had a live birth, stratified by White, non-Hispanic; Black, Hispanic/Latina; and, Other, non-Hispanic. Activities over the five years of the grant include: establishing data-sharing agreements with Medicaid and WIC to obtain telephone numbers; steering committee meetings; establishing survey mailing procedures; submission of revised protocols to CDC for approval; multiple presentations and outreach activities to Wisconsin PRAMS partners including WIC and prenatal care providers; analysis of data and presentations such as "What Moms Tell Us" provided at the statewide Healthy Babies Summit and Association of Women's Health, Obstetric, and Neonatal Nurses Conference, October 2009. PRAMS results provide stark evidence of major disparities in household income, postpartum depression, co-sleeping practices, and pregnancy intention. The weighted response rate was 68.7% in 2007 and 66.1% in 2008.

Table III.A 1 - Wisconsin PRAMS Rates

Race/ethnicity	2007	2008
White, non-Hispanic	76.3%	72.4%
Black, non-Hispanic	36.6%	35.4%
Other	53.2%	56.8%
Total	68.7%	66.1%

Wisconsin Birth Defects Registry (WBDR): The WBDR is a secure, web-based system that allows reporters to report one birth defect case at a time or upload multiple reports from an electronic medical records system. Reporters may also submit a paper form to the WBDR state administrator for inclusion in the registry. The WBDR collects information on the child and parents, the birth, referral to services, and diagnostic information for one or more of 87 reportable conditions. From mid-2004 through December 31, 2009, the WBDR received 2,652 birth defect reports from 68 organizations. In 2010, it is expected that two large health systems will begin submitting reports from their electronic medical records. The WBDR is piloting a transfer enhancement ascertainment pilot with Children's Hospital of Wisconsin and the Medical College of Wisconsin to transfer congenital heart defects. The WBDR will participate in an Environmental Public Health Tracking project funded by the CDC to the Bureau of Environmental and Occupational Health that will attempt to match birth defects to known environmental hazards (<http://dhs.wisconsin.gov/health/children/birthdefects/index.htm>).

WE-TRAC (Wisconsin Early Hearing Detection and Intervention (EHDI)--Tracking Referral and Coordination): WE-TRAC is a web-based data collection and tracking system created through a partnership between Wisconsin Sound Beginnings (WSB) and State Lab of Hygiene (SLH). The system is used regularly by 350 users, including birth unit staff, midwives, nurses and audiologists. WSB, the State of Wisconsin's EHDI program, also uses WE-TRAC to ensure that every newborn has a hearing screening by 1 month of age, and if needed, receives diagnostic services by 3 months of age, and is enrolled in early intervention by 6 months of age. Ninety-eight percent of birth hospitals in the state use WE-TRAC and have the ability to make electronic referrals, transfer cases from one organization to another, and systematically transfer responsibility for follow-up care. The system also tracks organization specific information and statewide aggregate information.

PRINCIPAL CHARACTERISTICS OF WISCONSIN

For the 2011 Title V Block Grant Application, the information is adapted from the following data sources:

1) U.S. Census Bureau, American Fact Finder, 2006-2008 American Community Survey (<http://factfinder.census.gov>), 2) U.S. Census Bureau, 2008 American Community Survey (<http://www.census.gov/acs>), 3) WI Department of Administration, Demographic Service Center's 2009 Final Estimates Summary, 4) State of WI, 2007-2008 Blue Book, compiled by the WI Legislative Reference Bureau, 2007, 5) Anne E. Casey Foundation Kids Count Online Data (www.aecf.org/kidscount/data.htm), 6) WI Department of Health Services (DHS), Division of Public Health (DPH), Office of Health Informatics (OHI), WI Infant Births and Deaths, 2008 (P-45364-08). November 2009, 7) WI DHS, DPH, OHI, WI Deaths, 2008 (P-45368-08). October 2009, 8) WI DHS, DPH, OHI, WI Health Insurance Coverage, 2008 (P-45369-08). December 2009, 9) WI DHS, DPH, OHI, WI Interactive Statistics on Health (WISH) data query system, (<http://dhfs.wisconsin.gov/wish/>), 10) WI Council on Children and Families (www.wccf.org), 11) Center on Wisconsin Strategy (COWS), (www.cows.org), and 12) U.S. Bureau of Labor Statistics, Regional and State Employment and Unemployment Summary (www.bls.gov/news.release).

