

Access to Primary and Preventive Health Services

This priority has four sets of objectives: increasing the percentage of the population with health insurance; increasing provider screening for chronic diseases and other improvements in system capacity for prevention; reducing barriers to health care access; and increasing access to oral health services.

Progress in Meeting Objectives—Specific Findings

Health insurance. While Wisconsin continues to be a national leader in the area of health insurance coverage, the proportion of the population with health insurance over the past 12 months has not improved (**2010 target 92%**; 88% in 2000; 90% in 2003; 89% in 2004). Hispanics were least likely to have been insured for all of the past 12 months (67% in 2003-2004 combined), followed by American Indians (80%), African Americans (82%), Asians (90%), and whites (91%); the overall percent in 2003-2004 was 90%.

System capacity for prevention. Improvements have occurred in the proportion of adults who received cholesterol screening in the past five years (72% in 2001; 75% in 2003), and the proportion of adults age 50 and older who have ever had a sigmoidoscopy or colonoscopy (57% in 2001 and 59% in 2004). No change has occurred in the percentage of women age 18 and older who received a Pap smear in the past three years (87% in 2000; 86% in 2004); in the percentage of women age 40 and older who received a mammogram in the past two years (75% in both 2000 and 2004); or in the percentage of adults age 50 and older who have ever had a blood stool test (50% in 2001; 47% in 2004).

Pap smear and mammogram utilization did not differ much by race/ethnicity, according to available data since 2000. Hispanics were least likely to be screened for high cholesterol in the past five years (61% in 2001 and 2003 combined), followed by African Americans (69%) and whites (74%); the overall percentage for these years was 73%.

Data on blood stool tests in adults age 50 and older is available for African Americans and whites, and shows that African Americans are less likely to receive this kind of cancer screening. In 2002 and 2004 (combined years), 36% of African Americans age 50+ had ever received a blood stool test, compared to 48% of whites and 48% of all adults in this age group. The percentages of adults 50 and older who had ever had a sigmoidoscopy or colonoscopy were more similar for blacks (56%) and whites (58%), based on combined data for the years 2002 and 2004. The percentage of adults 50 and older who had had a sigmoidoscopy or colonoscopy in the past five years (2002/2004 data) also was similar for African Americans (52%) and whites (49%).

Health care access. In the last 12 months, the percentage of Wisconsin household residents of all ages who reportedly could not access needed medical care decreased from 3% in 2000 to 2% in 2004. Based on combined data for 2003-2004, the percent of people who did not receive needed care was 2% overall, 4% among African Americans, 3% among American Indians, 3% among Hispanics, 1% among whites, and less than 1% among Asians. The data shows improvement in this measure among Hispanics, from 10% in 2000-2001 to 3% in 2003-2004.

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Oral health services. An increasing percentage of Medicaid/BadgerCare fee-for-service recipients received dental service during the year (**2010 target: 33%**; 23% in 2000; 26% in 2004); but a similar improvement was not reported among Medicaid/BadgerCare HMO enrollees with dental coverage (23% in 2001; 22% in 2004).

Among Wisconsin household residents (age 1 and older) who were uninsured all of the past year, the percentage who had a dental care visit during the year increased from 36% in 2000 to 42% in 2003, but declined to 36% again in 2004 (**2010 target: 46%**). Among residents who were uninsured just *part* of the past year, the percentage who had a dental visit declined from 58% in 2000 to 50% in 2004 (**2010 target: 70%**).

The percentage with a dental care visit differed by race/ethnicity. In 2001-2004, among household residents age 1 or older who were uninsured all year, 41% overall, 38% of African Americans, 39% of Hispanics, and 42% of whites had a dental visit during the year. Among those who were uninsured only part of the year, 55% overall, 39% of African Americans, and 57% of whites had a dental visit during the year in 2001-2004 (and 55% among Hispanics in 2000-2003, when the sample size was large enough to present an estimate.)

Selected Accomplishments and DHFS Activities (organized by objectives for this health priority)

Objective: Reduce barriers to health care access; increase percentage with health insurance.

- Increased BadgerCare, a State Children's Health Insurance Program, coverage to about 29,000 children and over 60,000 adults.
- Expanded SeniorCare, a prescription drug program to assist seniors with the cost of their medications, to over 86,000 seniors.
- Processed the placement of 12 foreign physicians in Wisconsin communities through the J-1 Visa Program, which provides legal status to physicians as long as they agree to practice in communities with high primary care needs.
- Processed 55 federal applications to the National Health Service Corps for clinicians providing primary health care, mental health, and dental professional in health care shortage areas.
- Placed 64 National Health Service Corps clinicians in Wisconsin's neediest communities; 9 remained to continue their community practice after their initial period of service.
- Distributed \$125,000 annually to the Health Care for the Homeless Programs in Milwaukee and Green Bay to improve the ability of these communities to address the special health care issues of their homeless populations.
- Provided over \$3 million in General Purpose Revenue funding per year to Wisconsin's 16 community health centers to increase the number of patients served and improve health care in underserved communities.
- Developed a system to share information about health care provider shortage areas between the Department of Health and Family Services and the Wisconsin Primary Health Care Association to improve partnerships, planning, and results.

