

Wisconsin State Health Assessment

2016

Draft Report

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2016 State Health Assessment

Wisconsin Department of Health Services, Division of Public Health

DRAFT DOCUMENT

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The final State Health Assessment will be made available online. Sign up for the WI-HIPP email updates to receive notifications about the health assessment and health improvement plan, including the final document. https://public.govdelivery.com/accounts/WIDHS/subscriber/new?topic_id=WIDHS_20

* This version of the assessment is still a draft. Content may be added or modified based on additional information obtained by subject matter experts and public feedback.

State of Wisconsin's Health

This section details the health issues that are most important to the state, using the framework of *Healthiest Wisconsin 2020*. As possible, each section includes an overview of what is being done and what actions are needed to (continue to) improve the specific health issue(s).

The first table in this section highlights the leading causes of death by age group for Wisconsin residents. In 2014 (the most recent data available), there were 50,127 deaths of Wisconsin residents. While the total number of deaths has increased ten percent from 2009 to 2014, the age-adjusted death rate, 711 per 100,000, decreased slightly.ⁱ The death rate in Wisconsin is comparable to the national rate. Overall, the leading causes of death in Wisconsin in 2014 were cancer and heart disease, accounting for 45 percent of all deaths.

The leading causes of death and death rates vary by sex, age, race/ethnicity, and socioeconomic status. Age-adjusted mortality rates by sex in Wisconsin mirror the national rates; in 2014, males had a 38% higher risk of dying than females. Age-adjusted mortality rates were also higher among non-Hispanic American Indian/Alaska Native and Non-Hispanic Black/African American populations compared to White; Asian and Hispanic groups had lower age-adjusted mortality rates than White.

The second table provides indicators from America's Health Rankings, organized by *Healthiest Wisconsin 2020* Health Focus Areas.

Leading causes of death are highlighted in different colors to demonstrate changes over age groups in population.

Leading Causes of Death by age	Infants under 1	1 to 4	5 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 and older	All ages
1st	Short Gestation/Low birth weight (92)	Unintentional Injuries (9)	Unintentional Injuries (23)	Unintentional Injuries (209)	Unintentional Injuries (301)	Unintentional Injuries (256)	Malignant Neoplasms (767)	Malignant Neoplasms (2,091)	Heart Disease (9,215)	Malignant Neoplasms (11,278)
2nd	Congenital Malformations (87)	Malignant Neoplasms (7)	Malignant Neoplasms (12)	Suicide (116)	Suicide (111)	Malignant Neoplasms (165)	Heart Disease (491)	Heart Disease (1,161)	Malignant Neoplasms (8,160)	Heart Disease (11,066)
3rd	Unintentional Injuries (23)	Pneumonia/Influenza (7)	Suicide (10)	Homicide (47)	Malignant Neoplasms (51)	Heart Disease (143)	Unintentional Injuries (317)	Unintentional Injuries (346)	Chronic Lower Respiratory (2,390)	Unintentional Injuries (2,891)
4th	SIDS (21)	Homicide (7)	Chronic Lower Respiratory (5)	Malignant Neoplasms (24)	Homicide (46)	Suicide (125)	Chronic Liver Disease (159)	Chronic Lower Respiratory (263)	Stroke (2,168)	Chronic Lower Respiratory (2,742)
5th	Placenta/Cord/Membrane (17)	Congenital (*)	Homicide (*)	Heart Disease (14)	Heart Disease (36)	Chronic Liver Disease (43)	Suicide (159)	Chronic Liver Disease (262)	Alzheimer's (1,857)	Stroke (2,468)
6th	Maternal Pregnancy Complication (14)	Septicemia (*)	Heart Disease (*)	Congenital (6)	Chronic Liver Disease (11)	Diabetes (37)	Stroke (95)	Diabetes (197)	Unintentional Injuries (1,407)	Alzheimer's (1,864)
7th	Neonatal Hemorrhage (10)	In Situ Neoplasm (*)	Congenital (*)	Chronic Lower Respiratory (5)	Stroke (10)	Stroke (23)	Diabetes (81)	Stroke (165)	Diabetes (1,009)	Diabetes (1,331)
8th	Respiratory Distress (*)	Heart Disease (*)	Cerebro-Vascular (*)	HIV (*)	In Situ Neoplasm (9)	Pneumonia/Influenza (20)	Chronic Lower Respiratory (64)	Suicide (120)	Nephritis (864)	Pneumonia/Influenza (981)
9th	Bacterial Sepsis (*)	Pneumonitis/Asp. (*)	Septicemia (*)	Pneumonia/Influenza (*)	Chronic Lower Respiratory (7)	Homicide (16)	Pneumonia/Influenza (43)	Septicemia (67)	Pneumonia/Influenza (834)	Nephritis (964)
10th	Necrotizing Enterocolitis (*)	--	Diabetes (*)	Pregnancy Related (*)	Septicemia (6)	HIV (10)	Nephritis (22)	Pneumonia/Influenza (66)	Parkinson's (600)	Suicide (755)

Source: Office of Health Informatics, Division of Public Health, Department of Health Services.

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Healthiest Wisconsin 2020 Health Focus Areas and Objectives and America's Health Rankings Indicators

Source: America's Health Rankings Annual Report 2015

Alcohol and Drug Use	WI 2010	WI 2015	Best State 2015	WI Rank 2010	WI Rank 2015
<ul style="list-style-type: none"> • Change underlying attitudes, knowledge and policies • Improve access to services for vulnerable people • Reduce risky and unhealthy alcohol and drug use 					
Binge Drinking (Percent of adult population)	18.7	22.1	10.2	50	49
Drug Deaths (Deaths per 100,000 population)	11.0 ⁱⁱ	13.1	2.7	16 ⁱⁱⁱ	23
Chronic Disease Prevention and Management	WI 2010	WI 2015	Best State 2015	WI Rank 2010	WI Rank 2015
<ul style="list-style-type: none"> • Promote sustainable chronic disease programs • Improve equitable access to chronic disease management • Reduce chronic disease health disparities 					
Cancer Deaths (Deaths due to all causes of cancer per 100,000 population)	192.7	193.3	146.1	23	30
Cardiovascular Deaths (Deaths due to CVD – including heart disease and stroke – per 100,000 population)	258.3	237.2	186.5	22	24
Obesity (Percent of adults who are obese by self-report, with a body mass index (BMI) of 30.0 or higher)	29.2	31.2	21.3	34	36
Communicable Diseases	WI 2010	WI 2015	Best State 2015	WI Rank 2010	WI Rank 2015
<ul style="list-style-type: none"> • Immunize • Prevent disease in high-risk populations 					
Infectious Diseases (cases per 100,000 population)	NA	0.207	-1.09	NA	35
Environmental and Occupational Health	WI 2010	WI 2015	Best State 2015	WI Rank 2010	WI Rank 2015
<ul style="list-style-type: none"> • Improve the quality and safety of the food supply and natural, built and work environments • Promote safe and healthy homes in all communities 					
Air Pollution (Micrograms of fine particles per cubic meter)	11.1	9.1	5	31	30
Occupational Fatalities (Deaths per 100,000 workers)	3.3	3.8	2	8	16
Healthy Growth and Development	WI 2010	WI 2015	Best State 2015	WI Rank 2010	WI Rank 2015
<ul style="list-style-type: none"> • Assure children receive periodic developmental screening • Improve women's health for healthy babies • Reduce disparities in health outcomes 					
Immunization – Children (Percent aged 19 to 35 months) ^{iv}	93.53	70.9	84.7	-	29
Infant Mortality	6.4	6.0	4.2	19	23
Injury and Violence Prevention	WI 2010	WI 2015	Best State 2015	WI Rank 2010	WI Rank 2015
<ul style="list-style-type: none"> • Create safe environments and practices through policies and programs • Improve systems to increase access to injury care and prevention services • Reduce disparities in injury and violence 					
Violent Crime (Offenses per 100,000 population)	257	278	121	-	19