Population and Distribution

Wisconsin's population estimate on November 1, 2009, was 5,688,040, a change of 6% from the 2000 census, according to the Wisconsin Department of Administration.

Although Wisconsin is perceived as a predominantly rural state, it is becoming increasingly urbanized as reflected by changes from the 2000 census to 2009 population estimates. Of Wisconsin's 72 counties, there were 9 with a population over 150,000; Milwaukee County was the only one of these counties to have a negative percent population change from 2000 to 2009. Eleven counties were the fastest growing since the 2000 census; Dane County (where Madison, the state capitol is located) was the second largest county and also experienced 11.0% growth since 2000.

There are 13 municipalities with populations over 50,000, ranging from the City of Milwaukee (population 584,000) to Sheboygan (50,400). The majority of these cities are clustered primarily in the south central (Madison, Janesville, Beloit) southeast (Waukesha, Milwaukee, Kenosha, Racine) and along Lake Michigan, the Fox River Valley (Appleton, Oshkosh, Green Bay, Sheboygan). The others are the central Wisconsin (Eau Claire) and the west central (LaCrosse). According to the 2008 Family Health Survey estimates, 11% of the state's household population lives in the City of Milwaukee, 60% lives in the balance of Milwaukee County and the other 24 metropolitan counties, and 28% lives in the 47 non-metropolitan counties. Despite this strong growth in major metropolitan areas, the City of Milwaukee, however, has experienced a loss of almost 13,000 residents during the 2000s, and Milwaukee County decreased by more than 8,000 persons.

Population Demographics

Sex and age: According to the 2006-2008 American Community Survey, females make up 50.3% of the state's population, the median age was 37.9 years, the estimate for number of children under age of 18 was 1,317,847 or about one-fourth of the state's population, and 13% were 65 years and older.

Race and ethnic origin: The 2000 census was the first year that census respondents were allowed to identify themselves as being more than one race. About 1.2% of Wisconsin individuals selected multiple races. The most recent estimates (2006-2008) indicate that 1.4% of Wisconsin residents reported two or more races; although this change is not significant, it does represent the changing dynamics of Wisconsin's population.

Table III.A 2 - Percent estimates for Wisconsin's race and ethnic classifications for 2006-2008

Race	Percent	Race	Percent
One race	98.6%	Two or more races	1.4%
White	87.6%	White & Black or AA	0.4%
Black or African American	5.9%	White & Am Ind & Als Nat	0.4%
American Indian & Alaskan Native	0.9%	White & Asian	0.2%
Asian	2.0%	Black or AA & Am Ind & Ask Nat	0.1%
Nat Haw & Other Pac Islander	0.0%		
Some other race	2.1%		
Hispanic or Latino and Race	Percent	Not Hispanic or Latino	95.1%
Hispanic or Latino (or any race)	4.9%	White alone	85.2%
Mexican	3.6%	Black or African American alone	5.8%
Puerto Rican, Cuban, Other Hispanic	1.3%	American Indian & Alk Nat alone	0.8%
		Asian alone	2.0%
		Other	2.4%

