

Healthiest Wisconsin 2010
Annual Status Report, 2005

December 2006

**Bureau of Health Information and Policy
Division of Public Health
Department of Health and Family Services**

Foreword

This report examines progress through 2005 on the 16 priorities in the state health plan, *Healthiest Wisconsin 2010*. It provides statewide trend data on each health priority's objectives, and qualitative information about the 11 health priorities and five system (infrastructure) priorities.

For each priority, qualitative information presented includes selected key accomplishments and activities in the Department of Health and Family Services, accomplishments and new and emerging issues since the state health plan was adopted. In general, activities described are limited to those in which the Department was actively engaged and do not include many partner activities.

This report was prepared in the Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. Margaret Schmelzer, Director of Public Health Nursing and Health Policy, drafted the qualitative sections with the assistance of Department managers and staff of the relevant programs. Patricia Nametz drafted the data analysis sections and edited the entire report. The report was prepared under the supervision of Patricia Guhleman, Chief of the Policy Section, and Christine Hill-Sampson, Chief of the Population Health Information Section, Bureau of Health Information and Policy.

As mentioned, each of the health and system priority chapters in this report was developed in close collaboration with Department of Health and Family Services managers and staff of the programs working to achieve the priority's objectives. This report would not have been possible without their contributions. A list of contributors by priority is provided on page *vii*.

This report and other materials related to the state health plan are available on the DHFS Web site at the following address: <http://dhfs.wisconsin.gov/statehealthplan/index.htm>. Comments, suggestions and requests for further information about this report and the state health plan may be addressed to Margaret Schmelzer at:

Division of Public Health
Bureau of Health Information and Policy
P.O. Box 2659
Madison WI 53701-2659
608-266-0877
schmemo@dhfs.state.wi.us

Suggested citation:

Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. *Healthiest Wisconsin 2010: Annual Status Report, 2005* (PPH 0279). December 2006.

Table of Contents

Foreword.....	ii
Accomplishment Highlights	iv
List of Contributors	vii
Summary Data Tables	1
Introduction.....	11
State Health Plan: Health Priorities	
Access to primary and preventive health services	13
Adequate and appropriate nutrition	17
Alcohol and other substance use and addiction	20
Environmental and occupational health hazards.....	24
Existing, emerging, and re-emerging communicable diseases	31
High-risk sexual behavior	33
Intentional and unintentional injuries and violence	37
Mental health and mental disorders	43
Overweight, obesity, lack of physical activity.....	46
Social and economic factors that influence health.....	50
Tobacco use and exposure	53
State Health Plan: System Priorities	
Integrated electronic data and information systems.....	57
Community health improvement processes and plans.....	58
Coordination of state and local public health system partnerships.....	60
Sufficient, competent workforce (for public health).....	63
Equitable, adequate, and stable financing (for public health).....	66
Appendix: Data Tables and Technical Notes	67

Accomplishment Highlights

Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public is Wisconsin's state health plan. In this landmark plan, public health is defined as a social enterprise focused on improving and protecting the health and safety of the more than 5.5 million residents of Wisconsin. It takes the work of many to improve and protect the health of all. Wisconsin's public health system partners include government, the public, private, nonprofit, and voluntary sectors. The Department and 94 local health departments serve as the foundation of Wisconsin's public health system.

The 2005 Annual Status Report is an accountability report to the residents of Wisconsin and the statewide public health system partners. It reflects Department-wide activities, accomplishments, efforts to eliminate health disparities, and emerging issues as they relate to the 16 priorities and the three goals of *Healthiest Wisconsin 2010*, and provides a midcourse report to achieve the vision of "healthy people in healthy Wisconsin communities."

Listed below are highlights of the accomplishments documented in this report. With its partners, the Department has:

- Developed *A Framework for Action to **Eliminate Racial and Ethnic Disparities in Birth Outcomes*** to address one of the most serious and disturbing racial health disparities in Wisconsin: the persistent high death rate of infants born to African American women. With strong support from our partners, the Department and other partners are implementing many of the plan's measures that will lead to healthier birth outcomes for minority populations in Wisconsin.
- Developed the Wisconsin **Pandemic Influenza Plan**, which is considered the "gold standard" for state plans by the federal Centers for Disease Control and Prevention, and been heavily engaged in pandemic preparedness activities with our partners.
- **Supported Hurricane Katrina response and recovery** efforts by activating CommandCaller to notify Wisconsin Emergency Assistance Volunteer Registry volunteers, using the Health Alert Network to communicate and coordinate local public health activities, and playing a leading role in Wisconsin's emergency government activities to assist individuals displaced and relocated to Wisconsin due to Hurricane Katrina.
- Increased **BadgerCare** coverage to approximately 29,000 children and over 60,000 adults. In 2006, the year following the period covered by this report, Governor Doyle proposed an ambitious expansion of BadgerCare, called BadgerCarePlus, to provide access to affordable health insurance for all children.
- Improved **access to dental services** for underserved populations by, among other measures, supporting expanded dental services at rural health clinics, Wisconsin technical colleges, and Marquette School of Dentistry clinics; expanding the Seal-a-Smile program that provides sealants to children; and changing Medicaid reimbursement to help low-income and uninsured children receive dental sealants and fluoride varnishes.

-
- Created **ACCESS** (Access to Economic Support Services), a Web-based tool that allows Wisconsin citizens to determine if they qualify for certain public assistance programs (Medicaid, BadgerCare, SeniorCare, FoodShare, WIC, State Tax Credits, Summer Meals Program, Medicare Part D and the Free School Lunch Program) by entering basic information about themselves and their family.
 - Increased participation in **FoodShare** to more than 150,000 families.
 - Decreased the number of children under age six who tested positive in a **blood lead test**.
 - Worked to develop **childhood lead poisoning elimination** plans with Racine and Milwaukee, supported the “Window Bill” that would provide low-interest loans to replace windows, and worked on an administrative rule revision to assure that no licensed day-care has chipping lead paint in its environment.
 - Increased the percentage of Wisconsin children aged 19 months to 35 months who were fully immunized to 82.9% and the percentage of school-age children who met the statutory **immunization** requirement to 98 percent.
 - Strengthened asthma control efforts by training 112 child-care providers and 40 teachers and school staff to better care for children with **asthma**.
 - Under the direction of Governor Doyle, began leading an effort to utilize **health information technology** to help reduce medical costs and improve the safety of health care. In 2006, the year following the period covered by this report, the Governor established the eHealth Care Quality and Patient Safety Board, chaired by the DHFS Secretary and composed of a wide representation of public and private partners, and charged the Board with developing an action plan to improve the quality and reduce the cost of health care in Wisconsin by fostering the creation of a statewide health information technology infrastructure.
 - Developed and implemented a comprehensive plan to strengthen Wisconsin’s child welfare system, which among other measures, implements the first statewide child welfare **continuous quality improvement initiative** to provide the counties and the Department with valuable information on the strengths of and opportunities for enhancing child welfare case practice in Wisconsin and identifies seven priorities aimed at improving child welfare services for **American Indian children** in Wisconsin.
 - Helped to implement the “Click It or Ticket” marketing campaign, supported booster seat and other child passenger safety restraint legislation, and supported legislation on graduated licensing for teen drivers to keep people **safe in their vehicles**.
 - Through a \$22.5 million (three-year) federal **Access to Recovery Grant**, transformed the substance abuse recovery support system in Milwaukee to include client freedom-of-choice for treatment, faith-based organization involvement, and wrap-around services.
 - Reached nearly 10,000 people at **mental health anti-stigma** events and developed an anti-stigma curriculum for businesses, schools, and the general public that includes a focus on multicultural awareness.

-
- Certified 11 counties for **Comprehensive Community Services**, which will allow Medicaid funding for integrated mental health and substance abuse rehabilitation for individuals across the life span.
 - Developed the “**Governor’s School Health Award Program**” to promote healthy school nutrition and physical activity environments.
 - Received a U.S. Department of Agriculture grant for the “**Fresh Fruit and Vegetable Snack Program**” to increase fruit and vegetable consumption by every student in 25 selected schools.
 - Established 23 local smoke-free policies, funded a UW–Oshkosh effort that decreased smoking by 10 percent, **reduced youth tobacco use to an historic low**, and reduced illegal tobacco sales to minors.
 - Modernized the administrative rule pertaining to the safety and operation of **public swimming pools** to address the state’s rapidly growing water attraction industry, thus helping Wisconsin maintain its reputation as the Water Park Capital of the World.

The chapters in this report detail state efforts by priority through 2005. The Department of Health and Family Services is pleased and proud to continue working with its public health partners throughout the state to make further progress on achieving the goals of our state health plan: *Healthiest Wisconsin 2010*.

Contributors to this Report

The following Department of Health and Family Services managers and staff supplied information about DHFS activities and issues in 2005 that were related to the *Healthiest Wisconsin 2010* health and system priorities. This information was used to prepare each chapter's sections on key DHFS activities, accomplishments, efforts to eliminate disparities, and new and emerging issues.

Health Priorities

Access to primary and preventive health services

Meg Taylor, Susan Uttech, Nancy McKenney, Warren LeMay, Gale Johnson, Millie Jones

Adequate and appropriate nutrition

Mary Pesik, Patti Herrick, Susan Uttech, Amy Meinen

Alcohol and other substance use and addiction

Joyce Allen, Greg Levenick, Lou Oppor

Environmental and occupational health hazards

Tom Sieger, William Otto, David Pluymers, Mark Werner, Greg Pollaske, Henry Nehls-Lowe, Marnie Beckedahl, Margie Josse-Coons

Existing, emerging, and re-emerging communicable diseases

Akan Ukoennin, Patti Fox, Dan Hopfsensperger

High-risk sexual behavior

Jim Vergeront, Claude Gilmore, Susan Uttech, Norma Denbrook, Millie Jones

Intentional and unintentional injuries and violence

Linda Hale, Susan Uttech, Jennifer Jones

Mental health and mental disorders

Joyce Allen, Rebecca Cohen

Overweight, obesity, and lack of physical activity

Mary Pesik, Patti Herrick, Susan Uttech, Amy Meinen, Jonathon Morgan

Social and economic factors that influence health

Susan Wood, Stacia Jankowski

Tobacco use and exposure

Jim Malone, Jenny Ullsvik, Susan Uttech, David Gundersen

System (Infrastructure) Priorities

Integrated electronic data and information systems

Larry Hanrahan, Ted Ohlswager, Jim Grant

Community health improvement processes and plans

Meg Taylor, Patty Bollig, Margaret Schmelzer

Coordination of state and local public health system partnerships

Meg Taylor, Dennis Hibray, Terri Timmers, Mary R. Young, Larry Gilbertson, Pat Guhleman, Margaret Schmelzer

Sufficient, competent workforce

Sherry Gehl, Meg Taylor, Susan Wood, Moira Lafayette, Margaret Schmelzer, Mary Gothard

Equitable, adequate, and stable financing

Sherry Gehl, Susan Wood, Pat Guhleman, Kevin Wymore

Summary Data Tables

This preface provides a summary data table for each health priority of Healthiest Wisconsin 2010, the State Health Plan. Each table summarizes the available data on progress toward meeting the measurable 2010 objectives for the priority. (See the Appendix for the detailed data tables on which these summaries are based.)

Of the 108 objectives for which we have both a baseline and a subsequent measurement:

- There has been improvement for 59 objectives (55%),
- Data have gotten worse for 17 objectives (16%),
- Data show no change for 32 objectives (30%).

Summary Data Tables

Table 1. Access to Primary and Preventive Health Services

Measure	Baseline*	Most Recent*	Change
Percent of population with health insurance for all of past 12 months	88%	89%	No change
African Americans		82% ¹	
American Indians		80% ¹	
Asians		90% ¹	
Hispanics		67% ¹	
Whites		91% ¹	
Percent of women aged 18+ with Pap smear in past three years	87%	86%	No change
Percent of women aged 40+ who received a mammogram in past two years	75%	75%	No change
Percent of adults aged 18+ with cholesterol screening in past five years	72% ²	75% ³	Improved
African Americans		69% ⁴	
Hispanics		61% ⁴	
Whites		74% ⁴	
Percent of adults aged 50+ who ever had a blood stool test	50% ²	47%	Worse
African Americans		36% ⁵	
Whites		48% ⁵	
Percent of adults aged 50+ who ever had sigmoidoscopy or colonoscopy	57% ²	59%	Improved
African Americans		56% ⁵	
Whites		58% ⁵	
Percent of population who needed medical care during the past 12 months but did not receive it	3%	2%	Improved
African Americans		4% ⁶	
American Indians		3% ⁶	
Asians		<1% ⁶	
Hispanics	10% ⁷	3% ⁶	Improved
Whites		1% ⁶	
Percent of Medicaid/BadgerCare fee-for-service recipients who received any dental service during the past year	23%	26%	Improved
Percent of Medicaid/BadgerCare HMO enrollees with dental coverage who received any dental service during the year	23% ²	22%	No change
Percent of the population age 1 and older uninsured <i>all</i> of the past year who had a dental care visit during the year	36%	36%	No change
African Americans		38% ⁸	
Hispanics		39% ⁸	
Whites		42% ⁸	
Percent of the population age 1 and older uninsured <i>part</i> of the past year who had a dental care visit during the year	58%	50%	Worse
African Americans		39% ⁸	
Whites		57% ⁸	

* “Baseline” is 2000 unless otherwise noted. “Most recent” is 2004 unless otherwise noted.

¹ 2003-2004 combined

² 2001

³ 2003

⁴ 2001, 2003 combined

⁵ 2002, 2004 combined

⁶ 2003-2004

⁷ 2000-2001 combined

⁸ 2001-2004 combined

Table 2. Adequate and Appropriate Nutrition

Measure	Baseline*	Most Recent*	Change
Percent of adults age 18+ who ate 5+ servings of fruits and vegetables per day	22%	23%	No change
African Americans		24% ¹	
American Indians		21% ¹	
Asians		29% ¹	
Hispanics		17% ¹	
Whites		22% ¹	
Percent of high school students who ate 5+ servings of fruits and vegetables per day	28%	28%	No change
African Americans		22% ²	
American Indians		29% ²	
Asians		26% ²	
Hispanics		27% ²	
Whites		28% ²	
Percent of high school students who ate 3+ dairy servings per day	46% ³	46% ⁴	No change
African Americans		23% ²	
American Indians		40% ²	
Asians		23% ²	
Hispanics		30% ²	
Whites		49% ²	
Percent of new mothers who breastfed in the birth hospital	68%	68%	No change
Percent of new mothers who breastfed when baby was six months old	28%	36%	Improved
Percent of infants in WIC who were ever breastfed	51%	59%	Improved
African Americans	34%	44%	Improved
American Indians	52%	60%	Improved
Asians	31%	46%	Improved
Hispanics	67%	77%	Improved
Whites	55%	61%	Improved
Percent of infants in WIC who were breastfed at six months of age	22%	25%	Improved
Percent of infants in WIC who were breastfed at 12 months of age	15%	16%	Improved
Percent of households that were "food insecure"	8.4% ⁵	9.0% ¹	No change
African American households	29.7% ⁶	N.A.	
White households	6.7% ⁶	N.A.	
Percent of households that were "food insecure with hunger"	2.9% ⁵	2.8% ¹	No change

* "Baseline" is 2000 unless otherwise noted. "Most recent" is 2004 unless otherwise noted.

¹ 2002-2004

² 2001-2005

³ 1999

⁴ 2005

⁵ 1999-2001

⁶ 1996-2000

N.A. – More recent data are not yet available.

Summary Data Tables

Table 3. Alcohol and Other Substance Use and Addiction

Measure	Baseline*	Most Recent*	Change
Percent of high school students who reported binge drinking in past 30 days	34% ¹	31% ²	Improved
African Americans		16% ³	
American Indians		45% ³	
Asians		25% ³	
Hispanics		30% ³	
Whites		33% ³	
Percent of high school students who reported using marijuana in past 30 days	22% ¹	16% ²	Improved
African Americans		31% ³	
American Indians		35% ³	
Asians		15% ³	
Hispanics		25% ³	
Whites		20% ³	
Percent of high school students who reported smoking cigarettes in past 30 days	38% ¹	23% ²	Improved
African Americans		15% ³	
American Indians		44% ³	
Asians		25% ³	
Hispanics		28% ³	
Whites		27% ³	
Percent of high school students who reported first use of alcohol before age 13	30% ¹	24% ²	Improved
African Americans		27% ³	
American Indians		47% ³	
Asians		29% ³	
Hispanics		28% ³	
Whites		25% ³	
Percent of high school students who reported first use of marijuana before age 13	11% ¹	7% ²	Improved
African Americans		20% ³	
American Indians		24% ³	
Asians		10% ³	
Hispanics		11% ³	
Whites		6% ³	

* “Baseline” is 2000 unless otherwise noted. “Most recent” is 2004 unless otherwise noted.