State of Wisconsin's Health

Mental Health					
<ul style="list-style-type: none"> Reduce smoking and obesity among people with mental disorders Reduce disparities in suicide and mental disorders Reduce depression, anxiety and emotional problems 	WI 2010	WI 2015	Best State 2015	WI Rank 2010	WI Rank 2015
Poor Mental Health Days (days in previous 30 days)	2.8	3.6	2.7	7	22
Suicide	NA	14.7	8.3	NA	27
Nutrition and Healthy Foods					
<ul style="list-style-type: none"> Increase access to healthy foods and support breastfeeding Make healthy foods available for all Target obesity efforts to address health disparities 	WI 2010	WI 2015	Best State 2015	WI Rank 2010	WI Rank 2015
Fruits	NA	1.4	1.67	NA	19
Vegetables	NA	1.76	2.21	NA	36
Oral Health					
<ul style="list-style-type: none"> Assure access for better oral health Assure access to services for all population groups 	WI 2010	WI 2015	Best State 2015	WI Rank 2010	WI Rank 2015
Dentists	52.6	56.0	81.2	-	24
Physical Activity					
<ul style="list-style-type: none"> Design communities to encourage activity Provide opportunities to become physically active Provide opportunities in all neighborhoods to reduce health disparities 	W 2010	WI 2015	Best State 2015	WI Rank 2010	WI Rank 2015
Physical Inactivity (Percent of adult population)	22	21.2	16.4	-	15
Reproductive and Sexual Health					
<ul style="list-style-type: none"> Establish a normal of sexual and reproductive health across the life span Establish the social, economic and health policies to improve equity in sexual health and reproductive justice Reduce disparities in sexual and reproductive health 	WI 2010	WI 2015	Best State 2015	WI Rank 2010	WI Rank 2015
Immunization HPV female	NA	40.9	54.0	NA	21
Immunization HPV male	NA	23.6	42.9	NA	15
Teen Birth Rate	32.2	19.6	12.1	-	11
Tobacco Use and Exposure					
<ul style="list-style-type: none"> Reduce use and exposure among youth Reduce use and exposure among adults Decrease disparities among vulnerable groups 	WI 2010	WI 2015	Best State 2015	WI Rank 2010	WI Rank 2015
Smoking (Percentage of adults who are smokers)	18.7	17.4	9.1	31	21
Youth Smoking (Percentage of high school students who self-report smoking cigarettes on at least 1 day during the past 30 days)	14.6 ^v	11.8	-	-	-

ⁱ Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. *Annual Wisconsin Death Report, 2014* (P-01170-15). November 2015.

ⁱⁱ 2013 data; 2010 not available

ⁱⁱⁱ 2013 data; 2010 not available

^{iv} Measures varied from 1996-2009; 2005-2012; 2012-2015

^v Data on Youth Smoking category not reported before 2012

Alcohol and Drug Use

According to America's 2015 Health Rankings, Wisconsin ranks 49th for Binge Drinking and 45th for Chronic Drinking. Wisconsin ranks 23rd for drug deaths.

Alcohol Abuse and Binge Drinking in Wisconsin

Binge Drinking

Binge drinking is the practice of consuming large quantities of alcohol in a single session, which is considered four drinks in one sitting for women and five drinks for men. Heavy drinking is defined as more than two drinks per day for men and more than one drink per day for women. Adverse health outcomes associated with excessive alcohol consumption include cirrhosis of the liver and other chronic diseases, alcohol dependence, and fetal alcohol spectrum disorder.

"Many types of mortality, morbidity, and criminal behavior have been linked to the use of alcohol and other drugs. Given Wisconsin's high rate of alcohol consumption, it is not surprising that the rates at which Wisconsin experiences the consequences associated with alcohol use have also tended to be higher than national rates." – Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2014¹

Wisconsin continues to rank among the worst in the nation for both heavy drinking and binge drinking among adults. Approximately one in four (24.3%) Wisconsin adults engaged in binge drinking in the previous month, compared to the national median of 18.3%; and 9.8% of Wisconsin adults engaged in heavy drinking, compared to the national median of 6.6% (data not shown).¹⁴ More than one in three high school students in Wisconsin drank alcohol within the past 30 days.

In 2012, the estimated annual costs associated with excessive alcohol consumption in Wisconsin totaled \$6.8 billion. In 2010, at least 1,732 people died (3% of all deaths), 3,511 were injured, and 67,345 were arrested as a direct result of alcohol use and misuse in Wisconsin. The death rate due to alcoholic liver disease has increased by 28% since 2001.

While Whites have the greatest number of deaths, American Indians have the highest age-adjusted death rate from alcoholic liver disease.

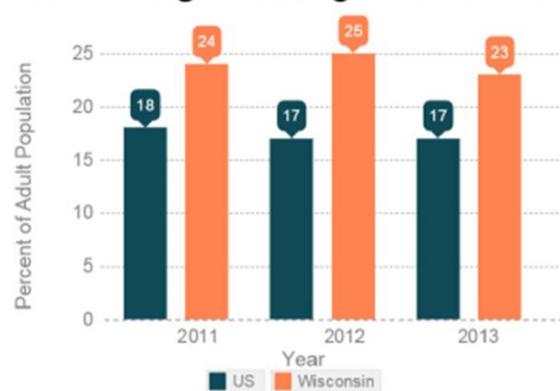
- Binge drinking rates were significantly higher among males and younger age groups.
- Wisconsin's rate of binge drinking among women of childbearing age is the highest in the nation
- Binge drinking rates were significantly lower for Black adults compared to Whites.
- White students were significantly more likely to binge drink than were Black, Hispanic, and Asian students.
- Early initiation of alcohol use (before age 13) was most prevalent among Latino and Black students.
- Sexual minority students had higher rates of early initiation of alcohol than sexual majority students.

Healthiest Wisconsin 2020

Alcohol and Drug Use Objectives

- Change underlying attitudes, knowledge and policies
- Improve access to services for vulnerable people
- Reduce risky and unhealthy alcohol and drug use

Adult Binge Drinking in Wisconsin



23% of adults, ages 18 and older, in Wisconsin binge drink. This is above the national rate of 17%. Wisconsin had the highest rate of binge drinking in the nation in 2011 and 2012, and second in the nation in 2013.

Drug Abuse in Wisconsin

Drug overdose and prescription drug abuse are related to many types of mortality, morbidity, and criminal behavior. Drug overdose deaths are now the leading cause of potential years of injury life lost before age 65, and have overtaken automobile accidents as a cause of death. More Wisconsin residents died in 2013 from drug poisoning than from suicide, breast cancer, colon cancer, firearms, influenza or HIV.

Wisconsin's patterns of illicit drug consumption mirror national trends. This includes the use of prescription drugs for non-medical purposes.