Employment and Poverty

In 2004, Wisconsin's not seasonally adjusted unemployment rate was 4.9%, compared to the U.S. rate of 5.5%. Since then, according to the Bureau of Labor Statistics in 2009, Wisconsin's 2009 unemployment rate was 8.5%, compared to the U.S. rate of 9.3%. However, these rates do not reflect the U.S. economic crisis since the fall of 2007. In March 2009, Wisconsin's unemployment rate jumped to its highest rate in 26 years, 9.4%, passing the national rate of 9.0%. Furthermore, the decline of the auto industry has hit Wisconsin especially hard, with the southeast portion of the state where General Motors has plants that closed in Beloit and Janesville. In March 2010, the Metropolitan Statistical Areas of Janesville, Racine, Sheboygan, and Wausau had unadjusted unemployment rates of 12.8%, 11.5%, 10.0%, and 10.6% respectively. In the City of Milwaukee, there are some estimates that almost 50% of African American men are unemployed. Wisconsin women comprise less than 50% of the state's workforce, but they make up 55% of the state's working poor, those in households with income below the federal poverty level. Although there are a few signs of economic recovery in Wisconsin, such as slight gains in the manufacturing sector, generally, the employment picture is stagnant. As families struggle, minorities carry the burden of poverty as recent estimates from the 2008 American Community Survey show; the Wisconsin overall poverty rate of 10.4% was less than the U.S. rate of 13.2%. However, minorities in Wisconsin carry the burden of poverty.

Table III.A 3 - Percent estimates of Wisconsin's population and children in poverty, 2008

	Percent in poverty	Percent of children aged 0-17 in poverty
Total	10.4	13.2
White	8.1	8.7
Black	32.1	41.9
American Indian	24.1	35.1
Asian	15.3	12.4
Hispanic	19.7	23.2
Two or more races	18.7	19.4

Furthermore, WI PRAMS data indicate significant disparities for household income (see the following table).

Table III.A 4 - Percentage of Wisconsin mothers who report less than \$10,000 and more than \$50,000 per year before taxes, 2007-2008

Race/ethnicity	Less than \$10,000	More than \$50,000
White, non-Hispanic	10	49
Black, non-Hispanic	48	6
Hispanic/Latina	32	5
Other, non-Hispanic	22	6

Source: Wisconsin Pregnancy Risk Assessment Monitoring System 2007-2008, Bureau of Community Health Promotion and Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services.

Note: Percents do not add to 100% due to omission of mothers whose income was between \$10,000 and \$49,999.

The range of the percentage of children who live in poverty by county is significant, from the counties with the highest poverty rates for children (Milwaukee at 25.2% and Vernon at 22.0%) to the counties with the lowest poverty rates for children (Ozaukee at 5.3% and Waukesha at 4.5%).

Compared to other states, using these indicators, Wisconsin's overall rank is 10. These indicators do not reflect the significant disparities by racial/ethnic group in the state; selected indicators are discussed below using the most recent data available.

Table III.A 5 - Wisconsin Profile compared to the U.S. Kids Count Key Indicators (2006 data unless indicated)

Indicator	WI	U.S.	WI rank
Percent low birth weight babies	6.9	8.3	8.0
Infant mortality rate (per 1,000 live births)	6.4	6.7	22.0
Child death rate (deaths per 100,000 children ages 1-14)	15.0	19.0	15.0
Rate of teen deaths (deaths per 100,000 teens ages 15-19)	59.0	64.0	15.0
Teen birth rate (births per 1,000 females ages 15-17)	32.0	42.0	11.0
Percent of teens who are not in high school and not high school graduates (ages 16-19) (2008)	4.0	7.0	3.0
Percent of teens not attending school and not working (ages 16-19) (2007)	5.0	8.0	3.0
Percent of children living in families where no parent has full-time, year-round employment	29.0	33.0	12.0
Percent of children of children in poverty (income <\$21,027) for a family of 2 adults and 2 children (2008)	13.0	18.0	14.0
Percent of families with children headed by a single parent (2008)	29.0	32.0	18.0

Vital statistics: Births to single mothers have increased slightly from 25% in 1991, 27% in 1993 and 1995, and 28% in 1996 and 1997 to 31% in 2003, and 37% in 2008. The marriage rate in 2010 was 5.3 per 1,000 total population, lower than the 2007 rate of 5.6, and lower than the U.S. provisional marriage rate of 7.0 for the 12 months ending in June 2009. The divorce rate in 2008 was 2.9 per 1,000, lower than the rate of 3.0 in 2007. Fifty-three percent of WI divorces in 2008 involved families with children under 18 years of age. In 2008, there were 46,526 deaths in WI for a rate of 8.2 per 1,000 population, slightly lower than recent years; this rate is similar to the U.S. rate. In 2008, there were 9 maternal deaths.