¹ 1999

² 2005

³ 2001-2005 combined

Table 4. Environmental and Occupational Health Hazards

Measure	Baseline*	Most Recent*	Change
E. coli 0157:H7 incidence rate (new cases per 100,000 population)	6.8	2.5	Improved
Salmonellosis incidence rate (new cases per 100,000 population)	14.3	18.2	Worse
Shigellosis incidence rate (new cases per 100,000 population)	6.2	6.1	No change
Campylobacteriosis incidence rate (new cases per 100,000 population)	22.5	23.9	Worse
Hepatitis A incidence rate (new cases per 100,000 population)	2.0	2.3	No change
Age-adjusted rate of asthma hospitalization (asthma as principal diagnosis) per 10,000 population	10.9	9.8 ¹	Improved
Age-adjusted rate of asthma hospitalization (asthma as any listed diagnosis) per 10,000 population	52.6	60.4 ¹	Worse
Age-adjusted rate of mesothelioma incidence (new cases per 100,000 population)	1.5	1.5 ¹	No change
Age-adjusted rate of mesothelioma deaths (deaths per 100,000 population)	1.0	1.1	No change
Age-adjusted rate of pneumoconiosis hospitalization (pneumoconiosis as principal diagnosis) per 100,000 population	0.2	0.3 ¹	No change
Age-adjusted rate of pneumoconiosis hospitalization (pneumoconiosis as any listed diagnosis) per 100,000 population	4.5	5.2 ¹	Worse
Age-adjusted rate of death from pneumoconiosis (as underlying or contributing cause) per 100,000 population	0.4	0.6	Worse
Age-adjusted rate of death from occupational injury per 100,000 population	1.9	1.7	Improved
Incidence rate of nonfatal occupational illness and injury per 100 full-time workers	9.0	6.4 ²	Improved
Percent of Medicaid/BadgerCare recipients under age six who received a blood lead test in past year	26.7%	28.9%	Improved
Percent of tested Medicaid/BadgerCare recipients under age six who had a positive test	11.1%	5.3%	Improved
Percent of all children under age six tested for lead who had a positive test	7.5%	3.9%	Improved
Number of deaths due to unintentional carbon monoxide poisoning	18	10	Improved
Percent of adults exposed to tobacco smoke at home in the past 30 days	28%	N.A.	
African Americans	44%	N.A.	
Whites	27%	N.A.	
Percent of middle/high school students who report they live with a smoker	44%	41%	Improved
African Americans		54% ³	
American Indians		60% ³	
Asians		28% ³	
Hispanics		51% ³	
Whites		41% ³	

* “Baseline” is 2000 unless otherwise noted. “Most recent” is 2004 unless otherwise noted.

¹ 2002

² 2003

³ 2002, 2004 combined

N.A. – More recent data not yet available.

Summary Data Tables

Table 5. Existing, Emerging, and Re-emerging Communicable Diseases

Measure	Baseline*	Most Recent*	Change
Percent of children aged 19-35 months who are fully immunized	74.2%	82.9%	Improved
Percent of school-aged children who met immunization requirements	N.A.	98.0% ¹	
Percent of adults aged 65+ who received a flu shot in past 12 months	70% ²	74%	No change
Percent of adults aged 65+ who ever received a pneumonia shot	65% ²	70%	No change
Percent of adults with diabetes who received a flu shot in past 12 months	61% ²	66%	No change
Percent of adults with diabetes who ever received a pneumonia shot	55% ²	56%	No change
E. coli 0157:H7 incidence rate (new cases per 100,000 population)	6.8	2.5	Improved
Salmonellosis incidence rate (new cases per 100,000 population)	14.3	18.2	Worse
Shigellosis incidence rate (new cases per 100,000 population)	6.2	6.1	No change
Campylobacteriosis incidence rate (new cases per 100,000 population)	22.5	23.9	Worse
Hepatitis A incidence rate (new cases per 100,000 population)	2.0	2.3	No change

* “Baseline” is 2000 unless otherwise noted. “Most recent” is 2004 unless otherwise noted.

¹ 2004-2005 school year

² 2001

N.A. – Comparable data from earlier years not available.

Table 6. High-Risk Sexual Behavior

Measure	Baseline*	Most Recent*	Change
Percent of high school students who have ever had sexual intercourse	42% ¹	40% ²	No change
African Americans		67% ³	
American Indians		53% ³	
Asians		30% ³	
Hispanics		46% ³	
Whites		36% ³	
Percent of women pregnant in the past five years whose pregnancy was unintended	34.5%	N.A.	
Syphilis incidence rate (new cases per 100,000 population)	2.2	1.5	Improved
Chlamydia trachomatis incidence rate (new cases per 100,000 population)	304.2	350.2	Worse
Neisseria gonorrhoeae incidence rate (new cases per 100,000 population)	130.2	92.0	Improved
HIV incidence rate (new cases per 100,000 population)	7.3	7.0 ²	No change

* “Baseline” is 2000 unless otherwise noted. “Most recent” is 2004 unless otherwise noted.

¹ 1999

² 2005

³ 2001-2005 combined

N.A. – More recent data not yet available.

Table 7. Intentional and Unintentional Injuries and Violence

Measure	Baseline*	Most Recent*	Change
Number of reports of child abuse or neglect	38,010	40,473 ¹	Worse
Rate of child abuse/neglect reports per 1,000 children under age 18	27.8	28.9 ¹	Worse
Number of child abuse/neglect reports that were substantiated	10,144	7,994 ¹	Improved
Number of child abuse/neglect reports that were substantiated or found "likely"	12,609	10,105 ¹	Improved
Number of deaths due to substantiated child abuse or neglect	10	12	Worse
Rate of motor vehicle crash deaths and incapacitating injuries per 100,000 population	139.3	120.4 ¹	Improved
Rate of motor vehicle crash deaths and incapacitating injuries per hundred million miles traveled	13.1	11.1 ¹	Improved
Age-adjusted rate of motor vehicle deaths (deaths per 100,000 population)	14.9	13.3	Improved
African Americans	11.1	14.7	Worse
American Indians	37.6 ²	42.3 ³	
Hispanics	11.8 ³	15.3 ¹	
Whites	15.4	13.8	Improved
Age-adjusted rate of death from falls (deaths per 100,000 population)	10.9	12.5	Worse
Age-adjusted rate of hospitalizations from falls (per 100,000 population)	382.4	385.8 ³	No change

* "Baseline" is 2000 unless otherwise noted. "Most recent" is 2004 unless otherwise noted.

¹ 2003

² 2001

³ 2002

Mental Health and Mental Disorders

[Because of the lack of quantifiable data to measure this priority's objectives, no summary data table is presented.]

Summary Data Tables

Table 8. Overweight, Obesity, Lack of Physical Activity

Measure	Baseline*	Most Recent*	Change
Percent of high school students who reported they regularly engage in moderate physical activity	26% ¹	28% ²	Improved
Percent of high school students who reported they regularly engage in vigorous physical activity	60% ¹	67% ²	Improved
Percent of adults who reported engaging in any physical activities during the past month	78%	82%	Improved
African Americans		62% ³	
American Indians		75% ³	
Asians		78% ³	
Hispanics		75% ³	
Whites		82% ³	
Percent of children ages 2-4 in WIC** who are overweight (body mass index at or above 95 th percentile-for-age)	11.5%	13.3%	Worse
African Americans	8.8%	10.7%	
American Indians	20.3%	20.5%	
Asians	18.4%	15.8%	
Hispanics	15.9%	18.1%	
Whites	10.2%	11.9%	
Percent of high school students who are overweight (body mass index at or above 95 th percentile-for-age)	10% ¹	10% ²	No change
African Americans		13% ⁴	
American Indians		13% ⁴	
Asians		16% ⁴	
Hispanics		14% ⁴	
Whites		10% ⁴	
Percent of adults who are overweight (body mass index 25.0 – 29.9)	38%	37%	No change
Percent of adults who are obese (body mass index 30.0 or higher)	20%	23%	Worse
African Americans		36% ³	
American Indians		43% ³	
Asians		12% ³	
Hispanics		28% ³	
Whites		21% ³	

* “Baseline” is 2000 unless otherwise noted. “Most recent” is 2004 unless otherwise noted.

** WIC is the Women, Infants, and Children Supplemental Nutrition Program.

¹ 1999

² 2005

³ 2002-2004 combined

⁴ 2001-2005 combined

Table 9. Social and Economic Factors that Influence Health

Measure	Baseline*	Most Recent*	Change
Percent of households with income at or above 300% of the federal poverty level	48%	50%	No change
Percent of residents living in households with income at or above 300% of the federal poverty level	49%	49%	No change
African Americans		24% ¹	
American Indians		42% ¹	
Asians		48% ¹	
Hispanics		20% ¹	
Whites		52% ¹	
High school graduation rate	89.3%	91.8% ²	Improved
African Americans	51.4%	62.9% ²	Improved
American Indians	73.8%	78.5% ²	Improved
Asians	88.0%	91.4% ²	Improved
Hispanics	69.3%	76.2% ²	Improved
Whites	93.7%	95.2% ²	Improved

* “Baseline” is 2000 unless otherwise noted. “Most recent” is 2004 unless otherwise noted.

¹ 2003-2004 combined

² 2003

Summary Data Tables

Table 10. Tobacco Use and Exposure

Measure	Baseline*	Most Recent*	Change
Percent of middle school students who use any form of tobacco	16%	13%	Improved
African Americans		18% ¹	
American Indians		26% ¹	
Asians		15% ¹	
Hispanics		22% ¹	
Whites		11% ¹	
Percent of middle school students who currently smoke cigarettes	12%	8%	Improved
Percent of high school students who use any form of tobacco	39%	28%	Improved
African Americans		20% ²	
Asians		23% ²	
Hispanics		33% ²	
Whites		31% ²	
Percent of high school students who currently smoke cigarettes	33%	21%	Improved
Percent of adults who currently smoke cigarettes	24%	22%	Improved
Females	24%	19%	Improved
Males	24%	25%	No change
African Americans	27% ³	29% ⁴	No change
American Indians	46% ³	31% ⁴	Improved
Asians	13% ³	13% ⁴	No change
Hispanics	27% ³	24% ⁴	Improved
Whites	23% ³	22% ⁴	Improved
Percent of adults aged 18-24 who currently smoke cigarettes	40%	28%	Improved
Percent of adults exposed to tobacco smoke at home in the past 30 days	28%	N.A.	
African Americans	44%	N.A.	
Whites	27%	N.A.	
Percent of adults who reported that smoking was allowed in some or all areas of their workplace or their workplace had no official smoking policy	26%	16%	Improved
Percent of middle/high school students who report they live with a smoker	44%	41%	Improved
African Americans		54% ⁴	
American Indians		60% ⁴	
Asians		28% ⁴	
Hispanics		51% ⁴	
Whites		41% ⁴	

* “Baseline” is 2000 unless otherwise noted. “Most recent” is 2004 unless otherwise noted.

¹ 2001-2004 combined

² 2002, 2004 combined

³ 2000-2002 combined

⁴ 2002-2004 combined

N.A. – More recent data not yet available.

Introduction

This is the second annual status report for the state health plan, *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public*. This report focuses on Department of Health and Family Services activities through 2005 for each of the 11 health priorities and five system priorities. It also summarizes statewide data on progress made in achieving each health priority's objectives, based primarily on information available from the Department's online tracking system for the state health plan (<http://dhfs.wisconsin.gov/statehealthplan/track2010/>).

The report describes only those key activities in which the Department was involved, either in a leadership role or in collaboration with partners. It does not attempt to describe the many activities occurring around Wisconsin undertaken by its public health system partners in government, the public, private, nonprofit, and voluntary sectors. As stated in the 2004 Annual Status Report, "it is hoped that this status report will provide a model for the Department's public health system partners to report the progress of their agencies and organizations in implementing *Healthiest Wisconsin 2010*."

2005 System-wide Initiatives and Products Related to *Healthiest Wisconsin 2010*

Healthy Birth Outcomes: Eliminating Racial and Ethnic Disparities. A new initiative recently announced by the Department seeks to eliminate the unacceptable and longstanding disparities in infant mortality and other infant health outcomes by race and ethnicity. A five-year action plan has been developed by the Department and its partners to guide systemic actions to address the underlying causes of disparities and intensify the provision of services to pregnant women and their families.

Tracking the State Health Plan 2010—State-Level Data. This site was launched in January 2005. It provides access to state-level data on indicators that track progress toward meeting many of the 2010 objectives. Indicators were developed in the Department based on the availability of state-level data to measure a given objective. Also known as "Track 2010," the site may be searched by indicators or by health priorities.
<http://dhfs.wisconsin.gov/statehealthplan/track2010/>

Tracking Health Conditions (Local Data). Released in November 2005, this site is the beginning of a local-data counterpart to *Track 2010*. It provides access to population-based data for the priority health conditions on the county, regional, and state levels. Many of the conditions are measured by mortality data; however, some links redirect the user to external sites that provide other kinds of data. Future site updates will incorporate additional measures from a variety of data sources. <http://dhfs.wisconsin.gov/statehealthplan/conditions/>

Evidence-Based Practices for Healthiest Wisconsin 2010. This Web site launched in October 2005 is a work in progress. The site was developed by the Department and the University of Wisconsin Population Health Institute, with financial support from the Wisconsin Turning Point

Introduction

Initiative's Robert Wood Johnson Foundation resources, to encourage use of evidence-based practices in implementing *Healthiest Wisconsin 2010*.

Evidence-based practices are practices whose effectiveness has been confirmed by systematic research or expert consensus. Interventions described on the site have been categorized as having (1) sufficient evidence for effectiveness, (2) insufficient evidence to determine effectiveness, (3) mixed evidence, or (4) sufficient evidence for ineffectiveness.

<http://dhfs.wisconsin.gov/statehealthplan/practices/>

Implementation Plan Summary. The Department released the Implementation Plan Summary in July 2005 as an electronic document.

<http://dhfs.wisconsin.gov/statehealthplan/Implementation/pdf-files/summary.pdf>

CD-ROM of Key State Health Plan Products. In May 2005 the Department released a *Healthiest Wisconsin 2010* CD-ROM to more efficiently disseminate the state health plan and its companion documents and resources. To obtain a copy, e-mail bhip@dhfs.state.wi.us.

State Health Plan Committee of the Wisconsin Public Health Council. This policy body is charged with monitoring, evaluating and communicating progress toward the state health plan and to champion its achievements. The Committee met five times in 2005, developed a work plan, and designed efforts to diversify membership.

Goal Evaluation: Transforming Wisconsin's Public Health System. In spring 2005, the Department partnered with the University of Wisconsin Population Health Institute to assess midcourse progress toward achieving the state health plan's third overarching goal: "transform Wisconsin's public health system." An external evaluation workgroup was formed, a survey was designed and tested, and the final survey was disseminated widely throughout the public health system in Wisconsin. The Population Health Institute has compiled findings and prepared a technical report. The State Health Plan Committee and the external review group will jointly review the findings and propose recommendations to the Department, the Public Health Council, and Wisconsin's public health system in 2006.

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.

Access to Primary and Preventive Health Services

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.

Access to Primary and Preventive Health Services

- 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.

Adequate and Appropriate Nutrition

The Adequate and Appropriate Nutrition priority has three sets of objectives: improving the public health nutrition infrastructure; increasing breastfeeding and healthy eating; and increasing levels of food security.

Progress in Meeting Objectives—Specific Findings

Breastfeeding. From 2000 to 2004, the proportion of Wisconsin mothers who breastfed in the birth hospital stayed the same (about 68%); but the proportion who were breastfeeding when the baby was six months of age increased from 28% to 36%. Data from Wisconsin WIC (Women, Infants, and Children Supplemental Nutrition Program) also show improvements in the proportion of infants who are breastfed. From 2000 to 2004, the proportion of WIC infants who were ever breastfed increased from 51% to 59%; the proportion breastfed at least six months increased from 22% to 25%; and the proportion breastfed at least 12 months increased from 14.6% to 16.1%. From 2000 to 2004, the proportion of Wisconsin mothers who breastfed in the birth hospital stayed about the same (67.7% vs. 68.3%); but the proportion who were breastfeeding when the baby was six months of age increased from 27.7% to 36.1%.

No breastfeeding data by race/ethnicity exists for the total Wisconsin population of mothers and infants; however, among infants in WIC, Hispanic infants had the highest percentage ever breastfed (77.5% in 2004), followed by non-Hispanic whites (60.7%), American Indians (59.6%), Asians (46.5%) and African Americans (43.6%). All of these percentages represented improvements since 2000 in the percent of infants ever breastfed.

Healthy eating. This objective seeks to “increase the proportion of Wisconsin’s population that makes healthy food choices to 40 percent.” The proportion of adults who ate five or more servings of fruits and vegetables per day was nearly stable, at 22% in 2000 and 23% in 2004. The proportion of high school students who ate five or more servings of fruits and vegetables per day was 28% in both 1999 and 2005. The proportion of high school students who ate three or more servings of dairy products per day was 46% in both 1999 and 2005.

Fruit and vegetable consumption was not markedly different by race/ethnicity. In 2002-2004 (combined years of data), 23% of all Wisconsin adults ate five or more servings a day. The proportion was 17% among Hispanics, 24% among African Americans, 21% among American Indians, 29% among Asians, and 22% among non-Hispanic whites. Among all high school students, 27% in the combined years 2001-2005 ate five or more servings a day, compared with 22% among African American students, 29% among American Indian students, 26% among Asian students, 27% among Hispanic students, and 28% among white students. Dairy consumption among high school students differed by race/ethnicity: In 2001-2005, 46% of high school students overall ate three or more dairy servings per day, compared to 23% of African American students, 40% of American Indian students, 23% of Asian students, 30% of Hispanic students, and 49% of white students.

Food security. This objective seeks to “increase the number and proportion of Wisconsin households that have access to adequate, safe, and appropriate foods at all times.” In the three-

Adequate and Appropriate Nutrition

year period 1999-2001, an estimated 8.4% of Wisconsin households (179,000 households) were “food insecure” in the past 12 months, meaning they experienced limited or uncertain availability of nutritious and safe foods, or were unable to acquire foods in socially acceptable ways. In the period 2002-2004, this proportion was 9.0% (197,000 households).