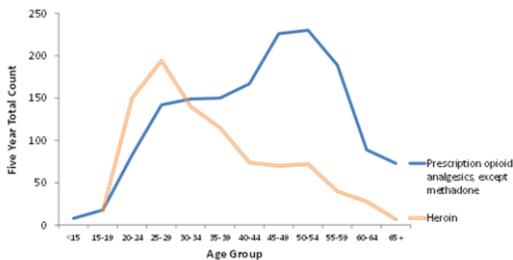
What's Being Done

- ✓ Heroin, Opiate Prevention and Education Agenda (HOPE) signed into law in 2016
- ✓ Dose of Reality campaign
- ✓ Wisconsin Epidemiological Profile on Alcohol and Other Drug Use
- ✓ State Council on Alcohol and Other Drug Abuse (SCODA)

What Needs to be Done

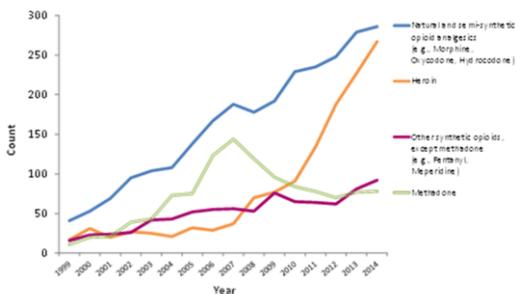
- Address underage drinking (ages 12-20)
- Reduce adult binge drinking (18-34)
- Reduce drinking among pregnant women
- Reduce drinking and driving (especially among people ages 16-34)
- Continue to combat opioid use for non-medical purposes

**The Opioid Epidemic in Wisconsin:
Overdose Deaths by Age Group and
Selected Opioid Type, 2010-2014**



(Any mentions) Source: Office of Health Informatics, DPH Death certificates (2010-2014)

**The Opioid Epidemic in Wisconsin:
Overdose Deaths, 1999-2014**



(Any mentions) Source: Office of Health Informatics, DPH Death certificates (1999-2014)

Drug Use and Drug-related Death in Wisconsin¹

- Age-adjusted rate of drug-related mortality increased from 6.7 deaths per 100,000 population in 2004 to 14.64 deaths per 100,000 in 2014.
- Charges for drug-related hospitalizations in Wisconsin totaled \$317 million in 2012 (48% increase from 2004).

Non-Medical Use of Prescription Drugs in Wisconsin²

- 91% of deaths related to prescription opioid overdose occurred among individuals over age 25.³
- Opioid pain relievers including oxycodone, hydrocodone, methadone, and other prescription opioids contributed to 45 percent of overdose deaths in 2013.

Other Drug-related Illness and Injury

- Heroin contributed to approximately 1 in 4 overdose deaths in 2013.
- 82% of deaths related to heroin overdose occurred among individuals over age 25.⁴

¹ Wisconsin Department of Health Services, Division of Public Health and Division of Mental Health and Substance Abuse Services. Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2014 (P-45718-14). Prepared by the Division of Mental Health and Substance Abuse Services, the University of Wisconsin Population Health Institute and the Office of Health Informatics, Division of Public Health. September 2014.

² Wisconsin Department of Health Services, Division of Public Health and Division of Mental Health and Substance Abuse Services. Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2014 (P-45718-14). Prepared by the Division of Mental Health and Substance Abuse Services, the University of Wisconsin Population Health Institute and the Office of Health Informatics, Division of Public Health. September 2014.

³ Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics.

⁴ Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics.

Chronic Disease

Chronic diseases are defined by the National Center for Health Statistics and the World Health Organization as illnesses that persist for a long time, or last at least three months. Chronic diseases, including cancer, cardiovascular disease, diabetes, and stroke, are among the most common and costly of health problems. These diseases are rarely cured and are often progressive, resulting in disability later in life. Some of the health behaviors that contribute to chronic disease, and the associated morbidity and mortality, include: tobacco use, poor nutrition, lack of physical activity, and excessive alcohol use.

**Healthiest Wisconsin 2020
Chronic Disease Prevention and Management Objectives**

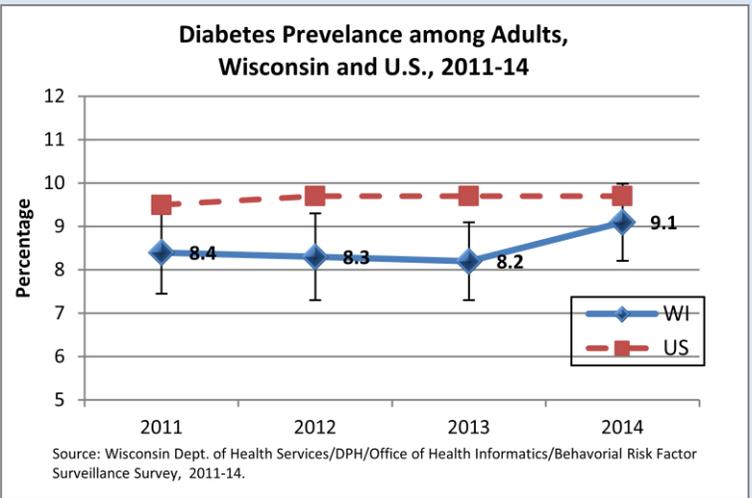
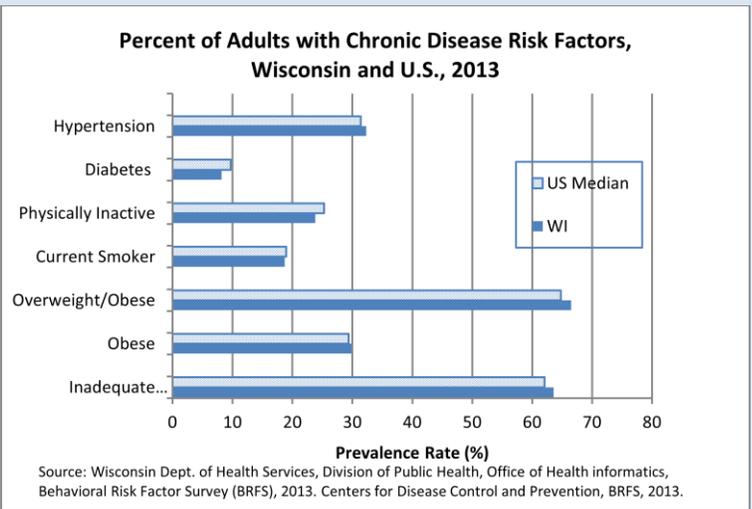
- Promote sustainable chronic disease programs
- Improve equitable access to chronic disease management
- Reduce chronic disease health disparities

Cardiovascular disease is one of two leading causes of death in Wisconsin. Together, heart attacks and strokes cause approximately 1 in 3 deaths in the state. Direct and indirect costs for cardiovascular disease are estimated at approximately \$4 billion annually in Wisconsin. Despite the overall decline in coronary heart disease mortality in Wisconsin, disparities by race and ethnicity have persisted.

Stroke is the leading cause of serious disability in Wisconsin. In Wisconsin, over 2,500 persons die from stroke each year. Many additional persons survive and go on to have major physical, cognitive, and emotional disabilities. Stroke costs, both direct and indirect, are estimated to be \$629 million each year in Wisconsin.

Hypertension is a strongly associated risk factor for stroke. According to the National Health and Nutrition Examination Survey (NHANES), more than 1.3 million adults have hypertension in Wisconsin. Of those, only half are controlled, and approximately 275,000 people in Wisconsin are unaware that they have high blood pressure.

Approximately 750,000 adults in Wisconsin have diabetes or prediabetes, and the prevalence is on the rise. The estimated total costs for diabetes in Wisconsin each year total \$4.5 billion.



Chronic Disease

Prevalence (Percent) of Selected Chronic Diseases and Conditions – Wisconsin and United States (2014 BRFSS)

Chronic Disease	Wisconsin	United States
Adults (18+) ever told had angina or coronary heart disease	3.7%	4.2%
Adults (18+) ever told had heart attack	3.7%	4.4%
Adults (18+) ever told had stroke	2.9%	3.0%
Adults (18+) ever told had arthritis	25.7%	26.0%
Adults (18+) who currently have asthma	10.3%	8.9%
Adults (18+) ever told had diabetes	9.0%	10.0%

Cancer

Cancer is not just one disease, but a group of many diseases. There are more than 100 different types of cancer. The Wisconsin Tracking Program hosts data on 14 different types of cancer. Wisconsin also utilizes a population-based cancer registry, the Wisconsin Cancer Reporting System (WCRS). This system, part of the Office of Health Informatics, Division of Public Health, Department of Health Services, was established in 1976 to collect cancer incidence data on Wisconsin residents. Since 1994, WCRS has been part of the National Program of Cancer Registries.

An average of almost 90 people in Wisconsin will be diagnosed with cancer each day¹. Cancer is the leading cause of death in Wisconsin. In 2012, the leading types of cancer in Wisconsin were lung and bronchus, colon and rectum, breast, and prostate. There are significant disparities in the stages at which cancers are diagnosed and the mortality rates.