Objective: Increase system capacity for prevention.

- Expanded the number of Aging and Disability Resource Centers (ADRCs) and increased ADRC activities to prevent disease and promote health by offering information assistance and resources to individuals and families to enable informed decision-making before crises ensue.
- Worked with the American Cancer Society to address cancer issues specific to rural areas, including the changing composition of rural communities, barriers to care and screening, isolation, and economic issues. Collaborated with the American Cancer Society in its Rural Outreach Plan of Expansion (ROPE) Conference in April 2005.
- Collaborated with community-based and professional organizations to provide Well Woman Program screening services to more than 10,000 women in 2005.
- Partnered with the University of Wisconsin School of Medicine and Public Health to develop continuing education for clinicians and other health care providers who provide breast and cervical cancer screening to women served through the Wisconsin Well Woman Program.
- Collaborated with the Wisconsin Comprehensive Cancer Center in developing Wisconsin's Comprehensive Cancer Plan, which includes a strong focus on the needs of women and the Wisconsin's Well Woman Program.
- Received funding from the Green Bay Packers "Pink Cap Campaign;" the Wisconsin Well Woman Program was one of 12 Wisconsin organizations that received resources from this campaign to continue breast cancer screening.
- Formed a new partnership between the Wisconsin Women's Health Foundation, parish nurses throughout Wisconsin, and the Wisconsin Well Woman Program to provide outreach, health education, and screening services to women in rural communities.
- Identified three overarching goals to guide reproductive health programming for the next five years, including: (1) increase outreach and enrollment in the Medicaid Family Planning Waiver, (2) increase access to emergency contraception, and (3) increase access to contraceptive services and supplies.

Objective: Increase access to oral health services.

- Changed Medicaid reimbursement to include coverage for dental sealants and fluoride varnishes.
- Evaluated the health and cost benefits of the Wisconsin Seal-a-Smile Program with the U.S. Centers for Disease Control and Prevention. Results showed the program to be highly cost-effective.
- Implemented a statewide prevention program to provide fluoride varnishes and dental sealants to children in schools, public health clinics, and Head Start.
- Implemented the School-Based Fluoride Mouth Rinsing and Dietary Fluoride Supplement Program, which provides General Purpose Revenue funding to local health departments to provide school-based fluoride and dietary fluoride supplement services to children in high-risk populations.
- Trained medical care providers and health professionals in HealthCheck clinics, federally qualified health centers, and local health departments to integrate oral health preventive services into primary health care visits and education programs.
- Increased funding for Seal-a-Smile, Donated Dental Services, and Spit Tobacco Prevention.

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- Provided funding to continue and expand dental services through the Wisconsin Technical College System, Marquette School of Dentistry clinics; State Rural Health Dental Clinics, Ladysmith Dental Center, and the new Chippewa Falls dental clinic.
- Secured a three-year grant (*Beyond Lip Service*) from the Wisconsin Partnership Fund for a Healthy Future. Awarded nearly \$80,000 in grant money to counties in northern Wisconsin and to the Lac Courte Oreilles tribe for projects that will provide oral health services to prevent tooth decay in children.
- Monitored community water fluoridation quality for 251 systems and advocated for the maintenance and expansion of community water fluoridation programs. Since water fluoridation is available to everyone in a community, it eliminates health disparities and can reduce tooth decay by up to 30 percent.
- Initiated SmileAbilities, a program that provides health promotion and prevention information to promote optimal oral health for children with special health care needs.
- Implementing recommendations of the Governor's Task Force to Improve Access to Oral Health that seek to address the shortage of dental care professionals and increase children's access to dental care in Wisconsin. Efforts include increasing access to sealants by expanding the Healthy Smiles for Wisconsin program and advancing a rule change to certify dental hygienists as eligible Medicaid providers.
- Implementing a core preventive oral health curriculum, "Integrating Preventive Oral Health Measures into Health Care Practice." This statewide training plan helps primary care providers, public health professionals, nursing and medical school programs incorporate oral care, management of high-risk children, oral health assessments and prevention strategies in prenatal, well-baby, and well-child visits.

New and Emerging Issues

- Continued rising costs of health care.
- The ethnic and racial composition of rural Wisconsin communities is changing. The migration of Hmong and Hispanic populations to rural communities is accompanied by significant cultural, age, and language implications for rural health care delivery systems.