About 3% of households in both time periods were “food insecure with hunger,” meaning they experienced involuntary hunger that resulted from not being able to afford enough food. The estimated percentage was 2.9% in 1999-2001 (62,000 households), and 2.8% in 2002-2004 (61,000 households).

The only available estimate of food insecurity by race in Wisconsin is for the 1996-2000 time period, when an estimated 29.7% of African American households in Wisconsin were food insecure compared to 6.7% of white households and 8.4% of all state households.

Progress was not measured for the infrastructure component of this priority’s objectives.

Selected Accomplishments and DHFS Activities

- Increased participation in FoodShare (the former Food Stamps program) through outreach and other activities. In October 2005, FoodShare enabled more than 150,000 families encompassing nearly 360,000 individuals to purchase nutritious foods, freeing up household income to pay for other living expenses.
- Created a statewide workgroup of nutritionists from institutions of higher education, the first time that intern programs and dietetic programs had ever come together to create experiences for nutrition students in the field of public health. This program, “Do Public Health Nutrition,” is aimed at improving the public health nutrition workforce.
- Submitted a grant to the University of Wisconsin Partnership Fund to implement the Dietetic Opportunities in Public Health Nutrition Program.
- Received additional USDA/CDC funding to expand and improve the statewide nutrition surveillance program to improve data collection for local projects and WIC and to hire a nutrition epidemiologist.
- Created a garden toolkit called “Got Dirt?,” a step-by-step guide that encourages school, childcare, and community gardens. Held seven statewide trainings on how to start and maintain gardens to increase the availability of fresh fruits and vegetables.
- Reconvened the Wisconsin Food Security Consortium to address food insecurity and hunger in Wisconsin.
- Received funding to develop a plan for Public Health Nutrition Preparedness that will develop policies and plans to assure access to and safety of the food supply in times of natural or manmade disasters or emergencies.
- Received (along with the Department of Public Instruction) the “Fresh Fruit and Vegetable Snack Program” from the U.S. Department of Agriculture to increase fruit and vegetable consumption by providing daily fresh fruit or vegetable snacks to every student in 25 selected Wisconsin schools.
- Revitalized the Wisconsin 5-a-Day Coalition to promote fruit and vegetable consumption in Wisconsin. Implemented a statewide system to distribute “5-a-Day” materials to teachers, local health departments, health care providers and local coalitions.

- Implemented a Breastfeeding Peer Counseling Program in selected local WIC projects to increase the number of mothers who breastfeed and the number of months their infants are breastfed.
- Assumed management responsibility and oversight of the \$13 million food stamp nutrition education program to improve coordination of food and physical activity programs for eligible people.
- Improved the competence and diversity of the public health nutrition workforce by providing current dietetic students and interns with culturally diverse experiences.
- Provided training to bilingual WIC clerks so they can provide culturally appropriate nutrition education and breastfeeding peer support to participants of their own language.
- Implemented new federal data requirements to standardize the collection of race and ethnicity data.
- Implemented efforts to diversify the ethnic, racial, and socioeconomic composition of advisory committees.

New and Emerging Issues

- In January 2005, the US Dietary Guidelines replaced the general Food Guide Pyramid with “MyPyramid: Steps to a Healthier You.” This new approach includes physical activity recommendations and 12 dietary recommendations that can be tailored specifically to an individual. The national guidelines now emphasize the importance of eating a balanced diet consistent with caloric needs and becoming physically active on a daily basis. All USDA food packages will need to be reconstructed so food programs (WIC, School Lunch, Senior Meals) meet the new guidelines.
- Food security has now taken on a broader meaning to include the old (hunger prevention) and the new (food safety as related to natural or manmade disasters, including terrorism).

Alcohol and Other Substance Use and Addiction

The Alcohol and Other Substance Use and Addiction priority has five sets of objectives: stigma reduction through increased knowledge and understanding; evidence-based prevention practices for youth; improving screening; closing the treatment gap; and meeting the needs of other family members when an individual has a substance use disorder.

Progress in Meeting Objectives—Specific Findings

Evidence-based prevention practices for youth. This objective seeks to “reduce alcohol and other drug abuse among 12-17-year-old youth using evidence-based practices.” Available data measure the percentages of high school students who report various kinds of behavior related to alcohol and other substances.

The percentage of high school students who reported binge drinking in the past 30 days was 34% in 1999 and 2001, but 28% in 2003 and 31% in 2005 (**2010 target:** 26.7%). Combined data for 2001-2005 found considerable difference by race/ethnicity in this measure: binge drinking in the past 30 days was reported by 31% of high school students overall, but 45% of American Indian students, 33% of white students, 30% of Hispanic students, 25% of Asian students, and 16% of African American students.

The percentage of high school students who reported using marijuana in the past 30 days declined from 22% in 1999 to 16% in 2005 (**2010 target:** 20.7%). Combined data for 2001-2005 show differences by race/ethnicity, with marijuana use in the past 30 days reported by 21% of students overall, and 35% of American Indian students, 31% of African American students, 25% of Hispanic students, 20% of white students, and 15% of Asian students.

The percentage of high school students who reported smoking cigarettes in the past 30 days declined from 38% in 1999 to 23% in 2005 (**2010 target:** 22.4%). Combined data for 2001-2005 show substantial differences by race/ethnicity, with smoking in the past 30 days reported by 26% of students overall, 44% of American Indian students, 28% of Hispanic students, 27% of white students, 25% of Asian students, and 15% of African American students. It appears that the rate of smoking has declined in each of these groups since the 1999-2003 period (based on small sample sizes for some of these groups).

In 1999, 30% of high school students reported their first use of alcohol was before age 13; in 2005, this percentage had declined to 24% (**2010 target:** 24.1%). Based on combined data for 2001-2005, first use of alcohol before age 13 was reported by 26% of students overall, and 47% of American Indian students, 29% of Asian students, 28% of Hispanic students, 27% of African American students, and 25% of white students.

In 1999, 11% of high school students reported their first use of marijuana was before age 13; in 2005, this percentage had declined to 7% (**2010 target:** 8.5%). Based on combined data for 2001-2005, first use of marijuana before age 13 was reported by 8% of students overall, and 24% of American Indian students, 20% of African American students, 11% of Hispanic students, 10% of Asian students, and 6% of white students.

Progress was not measured for the other four objectives:

- Stigma reduction through increased knowledge and understanding.
- Improving screening.
- Closing the treatment gap.
- Meeting the service needs of other family members when an individual has a substance use disorder.

Selected Accomplishments and DHFS Activities

- Received a federal Access to Recovery Grant of \$7.5 million per year for three years targeted to Milwaukee County. Key aspects of this voucher-based system of substance abuse treatment include: recovery support services, faith-based organization involvement, wrap-around services, and client freedom-of-choice for treatment.
- Implemented the screening tool Problem Oriented Screening Instrument for Teenagers (POSIT) in 28 Wisconsin counties. POSIT is a self-administered, computer-based, early intervention screening tool to identify youth in the juvenile justice system who have co-occurring mental health and substance abuse problems.
- Worked with the Supplemental Security Income (SSI) Managed Care Project in Dane County to incorporate screening for substance use and mental health needs as a quality indicator for primary health care.
- Expanded the Alliance for Recovery Advocates, a consumer-based organization that advocates for reducing stigma. Membership increased from 50 people in 2002 to 450 in 2005. Consumer advocates are vital in addressing issues of stigma and promoting issues of substance abuse parity.
- Evaluated outcomes of state-funded prevention and treatment programs, focusing on their ability to reach populations with the greatest needs and achieve positive outcomes.
- Implemented the State Incentive Grant that focuses on evidence-based prevention practices to reduce alcohol and other drug abuse among 12-17-year-old youth. Provided State Incentive Grant funds to 15 counties and two American Indian tribes to implement evidence-based substance abuse prevention services for 12-17-year-old youth.
- Developed a cross-agency plan that targets underage drinking with other state agencies, including the Wisconsin Departments of Public Instruction and Transportation and the Office of Justice Assistance.
- Provided resources to support and develop coordinated service teams for children and their families that use a “wrap-around” approach to supporting families who have both mental health and substance abuse problems.
- Received a three-year federal grant to implement the Fetal Alcohol Spectrum Disorders Prevention Initiative, aimed at reducing the number of women using alcohol and/or drugs during pregnancy.
- Increased the number of faith-based organizations and recovery support services available to alcohol and substance abuse voucher clients in Milwaukee County through the Access to Recovery Program.
- Establishing Alliance for Wisconsin Youth Coalitions in all 72 Wisconsin counties to identify and address local substance abuse prevention needs among youth.

- Negotiated a statewide contract for use of an evidence-based tool known as the Global Appraisal for Individual Needs (GAIN), to be used by juvenile justice, primary care, and child welfare agencies to screen for mental health and substance abuse behaviors in youth. Early intervention is essential to reducing further consequences (e.g., poor school performance, drinking and driving, and premature death) and reducing the likelihood that youth will need high-cost care in the alcohol and mental health treatment systems.
- Convened two summits on screening for mental health and substance abuse problems. One summit was in partnership with the Wisconsin Medical Society to educate system partners on the use of screening, brief intervention, referral, and treatment. The second summit focused on educating primary health care providers in order to increase mental health screening in the primary health care setting (55 health plan/clinics attended).
- Increased the visibility of the Substance Abuse Recovery Rally, an annual event aimed at reducing stigma and promoting substance abuse treatment and its effectiveness. Attendance increased from 200 in 2002 to 500 in 2005.
- Increased the supplemental funding for the Intoxicated Driver Program by \$450,000 per year to \$1,450,000, providing needed treatment dollars for counties that do not collect enough revenue from drunk-driving convictions. This program increases the availability of services for indigent clients to receive alcohol or other drug treatment in outpatient, day-treatment, and residential settings.
- Received a federal grant (\$400,000 each year for three years) targeted to adolescent substance abuse treatment coordination. Key aspects of this grant include: building capacity, increasing the number of providers who use evidence-based practices, and building networks of support for families with children.
- Completed a series of trainings in western Wisconsin targeted to substance abuse professionals in the use of the “Matrix Model,” an evidence-based treatment model specifically for methamphetamine users.
- Sponsored a joint conference of mental health and substance abuse professionals (“Breaking New Ground”). Over 300 professionals learned about evidence-based practices for mental health and substance abuse services, motivational interviewing, integrated treatment, and the “Matrix Model.”
- Certified 11 counties for Comprehensive Community Services, which permits Medicaid reimbursement for integrated mental health and substance abuse rehabilitation.
- Tested, in four counties, fidelity to the evidence-based model known as “Integrated Dual Diagnosis Treatment Model” targeted to a high-risk group with both serious mental illness and substance abuse disorders.
- Developed a long-range Comprehensive Substance Abuse Prevention Plan and implementation plan.
- Exceeded target projections for improving family functioning among women and their families served through the Urban/Rural Women’s Alcohol and Other Drug Abuse Treatment Program. The **2010 target** was that 60% of families served would achieve improved family functioning. In 2004, 65% achieved this goal.
- Eliminated the “Three Strikes and You’re Out” treatment restriction in Milwaukee County. This brings Milwaukee County into alignment with the disease concept of alcohol and other drug treatment. Substance abuse is a chronic disease; thus, multiple episodes of treatment may be needed to fully recover. Stigma continues to prevent people from recognizing that alcoholism and drug dependence are chronic diseases.

- Providing “Reach In” services to selected Milwaukee County female offenders six months prior to release from prison to the community. This program emphasizes children’s services that include prison visitation, mental health and substance abuse services, and support groups.
- Continuing the Native American Treatment Program that provides access to AODA services for three tribes.
- Funded the Minority Training Institute in the Wisconsin Association on Alcohol and Other Drug Abuse providing community-based clinical training and mentoring for ethnically and racially diverse people who aspire to become certified AODA counselors.
- Conducted analyses of substance abuse treatment disparities to target areas of the state needing technical assistance to increase access or improve treatment outcomes.

New and Emerging Issues

- New credentialing body for substance abuse professionals in the Wisconsin Department of Regulation and Licensing will streamline government and place substance abuse professional certification on a par with other licensed professionals.
- Annual admissions to public substance abuse treatment programs for methamphetamine addiction in western Wisconsin doubled in 2005. Methamphetamine addiction requires intensive treatment coupled with focused interventions (Matrix Model) over a longer period of time compared to alcohol and other drug treatment.
- Parity for mental health and substance use disorders treatment continues to be debated in the Wisconsin Legislature. Payment for treatment of mental health and AODA services are “capped,” and parity would eliminate these caps. With parity, mental health and AODA services would be reimbursed on the same structure as medical care.
- County governments that are responsible for funding services related to Chapter 51 are struggling to fund the needs of people with substance use disorders, mental health needs, and co-occurring disorders.
- The POSIT and GAIN screening tools are increasingly being used to increase appropriate adolescent admissions to mental health and substance abuse treatment. These same tools need to be reviewed to determine their effectiveness in other settings (e.g., school, primary care, child welfare).
- There is an increasing federal emphasis on measuring “fidelity;” that is, applying intervention protocols consistent with the research model to produce positive outcomes. Monitoring fidelity to a model is costly and can take dollars away from providing programs and services in the community.
- Comprehensive assessment of all AODA prevention and treatment programs funded through the federal Substance Abuse Prevention and Treatment Block Grant commence in 2006. Purposes are to (1) determine current, emerging, and unmet needs, and (2) allocate funds to areas of greatest need.
- The State Council on Alcohol and Other Drug Abuse will reestablish a prevention subcommittee that will take an active role in advising state substance abuse service authorities on issues that include: (1) implementing evidence-based services, (2) preventing underage drinking, and (3) building statewide prevention capacity.

Environmental and Occupational Health Hazards

The Environmental and Occupational Health Hazards priority has five sets of objectives: decreasing illness from microbial or chemical contamination of food and drinking water; reducing illness and death from respiratory diseases; reducing occupational injury, illness and death; reducing illness and death related to chemical and biological contaminants in the home; and improving environmental health indicators for air, land, and water in Wisconsin.

Progress in Meeting Objectives—Specific Findings

Microbial or chemical contamination. This objective seeks to reduce illness from contaminated food and drinking water. The incidence of E. coli 0157:H7 infection in Wisconsin decreased nearly every year from 2000 to 2004, from a high of 6.8 cases per 100,000 population in 2000 to 2.5 per 100,000 in 2004 (**2010 target:** 3 per 100,000). In contrast, the incidence of salmonellosis increased during this period, from 14.3 per 100,000 population in 2000 to 18.2 per 100,000 in 2004 (**2010 target:** 8 per 100,000).

The incidence of shigellosis decreased each year from 2000 through 2003, from 6.2 to 2.4 per 100,000 population, but increased in 2004 to 6.1 (**2010 target:** 4 per 100,000). There has been no significant change in the incidence of campylobacteriosis, which occurred at a rate of 22.5 per 100,000 population in 2000 and 23.9 per 100,000 population in 2004 (**2010 target:** 11 per 100,000). The reported incidence of hepatitis A fluctuated during this period, reaching a high of 3.6 per 100,000 in 2002 and a low of 0.8 per 100,000 in 2003; it was 2.3 per 100,000 in 2004 (**2010 target:** 1 per 100,000).

Respiratory diseases. The age-adjusted rate of asthma hospitalizations where asthma was the principal diagnosis declined from 2000 (10.9 per 10,000 population) to 2002 (9.8 per 10,000). On the other hand, the rate of asthma hospitalizations where asthma was any of the listed diagnoses increased, from 52.6 per 10,000 in 2000 to 60.4 per 10,000 in 2002.

Mesothelioma is a rare form of lung cancer that is almost always the result of occupational exposure to asbestos. The age-adjusted rate of mesothelioma incidence was 1.5 new cases per 100,000 population in 2002, the same rate as in 2001 and 2000. The age-adjusted death rate for mesothelioma was 1.0 per 100,000 in 2000 and 1.1 per 100,000 in 2004. (The **2010 target** is to reduce mesothelioma incidence and death rates by 30% below the 2000 baseline.)

Pneumoconiosis is a lung disease caused by chronic exposure to coal dust or other particles. The age-adjusted rate of hospitalization for pneumoconiosis where it was the principal diagnosis was 0.3 hospitalizations per 100,000 population in 2002, nearly identical to the 2000 rate (0.2). The age-adjusted death rate for pneumoconiosis (where it was either the underlying cause or a contributing cause of death) was 0.6 deaths per 100,000 population in 2004, slightly higher than the 2000 rate (0.4). (The **2010 target** is to reduce pneumoconiosis incidence and death rates by 30% below the 2000 baseline.)

Occupational injury, illness, and death. The age-adjusted rate of deaths from occupational injury was 1.7 deaths per 100,000 population in 2004, slightly lower than the rate in 2000 (1.9).

As reported by the Wisconsin Department of Workforce Development, the incidence rate of nonfatal occupational illness and injury was 6.4 per 100 full-time workers in 2003, a decrease from the 2000 rate (9.0). (The **2010 target** is to reduce occupational illness, injuries and death by 30% below the 2000 baseline.)

Chemical and biological contaminants in the home. This objective seeks to assure that all children in Medicaid receive age-appropriate blood lead tests, and to eliminate new cases of lead poisoning among all Wisconsin children age six and younger. In 2004, 28.9% of Medicaid/BadgerCare recipients under age six received a blood lead test during the year; this was higher than the percentage in 2000 (26.7%). The percentage receiving a blood lead test during the year was highest among one-year-olds (55.9% in 2004, up from 45.3% in 2000). The proportion of tested Medicaid/BadgerCare children who had a positive test (10 mcg/dl or higher) decreased every year from 2000 (11.1% positive) to 2004 (5.3% positive).