Incidence Rate (per 100,000 population) of Selected Cancer Types – Wisconsin and United States

Cancer Type	Wisconsin ²	United States ³
All types combined	500.68	442.88
• Male	542.06	483.23
• Female	475.55	416.27
• White	491.22	450.35
• Black	574.67	474.34
Breast (female)	157.99	124.8
Colon and rectum	42.18	42.4
Lung and bronchus	61.78	58.7
Prostate	129.76	137.9

¹ American Cancer Society, Wisconsin Cancer Facts and Figures 2013-2014

² Wisconsin Cancer Reporting System, 2008-2012

³ U.S. Source: Surveillance, Epidemiology, and End Results Program, National Cancer Institute, 2008-2012

What's Being Done

- ✓ Million Hearts Wisconsin Blood Pressure Improvement Challenge
- ✓ Wisconsin Chronic Disease Prevention Program
- ✓ Wisconsin Comprehensive Cancer Control Program
- ✓ Wisconsin Coverdell Stroke Program
- ✓ Wisconsin Heart Disease and Stroke Alliance
- ✓ Wisconsin Stroke Coalition

What Can Be Done

- Increase implementation of quality improvement processes in health systems, including electronic health record adoption and increased institutionalization and monitoring of standardized quality measures at the provider and systems level

Communicable Disease Prevention and Control

Communicable diseases (infectious diseases) are illnesses caused by bacteria, viruses, fungi, or parasites that may be transmitted from human to human or from animal to human. Advances in clean water, refrigeration, and sanitation, and the development of safe and effective vaccines, have greatly reduced the threat of communicable diseases; however, common diseases still cause outbreaks and new communicable diseases emerge.

Vaccines protect more than the individual immunized; they prevent the spread of disease within the population. With persistently low adult immunization rates, new efforts are needed to encourage vaccination across the life span and increase access in all communities to eliminate disparities in immunization rates.¹

Immunizations

The Wisconsin Immunization Program, in partnership and collaboration with local partners, strives to eliminate the transmission of vaccine preventable disease through effective immunization programs and outbreak control measures. Wisconsin has a computerized internet database application, the Wisconsin Immunization Registry (WIR), which records and tracks immunization dates of Wisconsin children and adults.

In 2011, for most age groups, vaccination rates for children living in Wisconsin were comparable to or higher than those of children nationally.²³⁴

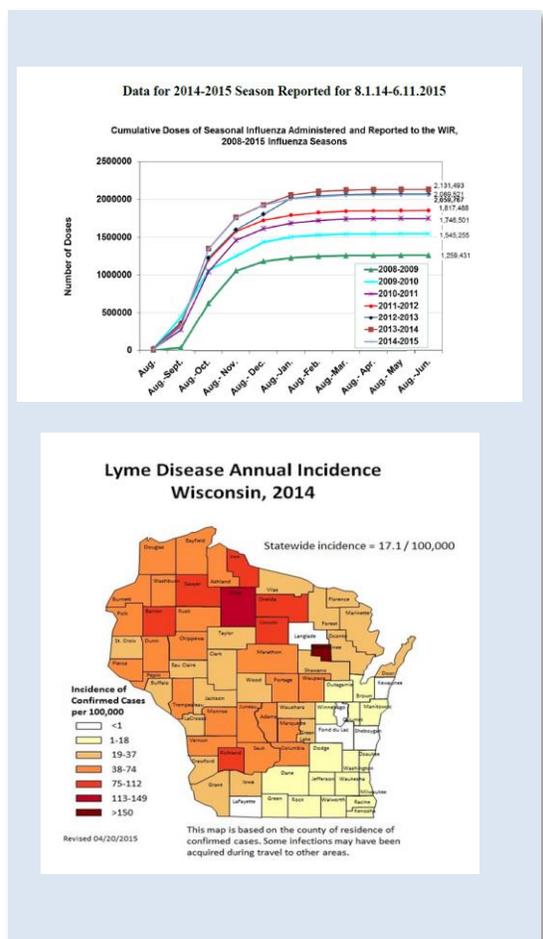
- A higher percentage of Wisconsin children ages 19-35 months living below poverty received the recommended vaccination coverage compared to their peers nationally.
- During 2009-2011, 65% of adults ages 65 and older received an influenza (flu) vaccination in the previous 12 months.
- Low-income seniors had lower flu vaccination rates compared to middle- and high-income seniors.
- During 2009-2011, 73% of adults ages 65 and older had ever received a pneumonia vaccination.

Incidence of Disease

- Since 2002, the incidence of meningococcal disease in Wisconsin has declined due to the development of new vaccines and increased vaccinations.
- During 2007-2010, the rates of infection of both *Streptococcus pneumoniae* and group B streptococcal (GBS) among Blacks and American Indians were considerably higher than among Whites.
- During 2012, Blacks in Wisconsin had a higher rate of influenza hospitalization compared to other racial and ethnic groups.
- Asians have the highest rates of Hepatitis B and Tuberculosis of any racial/ethnic group in Wisconsin.

Healthiest Wisconsin 2020 Communicable Disease Prevention and Control Objectives

- Immunize
- Prevent disease in high-risk populations



Hepatitis C Virus

Hepatitis C is a liver infection caused by the hepatitis C virus (HCV). HCV is spread by exposure to blood from an infected person; it can also be spread through sex or from a mother to her infant. Today most new HCV infections are caused by sharing needles, syringes or other equipment used to inject drugs. Wisconsin averages approximately 2,500 new reports of Hepatitis C Virus (HCV) infections each year; approximately 74,000 people in Wisconsin are living with HCV infection. Many people are infected with HCV, but not diagnosed.

Infection rates are increasing among younger people in Wisconsin. In 2014 alone, 895 new HCV infections were reported among people aged 15-29 years. Cases in this age group have increased an average of 140 each year since 2010. HCV as a cause of death is three times higher among males than females. In addition, there is a large burden of HCV among people born during 1945-1965, sometimes called “baby boomers.” Of reported people living with HCV in Wisconsin, 65% were born during 1945-1965. Annual rates among Native American and non-Hispanic black are consistently more than two times higher than rates among non-Hispanic white.

Antimicrobial Resistance

While not a leading cause of death, antimicrobial resistance can cause illness that can lead to serious disability and may be a contributing cause of death. Infections caused by bacteria that are resistant to many drugs can be difficult or even impossible to cure. Over the last decade, many types of bacteria have become less responsive to antibiotic treatment. The issue relates to both human and veterinary antibiotic usage.

HIV / AIDS

An estimated 7,900 people are living with HIV in Wisconsin, including those unaware of their infection. The number of HIV diagnoses declined overall in Wisconsin between 2009 and 2015, however, the number increased among younger males, ages 15-29, between 2006 and 2015. More information on HIV/AIDS can be found in the Reproductive and Sexual Health section.

Sexually Transmitted Infections

Each year there are more STDs reported than all other reportable communicable diseases combined. More information about sexually transmitted infections in Wisconsin can be found in the Reproductive and Sexual Health section.

Tick-Transmitted Disease

Lyme disease is the most commonly reported vectorborne illness in the United States. In 2014, it was the fifth most common Nationally Notifiable disease. Lyme disease is the highest tickborne disease reported in Wisconsin with more than a total of 22,350 cases reported between 2002 and 2014. In 2014, a total of 1,346 cases of Lyme disease were reported in Wisconsin with the highest number of cases is seen in the western and northern regions. In recent years, cases have increased in the central region and eastern region. Other tickborne illnesses identified in Wisconsin include anaplasmosis, the State’s second most frequently reported tickborne illness, babesiosis, ehrlichiosis, and Powassan virus disease. The Wisconsin Department of Health Services and local health departments investigate all tickborne diseases to better understand the increase risk of tickborne diseases in Wisconsin.