- Infant mortality--Often used as a measure of a society's overall well-being, infant mortality is a significant issue in WI. The overall infant mortality in 2008 7.0 per 1,000 live births; the White rate was 5.9, a slight increase from 5.3 in 2007, and a marked decrease from 7.2 in 1990. The Black infant mortality rate in 1990 was 19.7; in 1997 it was at its lowest for the past two decades at 13.4. Since then

it has increased steadily to 18.7 in 2001. Aside from some fluctuations the 2007 and 2008 rates are the lowest of this decade; nonetheless, in 2008, the ratio of the Black infant mortality rate to the White was 2.3. The Hispanic/Latina infant mortality rate for 2008 was 7.0 deaths per 1,000 births to Hispanic/Latina women, compared to 6.4 in 2007 and 11.0 in 1998. The number of American Indian and Laotian or Hmong and Other Asian infant deaths are too few in a single year to calculate annual rates. Therefore, the following are three-year averages from 2006-2008: Laotian/Hmong: 7.2, compared to 7.6 in 2001-2003; the American Indian infant mortality rate was 10.1 per 1,000 in 2006-2008, compared to 12.9 in 2001-2003.

- Low birthweight/preterm--In 2008, 7.0% (5,051) of all births were infants with low birth weight; the rate for Black infants was 13.0%, White infants 6.3%, American Indian, Hispanic/Latinos, Laotian/Hmong, and other Asians were 8.0%, 6.3%, 7.9%, 7.0% and 6.9% respectively. In 2008, 11.1% (7,970) of infants in WI were born prematurely (with a gestation of less than 37 weeks). Non-Hispanic Black women had the highest percentage of premature babies at 16.8%, followed by teenagers less than 18 years old at 16.0%, women who were unmarried 13.5%, women who smoked during pregnancy 13.3%, and American Indian women 12.7%.
- First trimester prenatal care--In 2008, 82.2% of pregnant women received first trimester prenatal care. The race/ethnic group with the highest rate was White women at 86.2%, followed by other Asian women at 82.2%, American Indian women at 72.5%, Hispanic/Latina women at 71.3%, African American women at 70.2%, and Laotian/Hmong at 56.1%.
- Teen birth rate--In 2008, for teens <20 years, there were 6,096 births (rate of 31.3 per 1,000), or 8.5% of all births in Wisconsin. Teen birth rates for <20 years by race/ethnicity in Wisconsin, 1998 to 2008:

Table III.A 6 - Teen birth rates, Wisconsin, 1998 compared to 2008

Year	1988	2008*
Total	35.1	31.3
White	23.6	18.6
Black	126.8	98.3
Am Ind	78.3	99.3
Hispanic/Latina	86.8	93.1

* includes births to mothers under 15 years of age

- Leading causes of death--In 2008, 54% of the leading causes of death were diseases of the heart, malignant neoplasms (cancer), and cerebrovascular diseases (stroke). For males, in 2008, the leading underlying cause of death for ages 1-44 were accidents; cancer was the leading cause of death for men ages 45-84. For females, accidents were the leading underlying cause of death among females ages 1-25; cancer was the leading cause of death among women ages 25-84.

Table III.A 7 - Percent of top 5 underlying causes of death by race, Wisconsin, 2008

Race/Hispanic Ethnicity Underlying Cause of Death	Total	White	Black/ African Amer	Amer Indian	Asian	Hispanic/ Latino
Malignant Neoplasms	24.2	23.9	24.9	19.8	21.3	17.3
Diseases of the Heart	23.9	24.5	21.2	17.2	18.7	15.3
Cerebrovascular Diseases	5.5	5.5	5.0		7.8	4.3
Chronic Lower Respiratory Dis.	5.4	5.5	3.4	5.9		
Accidents*	5.3	5.2	3.4	8.2	7.8	16.4
Alzheimer's Disease						
Diabetes				6.5		4.1
Nephritis/Nephrotic/Nephrosis			3.4		4.5	

* ex. Med./surg. comp.