Among all Wisconsin children under age six who received a blood lead test, 3.9% tested positive in 2004; this continued a series of annual decreases since 2000, when 7.5% tested positive. This annual decline in the percent of positive tests was found in every racial/ethnic group. The percentage of African American children under age six who tested positive declined by nearly half, from 21.5% in 2000 to 11.7% in 2004.

This objective also seeks to eliminate all unintentional carbon monoxide poisoning fatalities in Wisconsin. There were 10 such deaths in 2004, 12 in 2003, 14 in 2002, 10 in 2001, and 18 in 2000.

Finally, this objective seeks to eliminate all unwanted environmental tobacco smoke exposure in homes. In 2000, 28% of Wisconsin adults were exposed to tobacco smoke at home in the past 30 days; more recent data is not yet available. African American adults were more likely to be exposed to smoke at home (44%) than were white adults (27%).

Based on the Wisconsin Youth Tobacco Survey, 41% of Wisconsin middle school and high school students were living with a smoker in 2004, down slightly from 44% in 2000. Based on combined data for 2002 and 2004, American Indian students were most likely to be living with a smoker (60%), followed by African American students (54%), Hispanic students (51%), white students (41%), and Asian students (28%); the overall percentage for middle and high school students in 2002/2004 was 43%.

Progress was not measured for several components of this priority's objectives; new indicators have now been developed.

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

Objective: Reduce illness from contamination of food and drinking water.

- Proposed a plan to improve the health of children through a partnership with the Wisconsin Department of Public Instruction and the U.S. Department of Agriculture to inspect school lunch rooms and promote food safety.

Environmental and Occupational Health Hazards

- Completed a statewide assessment of mercury exposure from fish consumption. Fish consumption information and advisory awareness was assessed among more than 4,000 participants in the 2004 Behavioral Risk Factor Survey. Additionally, hair samples and fish consumption questionnaires were provided by 2,028 study volunteers. Each volunteer received a letter that explained their test result as well as a brochure that explained how to select fish that are low in mercury. Study recruitment involved a series of press releases as well as TV and radio interviews which were intended to increase public awareness of this issue.
- Targeted education and outreach efforts related to fish consumption to several minority groups, including the Hmong and Hispanic women who use the WIC program.
- Provided training to several thousand volunteer food service workers at seasonal events as a primary strategy to prevent food poisoning.
- Provided training and information to hundreds of swimming pool operators as part of their obtaining Certified Pool Operator credentials.
- Worked with the Wisconsin State Laboratory of Hygiene to develop statewide capability to collect and ship water samples for analysis from any municipal water supply.
- Revised the Wisconsin administrative rule on food safety and provided standardization training in food safety inspections and maintenance to 50% of the public health food inspection workforce throughout Wisconsin. DHFS partners with the Department of Agriculture, Trade, and Consumer Protection and the U.S. Food and Drug Administration to promote consistent and uniform inspections based on the latest science and technology.
- Revised the administrative rule pertaining to the safety and operation of public swimming pools. When passed, this will be one of the most modern and comprehensive performance-based pool codes in the country. The revised rule includes the rapidly growing water attraction industry, thus helping Wisconsin maintain its reputation as the Water Park Capital of the World.
- Collaborated with state and local governments to create a more efficient and effective system of notification to all parties in the event a business or community experiences unsafe drinking water.
- Investigated 40 reported cases of contaminated drinking water wells due to adjacent hazardous waste sites or a chemical spill or incident.
- Developed an “Agent Handbook” to assist local public health departments in assuming agent status for the restaurant, lodging and recreational facility regulation and licensing program.
- Worked with the DNR to establish a model for regulation of new systems designed to remove radioactivity from municipal public water systems.

Objective: Reduce illness and death from respiratory diseases related to environmental and occupational exposures.

- Established an automated connection to the Wisconsin Children’s Hospital Poison Center comprehensive database, particularly for surveillance of carbon monoxide poisonings and pesticide poisonings.
- Received funding from CDC to investigate racial disparities and rural/urban concerns related to the air contaminants of ozone and fine particulate matter and the impact of such contaminants on asthma and cardiovascular disease.

- Provided funding (\$18,000) to the Menominee Tribe to initiate an asthma clinic at the Tribal Clinic. Four clinic staff were sent to an intensive asthma education workshop.
- Provided sustained funding, infrastructure, and leadership for the Wisconsin Asthma Coalition resulting in the creation of eight local asthma coalitions. Funded local community asthma coalitions: La Crosse Partnership, Marathon County, and Chippewa Falls. Also funded Fight Asthma Milwaukee Allies asthma coalition, which reached nearly 900 community members via outreach and education programs.
- Published an article on Wisconsin teens, asthma, and tobacco use for the *Wisconsin Medical Journal* (Vol. 104, No. 7.)
- Worked with the Wisconsin Environmental Public Health Tracking Program to better understand the relationship between ambient air quality indicators (ozone and particulate matter) and asthma hospitalizations.
- Collaborated with the Department of Natural Resources to improve public health messages associated with air quality alerts (ozone and particulate matter).
- Completed a study, "Indoor Air Quality Management in Wisconsin Public Schools: A Survey of Wisconsin Public School Districts 2005."
- Created a Web site to disseminate statewide asthma data and information.
- Through a partnership with the American Lung Association, 112 child-care providers and 40 teachers and school staff were trained to better care for children with asthma. The people who received this training care for approximately 350 children with asthma.
- Working with the University of Wisconsin Survey Center to begin a study of diagnosed cases of mesothelioma and exposure to asbestos found in vermiculite insulation.
- Provided emergency response and ongoing technical assistance to local health departments during the Watertown toluene diisocyanate environmental spill and tire fire.

Objective: Reduce occupational injury, illness, and death.

- Received a grant from the National Institutes of Occupational Safety and Health to enhance health surveillance of occupational morbidity and mortality in the workplace. The surveillance data will be used to design and implement injury reduction interventions by industry.
- Completed and prioritized eight reports on work-related deaths by the Fatality Assessment and Control Evaluation Program related to disparities in death rates.
- Identified a suite of occupational health indicators to track progress in achieving the objectives in the state health plan.
- Continued to oversee the training and certification of lead and asbestos workers, including over 400 lead-safe workers, over 800 certified asbestos abatement workers and 465 certified lead abatement firms.

Objective: Reduce illness and death from chemical and biological contaminants in the home.

- Approximately 15,000 housing units were made lead safe in Wisconsin in 2005. Worked to develop childhood lead poisoning elimination plans with the City of Racine and the City of Milwaukee, which represent high-risk communities for the prevention of lead poisoning in young children.

Environmental and Occupational Health Hazards

- Provided technical assistance and support to local communities to secure grants from the U.S. Department of Housing and Urban Development and from the two Wisconsin medical school foundations to secure local planning and implementation resources to prevent lead poisoning.
- Developed lead poisoning “scorecard” profiles for physicians who receive Medicaid reimbursement.
- Submitted analysis and recommendations to the Secretary, Legislature, and Governor Doyle concerning the effectiveness of current laws to reduce lead poisoning.
- Held Wisconsin’s Annual Environmental Health/“Look Out for Lead” Conference, with an attendance of 300 local health staff and community partners.
- Developing a system to make blood lead test results available through the Wisconsin Immunization Registry.
- Collaborating with the Women, Infants and Children program (WIC) to target resources to increase lead testing and referral for uninsured children.
- Collaborating with the Wisconsin Apartment Association to introduce a “Window Bill” that would provide low-interest loans to replace windows – a source of lead poisoning for young children.
- Worked on the administrative rule revision to assure that no licensed day-care in Wisconsin has chipping lead paint in its environment. Provided regional training to all state and local day-care inspectors to identify and remediate potential lead paint hazards.
- Expanded the training of the home visitor component of the Kids First Initiative to increase awareness and referral of potential lead paint hazards in the home environment.
- Received an Indoor Radon Grant from the U.S. Environmental Protection Agency to maintain and expand public information and advisory assistance on radon, the second leading cause of lung cancer in Wisconsin. Public information and assistance helped make at least 3,000 homes radon-safe.
- Summarized carbon monoxide poisoning morbidity and mortality data from 1989-2002 to track patterns over time. Evaluated multiple data sources for inclusion in a module for routine tracking of accidental carbon monoxide poisonings.
- Completed 20 indoor air quality assessments in homes, schools, and municipal buildings.
- Built a strong partnership with the Wisconsin Department of Justice to address the extreme health and safety risks associated with makeshift methamphetamine laboratories in the home and to promote awareness and policy changes to protect children from home methamphetamine labs.
- Working with the Wisconsin Industrial Hygiene Association, developed and released the document, “Frequently Asked Questions on Mold.” Conducted mold inspections and provided remedial recommendations for over 20 properties.
- Working with the Oneida Nation to determine if ceremonial/museum items increase exposure to mercury and arsenical pesticides.
- Assisted with the inspection and development of remedial plans for five homes/offices where there were accidental mercury spills.

Objective: Improve environmental health indicators for air, land, and water.

- Completed a biomonitoring project to link sport fish consumption with methylmercury body burdens.

- Partnered with the Wisconsin Department of Natural Resources to implement a new air toxics modeling method for identifying areas of the state with the potential for cumulative exposure risks that could affect health.
- Revised the administrative rule on Radiation Protection to incorporate new federal requirements for radioactive materials and X-ray device safety.
- Conducted radiological emergency response training for state and local agency staff at the Argonne National Laboratory (Illinois) in cooperation with the U.S. Department of Energy and the Federal Bureau of Investigation.
- Successfully competed for funds from the following: Agency for Toxic Substances and Disease Registry Health Assessment Grant, the Vermiculite/Mesothelioma Grant, the Hazardous Substances Emergency Event Surveillance Grant, the EPA Endocrine Disruptor (Great Lakes Fish) Grant, and the EPA Ethnic Fishers Grant.
- Transferred management of the Wisconsin Registered Sanitarian Program to the Wisconsin Department of Regulation and Licensing (DRL). DRL will now implement this program to include continuing education, online registration and renewals, and maintenance of professional standards.
- Inspected 100% of the 253 mammography facilities that offer X-ray examination of the breast in Wisconsin.
- Received an official independent assessment by the U.S. Nuclear Regulatory Commission declaring that Wisconsin's radioactive material licensing and section program is adequate and compatible to protect public health and safety.
- Partnered with industry and medical experts to draft an effective "body art" administrative rule to ensure the safety of any person obtaining a piercing or tattoo.
- Deployed the Pediatric Cancer Rapid Reporting System, in collaboration with the University of Wisconsin-Division of Information Technology, to pilot the feasibility of a timely, automated, Web-based reporting system.
- Implemented cost-savings approaches with the Wisconsin State Laboratory of Hygiene to share and maintain environmental testing and monitoring equipment.
- Advocated for the creation of Environmental Health Consortia in local communities to assure environmental health protection for counties and municipalities that lack the resources to do this on their own.
- Provided environmental and occupational health expertise to the Wisconsin Public Health Association in the development of a draft bill to revise the Environmental Health statute (Chapter 254, Wis. Stats.).
- Piloted a limited agent program to promote environmental health capacity in four county health departments (Adams, Columbia, Juneau, and Sauk).
- Conducted over 25 health assessments and consultations on the public health risks presented by chemicals from hazardous waste sites and spills.
- Completed a cumulative report on chemical spills in Wisconsin for 1999-2004, showing their impact on human health and the environment.
- Linked data for childhood cancer cases to a number of environmental hazards including agricultural pesticides, air toxics, and contaminated sources of drinking water.
- Developed an algorithm (a logical sequence of steps) to rank areas of the state that exhibit potential for human exposure to agricultural pesticides.

Environmental and Occupational Health Hazards

- Worked with 10 schools and colleges of nursing to provide lectures on environmental health, which included chemical exposure scenarios specific to each community.
- Developed chemical emergency protocols and operating procedures for state-level Chemical Exposure Assessment Teams.
- Released a report and began to conduct education and outreach activities concerning ammonia spills in Wisconsin.
- Created a Web site to disseminate statewide asthma data to assist in identifying and tracking progress in reducing the health disparities related to this disease.

New and Emerging Issues

- As homes are being constructed more tightly to save on heating and cooling costs, concern is growing about the impact of ambient air pollutants such as ozone and particulates on the indoor environment. DHFS has applied for funding from the U.S. Environmental Protection Agency to study their impact on human health in greater detail.
- Working with the Department of Natural Resources to develop guidelines for the installation and use of outdoor wood-fired boilers, whose use is increasing in response to rising costs of home heating fuels. This effort involves developing several models depicting plume/smoke dispersion and creating education and outreach materials for municipalities to use in developing ordinances. Staff is preparing a grant to the U.S. Environmental Protection Agency to enable further characterization of these devices.
- Lead arsenate was used extensively as an apple orchard pesticide from the early 1900's to the 1950's. There is widespread contamination of the soil where orchards once existed, and some of these properties are now being developed with homes. DHFS is working with the Department of Agriculture, Trade and Consumer Protection and the Department of Natural Resources to evaluate the potential impact and exposure risk presented by contaminated soil. Testing is being done and recommendations being provided to developers and landowners.
- Continue to link public health population-based data and information to the provision of clinical care. Population-based data provides value-added information to the clinical practice environment. For example, the Lead Program is working to create clinician scorecards on lead screening. Aggregated data on lead screening adds value to clinical practice. Scorecards provide insight into the degree to which a clinician is actually screening Medicaid children for lead poisoning. Such data foster quality improvements in clinical practice and clinical decision-making to prevent negative health outcomes. The data may also provide a competitive edge that can stimulate an increase in screening in the clinical setting for children at risk.

Existing, Emerging, and Re-emerging Communicable Diseases

The Existing, Emerging, and Re-emerging Communicable Diseases priority has four sets of objectives: statewide communicable disease surveillance and response; vaccine preventable diseases and immunization; foodborne and waterborne disease control; and antibiotic and antimicrobial resistance.

Progress in Meeting Objectives—Specific Findings

Vaccine preventable diseases and immunizations. This objective seeks to increase the percentage of children and adults who are fully immunized with vaccines recommended for routine use by the national Advisory Committee on Immunization Practices. According to the National Immunization Survey, 82.9% of Wisconsin children aged 19 months to 35 months were fully immunized in 2004, up from 74.2% in 2000 (**2010 target:** 90% or higher).

Among Wisconsin school-age children (grades K-12) in the 2004-2005 school year, 98.0% met the statutory immunization requirement (**2010 target:** 97% or higher). This means they were immunized, on schedule to be immunized, or their parents signed a waiver of the requirement. The percentage for 2004-2005 cannot be compared to earlier data because Milwaukee Public Schools data were not included in the statewide totals beginning in 2003-2004 (due to a computer system change).

An annual flu shot is recommended for adults 65 and older and for people with chronic health conditions. In 2004, an estimated 74% of Wisconsin adults age 65 and older reported they had a flu shot in the previous 12 months (**2010 target:** 90% or higher). This was similar to the proportion of older adults who received a flu shot in previous years (70% in 2001, 74% in 2002, 72% in 2003). Among adults (18 and older) with diabetes, 66% in 2004 (compared with 61% in 2001) reported they had a flu shot in the previous 12 months.

Among adults with diabetes in 2002-2004, African Americans were less likely than whites to have received a flu shot in the past 12 months (63% vs. 67%) and less likely to have ever received a pneumonia shot (49% vs. 60%).

Foodborne and waterborne disease control. (Findings listed under *Environmental and Occupational Health Hazards.*)

Statewide communicable disease surveillance and response. According to results of the HFS 140 reviews conducted in 93 of 94 local health departments in 2005, all met the following objectives:

By 2010, at least 85% of communicable disease reports will be received by the local or state public health agency within the timeframe specified by HFS 145.04(3)(a) and HFS 145.04(3)(b).

By 2010, 100% of local health departments will have documented capacity to respond to outbreaks of communicable disease as defined by HFS 140.

Selected Accomplishments and DHFS Activities

- Developed the Wisconsin Pandemic Influenza Plan, which is considered the “gold standard” for state plans by the U.S. Centers for Disease Control and Prevention.
- Created a West Nile Virus surveillance system, including other arboviral diseases (La Crosse, St. Louis).
- Enhanced surveillance for Lyme disease, Ehrlichiosis and other tick-borne diseases, invasive bacterial diseases, and variant Creutzfeldt-Jakob disease cases.
- Began influenza-like illness surveillance and enhanced avian influenza surveillance.
- Established the Wisconsin Antibiotic Resistance Network to promote appropriate antibiotic use in order to reduce antibiotic-resistant organisms.
- Developed and tested a state and local Public Health Preparedness System for bioterrorism and disease outbreak.
- Participated in developing the Wisconsin Animal Health Emergency Plan.
- Increased epidemiologic capacity by adding epidemiologists in the public health consortia.
- Increased investigations of food and waterborne disease outbreaks, from an annual average of 24 investigations in 2000-2003 to 43 in 2004.
- Based on screening of Hmong refugees, the U.S. State Department initiated a Hepatitis A vaccination campaign in the Thai camp, ending an outbreak among refugees nationwide.
- Vaccination program helped decrease Hepatitis A on American Indian reservations.