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What’s Being Done

- ✓ The Wisconsin Electronic Disease Surveillance System (WEDSS) has data on selected vaccine-preventable diseases from 1978-2014
- ✓ Wisconsin Immunization Registry

What Can Be Done

- Continued surveillance

¹ Healthiest Wisconsin 2020, Communicable and Infectious Diseases Focus Area Profile

² Wisconsin Immunization Program: <http://www.dhs.wisconsin.gov/immunization/index.htm>

³ National Immunization Survey: <http://www.cdc.gov/nchs/nis.htm>

⁴ Wisconsin Department of Health Services: Invasive Bacteria.

<http://www.dhs.wisconsin.gov/communicable/InvasiveBacteria/Index.htm>

Environmental and Occupational Health

“Environmental and occupational health includes the prevention of illnesses and injuries resulting from hazards in the natural and built environments where people live, work and play. The air we breathe, water we drink, communities we live in, and food we eat are recognized as underlying determinants of health. Disparities in the quality of living spaces are often related to socioeconomic, racial or ethnic, and income- and education-level factors. These factors can affect whether or not environmental contaminants are detected and removed.¹

Healthiest Wisconsin 2020 Environmental and Occupational Health Objectives

- Improve the quality and safety of the food supply and natural, built and work environments
- Promote safe and healthy homes in all communities

Healthy Home

The indoor environment is home to several public health concerns ranging from asbestos to lead, mold, and radon.

Asbestos – Asbestos has been added to a variety of building materials. Wisconsin requires training and certification before conducting most asbestos-related work to mitigate human exposure to asbestos fibers.

Lead - Approximately 30 percent of all homes in Wisconsin have lead-based paint hazards. Lead poisoning in Wisconsin has steadily decreased among children under age six since 2001, yet disparities persist. In 2010, black children were three to six times as likely as white children to have experienced lead poisoning. Low income families were also at a greater risk of lead poisoning. In 2010, 81% of all children in Wisconsin who had elevated blood lead levels were enrolled in Medicaid.

Mold - Mold contributes to poor indoor air quality in Wisconsin. Among the mold-related hazard assessments completed, they can be attributed to improper construction; heating, ventilation, and air conditioning; and roof leaks.

Radon - Radon is a gas produced by the breakdown of uranium. Elevated radon levels have been found in homes in every region of Wisconsin. Bedrock underlying homes is just one of a number of factors that contribute to radon indoors.

Healthy Work Place

Occupational Injuries – The estimated rate of work-related injury and illness has declined over the past decade.

Work-related Health Issues – The prevalence of work-related asthma (WRA) ranged from 8.2% (doctor-diagnosed WRA) to 33.9% (asthma aggravated by current job)². From 2004-2011, workers’ compensation was the primary payer in 321 cases out of 166,335 emergency department visits and 43 cases out of 41,548 hospitalizations where asthma was the principal diagnosis.³

Healthy Environment

Drinking Water

Two-thirds of Wisconsin’s residents drink water from public water supplies. The water for these supplies is typically from surface or groundwater sources. The remaining one-third get their drinking water from private wells. The Wisconsin

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What’s Being Done

- ✓ Wisconsin Asthma Program and Wisconsin Asthma Plan
- ✓ 280+ member Wisconsin Asthma Coalition
- ✓ Wisconsin Radon Information Center – 1-888-LOW RADON
- ✓ New public data portal for environmental public health tracking
- ✓ Department of Health Services Environmental Health Listserv

Environmental and Occupational Health

Department of Natural Resources works to improve and protect Wisconsin's water quality. Wisconsin Tracking hosts data on four types of chemical substances – Arsenic, disinfectant products like Haloacetic Acids and Trihalomethane, and Nitrate. Information on six additional contaminants (Atrazine, Di (2-ethylexyl) phthalate (DEHP), Radium, Tetrachloroethene (PCE), Trichloroethene (TCE), and Uranium) will soon be made available.⁴

Air Quality Issues and Asthma in Wisconsin

In Wisconsin, 1 in 10 adults and 1 in 13 children have asthma.⁵ Asthma can be controlled and preventive measures taken.⁶ Still, many people with asthma do not have it under control.⁷ Many adults and children do not have the recommended two check-ups per year; a similar number do not receive an asthma action plan from their provider.

There are significant disparities in asthma prevalence in Wisconsin. Black adults have significantly higher percentages of lifetime and current asthma compared to other racial or ethnic groups. Lifetime and current asthma rates are significantly higher among people with lower incomes and those with lower educational attainment.

While the statewide rate of asthma hospitalization has declined slightly over the past 10 years, notable disparities exist by race. Hospitalization rates were five times greater for black population and two times greater for American Indians than for white population. Milwaukee and Menominee counties had asthma hospitalization and emergency department visit rates roughly twice the statewide rates.

Environmental Public Health Tracking

Wisconsin Environmental Public Health Tracking is a public tool to access environmental health data in Wisconsin. It hosts data on nearly a dozen environmental public health topics such as air quality, asthma, cancer, and many others. The public data portal was launched in November 2015 and has improved mapping, exporting, and mobility; it also includes census tract level data.

Fish Consumption

According to Healthiest Wisconsin 2020, 85 percent of Wisconsin residents include fish in their diets and nearly half eat fish caught locally.⁸ The fish throughout Wisconsin may take in pollutants from their environment and food sources; of primary concern are mercury and polychlorinated biphenyls (PCBs). The Wisconsin Department of Natural Resources provides general safe-eating guidelines. There are also exceptions to the statewide safe-eating guidelines for some species of fish from 146 waters where the fish have higher concentrations of mercury or other contaminants.

DRAFT – NOT FOR CIRCULATION



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- ¹ HW2020 Baseline and Health Disparities Report, slide 12; DHS HW2020 Environmental and Occupational Health Focus Area Profile
- ² Wisconsin Department of Health Services, Division of Public Health, Bureau of Environmental and Occupational Health. The Burden of Asthma in Wisconsin 2013.
- ³ Wisconsin Department of Health Services, Division of Public Health, Bureau of Environmental and Occupational Health. The Burden of Asthma in Wisconsin 2013.
- ⁴ Wisconsin Department of Health Services Environmental Health – Drinking Water Data, 2016
- ⁵ Wisconsin Behavioral Risk Factor Surveillance System 2013 adults and children
- ⁶ Wisconsin Behavioral Risk Factor Surveillance System Asthma Call-back Survey, 2006-2010 adults and children
- ⁷ Wisconsin Behavioral Risk Factor Surveillance System Asthma Call-back Survey, 2006-2010 adults and children
- ⁸ Healthiest Wisconsin 2020. Focus Area Profile. Environmental and Occupational Health. 2010.

Nutrition, Healthy Foods and Obesity in Wisconsin

Adequate, appropriate and safe food and nutrition means the regular and sufficient consumption of nutritious foods across the life span, to support normal growth and development of children and promote physical, emotional, and social well-being for all people.

Good nutritional practices can reduce the risk for a number of chronic diseases, such as type 2 diabetes, cancer, heart disease, and stroke, as well as chronic conditions such as obesity. Many cultural, social and individual changes have occurred to make healthful eating more difficult and obesity more likely. Changing environments and implementing policies to support healthful eating are likely to be critical for preventing obesity and improving overall health.

Healthiest Wisconsin 2020 Nutrition and Healthy Foods Objectives

- Change underlying attitudes, knowledge and policies
- Improve access to services for vulnerable people
- Reduce risky and unhealthy alcohol and drug use

Obesity Data – Adults	WI	U.S.
% of adults at normal body weight (BMI between 18-25)	31.2%	33.4%
% of adults that are overweight (BMI between 25-30)	36.2%	35.4%
% of adults that are obese (BMI between >30)	31.2%	29.5%
Source: Centers for Disease Control and Prevention: BRFSS 2014		

Obesity Data – High School Students	WI	U.S.
% of students that are overweight (BMI between 25-30)	13.0%	16.6%
% of students that are obese (BMI>30)	11.6%	13.7%
% of students either overweight or obese (BMI >25)	24.6%	30.3%
Source: Centers for Disease Control and Prevention: YRBS 2013		

Obesity

Wisconsin has the 14th highest adult obesity rate in the U.S.¹

Obesity is defined as an excessively high amount of body fat in relation to lean body mass in an individual. In Body Mass Index (BMI) measurements, obesity is defined as a BMI equal to or greater than 30 in adults.