New and Emerging Issues

- To assure both common language and common processes in managing disasters and threats to communities, public health preparedness officials in state and local governmental agencies are moving toward the concept of Incident Command System (ICS). All agencies that receive federal preparedness funding must use ICS, which is part of the National Incident Management System. Key managers are required to take the full series of ICS courses with curricula developed by the U.S. Department of Homeland Security. Emergency management plans are in place; DHFS has completed exercises with partner agencies and local health departments.
- Methicillin-resistant Staphylococcus aureus (MRSA): Currently designing a new surveillance plan for community-acquired MRSA.

High-Risk Sexual Behavior

The High-Risk Sexual Behavior priority has three sets of objectives: adolescent sexual activity; unintended pregnancy; and sexually transmitted disease, including HIV infection.

Progress in Meeting Objectives—Specific Findings

Adolescent sexual activity. The objective seeks to reduce the% of Wisconsin high school youth who report ever having had sexual intercourse to 30% or less. In 2005, 40% of Wisconsin high school students reported having had sexual intercourse. This represented an upturn in the percentage after recent decreases (42% in 1999, 39% in 2001, 37% in 2003).

Based on combined years of data (2001-2005), the percentage of high school students who reported having had sexual intercourse differed by race/ethnicity. The percentages for those years were 39% overall, 67% of African American students, 53% of American Indian students, 46% of Hispanic students, 30% of Asian students, and 36% of white students.

Unintended pregnancy. This objective seeks to reduce the percent of pregnancies that are unintended to 30% or less. There is no regularly collected data to measure this objective for Wisconsin. In the 2000 Wisconsin Behavioral Risk Factor Survey, 34.5% of women who had been pregnant in the past five years said that the pregnancy was unintended. This question will be included again in the 2006 survey.

Sexually transmitted disease, including HIV infection. This objective seeks to reduce the incidence of sexually transmitted disease, including HIV infection, by promoting responsible sexual behavior, strengthening community capacity, and increasing access to prevention services.

The incidence of syphilis in Wisconsin decreased from 2.2 cases per 100,000 population in 2000 to 1.5 cases per 100,000 in 2004 (**2010 target:** 0.2 cases per 100,000). The rate fluctuated in the intervening years, but was always lower than the 2000 rate. Rates by race/ethnicity were not calculated, but the number of cases decreased markedly among African Americans (from 100 cases in 2000 to 24 cases in 2004) while increasing among non-Hispanic whites (from 6 to 49).

The incidence of Chlamydia trachomatis infection has increased steadily, from 304.2 cases per 100,000 population in 2000 to 350.2 cases per 100,000 in 2004 (**2010 target:** 138 cases per 100,000 population). Numbers of cases increased in every race/ethnicity group (except the large “other or unknown” group).

The incidence of Neisseria gonorrhoea infection in Wisconsin has decreased nearly every year since 2000, from 130.2 cases per 100,000 population in 2000 to 92.0 cases per 100,000 in 2004 (**2010 target:** 63 cases per 100,000 population). Rates by race/ethnicity were not calculated because so many cases had race reported as “unknown or other.”

High-Risk Sexual Behavior

The incidence of human immunodeficiency virus (HIV) infection in Wisconsin has fluctuated since 2000. It was 7.3 cases per 100,000 population in 2000, 6.2 in 2001, 7.1 in 2002, 6.6 in 2003, 7.6 in 2004, and 7.0 in 2005 (**2010 target:** 2.5 cases per 100,000 population). Between 2000 and 2004, 54% of new cases were among members of racial/ethnic minority groups. In 2005, 50% of reported cases were among racial and ethnic minorities.

Selected Accomplishments and DHFS Activities

- Conducted the federally required five-year needs assessment for statewide Maternal and Child Health Programming. Of the ten MCH priorities identified in Wisconsin, birth outcome disparities and contraceptive services were identified as the top two.
- Identified three overarching goals to guide reproductive health programming for the next five years: (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.
- Sponsored the 2005 Wisconsin Abstinence Initiative for Youth Conference that brings together young people from throughout Wisconsin to provide abstinence education.
- Exploring partnerships with the City of Milwaukee Health Department, the Annie E. Casey Foundation, and community stakeholders to implement an evidence-based adolescent reproductive health “Plain Talk” initiative.
- Advancing HIV prevention through increased access to HIV testing. Research demonstrates that many HIV-infected persons do not get tested for HIV until late in their infection, and that persons who learn they are infected frequently adopt behaviors that reduce risks for transmitting HIV. For these reasons, increased access to testing for persons at risk of HIV infection is an effective HIV prevention strategy.
- Selected by the Association of Maternal and Child Health Programs as one of several states to be profiled for its work in teen pregnancy prevention in 2005.
- Received a Centers for Disease Control and Prevention Supplemental Grant to improve coordination, communication, and collaboration among abstinence, HIV, sexually transmitted disease, and teen pregnancy prevention programs and partners. This grant included resources to survey state leaders; build local program capacity; host 10 listening sessions for youth; strengthen STD state data infrastructure; establish a statewide list-serve; and develop a youth sexual behavior and outcomes Web site.
- Selected to create a blueprint needs assessment model for states to use in implementing CDC adolescent reproductive health grants.
- Adopted two overarching goals to guide the Department’s program and policy work in teen pregnancy prevention. These goals are: (1) encourage and promote delayed sexual activity; and (2) provide access to confidential contraceptive and related health services to prevent unintended pregnancy and sexually transmitted infections, including HIV, among sexually active adolescents.
- Established a Family Planning Council in the Office of the Secretary to address the Family Planning Waiver and teen pregnancy prevention.
- Modified the *Healthiest Wisconsin 2010* Implementation Plan by including a more specific objective to track and measure unintended teen pregnancy. This objective now reads: “By 2010, reduce unintended teen pregnancy by 30% by promoting consistent and correct use of contraceptives.”

- Redirecting Wisconsin Abstinence Initiative for Youth program funds to focus primarily on serving youth in the child welfare system, especially those in the city of Milwaukee.
- Trained local HIV prevention service providers through the Diffusion of Effective Behavioral Interventions, a national strategy to increase skills of HIV prevention service providers in conducting interventions that behavioral research has demonstrated as yielding positive behavioral and health outcomes.
- Implemented federally funded demonstration projects that incorporate rapid HIV testing in: (1) Milwaukee-area medical clinics reaching minority communities and homeless persons; (2) short-stay correctional facilities in Milwaukee and Rock counties; and (3) HIV Partner Counseling and Referral Services in Madison, Milwaukee, and the counties of Brown, Kenosha, Racine, Waukesha, Fond du Lac, La Crosse, and Beloit.
- Implemented pilot HIV Partner Elicitation (PE) activities in select HIV counseling and testing sites. Clients who test positive for HIV are offered assistance in identifying sexual and needle-sharing partners who need to be notified that they may be at risk for HIV infection.
- Implementing effective early detection and screening in HIV/AIDS prevention programming including: (1) new technologies (rapid HIV testing, urine sexually transmitted disease screening); (2) integrating services in correctional facilities and primary care clinics serving ethnic and racial minorities; (3) expanding traditional partner notification approaches in social networks; (4) including culturally competent community partners in the Syphilis Community Partnership Team.
- Implementing effective treatment to prevent infections in sexually transmitted disease and HIV/AIDS prevention programming including: (1) integrating prevention messages into routine primary medical care; (2) maintaining access to AIDS drug assistance and insurance programs; (3) providing directly observed and field delivered treatments; and (4) incorporating Tuberculosis and Hepatitis C screening into routine care.
- Invested resources in epidemiology staff to improve the database quality and analytical infrastructure for sexually transmitted diseases. Analysis showed striking racial and ethnic disparities in STD rates, including in Milwaukee County, which accounted for almost half of Wisconsin's STD morbidity. As a result, the Department submitted a grant application to the Healthier Wisconsin Partnership Fund to support community planning and mobilization to address these disparities. The proposal will convene key partners across STD, HIV and Family Planning to implement a strategic planning process addressing disparities in STDs, HIV and reproductive health.
- Assured access to medical services by: (1) increasing the availability of bilingual services in testing, prevention, and case management services; (2) continuing to develop the cultural competency of the staff; (3) building the capacity of medical care services in minority communities; and (4) developing mechanisms to track successful linkage of clients to services.
- Continued the training and skill development of minority community-based organizations in implementing effective HIV prevention services that are culturally tailored to meet the needs of communities of color and subpopulations of persons at risk.

New and Emerging Issues

- The longstanding disparities in black infant mortality in Wisconsin are driving a Department-wide focus to eliminate these disparities.
- Despite a declining teen birth rate statewide and among most race/ethnicity groups in Wisconsin, Milwaukee continues to have one of the highest teen birth rates in the U.S.
- After a decade-long downward trend in the annual number of new cases of HIV infection, the number of newly reported cases between 1998 and 2005 was relatively constant, averaging 377 new cases of HIV infection per year. Increases in reported cases were largely restricted to men who have sex with men, an estimated 55% of reported cases.
- Continuing development and refinement of HIV rapid testing technologies will likely result in federal Food and Drug Administration approval of rapid HIV home testing and the need for education and follow-up confirmatory testing of persons who have preliminary reactive HIV test results through home test kits.

Intentional and Unintentional Injuries and Violence

The Intentional and Unintentional Injuries and Violence priority has five sets of objectives: prevention of child maltreatment, motor vehicle-related injuries and death, fall-related injuries and death, trauma system development, and injury surveillance system.

Progress in Meeting Objectives—Specific Findings

Prevention of child maltreatment. This objective seeks to reduce by 10% the number of children who are abused and neglected in Wisconsin. In 2000, there were 38,010 reports of child abuse and neglect in the state, for a rate of 27.8 reports per 1,000 children under 18 years of age. Both the number and rate of reports increased in 2001 and 2002, and in 2003 were 40,473 and 28.9, respectively (**2010 target:** 25.0 reports per 1,000 children).

The number of abuse and neglect cases that were substantiated, upon investigation, declined from 10,144 in 2000 to 7,994 in 2003. The number of abuse and neglect cases that were either substantiated or found “likely to occur” declined from 12,609 in 2000 to 10,105 in 2003.

A total of 10 Wisconsin deaths in 2000 were due to substantiated child abuse or neglect (**2010 target:** 9 deaths). The number of deaths was higher in subsequent years: 17 in 2001, 12 in 2002, 12 in 2003.

Motor vehicle-related injuries and death. The first component of this objective seeks to reduce the number of people killed or incapacitated in motor vehicle crashes. (An incapacitating injury is a non-fatal injury that prevents walking, driving, or performing other activities that were performed before the crash.) In 2000, there were 7,472 such deaths and injuries, for a rate of 139.3 deaths and incapacitating injuries per 100,000 population. This rate declined in 2001 and again in 2003, to 120.4 per 100,000 (**2010 target:** 104 per 100,000).

A second part of the objective measures the rate of crash-related deaths and incapacitating injuries per hundred million miles traveled. This rate has also declined. In 2000, there were 13.1 deaths and incapacitating injuries per hundred million miles traveled; in 2003, the rate was 11.1 (**2010 target:** 9.4).

Finally, this objective seeks to reduce the age-adjusted overall motor vehicle death rate. In 2000, there were 14.9 motor vehicle deaths per 100,000 population, age-adjusted to the 2000 U.S. standard population. The comparable rate was 14.0 in 2001, 14.1 in 2002, 14.6 in 2003, and 13.3 in 2004 (**2010 target:** 14.0).

The age-adjusted motor vehicle death rate among African Americans was lower than the overall rate every year since 2000, except in 2004, when it was 14.7 deaths per 100,000 population (overall rate: 13.3 per 100,000). The age-adjusted motor vehicle death rate among American Indians was markedly higher in 2001 (37.6 per 100,000) and 2002 (42.3 per 100,000) than the overall rate in those years (14.0 and 14.1, respectively); the frequency of American Indian motor vehicle deaths fell in 2003 and 2004 below the number needed to calculate a stable rate. The age-adjusted motor vehicle death rate among Hispanics was lower than the overall rate in 2002

Intentional and Unintentional Injuries and Violence

(11.8 vs. 14.1 per 100,000) but higher than the overall rate in 2003 (15.3 vs. 14.6 per 100,000); there were too few Hispanic deaths in other years to calculate a rate.

Fall-related injuries and death. The age-adjusted rate of deaths from falls has not decreased since 2000, when it was 10.9 deaths per 100,000 population. The age-adjusted rate of deaths from falls was 12.5 per 100,000 in both 2003 and 2004 (**2010 target:** 9.0 per 100,000 population).

Based on available data, the age-adjusted rate of hospitalizations due to falls has also not declined since 2000. In 2002, the rate was 385.8 hospitalizations per 100,000 population, similar to the 2000 rate (382.4). (No **2010 target** beyond a reduction in hospitalizations.)

Progress was not measured for the *trauma system development* and *injury surveillance system* objectives.

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

Objective: Prevention of Child Maltreatment

- Implemented strategies in the Governor's KidsFirst Initiative, including: (1) increase reimbursement rates for foster families in the 2005-2007 biennial budget; (2) create the Foster Care and Adoption Resource Center; (3) develop the Office of Milwaukee Ombudsman for Children; (4) support foster families and relatives who care for children who have been maltreated, (5) improve the recruitment and retention of the child welfare workforce, and (6) improve services for birth parents of children in the child welfare system by developing integrated community-based services that specifically address identified needs, including domestic violence, substance abuse, and mental health treatment programs.
- Implemented the first statewide child welfare continuous quality improvement initiative. This initiative will provide the counties and the Department with valuable information on the strengths of and opportunities for enhancing child welfare case practice in Wisconsin. This is a continuous process; the Department will conduct child welfare reviews in 15 counties per year.
- Implementing Wisconsin's Program Enhancement Plan, developed in partnership with counties and tribes to improve child welfare practice and policy throughout Wisconsin. This two-year plan targeted for completion in October 2006 emphasizes improving the safety, permanence, and well-being of children and families. A detailed listing of all Program Enhancement Plan accomplishments is available on the Department's Web site at: <http://dhfs.wisconsin.gov/cwreview/PEP-Team/pepQtrReports.htm>
- Participated in the "State Call to Action to Prevent Child Maltreatment." This activity is a Children's Trust Fund initiative with public-private partnership bipartisan support, including Prevent Child Abuse Wisconsin and the Child Abuse Prevention Fund of Children's Hospital and Health System. This initiative is designed to address three goals: (1) raise awareness of the human and economic costs of child abuse and neglect, (2) propose short and long-term strategies for prevention, and (3) strengthen public will, resources, and community capacity to prevent child abuse and neglect.

- Participated in six workgroups based on the State Call to Action. These six workgroups address: (1) a comprehensive system of family support, (2) family economic stress, (3) mental health and substance abuse, (4) child abuse and domestic violence, (5) children's mental health, and (6) child sexual abuse prevention. See recommendations at <http://wctf.state.wi.us/home/CTA%20Home.htm>.
- Working on child welfare in the American Indian tribes. The tribes have developed seven priorities for child welfare in Wisconsin. The Department has been working closely with the tribes on their priorities to improve services.
- Participating with other key partners in Wisconsin's Drug Endangered Children Task Force, which is working on issues related to methamphetamine exposure among children. Sponsored a series of trainings targeted to law enforcement, court professionals, treatment providers, child welfare and public health workers, and educators on methamphetamine and its effects on children and families.
- Worked collaboratively to promote home visits for all newborns in the state.
- Worked as part of a statewide collaborative effort to implement the Strengthening Families – Wisconsin Initiative. Wisconsin is one of seven states piloting the initiative, with a goal of identifying promising approaches for helping early care and education programs support families and prevent child maltreatment. Partners in the Wisconsin Initiative include the Children's Trust Fund, the Department of Workforce Development, the Child Abuse Prevention Fund, the Wisconsin Child Care Resource and Referral Network, and the University of Wisconsin-Extension.
- Partnering with the Wisconsin Departments of Workforce Development and Public Instruction and six pilot counties to implement Wisconsin's Service Integration Initiative. The vision for Wisconsin's project is to improve outcomes for families through integrated, family-responsive, and flexible approaches to service delivery that are efficient and effective. The target population is children and families involved in or at risk of involvement in the child welfare and Wisconsin Works (W-2) systems.

Objective: Motor Vehicle-Related Injuries and Death

- Implemented the "Click It or Ticket" marketing campaign to promote the use of seat belts. This is a collaborative effort with the Wisconsin Department of Transportation and local health departments that focuses especially on rural communities.
- Supported booster seat and other child passenger safety restraint legislation proposed in the Wisconsin Legislature.
- Providing training that has resulted in over 1,300 Child Passenger Safety Technicians serving local communities. The majority of these technicians are housed in local health departments.
- Provided technical assistance to 27 local health departments in preparing their performance-based objectives related to child passenger safety.
- Providing leadership and coordination through the 26 Safe Communities Coalitions to reduce deaths and injuries from motor vehicle-related crashes.

Objective: Fall-Related Injuries and Death

- Established Community Falls Prevention Coalitions in each of the five DHFS regions.

Intentional and Unintentional Injuries and Violence

- Sponsored the 2005 Falls Prevention Conference for over 170 diverse attendees, representing community-based prevention programs, assisted living, acute care, and long-term care programs.
- Received recognition from the National Council on Aging, which found Wisconsin “ahead of the curve” in its work on falls prevention.
- Provided leadership, resources, and technical assistance as part of the Falls Prevention Initiative. The Falls Prevention Initiative is designed to reduce the burden of falls by assisting communities in developing local coalitions to promote healthier lifestyles, provide evidence-based strategies, develop sustainable local partnerships, and submit grants to secure funding.
- Piloting a falls prevention intervention project targeting 0-4-year-olds in Dodge County. Partners include the local health department, emergency medical services, and primary health care providers in clinical settings.
- Encouraged and funded elderly falls prevention programs at Aging and Disability Resource Centers in a number of Wisconsin counties.