In 2014, approximately two-thirds (67.4%) of Wisconsin adults were overweight or obese. According to annual prevalence estimates from the CDC, obesity in Wisconsin increased by 35% from 2000 to 2010.¹² If obesity rates stay consistent, more than 56% of adults will be obese by 2030.^{2,3}

Nearly one-quarter of Wisconsin high school students were overweight or obese in 2014. Childhood obesity disproportionately affects low-income and minority children. Children who are obese in their preschool years are more likely to be obese in adolescence and adulthood and to develop chronic diseases, such as diabetes, hypertension, hyperlipidemia, asthma, and sleep apnea.⁴

Health Behaviors

Breastfeeding in Wisconsin

Research has shown that the best food for baby's first year of life is breast milk, with health, nutritional, economic and emotional benefits to the mother and baby. In 2012, 81% of Wisconsin infants were ever breastfed.⁵ Approximately 70% of all low-income children were ever breastfed; the highest percentage was among Hispanic children (81%) and the lowest was among Asian children (50%). In the same year, 31% of Wisconsin infants were breastfed exclusively for the first three months and 17% were breastfed exclusively for the first six months. The national percentage is slightly lower for infants ever breastfed (77%), slightly higher for infants who were exclusively breastfed at three months (36%), and approximately the same for infants who were exclusively breastfed at six months (16%).⁶

Nutrition and Healthy Foods

According to the Healthiest Wisconsin 2020 Baseline and Health Disparities Report, Black mothers were significantly less likely to initiate breastfeeding and to sustain breastfeeding practices three months after birth compared to White and Hispanic mothers.⁷ Similar to national trends, the most common reason mothers gave for not breastfeeding was “I didn’t want to breastfeed” (54%).⁸ Income and education are known to be associated with the likelihood of a mother to breastfeed.⁹ It has been demonstrated that knowledge of the health benefits of breastfeeding positively influences initiation of breastfeeding.

Fruit and Vegetables

The Dietary

Guidelines for

Americans, 2015

recommends that Americans eat more fruits and vegetables as part of a healthy eating pattern throughout their life.¹⁰ Still, more than one-quarter of Wisconsin adults self-reported consuming vegetables less than one time daily, and more than one-third reported consuming fruits less than one time daily.

Fruit and Vegetable Consumption	WI	U.S.
% of Adults who report consuming fruits less than one time daily	35.6%	37.7%
% of Adults who report consuming vegetables less than one time daily	26.0%	22.6%
% of Adolescents who report consuming fruits less than one time daily	34.1%	36.0%
% of Adolescents who report consuming vegetables less than one time daily	35.7%	37.7%

Source: Centers for Disease Control and Prevention: BRFSS 2011, YRBSS 2011

Access to Healthy Foods

A U.S. Department of Agriculture report, based on 2010 U.S. Census data, found that food insecurity affected more than 270,000 households in Wisconsin.¹¹ A household is food insecure if “access to safe, nutrition foods was limited or uncertain for at least one person at some point during the year.”¹²

In 2012, among households in Wisconsin eligible for Special Supplemental Nutrition for Women, Infants and Children (WIC), more than half reported overall food insecurity, and one in five reported very low food security.¹³

The Wisconsin WIC offers the WIC Farmers Market Nutrition Program (WIC-FMNP), which aims to improve access to locally grown fresh fruits and vegetables by providing WIC participants with checks to use at farmers markets. There are approximately 1,000 Wisconsin farmers participating in the program. While Wisconsin farmers markets were more likely to accept coupons from WIC-FMNP (WI-36.9%, US – 25.8%), farmers markets in Wisconsin were less likely to accept SNAP benefits than were their nationwide counterparts (WI-13.1%, US 21%).¹⁴

What’s Being Done

- ✓ Wisconsin Partnership for Activity and Nutrition (WI PAN) – including Wisconsin Nutrition and Physical Activity State Plan and Nutrition and Physical Activity Coalitions
- ✓ 10 Steps to Breastfeeding-Friendly Child Care Centers toolkit
- ✓ Breastfeeding-Friendly Health Departments
- ✓ Farm to School
- ✓ Got Dirt? Garden Initiative
- ✓ Healthier Wisconsin Worksite Initiative

What Can Be Done

- Policy, systems and environmental changes
- Long-term tracking of program progress, behavior changes and health outcomes

¹ The State of Obesity. State Brief – Wisconsin State Obesity Data, Rates and Trends. 2015.

² <http://healthyamericans.org/reports/obesity2012/?stateid=WI>

³ <http://www.rwjf.org/content/dam/farm/reports/reports/2012/rwjf401318>

⁴ The Centers for Disease Control and Prevention, Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion. *Healthy Schools – Obesity Prevention*. “Childhood Obesity Facts”. 2016.

⁵ Centers for Disease Control and Prevention. Breastfeeding Report Card 2012.

⁶ Centers for Disease Control and Prevention. Breastfeeding Report Card 2012.

⁷ Centers for Disease Control and Prevention: PRAMS and Breastfeeding. <http://www.cdc.gov/prams/Breastfeeding.htm>

⁸ Wisconsin Department of Health Services, Division of Public Health. Wisconsin PRAMS, 2009-2011.

⁹ Wisconsin Department of Health Services, Division of Public Health. Wisconsin PRAMS, 2009-2011.

¹⁰ U.S. Department of Health and Human Services and U.S. Department of Agriculture. *2015 – 2020 Dietary Guidelines for Americans*.

⁸ Edition. December 2015. Available at <http://health.gov/dietaryguidelines/2015/guidelines/>.

¹¹ Coleman-Jensen A, Nord M, Andrews M (2011). Carlson S. *Household Food Security in the United States in 2010*. Economic Research Report Number 125. United State Department of Agriculture, Economic Research Service. Available at <http://www.ers.usda.gov/Publications/ERR125/ERR125.pdf>

¹² Wisconsin Department of Health Services, Division of Public Health, Bureau of Community Health Promotion. Food Insecurity in the Wisconsin WIC Population, January 2012.

¹³ Wisconsin Department of Health Services, Division of Public Health, Bureau of Community Health Promotion. Food Insecurity in the Wisconsin WIC Population, January 2012.

¹⁴ Centers for Disease Control and Prevention. State Indicator Report on Fruits and Vegetables 2013.

Healthy Growth and Development

According to *Healthiest Wisconsin 2020*, healthy growth and development “requires family-centered, community-based, culturally competent, coordinated care and support throughout the life course during preconception and prenatal periods, infancy, childhood, adolescence, and adulthood.”