Objective: Trauma System Development

- Achieved trauma care facility designation for all but one of Wisconsin’s 123 hospitals. There are four levels of trauma care facility designation. Seven hospitals have achieved designation by the American College of Surgeons as a Level 1 (highest) or Level 2 Trauma Center.
- Developed plans, policies and procedures for the Department’s State Trauma Advisory Council to address: (1) hospital site reviews to make certain hospitals are meeting criteria as a Level 1-4 trauma hospital; (2) criteria to distribute \$544,000 to fund regional councils and hospital site visits; and (3) performance improvement work plans to assure quality of care within the trauma system.
- Supported legislation allowing ambulance run reviews to evaluate and improve performance. Ambulance run reviews are an important step to assure that the quality of care provided in the pre-hospital setting meets the expected standard of care. Enacted in 2006 (Act 315).

Objective: Injury Surveillance System

- Integrated injury data into the Wisconsin Interactive Statistics on Health (WISH) online data query system. WISH now includes data on all injury-related deaths, hospitalizations, and emergency department visits.
- Created CASEPOINT, a real-time Web-based reporting system for coroners and medical examiners. This system provides timely data and information on injury deaths and allows evaluation of community prevention programs including identification of gaps in programs and data.
- Secured a National Violent Death Reporting System Grant to develop a violent death surveillance system in Wisconsin that captures data from four data systems: vital records, coroner/medical examiners, law enforcement, and crime laboratories. Electronic data links to vital records have been achieved.
- Developing an injury surveillance system that adheres to the 11 recommended data sets from the U.S. Centers for Disease Control and Prevention and the Association of State and Territorial Health Officers.

- Developing a statewide Trauma Registry to collect data that spans the trauma event. It provides, through data, the capacity of the public health and health care system to understand and evaluate the outcome of patient care provided pre-hospital, in-hospital, to rehabilitation, and the eventual return to the community. Such data also provide important clues to injury prevention. The Trauma Registry will be implemented statewide in 2006.

Activities that Address More than One Injury Objective

- Provided leadership through the Statewide Injury Coordinating Committee to improve coordination of injury prevention initiatives throughout Wisconsin.
- Developing local coalitions and collaborations to assess injury risks in communities and use evidence-based approaches to address the full spectrum of injury prevention (e.g., motor vehicle crashes, falls, suicide, child maltreatment, children endangered by methamphetamine labs in the home).
- Expanded the “Home Safety Checklist” in collaboration with local health departments for use with elders who remain in their homes. This expansion will build upon the existing checklist and result in a tool for home visitors that will be useful for all ages.
- Published professional articles in the Wisconsin Medical Journal on subjects that included the violent death reporting system and falls prevention efforts across the lifespan.
- Developing an injury surveillance system that adheres to the 11 recommended data sets from the U.S. Centers for Disease Control and Prevention and the Association of State and Territorial Health Officers. Because these data sets will address age, sex, race, sexual orientation, rural or urban residence, insurance coverage (payers), and type of injury, the capacity will be in place to analyze data comprehensively, identify unrecognized disparities, and take action to eliminate disparities.

New and Emerging Issues: Prevention of Child Maltreatment

- Growing awareness of the problem of child sexual abuse. More people are willing to talk about child sexual abuse and identify strategies for addressing it. The Children’s Trust Fund is leading the effort and identifying resources to create an awareness campaign.
- The impact of manufacturing or using methamphetamine in homes where children live has given rise to a complex new set of issues surrounding an old problem: drug-endangered children. Rural communities continue to experience the majority of methamphetamine cases.
- Improving the system to make it more seamless and efficient for families is important, especially critical for families who are involved in more than one system (e.g., W2, child welfare). Initiatives that strengthen families and integrate services improve opportunities for prevention and ease a family’s passage through these systems.

New and Emerging Issues: Other Injury Objectives

- Increasing collaboration among emergency medical services, emergency medical services for children, the State Trauma Advisory Council, and state and local governmental public health agencies. These collaborations will enable identification of cross-cutting issues, decrease duplication, enhance use of scarce resources, and promote the quality of care provided to all ages in all Wisconsin communities.

Intentional and Unintentional Injuries and Violence

- Pending legislative initiatives include primary seat belt legislation and legislation on booster seat and other child passenger safety restraint devices.
- Results are forthcoming from a four-year falls prevention grant to learn about interventions that prevent falls among the elderly. Wisconsin was the only state in the nation to receive funding for the U.S. Centers for Disease Control and Prevention's Multi-Factorial Falls Research Study. Key entities include the University of Wisconsin School of Medicine and Public Health, the University of Wisconsin Hospital and Clinics, and DHFS. This study focuses on community-dwelling adults, age 65 and older.

Mental Health and Mental Disorders

There are four objectives for this priority area: improving screening and referral; eliminating discrimination and reducing stigma; increasing the cultural competence of providers; and improving access to evidence-based treatment.

Progress in Meeting Objectives—Specific Findings

Screening and referral. This objective states: “By 2010, 80% of State-administered employee group health plans, Medicaid-funded programs, BadgerCare, and SSI managed care will, by contract, incorporate questions for mental health problems into their screening and referral processes.” As of November 2005, none of these health plans or programs requires screening for mental health problems.

Cultural competence. The objective is: By 2010, 87% of publicly funded mental health consumers will feel their service provider was sensitive to their culture during the treatment planning and delivery process.” In 2004, an estimated 77% of adults served by the public mental health system in Wisconsin reported that “staff were sensitive to my cultural background,” according to data from the Mental Health Statistics Improvement Project Consumer Satisfaction Survey. In the same survey, 88% of families with children served by the public mental health system reported that staff were sensitive to their cultural background.

No data were available to measure the other objectives for this priority.

Selected Accomplishments and DHFS Activities

- Funded Mental Health Association of Milwaukee and Timothy Howell, M.D. to provide training for primary care physicians and schools on mental health issues. Convened the first summit for primary health care providers to promote mental health screening and treatment in primary care settings. Fifty-five health plans/clinics attended.
- Completed primary care physician trainings and assisted the Mental Health Association of Milwaukee to redesign its Web site for easier access. As a result, the site received a total of 1,696 hits from physicians over a six-month period.
- Identified best practices in mental health screening and expanded use of screening to identify children and adults with mental health needs in the juvenile justice system, child welfare system, and Supplemental Security Income Managed Care program. Negotiated a statewide contract for use of an evidence-based tool, GAIN, to screen for mental health and substance abuse issues in a number of settings, and trained Milwaukee County juvenile justice providers on its use.
- Promoted screening and suicide prevention and awareness through statewide coalitions as part of Wisconsin United for Mental Health and the Suicide Prevention Initiative. Completed 18 trainings on suicide prevention among youth and children in conjunction with the Department of Public Instruction and local school districts.
- Increased the focus on persons of color and the faith community by partnering with the Racine County Healthy People 2008 Working Group, faculty from the University of Wisconsin-Parkside, the National Alliance for the Mentally Ill-Racine, Milwaukee County Disability Navigators, and the Mental Health Association of Milwaukee.

Mental Health and Mental Disorders

- Partnered with the Ho Chunk Nation’s Division of Health with a focus on educating tribal members, health providers and the media.
- Delivered “Invisible Children’s Project” training for 45 child welfare workers.
- Reached nearly 10,000 people through mental health anti-stigma events and activities, at businesses, medical schools, conferences, and health fairs. Developed an anti-stigma curriculum for businesses, schools, and the general public that includes a focus on multicultural awareness.
- Completed videos telling stories of how individuals of various ethnic and racial backgrounds successfully integrated their mental illness into their life and overcame a variety of cultural barriers to do so.
- Received 1,176 hits to the Wisconsin United for Mental Health Web site on one day, through a radio marketing campaign during Mental Health Awareness Month.
- Certified 11 counties for Comprehensive Community Services, which will allow Medicaid funding for integrated mental health and substance abuse rehabilitation (an evidence-based practice) for individuals across the life span.
- Completed a fidelity screening for Integrated Dual Diagnosis Treatment, an evidence-based practice for mental health and substance abuse, in four county programs. Identified two of the four as providing Integrated Dual Diagnosis Treatment.
- Provided training to more than 300 people on mental health and substance abuse evidence-based practices, motivational interviewing, and integrated treatment.
- Established three project sites to implement Supported Employment for persons with serious mental illness with the Department of Workforce Development, Division of Vocational Rehabilitation.
- Awarded a Crisis Counseling Grant for Hurricane Katrina evacuees to a minority provider in Milwaukee.
- Demonstrating positive results for wraparound mental health and substance abuse services through women-specific substance abuse treatment programs.
- Initiated “New Partnerships for Women,” which provides women-specific training for survivors of trauma to increase their understanding of trauma’s effects.
- Continuing to focus the Adolescent Substance Abuse Coordination Grant on the specific treatment needs of young males with substance use disorders.
- Working to better train disability adjudicators about mental illness and recognizing its characteristics in Supplemental Security Income applications.

New and Emerging Issues

- Parity for mental health and substance use disorders treatment continues to be discussed in the Wisconsin Legislature only as a “Cost of Living Adjustment” approach.
- The “Ace Study” published information about the impact that adverse early childhood events have on later life, including increased risk of illness and substance abuse.
- County governments that by law are required to meet the needs of individuals with mental health and substance use disorders without access to other resources (Chapter 51) are struggling to maintain staff and funding to provide or pay for mental health and substance abuse services. Also, the federal government is seeking to redefine Medicaid services (e.g., Targeted Case Management), which could have a tremendous negative impact on county mental health programs.

- Wisconsin's child welfare system underwent a thorough federal review, which found that children's physical and mental health needs are not being met in Wisconsin.
- Wisconsin Medicaid is expanding managed care for the Supplemental Security Income population. Individuals with a mental illness make up a large proportion of those persons eligible for SSI. Work is underway with Dane and La Crosse County to develop integrated models for primary care and mental health services.
- The new federal prescription drug coverage, Medicare Part D, will have a significant impact on people with mental illness who have dual eligibility (Medicaid and Medicare). Access to their mental health medications will switch from Medicaid to Medicare Part D.
- Rural parts of Wisconsin continue to have limited access to specialty mental health and substance abuse providers and services, including geriatric psychiatrists, child and adolescent psychiatrists, and psychologists.

Overweight, Obesity, Lack of Physical Activity

The Overweight, Obesity, Lack of Physical Activity priority has four sets of objectives: leadership, physical activity for children and adolescents, physical activity for adults, and overweight and obesity.

Progress in Meeting Objectives—Specific Findings

Physical activity for children and adolescents. In 1999, 26% of Wisconsin high school students reported they regularly engaged in moderate physical activity. (“Moderate” refers to activity that causes small increases in breathing or heart rate; “regularly” refers to moderate activity performed for at least 30 minutes, five or more times per week.) In 2001, 2003, and 2005, 28% of high school students reported this level of physical activity (**2010 target:** 37%).

According to the Youth Risk Behavior Survey on which these findings are based, many more high school students report vigorous physical activity than moderate physical activity. (“Vigorous” refers to activity that causes large increases in breathing or heart rate.) In 2005, 67% of high school students reported they regularly engaged in vigorous physical activity, up from 60% in 1999. (No **2010 target** was established for “vigorous” physical activity.)

Physical activity for adults. The 2010 objective for adult physical activity is to increase the percentage who report engaging in “any physical activities during the past month.” In 2000, 78% of Wisconsin adults aged 18 and older reported they engaged in any leisure-time physical activities in the past month. This proportion increased each year, with 82% of adults in 2004 reporting they engaged in any physical activities during the past month (**2010 target:** 88%).

African Americans, American Indians, and Hispanics were less likely than other adults to have engaged in physical activities in the past month. Based on combined data for 2002-2004, this percentage was 81% overall, and 62% among African Americans, 75% among American Indians, and 78% among Hispanics.

Overweight and obesity. This objective seeks to reduce the percentage of children and adolescents who are overweight. (“Overweight” in children less than 18 years of age is based on a body mass index that is equal to or greater than the 95th percentile-for-age.) No estimate of overweight exists for all Wisconsin children, but among children aged 2-4 enrolled in the WIC program (Women, Infants, and Children Supplemental Nutrition Program), 13.3% were overweight in 2004 (**2010 target:** 9.4%). The 2004 percentage represents an increase from the 2000 baseline, when 11.5% of 2-4-year-olds in WIC were overweight.

Among these children in WIC, the percentage overweight varied by race/ethnicity. In 2004, the percent overweight was 20.5% among American Indian children, 18.1% among Hispanic children, 15.8% among Asian children, 11.9% among non-Hispanic white children, and 10.7% among African American children.

The percent of Wisconsin high school students who are overweight has remained stable since 1999, at 10% in that year and in 2005 (**2010 target:** 8%). Combined years of data show

differences by race/ethnicity. In 2001-2005, 11% of all high school students were overweight; the percentage was 16% among Asian students, 14% among Hispanic students, 13% among African American and American Indian students, and 10% among white students.

The objective for adults seeks to reduce the percentage who are obese; that is, those who have a body mass index of 30 or higher. This percentage was 20% in 2000 and 23% in 2004 (**2010 target:** 15%). An additional 38% of adults in 2000 (and 37% in 2004) were overweight; that is, had a body mass index of 25.0 – 29.9. (No **2010 target** was established for overweight among adults.)

The rate of obesity among adults differs by race/ethnicity. In 2002-2004, 22% of all Wisconsin adults were obese, compared to 36% of African American adults, 43% of American Indian adults, 12% of Asian adults, 28% of Hispanic adults, and 21% of white adults. These percentages were similar to corresponding percentages for 2000-2002.

Progress was not measured for the *leadership* objective.

Selected Accomplishments and DHFS Activities

- Participated with the Department of Public Instruction in a joint Comprehensive School Health Program (encompassing physical activity, nutrition, and tobacco) to promote healthy school environments and healthy students ready to learn.
- Facilitated the Wisconsin Partnership for Activity and Nutrition, a partnership that provides statewide leadership to decrease obesity, improve nutrition, and increase physical activity.
- Created a web site that serves as an information clearinghouse for community-based organizations (e.g., best practices, inventory of local activities, guidelines for screening and treatment) related to obesity prevention and management, nutrition, and physical activity.
- Conducted a statewide inventory of nutrition and physical activity related initiatives being implemented within Wisconsin communities.
- Added a new data element for the pediatric nutrition surveillance program to collect information on television viewing among children 2-4 years of age. TV viewing is an indirect measure for physical activity in young children.
- Established a collaborative role with the Wisconsin Department of Transportation to promote safe routes to school and active community environments that encourage physical activity.
- Promoted the incorporation of physical activity curriculums in after-school programs (4-H, YMCA, faith-based youth programs).
- Assessing how many health care providers use body mass index (BMI) to screen for overweight and obesity during routine office visits.
- Developing a guidance document for local communities to determine the feasibility and technical complexities of implementing a program to measure height and weight for school-age children and youth. Local communities can use this to determine the burden of overweight among students 6-13 years of age and provide evidence that results in strengthening local prevention programs and supporting healthy school environments.

Overweight, Obesity, Lack of Physical Activity

- Facilitated a planning process with partners that led to the development of the Nutrition and Physical Activity State Plan.
- Promoted partner participation to get the word out about statewide initiatives (Governor's Challenge, Lighten Up Wisconsin, Stepping Up to a Healthy Lifestyle) to improve nutrition and increase physical activity.
- Sponsored five regional trainings concerning how to develop active community environments. These training sessions were targeted to local health departments, community planners, law enforcement, and community leaders. Over 250 organizations participated. The goal is to help communities make changes that make it easy for people to walk and bike as part of their daily routine.
- Developed the "Governor's School Health Award Program" to promote healthy school nutrition and physical activity environments. This was a collaborative effort with the Governor's Office, the Governor's Council on Physical Activity and Health, and the Department of Public Instruction.
- Funded 43 mini-grants (\$1,000 each) to public and private schools to develop school wellness councils/policies focused on nutrition and physical activity. This was a collaborative effort with the Department of Public Instruction, the Wisconsin Parent Teacher Association, and the Wisconsin Chapter of the American Heart Association.
- Received (along with DPI) the "Fresh Fruit and Vegetable Snack Program" from the U.S. Department of Agriculture to increase fruit and vegetable consumption.
- Revitalized the Wisconsin 5-a-Day Coalition to promote fruit and vegetable consumption in Wisconsin.
- Implemented a Breastfeeding Peer Counseling Program in selected local WIC projects to increase the number of mothers who breastfeed and the number of months their infants are breastfed.
- Developed a joint statement on nutrition and physical activity and secured endorsements by over 30 key stakeholder organizations throughout Wisconsin.

New and Emerging Issues

- Obesity rates have continued to rise nationally despite considerable efforts at prevention.
- Overweight and obesity are increasingly recognized as major public health problems by the general public, policy makers, the news media, and community leaders. Five years ago overweight and obesity were seen as an issue of personal appearance; they are now understood as health problems.
- Physical activity recommendations for children have increased to 60 minutes per day from 30 minutes per day.
- U.S. Department of Health and Human Services recommendations changed in 2005. Physical activity recommendations for adults include 30 minutes per day to maintain general health; 60 minutes per day to maintain weight after loss; and 90 minutes per day for weight loss.
- Schools will be required to develop and implement wellness policies effective September 2006. This was mandated by the U.S. Department of Agriculture through the 2004 Child Nutrition Act Reauthorization. Approximately 3,000 Wisconsin school buildings will be affected in the 425 public school districts and 450 private and parochial schools across the state.