Healthiest Wisconsin 2020 Healthy Growth and Development Objectives

- Assure children receive periodic developmental screening
- Improve women’s health for healthy babies
- Reduce disparities in health outcomes

Birth and Infant Mortality in Wisconsin

Prematurity and Low Birthweight – 2014 Data

In 2014:

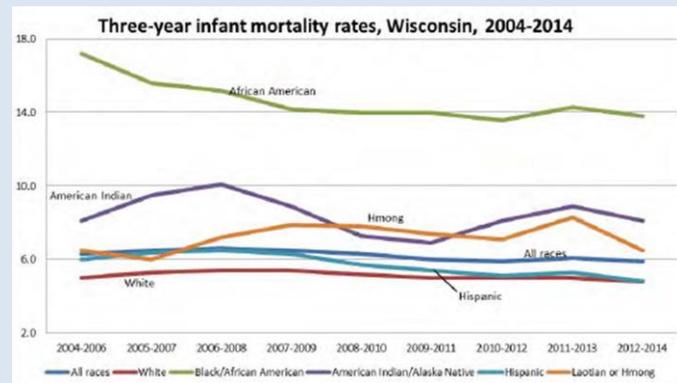
- 6,137 Wisconsin infants born prematurely (gestation of less than 37 weeks), or 9.1 percent of all births
- 4,925 Wisconsin infants were low birthweight (weighed less than ~5.5 pounds at birth), or 7.3 percent of all births
- Nationally, low birthweight accounts for 8 percent of all infants born
- 891, or 1.3 percent of all births, were born at very low birthweight (weighed less than ~3.3 pounds at birth)

The March of Dimes aims to reduce preterm births to 8.1 percent by 2020. They recently gave Wisconsin a grade of “B” for its preterm birth rate, 9.2 percent. However, there is variation across the state; Milwaukee earned a D for its rate of 10.8 percent, while Green Bay and Madison each received an A for rates of approximately 8 percent.¹

Infant Mortality

In 2014:

- 380 Wisconsin infants died under the age of one year
- Almost three-quarters of the deaths were neonatal (infant lived less than 28 days)
- 317 fetal deaths recorded; fetal deaths or stillbirths are reported if the fetus reached 20 weeks of gestation or 350 grams
- Infant mortality rate was 5.7 infant deaths per 1,000 live births (down from 6.2 in 2013 and 6.0 in 2004); the 2013 US rate was 6.0
- Infant mortality rate was 10.3 per 1,000 births for teens aged less than 20



Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. *Annual Wisconsin Birth and Infant Mortality Report, 2014* (P-01161-15). November 2015.

The 2012-2014 three-year rolling average infant mortality rates were calculated for major race/ethnicity groups (number of infant deaths per 1,000 births):

- Hispanic/Latino – 4.8
- White – 4.8
- Laotian/Hmong – 6.5
- American Indian/Alaska Native – 8.1 Black/African American – 13.8

Pregnancy

According to 2013 Wisconsin PRAMS data:²

- 38 percent of new mothers did not intend pregnancy
- 46 percent of mothers with unintended pregnancies reported doing nothing to prevent pregnancy
- 31 percent did not mind becoming pregnant
- 27 percent thought they could not become pregnant

According to a PRAMS report on “What Moms Tell Us” in 2013, “moms were more likely to report an unintended pregnancy if they were non-Hispanic black, under 20 years old, unmarried, of low education attainment, making less than \$10,000 annually, or on BadgerCare Plus at the time of delivery”.³

Table 2. Maternal Behaviors and Experiences Associated with Pregnancy Intention, Wisconsin PRAMS, 2009-2010[†]

Maternal Behaviors	Intended		Unintended	
	Percent	C.I.	Percent	C.I.
Daily multivitamin in month before pregnancy	46	±3	15	±3
Physical abuse by partner in 12 months before pregnancy	2	±1	6	±2
Prenatal care in first trimester	89	±2	77	±4
Smoking in 3 mo. before preg.	22	±3	34	±4
Smoking in last 3 mo. of preg.	9	±2	20	±4
Stresses during pregnancy (6+)	3	±1	9	±2
Post-partum depressive symptoms	9	±2	15	±3
Ever breastfeeding	85	±2	78	±4
Breastfed at least one month	74	±3	66	±4
Placing infant on back to sleep	82	±3	76	±4
Periodic or frequent bedsharing	28	±3	33	±4

[†]p-value for chi-square <0.05

Source: Wisconsin Department of Health Services, Division of Public Health. Wisconsin PRAMS (P-00471). 2013.

Wisconsin Programs to Promote Healthy Growth and Development

Birth to 3 Program

Wisconsin’s early intervention program for infants and toddlers with developmental delays or disabilities and their families. Eligibility is based on a diagnosed disability or significant delay in one or more areas of development.

Children and Youth with Special Health Care Needs Program (CYSHCN)

The CYSHC program promotes quality care for children and youth with special health care needs in Wisconsin.

Newborn Screening Program

Newborns in Wisconsin are screened for 46 disorders, including hearing loss and critical congenital heart disease (CCHD). The screening program’s role is to help ensure that the program succeeds in screening, diagnosing and treating all Wisconsin newborns for certain conditions.

Prenatal Care Coordination

Prenatal Care Coordination (PNCC) is a Medicaid and Badger Care Plus benefit that helps pregnant women get the support and services they need to have a healthy baby.

What’s Being Done

- ✓ Prenatal Care Coordination (PNCC) – Medicaid and BadgerCare Plus benefit
- ✓ Wisconsin Healthiest Women Initiative
- ✓ Wisconsin First Step
- ✓ Maternal and Child Health Hotline
- ✓ Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality

What Can Be Done

- Increase rate of annual preventive medical visit for women and adolescents

¹ March of Dimes 2015 Premature Birth Report Card

² Wisconsin Department of Health Services, Division of Public Health. Wisconsin PRAMS (P-00471). 2013.

³ Wisconsin Department of Health Services, Division of Public Health. Wisconsin PRAMS (P-00471). 2013.

Injury and Violence in Wisconsin

Injury is the leading cause of death and disability among Wisconsin residents annually. According to America's Health Rankings, Wisconsin ranked 27th for rates of suicide and 19th for violent crime in 2015.

Healthiest Wisconsin 2020

Injury and Violence Prevention Objectives

- Create safe environments and practices through policies and programs
- Improve systems to increase access to injury care and prevention services
- Reduce disparities in injury and violence

Injury and violence encompass a broad array of topics. *Unintentional injuries* are often referred to as accidents despite being highly preventable. *Intentional injuries* are those that were purposely inflicted, and often involve a violent act. Injuries are the leading cause of death among Wisconsin people aged 1-44 years and are a significant cause of morbidity and mortality at all ages. Injuries and violence occur in all ages, races, and socioeconomic classes. However, some groups are more affected.¹

Falls

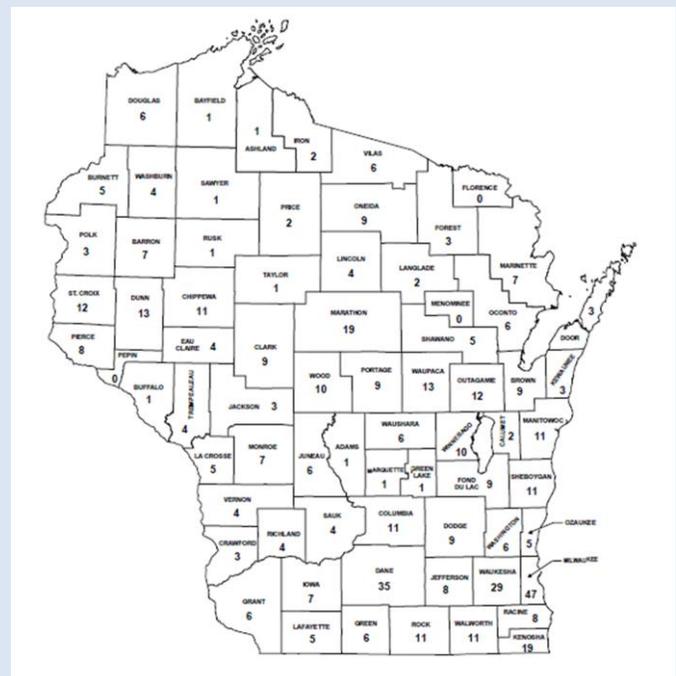
Unintentional falls account for a significant number of injury-related deaths and hospitalizations each year. In 2010, unintentional falls accounted for the greatest number of Wisconsin injury deaths.² Falls resulted in the greatest number of injury deaths among adults, primarily among adults 65 and older.³ White adults had a significantly higher age-adjusted death rate from falls than did Black, Hispanic, and Asian adults.⁴ During 2008-2010, injury deaths due to falls occurred among residents from all 72 counties of Wisconsin. Counties with age-adjusted rates that exceeded the statewide rate of fall-related injury death were found in urban, suburban, and rural regions. In 2010, unintentional falls accounted for the greatest number of Wisconsin injury hospitalizations, nearly 50% of all injury hospitalizations. In 2010, Medicare was listed as the primary payer for nearly 75% of fall-related hospitalizations in Wisconsin.⁵

Motor Vehicle Crashes

In 2013, there were 491 fatal crashes, 28,747 injury crashes, and 118,254 traffic crashes in Wisconsin, resulting in 527 deaths.⁶ Wisconsin fares slightly better than its Midwestern neighbors in fatality rates, at 0.89 deaths per 100 million miles of vehicle travel. Minnesota has the lowest rate regionally, 0.68, while Iowa, Indiana, and Michigan have rates at or above 1.0.