- There is a definite shift in thinking and action that favors environmental and policy changes rather than individual counseling approaches. Examples of “environmental” changes in this context include adding walking paths, and increasing the availability of fruits and vegetables in vending machines.
- Federal agencies, including the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention, are committing resources to stem the obesity epidemic spreading across the country.
- There is little or no data that measure levels of physical activity and obesity/overweight among children 6-13 years of age. Many interventions are targeted to this population but there is no data to determine the baseline and measure outcomes and results.

Social and Economic Factors that Influence Health

The identification of Social and Economic Factors that Influence Health as one of the 11 health priorities in Healthiest Wisconsin 2010 reflects the strong influence of socioeconomic status on health and life expectancy. Many public health programs and services are directly linked to social and economic initiatives throughout Wisconsin. Examples include the “Talk, Read, Listen” campaign in the KidsFirst Initiative; child-care certification and provision; the education and training of childcare providers; the Governor’s “Grow Wisconsin Initiative;” and Medicaid.

The Social and Economic Factors that Influence Health priority has four sets of objectives: improving income levels of Wisconsin households; social connectedness and cultural competence; literacy and educational attainment; and child care.

Progress in Meeting Objectives—Specific Findings

Improving income levels of Wisconsin households. The first objective for this priority seeks to increase the percentage of Wisconsin households that have annual income at or above 300% of the federal poverty level to 70%. In 2000, an estimated 48% of Wisconsin households had income at or above 300% of the poverty level (51% in 2001, 48% in 2002, 49% in 2003, and 50% in 2004), according to Family Health Survey results.

Based on a two-year average, the percent of household residents with household incomes at or above 300% of the FPL is lowest among Hispanics (20% in 2003-2004) and African Americans (24%), and was 42% among American Indians, 48% among Asians, 52% among whites, and 49% overall. There has been no stable pattern of increases or decreases in any of these groups since 2000.

Literacy and educational attainment. Data from the Wisconsin Department of Public Instruction show that the high school graduation rate in Wisconsin has improved, from 89.3% in 2000 to 91.8% in 2003 (**2010 target: 95%**).

A second component of this objective seeks to eliminate racial/ethnic disparities in the high school graduation rate. The graduation rate has improved since 2000 for all groups. The high school graduation rate has increased among African Americans (from 51.4% in 2000 to 62.9% in 2003), American Indians (from 73.8% to 78.5%), Asians (from 88.0% to 91.4%), Hispanics (from 69.3% to 76.2%), and whites (from 93.7% to 95.2%).

Sufficient data was not available to measure the other objectives for this priority.

Selected Accomplishments and DHFS Activities

- Awarded over \$3.3 million in grants to counties through the Safe and Stable Families program to fund family preservation, support and reunification services for children and families. Another \$1,077,578 was allocated to the Special Needs Adoption Program.
- Conducted public health education to increase health literacy in general and specifically in WIC and the FoodShare Nutrition Education Program.

- Hosted “Bridges Out of Poverty” workshops where participants learned how economic class affects behaviors and mindsets; the “hidden rules” within economic classes; the resources that affect individual outcomes; and “patterns of survival” as a way of understanding behavior.
- Created ACCESS (Access to Economic Support Services), a Web-based tool that allows Wisconsin citizens to determine if they qualify for certain public assistance programs by entering basic information about themselves and their family. Programs included on the Web site are Medicaid, BadgerCare, SeniorCare, FoodShare, WIC, State Tax Credits, Summer Meals Program, Medicare Part D’s Low Income Subsidy program and the Free School Lunch Program.
- Initiated conversations with Wisconsin Literacy, Inc., a coalition of adult, family, and workplace literacy providers, to identify ways to become involved in literacy efforts and to involve other state agencies, including the Departments of Workforce Development, Public Instruction, and Corrections.
- 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.
- Increased participation in FoodShare (the former Food Stamps program) through outreach and other activities. In October 2005, FoodShare enabled more than 150,000 families encompassing nearly 360,000 individuals to purchase nutritious foods, freeing up household income to pay for other living expenses.
- Collaborated with the Department of Public Instruction to establish “Wisconsin Model Early Learning Standards” to address literacy and numeracy (math and science) standards.
- Implemented an enhanced community transitions program focused on female offenders incarcerated for non-violent crimes who have children in Southeast Wisconsin. In partnership with the Department of Corrections, the goal is to safely reunite children with their mothers and breaking the intergenerational cycle of incarceration. Another partnership with the Department of Corrections expanded and modified the Female Alternative to Prison program to give offenders with children priority placement.
- Submitted an implementation grant to the Wisconsin Partnership Fund for a Healthy Future to research and make available to the public health system partners evidence-based practices for ethnic and racial minority populations.
- Increased numbers of licensed day care centers in Milwaukee.
- Developed the Quality Care for Quality Kids Rating System; this has the potential to have a positive impact on child care in all regions of the state, regardless of the socioeconomic status of the family.
- Published a supplement to the state health plan (available on the Department’s Web site at <http://dhfs.wisconsin.gov/statehealthplan/>) that reflects the views of five stakeholder groups: African Americans; American Indians; Asians, Hmong, and Pacific Islanders; Hispanics and Latinos; and Lesbian, Gay, Bisexual, and Transgendered persons.
- Implementing the Brighter Futures Initiative, a program designed to assist Wisconsin youth to achieve their maximum potential to become responsible, self-sufficient, productive adults.

New and Emerging Issues

- Upgrades in the ACCESS Web site will allow participants to see specific information about their eligibility and benefits, and apply for benefits online.
- The state minimum wage increased from \$5.15 to \$5.70, effective June 1, 2005.
- The Governor's Quality Counts for Kids Task Force, established in 2004, is responsible for providing recommendations for establishing a child-care quality rating system. This system is aimed at reforming the way child care is provided, and allowing parents of every socioeconomic group to make informed decisions about child care.
- The Department will continue to build collaborations with the University of Wisconsin-Extension, the Child Care Resource and Referral Network, and the Wisconsin Department of Workforce Development's Child Care Section to have a positive impact on child care services provided by the state and accelerate realization of the following three goals: (1) Describe the child care population, using the Child Care Program data in the child care data warehouse; (2) Compare the structural quality of state-subsidized child care with the quality of child care for other licensed programs in the state; and (3) Assess the state's record for supporting high-quality child care for children and families that do and do not receive subsidies for child care.
- In April 2005, the U.S. Institute of Medicine published *Health Literacy: A Prescription for Confusion*. This report documents that nearly 90 million people in the United States have difficulty understanding and using health information, leading to billions of dollars in avoidable health care costs. To address this problem, systemic action needs to be taken by the public health and health care system, educational system, and health care consumers.
- Based on the most recent federal data, Wisconsin's poverty rate rose 1.9 percentage points from 2002-2003 to 2003-2004, the largest increase for any state. Milwaukee's poverty rate rose from 12th highest in 2003 to 7th highest in 2004 among large cities in the United States.

Tobacco Use and Exposure

The Tobacco Use and Exposure priority has three sets of objectives: youth prevention, tobacco cessation, and secondhand smoke.

Progress in Meeting Objectives—Specific Findings

Youth prevention. This objective has two parts: to decrease tobacco use among middle school and high school youth. Among Wisconsin middle school students, 16% in 2000 reported using any form of tobacco; this percentage was 13% every year thereafter, from 2001 to 2004 (**2010 target:** 12%). Based on combined data for 2001-2004, the percent of middle school students who reported using any form of tobacco was 13% overall, 26% among American Indian students, 22% among Hispanic students, 18% among African American students, 15% among Asian students, and 11% among white students.

8% of middle school students in 2004 reported they currently smoked cigarettes, down from 12% in 2000.

The percentage of high school students who reported using tobacco in any form declined from 39% in 2000 to 28% in 2004 (**2010 target:** 29%). Based on combined data for 2002 and 2004, the percentage of high school students who reported tobacco use was 33% among Hispanic students, 31% among white students, 23% among Asian students, and 20% among African American students.

21% of high school students in 2004 reported they currently smoke cigarettes, down from 33% in 2000.

Tobacco cessation. The percentage of Wisconsin adults who currently smoke cigarettes has decreased from 24% in 2000 to 22% in 2004 (**2010 target:** 19%). The decrease occurred among women, whose rate of smoking declined from 24% to 19%. The rate of smoking did not decrease among men (it was 24% in 2000 and 25% in 2004).

Combined data for multiple years suggest that the smoking rate has declined among American Indian adults (from 46% in 2000-2002 to 31% in 2002-2004), Hispanic adults (from 27% to 24%), and white adults (from 23% to 22%). The smoking rate has remained fairly stable among African Americans (29% in 2002-2004) and Asians (13% in 2002-2004).

A separate part of this objective tracks cigarette smoking among young adults, ages 18-24. Their rate of smoking has declined markedly, from 40% in 2000 to 28% in 2004 (**2010 target:** 32%).

Secondhand smoke. This objective seeks to reduce exposure to secondhand smoke among adults at home, among adults in the workplace, and among youth at home.

In 2000, 28% of Wisconsin adults ages 18 and older reported that they or someone else smoked in their home in the past 30 days (**2010 target:** 21%). No newer data is yet available to measure change in this rate.

Tobacco Use and Exposure

A second component of this objective seeks to “reduce the percent of adults who reported that smoking is allowed in some or all work areas as their place of work’s official smoking policy.” In 2000, 26% of adults reported that smoking was allowed in some or all areas of their workplace or their workplace had no official policy (**2010 target:** 19%). By 2004, this percentage had been reduced to 16%, meeting the 2010 target.

Finally, this objective seeks to reduce the percent of youth who live with someone who smokes. In 2000, 44% of Wisconsin middle and high school students reported they live with a smoker (**2010 target:** 33%). The percentage remained at 44% in 2002, but was 41% in 2004. Based on combined data for 2002 and 2004, the percentage of middle- and high school students who said they live with a smoker was 60% among American Indian students, 54% among African American students, 51% among Hispanic students, 41% among white students, and 28% among Asian students.

Selected Accomplishments and DHFS Activities

- Maintained core surveillance systems to report, monitor trends and evaluate progress on key policy and system efforts. These surveillance systems include (1) the Middle School Youth Tobacco Survey, (2) the High School Youth Tobacco Survey, (3) the Youth Risk Behavior Survey, (4) the Behavioral Risk Factor Survey, and (5) Tracking the State Health Plan 2010 (an online data system).
- Determined the number of smoke-free county and municipal buildings and vehicles.
- Worked with the University of Wisconsin Comprehensive Cancer Center and the American Cancer Society to develop and disseminate the *2005 Burden of Tobacco Report*.
- Funded with the UW Center for Tobacco Research and Intervention community outreach staff in five Wisconsin regions to work with local health professionals and work sites to provide resources to treat tobacco addiction and implement Clinical Practice Guidelines. These Guidelines developed by the U.S. Public Health Service promote clinical best practice, systems change, and policies to support effective tobacco addiction treatment.
- Worked with state and local partners to support 23 local smoke-free policies. Several statewide policies have also been approved in recent years, including an Executive Order by Governor Jim Doyle making all state office buildings smoke-free, a bill sponsored by Representative Rob Kreibich making all UW System dormitories smoke-free, and all Department of Health and Family Services and Department of Corrections facilities going smoke-free by 2006.
- Funding local coalition activities to prevent youth tobacco use, promote smoke-free environments, eliminate tobacco-related disparities, and treat tobacco addiction.
- Helped more than 7,500 people quit smoking through the Tobacco Quit Line and, by doing so, saved Wisconsin \$24 million in health care costs. The Quit Line has provided services to about 35,000 smokers in three years. The overall quit rate for Quit Line callers is 22 percent, which is four times more successful than the rate for smokers who try to quit “cold turkey” (without counseling or medication). And 91% of callers say they’re satisfied with the service.
- The First Breath Program established over 120 sites statewide and has provided intensive cessation counseling and support for almost 2,000 pregnant smokers on public assistance programs. During the first six months of 2004, 34% of participants reported quitting.

- With funding from the DHFS, the University of Wisconsin Center for Tobacco Research and Intervention partnered with the Wisconsin Hospital Association in 2004 to encourage hospitals across the state to utilize the Clinical Practice Guidelines and make smoking cessation treatment a standard of patient care. The Center for Tobacco Research and Intervention presented three training sessions via conference call to leaders from 55 Wisconsin hospitals and care quality promotion organizations. These hospitals serve more than 866,000 patients a year. In addition, the Center for Tobacco Research and Intervention has provided training and technical assistance to multiple health systems and clinics across Wisconsin, systems that serve tens of thousands of patients.
- Leveraged over \$1 million American Legacy Foundation Funds for youth prevention media buys.
- Established effective community coalitions in over 40 Wisconsin communities. These local anti-tobacco coalitions are working to prevent youth tobacco use, promote smoke-free environments, eliminate tobacco-related disparities, and treat tobacco addiction. The Department provides funding and technical assistance on effective tobacco control programs and policies.
- Created “Bringing Everyone Along: A Strategic Plan to Identify and Eliminate Tobacco-Related Disparities in Wisconsin” through a pilot project funded by the Centers for Disease Control and Prevention. The plan set strategies aimed at addressing root causes of tobacco-related disparities. The Disparities Team actively ensures that the plan is implemented by local and state partners in tobacco control.
- Developed and offered a series of Web-based trainings, a resource CD, and a rural summit for existing tobacco control programs to help those programs address tobacco-related disparities. These trainings increased knowledge of available resources to identify and address disparities, increase an organization’s ability to integrate and adapt disparity considerations into existing programming, and increased knowledge of effective strategies to reach populations with disparities.
- Strengthened tobacco prevention services by funding four ethnic networks, the Poverty and Prevention Network, and the First Breath Program. The four ethnic networks serve the Hispanic/Latino, African American, Asian, and American Indian populations of Wisconsin.
- Established a Poverty and Prevention Network to address tobacco use among low socioeconomic status populations. The Network’s primary goal is to help social service organizations incorporate tobacco prevention interventions into their already established services.
- Funded a campus-wide effort at U.W.-Oshkosh that decreased smoking from 34% to 24% in just one year.
- Worked with the Wisconsin Ethnic Network Collaborative to develop and air the “Let’s Be Clear” campaign. The campaign featured testimonials on cessation and smoke-free air from American Indian, African American, Latino, and Hmong community members and utilized radio, television, and print advertising.

New and Emerging Issues

- Youth tobacco use is at an historic low:
 - Middle school smoking rates dropped 37% from 2000 to 2004. This equals almost 10,000 fewer middle school smokers in 2004 than in 2000.
 - Smoking among high school students decreased 45% during this period. This equals almost 45,000 fewer high school smokers in 2004 than in 2000.
 - The Wisconsin Wins program reduced illegal sales of tobacco to minors by over 75% statewide, from more than 33% of purchase attempts in 2001 to less than 8% in 2004.
 - The “B-Force” anti-spit-tobacco program sponsored by the DHFS, Wisconsin Dental Association, the Milwaukee Brewers, and the Department of Public Instruction reached over 90,000 fifth graders across Wisconsin.
 - Almost 280,000 students in 300 schools received evidence-based educational programs and services through the Thomas T. Melvin School Grants program.
 - The Not-On-Tobacco program, a partnership with the American Lung Association of Wisconsin, helped hundreds of Wisconsin middle and high school students quit or reduce smoking.
- Improving integration and coordination between Alcohol and Other Drug Abuse programs and services, mental health programs and services, and tobacco addiction treatment and prevention programs and services.
- Improving integration and reimbursement of tobacco addiction treatment services and technologies in Wisconsin Medicaid programs.
- Providing technical assistance to local and state efforts to protect the rights of all workers to breathe clean air.
- Improving integration of tobacco addiction treatment and prevention with the treatment and prevention of other chronic diseases (diabetes, asthma, heart disease, etc.).
- Researching stable funding for tobacco prevention and control.
- Addressing the stagnation of adult smoking rates. The adult smoking rate has remained around 22% – 23% for the past 15 years.

Integrated Electronic Data and Information Systems

Objective: By 2010, Wisconsin will have an integrated electronic information system that measures public health system capacity and provides meaningful information about Wisconsin's five infrastructure priorities and 11 health priorities for individuals and organizations to improve the health of Wisconsin's population.

Selected Accomplishments and DHFS Activities

- Continued efforts to educate the public health system workforce about the Public Health Information Network and the Health Alert Network. A public Web site is being developed to provide detailed information and learning modules on both these systems (available spring 2006 at <http://dhfs.wisconsin.gov/wiphin/>).
- Developed a dataset listing the measures for the state health plan. This work includes complex analysis and identification of all needed measures, determining the availability of data for these measures, and identifying gaps in current measurement.
- Investigated the utility of a master index to link client records across systems to create comprehensive views of clients and reduce duplicate data entry within privacy boundaries.
- Provided support for the implementation of the Wisconsin State Laboratory of Hygiene Web portal. This sets the stage for effective interchange of electronic information between laboratories, increasing the speed, efficiency, completeness, and quality of data.
- Expanded the scope of electronic laboratory reporting beyond reference laboratories (Wisconsin State Laboratory of Hygiene) to include major hospital laboratories in Wisconsin. This sets the stage for eliminating paper reporting of notifiable and environmental conditions and radically increases reporting speed, efficiency, completeness, and quality.
- Determined an approach for acquiring a comprehensive electronic statewide disease and environmental surveillance system. This will provide a single integrated system for reporting, surveillance, case management, and outbreak management of all "notifiable" conditions (e.g., tuberculosis) and environmental hazards (e.g., lead).
- Developed a survey that identifies the specific sets of data that partners within the public health system are sharing, plan to share, or need to share (interoperability). For example, SPHERE needs data from vital records, and plans are underway to share the data with the Wisconsin Immunization Registry. Another example is linking air quality data with rates of asthma.
- Established the requirements and technical architecture needed for a system-wide data analysis, visualization, and reporting service for public health. This will enable convenient and uniform access to diverse sets of public health data for epidemiology, surveillance, research, training, management, and policy.
- Activated CommandCaller to notify Wisconsin Emergency Assistance Volunteer Registry (WEAVR) volunteers of the need to respond to Hurricane Katrina and keep them informed of evolving needs in the Gulf Coast states.
- Used the Health Alert Network to communicate and coordinate local public health activities in support of Hurricane Katrina response and recovery efforts.

- Implemented technologies and procedures to enable local verification of the identity and organizational affiliation of users of the Public Health Information Network, a critical step in ensuring secure access to the data managed within the Network.
- Piloted the technology that will allow PHIN users to access multiple computer systems by logging in once. This streamlines workflow and access to information, and allows comprehensive views of data about a subject.
- Was awarded \$100,000 in an “InformationLinks” grant from the Robert Wood Johnson Foundation to understand and define the role of public health in regional health information organizations – the building blocks of the National Health Information Network.
- Improved the data linking and analysis necessary to measure and address health disparities in Wisconsin. Data linking enables discovery of previously unrecognized disparities and measurement of progress in their elimination. These improvements will create comprehensive documentation on disparities and the effectiveness of prevention efforts.

New and Emerging Issues

- New technologies that can translate and transport data between disparate systems and among varying public health system partners and providers. Such technologies must meet national standards for interoperability. Public health in Wisconsin spends less than 1% of its outlays on information technology. Outlays for information technology in banking are about 10%, manufacturing 6 to 8%, and health care about 2%.
- National studies have revealed that a large portion (30%-50%) of health care expenditures is inappropriate, redundant, or unnecessary. Health information technology can be leveraged to prevent inappropriate health care decisions and improve health outcomes. In 2006, Governor Doyle launched an initiative, through the creation of the eHealth Care Quality and Patient Safety Board, to utilize health information technology to help reduce medical costs and improve the safety of health care.
- Wisconsin public health data systems must be created within a larger digital framework of clinical care, self-care, and research, compatible with national initiatives such as the National Health Information Network.
- Population-based data provides value-added information to the clinical practice environment. For example, the Lead Program is working to create clinician scorecards on lead screening. Aggregated data on lead screening adds value to clinical practice. Scorecards provide insight into the degree to which a clinician is screening Medicaid children for lead poisoning. Such data foster quality improvements in clinical practice and clinical decision-making to prevent negative health outcomes. The data may also provide a competitive edge that can stimulate an increase in screening in the clinical setting for children at risk.

Community Health Improvement Processes and Plans

Objective: By 2010, 100% of local health departments will have implemented and evaluated a community health improvement plan that is linked to the State Health Plan.

Selected Accomplishments and DHFS Activities

- Disseminated the 2004 Mapping Project that shows the distribution of community health priorities (the 11 health priorities and the 5 infrastructure priorities) throughout Wisconsin. This is in response to the statutory mandate that every local health department assess current needs of the community, develop policies and plans to address these needs, and assure that the needs are met.
- Developed an inventory to identify every program delivered at the local level by health departments using the framework of the state health plan (e.g., Well Woman Program services are linked to at least four different health priorities).
- Provided local data online to measure the health conditions that are linked to the health priorities. This work is designed to recognize the programs delivered at the local level by health departments and their community partners and ultimately improve the health status of local communities.
- Gathered information on the quality of all local health department community health improvement plans as part of the five-year certification program carried out by DHFS.
- Planned statewide implementation of the National Public Health Performance Standards Program in Wisconsin local health departments, linked to public health preparedness.
- Worked with the Wisconsin Public Health Association to update the state's public health statutes.
- Analyzed local community health improvement plans to identify the degree to which community health needs are being addressed and gaps are narrowing.
- Submitted an implementation grant proposal to the University of Wisconsin School of Medicine and Public Health to develop evidence-based practices for the health priorities of the state health plan specifically targeted to ethnic and racial minorities in Wisconsin.

New and Emerging Issues

- Current state law requires local health departments to conduct regular needs assessments. The majority of, but not all, local health departments have developed community health improvement plans with their communities to act upon current and emerging needs and threats to health.

Coordination of State and Local Public Health System Partnerships

Objectives:

1. **Influencing Partnership Participation to Improve Health.** By December 31, 2010, 100% of public/private health partnerships, within five years of being formed, have successfully changed one or more significant system or health priorities that support Healthiest Wisconsin 2010.
2. **Establishing Collaborative Leadership and Educational Processes.** By December 31, 2010, members of 100% of defined local, regional, and state partnerships will evaluate that the partnership has effectively met locally defined goals that support Healthiest Wisconsin 2010.
3. **Developing a Data System to Manage, Assess, and Evaluate Partnerships.** By December 31, 2010, the Department of Health and Family Services will maintain an electronic public health data system that collects data on critical public/private health partnership indicators.

Selected Accomplishments and DHFS Activities

- Provided technical assistance and support to community agencies applying for Blue Cross/Blue Shield planning and implementation planning grant resources from Wisconsin's two medical schools.
- Participated on the University of Wisconsin - Eau Claire Environmental Health Public Health Program Advisory Committee to strengthen the curriculum, attract diverse students, and increase enrollment.
- Participated in various emergency preparedness activities including consortia meetings and exercises that involved local health departments, hospitals, local emergency management, and law enforcement.
- Organized and promoted the annual Public Health/Community Health Nursing Academic Linkages Dinner with Wisconsin's 17 collegiate schools and colleges of nursing.
- Served on the workgroup for the Healthy Wisconsin Leadership Institute's Lifelong Learning and Mentoring Program.
- Conducted reviews of and certified that 93 of the 94 local health departments in Wisconsin meet state laws and requirements to protect and promote the health of the communities they serve.
- Worked with the Menominee County Health Officer to help the current county agency become a Level I local health department.
- Provided leadership in the northeast region for the Healthy Babies Initiative, in which various partners representing the medical, clinical, nonprofit, and state/local governmental sectors work together to eliminate health disparities.
- Provided support to the Wisconsin Department of Public Instruction and associated community members to encourage children to consider health careers.
- Assisted with "DANE CAN," a nutrition and physical activity coalition in Dane County.
- Consulted with local health departments in the southern region to develop strategies for improving breastfeeding practice in hospitals, including the development of a grant proposal to the Wisconsin Partnership Program.

- Implemented Governor Doyle’s executive order that recognizes the sovereignty of Wisconsin’s American Indian tribes by creating the first Departmental Memorandum of Understanding concerning consultation with the tribes. This agreement assures that the tribes are provided opportunities to consult and share their perspectives in the development of policy by the Department.
- Consulted with local health departments in the southern region to develop strategies for improving breastfeeding practice in hospitals, including the development of a grant proposal to the Wisconsin Partnership Program.
- Participated in joint emergency preparedness meetings and exercises with the states of Michigan, Minnesota, Illinois, and Iowa.
- Participated in pandemic influenza exercises with the RAND Corporation.
- Staffed the Public Health Council, developed the Web site and provided other support to the Council and its committees.
- Created an extensive e-mail group code, “Friends of the State Health Plan,” to disseminate information to Wisconsin agencies and organizations outside the Department.
- Wrote a successful application to secure a two-year policy fellowship from the University of Wisconsin Population Health Program. The fellow has been focusing on state health plan measurement, local data development, health disparities, and partnership activities external to the Department.
- Successfully competed for a grant from the Robert Wood Johnson Foundation’s Transitions Grant Program to support two conferences in 2006. Wisconsin was one of five states nominated by the National Program Office to compete for this grant. These “Public Health and Policy Horizons” conferences will disseminate *Healthiest Wisconsin 2010* findings; describe Wisconsin’s population-based surveillance and Web-based statewide and local data tracking systems; and summarize efforts to encourage the use of evidence-based practices. These conferences will accelerate full system engagement of the public health, health care, and environmental sectors.
- Published *Implementation Plan Summary: Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public*. This concise summary communicates the substance of the Plan’s 16 priorities, and helps the partners navigate components of the Plan. The Department also made available a CD-ROM that contains the full Implementation Plan and many other State Health Plan materials and resources.
- Assisted a 40-member agency consortium in central Wisconsin, known as AHORA, to establish a network for documented and undocumented Hispanic persons. The network’s chief focus is to decrease language barriers and improve access to health care for this growing population.
- Provided assistance and public health support to resettle Hmong refugees from Thailand in the communities of Wausau, La Crosse, and Eau Claire.
- Collaborated with Wisconsin’s American Indian tribes to strengthen emergency preparedness.
- Provided staff support for a community group working to improve health outcomes among African American infants in Beloit.
- Participated in a community meeting to strengthen communication between the City of Appleton Health Department and 18 Hmong clan leaders from throughout Wisconsin.

New and Emerging Issues

- Considerable growth in both the number and the array of public health partnerships is occurring statewide and locally. Developing sustainable partnerships is resource-intensive. As expressed in *Healthiest Wisconsin 2010*, by government's external partners:

“Government has a responsibility to establish leadership and facilitate the achievement of the public health mission and vision in Wisconsin. While governmental agencies cannot and should not be made solely responsible for guaranteeing the public's health, they can and should take responsibility for seeing that the appropriate people and groups come together to address public health issues” (*Healthiest Wisconsin 2010*, p. 11).

Sufficient and Competent Workforce

Objectives:

1. **Competency.** By 2010, Wisconsin's public health system will assure a competent public health workforce through a collaborative information and education network for workforce preparation, support of current practice, and continuing education.
2. **Diversity.** By 2010, the composition of Wisconsin's public health system workforce at all levels will approach the demographic profile of the community.
3. **Enumeration.** By 2010, Wisconsin will have a monitoring system in place with the capacity to describe the current and future composition, distribution, and trends of Wisconsin's public health workforce.

Selected Accomplishments and DHFS Activities

- Established the public health Education and Training Advisory Committee (EdTRAC) to address public health system workforce issues in Wisconsin and to link education and practice. Its purpose is to provide system-wide leadership and guidance for workforce development, credentialing, continuing education, and professional development. Identified four critical EdTRAC priorities that include: curriculum and continuing education inventories and evaluations; training needs assessments of the workforce; assuring the development of competency-based curricula tied to the essential public health services; and prioritizing emergency preparedness continuing education initiatives.
- Collaborated in the formation and curriculum design of the Master's of Public Health program at the University of Wisconsin School of Medicine and Public Health through community and faculty advisory committees.
- Collaborated with the Medical College of Wisconsin and the University of Wisconsin School of Medicine and Public Health to establish the "Healthy Wisconsin Leadership Institute" to advance the capacity of the public health system workforce to improve and protect the health of communities.
- Supported the 2005 Annual Public Health Nursing Conference, "Renewing Public Health Nursing's Commitment to Social Justice."
- Conducted a competency-based emergency preparedness learning needs assessment of more than 10,000 people in Wisconsin's public health system workforce, including government, physicians, nurses, veterinarians, and allied health professionals.
- Invested in a distance learning management system (TRAIN) as a central repository of public health training resources in Wisconsin. TRAIN allows all public health partners to search and access relevant training and also serves as a tool to track and measure the impact of training on the public health system workforce.
- Collaborated with the University of Minnesota School of Public Health to develop and deliver competency mapping and evaluation courses to public health educators, training coordinators, and public health practitioners in Wisconsin.
- Recorded and distributed satellite programming on relevant public health topics from the CDC Public Health Training Network and other schools of public health to the public health system workforce. Key broadcasts in 2005 included: mass immunization, risk communication, protecting the food system from intentional threats, obesity, and nutrition.

- Invested in an online media presentation system (Mediasite) to decrease the costs of and barriers to public health communication, outreach, and education activities. This technology enables the Department to record and broadcast meetings, conferences, and training programs. The use of this technology allows easy access to “public health in action,” and broadcasts can easily be accessed on the Department’s Web site. In 2005 nearly 300 events were recorded and broadcast.
- Submitted a special report on epidemiology capacity in Wisconsin’s public health system. This report focuses on current and future epidemiological capacity needed to respond to threats to the health and safety of the public. Some of the report’s recommendations include: (1) Public health should work toward seamless integration of epidemiology concepts and practices throughout Wisconsin’s governmental public health system; (2) Effective and routine interaction between epidemiologists in governmental public health agencies and epidemiologists in health care facilities (hospitals) and institutions of higher education must be developed; (3) Local health departments need access to appropriately trained epidemiologists whose capabilities match the task or problem at hand; and (4) Epidemiologists need to be fully integrated into community health improvement planning and processes.

New and Emerging Issues

- According to the Council of State Governments and the National Association of State Personnel Executives, state health departments are the state agencies most likely to experience the government workforce shortage, with health fields most severely affected. Moreover, the U.S. Department of Health and Human Services Bureau of Health Professions reported a significant decline in the ratio of state public health workers to population, from 219 per 100,000 in 1980 to 158 per 100,000 in 2000. After 9/11, state public health agencies entered an era of new responsibilities, pressures, and challenges, ranging from first responders in terrorist attacks to emerging infectious diseases (Association of State and Territorial Health Officers, 2004).
- A shortage of public health professionals is expected in the fields of public health nursing, laboratory scientists, laboratory technicians, and environmental health practitioners (Association of State and Territorial Health Officers, 2004).
- The nursing workforce in Wisconsin has been characterized by fluctuations in availability, from shortages to excess. The current situation for hospitals is that entry level positions can be filled, with the number of new graduates meeting current needs. Problems persist in recruiting operating room, intensive care, emergency room, surgical, and managerial nurses. The registered nurse workforce is aging, with many members nearing retirement age. Baby boomers begin to turn 60 this year. Because nursing was one of the occupations open to women of that group, many registered nurses (up to 30 percent) are now nearing retirement age. The Department of Workforce Development finds that Wisconsin loses young workers to other states; yet Wisconsin does attract and retain a mature registered nurse population. The number of nurses taking the licensure exam is a measure of new entries into the workforce; this number has only recently returned to levels seen in the past. These numbers are not adequate to replace retiring workers and fill new positions created by our aging population (Source: Wisconsin Board of Nursing NCLEX records).

- Wisconsin's institutions of higher education are starting to ramp up efforts to produce environmental health specialists at the baccalaureate and master's levels. The current declining capacity would result in local communities having difficulty recruiting qualified professionals to protect the community from environmental threats, and to carry out regulation of food establishments, lodging, and recreational facilities.
- The new Healthiest Wisconsin Leadership Institute responds to a need for continuing education in public health and the development of leaders in Wisconsin's public health system. The Institute serves the learning needs of government, the public, private, nonprofit, and voluntary sectors.
- The U.W.-Madison's new Master's of Public Health program, which officially began in fall 2005, will provide a new opportunity for the public health workforce to pursue concentrated studies in public health and assures a pipeline for the entry of new workers into the public health system.

Equitable, Adequate and Stable Financing

Objective: By 2010, there will be equitable, adequate, and stable funding to support Wisconsin's state and local public health system infrastructure.

Selected Accomplishments and DHFS Activities

- Provided technical assistance to potential applicants from governmental agencies on Blue Cross/Blue Shield asset conversion fund grants. Created a monitoring system that includes all community/academic partnership applications.
- Explored strategies to maximize Medicaid revenue for public health and compiled a list of potential projects that could be funded through Medicaid to maximize resources in public health programs, about \$126.6 million was secured from federal sources in State FY2005. Formed an internal Ad Hoc Public Health Financing Workgroup to discuss ways to create equitable, adequate and stable financing for public health.
- Researched and compiled a list of grant resources available in the public and private sectors, and disseminated this information at the 2005 Wisconsin Public Health Association Conference. According to the 2003 edition of *Marquette University's Foundations in Wisconsin: A Directory*, a total of 113 private foundations offer public health funding opportunities in the state.
- Submitted the public health preparedness grant application for FY 2005-2006 to the U.S. Centers for Disease Control and Prevention. The primary purpose of this "Public Health Preparedness and Response to Bioterrorism" grant is to build emergency response infrastructure at the state and local levels throughout Wisconsin.
- Received a \$40,000 grant from the Robert Wood Johnson Foundation to continue implementation of *Healthiest Wisconsin 2010*, the State Health Plan. Key products will include a report on "The State of Wisconsin's Health," and two Public Health and Policy Horizons conferences to share public health data and information with a broad mix of representatives from the public health system.
- Hired a Minority Health Officer for the Department to focus on the elimination of ethnic and racial disparities throughout Wisconsin. Reassigned two staff to lead efforts to improve birth outcomes in the Milwaukee area.

Current and Emerging Issues

- Under the leadership of the Wisconsin Public Health Association, efforts are under way to explore the concept of a public health institute for Wisconsin. Other states have formed institutes, which can bring in more public health system revenues through a streamlined organizational structure.
- There is a continued threat of decreases in federal resources to the states. The Prevention Block Grant, the Maternal and Child Health Block Grant, and the Wisconsin Well Woman Program are at risk. The Prevention Block Grant, a mainstay for flexible public health programming, is at risk of being transformed into a chronic disease block grant.
- Grant resources are an inherently unstable source of funding for basic programs that need to be sustained over time.
- Support for federally qualified health centers is growing and will help provide an expanded health care safety net for the uninsured.