Compared to other age groups, teens have the lowest rates of seat belt use and a greater risk of being involved in a motor vehicle crash at all levels of blood alcohol concentration (BAC).⁷ In Wisconsin, approximately one-quarter of adults do not always wear a seat belt when driving or riding in a motor vehicle. Males were significantly more likely to not wear a seat belt than were females.⁸ Motor vehicle crash fatality rates were highest among rural populations; however, deaths occurred among residents of all counties but one.⁹

Persons Killed by County
2013 Wisconsin Traffic Crash Facts



Injury and Violence

Sexual Assault and Violence

Sexual Violence is a verbal and/or physical act that breaks a person's trust and safety and is sexual in nature.

Behaviors range from sexual harassment to unwanted fondling to forced penetration. All are done without consent. Sexual violence affects women at a significantly higher rate than men; four-fifths of victims are female. It is estimated that one in seven or 14% of Wisconsin women over the age of 18 has been raped at some point in her lifetime. Approximately 90% of victims know the person who assaults them. Two-thirds of victims of reports assaults are less than 15 years of age.

Suicide

The suicide rate in Wisconsin is four times the homicide rate.¹⁰ Annually, over 700 Wisconsin residents die by suicide. In addition, approximately 5,500 Wisconsin residents are hospitalized due to intentional, self-inflicted injury. More on suicide in Wisconsin can be found in the Mental Health section.

Violence

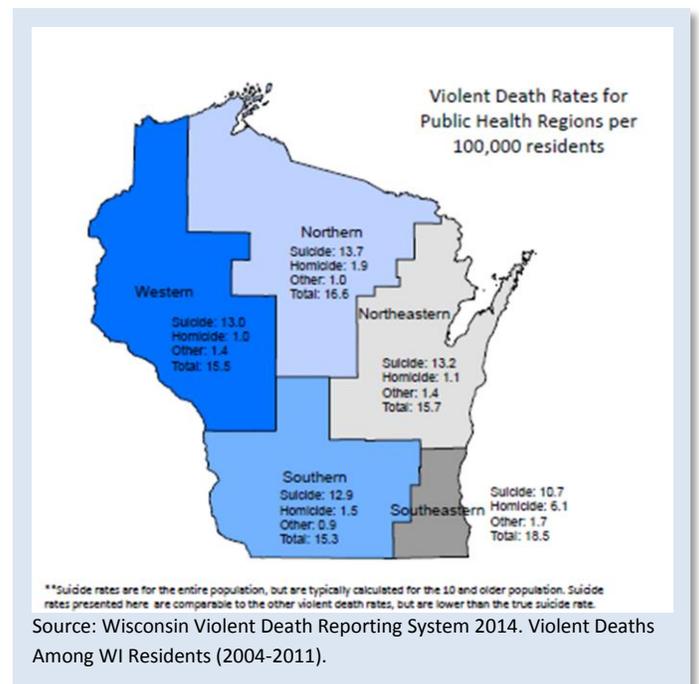
Wisconsin ranked 19th for violent crime in America's Health Rankings 2015.¹¹ The number of violence crime (murders, rapes, robberies, and aggravated assaults) per 100,000 population has remained relatively stable in Wisconsin for the past three years at approximately 280. The national average for violent crime for the same period was 387 offenses per 100,000.

What's Being Done

- ✓ Wisconsin Falls Prevention Initiative and Wisconsin Fall Prevention Action Plan
- ✓ Forward Wisconsin: A Plan for the Prevention of Sexual Violence
- ✓ Prevent Suicide Wisconsin

What Can Be Done

- Increase access to information on evidence based injury prevention programs and policies at the state, regional and local levels
- Increase the capacity of professionals in WI to design, implement and evaluate evidence based injury and violence prevention programs and policies
- Develop an injury and violence prevention policy agenda



¹ Wisconsin Department of Health Services, *Healthiest Wisconsin 2020*, Injury and Violence Focus Area Profile.

² DHS. Wisconsin Interactive Statistics on Health: Injury-related Mortality Module.

http://www.dhs.wisconsin.gov/wish/main/InjuryMortality/InjuryMortality_home.htm

³ Wisconsin Department of Health Services (DHS). The Burden of Injury in Wisconsin.

<http://www.dhs.wisconsin.gov/publications/P0/P00283.pdf>

⁴ Wisconsin Interactive Statistics on Health (WISH), Wisconsin resident death certificates.

⁵ Wisconsin Interactive Statistics on Health (WISH), Injury Hospitalizations Module, hospital inpatient discharge database

⁶ Wisconsin Department of Transportation. 2013 Wisconsin Traffic Crash Facts.

⁷ Centers for Disease Control and Prevention (CDC). Injury Prevention and Control: Motor Vehicle Safety. Teen Drivers.

http://www.cdc.gov/motorvehiclesafety/teen_drivers/index.html

⁸ Wisconsin Department of Health Services, Behavioral Risk Factor Survey (BRFS); 2009-2011 combined landline-cell dataset.

⁹ Wisconsin Department of Transportation. Fatalities by County. April 2016.

¹⁰ Wisconsin Department of Health. The Burden of Suicide in Wisconsin: 2007-2011 (P-00648).

¹¹ America's Health Rankings 2015. Wisconsin. Violent Crime.

Mental Health

“Mental health is a state of well-being in which the individual realizes his or her own abilities and can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”¹

Mental health and physical health – and health problems – are closely connected; persons with mental health disorders have higher rates of smoking, physical inactivity, obesity, and substance abuse and dependence.

Healthiest Wisconsin 2020 Mental Health Objectives

- Reduce smoking and obesity among people with mental disorders
- Reduce disparities in suicide and mental disorders
- Reduce depression, anxiety and emotional problems

In 2014, 17% of Wisconsin adults reported being told they had a form of depression.² The rate was highest among adults 35-64, approximately 20%, and lowest, approximately 12%, among those ages 18-24 and 65 and over.

Frequent mental distress is defined as 14 or more days of poor mental health in the past 30 days. In Wisconsin, females, blacks, Hispanics, low-income people, Milwaukee County residents, people who are obese, and smokers report higher rates of frequent mental distress.³ Milwaukee County residents, people with low household incomes, and people with a disability had higher rates of insufficient sleep and lack of emotional support.⁴

Youth Mental Health in Wisconsin

From 2007 to 2012, the percentage of children receiving medications for ADHD, emotions, concentration, or behavior significantly increased both in Wisconsin and nationally.⁵ A higher percentage of Wisconsin children receive medications for ADHD, emotions, concentration, or behavior, compared to children nationwide.⁶

In Wisconsin, approximately 55,000 adolescents aged 12-17 (12.3% of all adolescents) had at least one major depressive episode within the year prior to being surveyed.⁷ This rate increased from 2010 through 2014; it was similar to the national average, although it grew at a faster rate. Only a little more than one-third of adolescents – both within Wisconsin and nationally – with a major depressive episode received treatment for depression.

According to national estimates, as many as one in nine Wisconsin kids has a severe emotional disturbance, and as many as one in five has any mental health challenge.⁸

Adverse Childhood Experiences (ACEs)

Since the first study of ACEs in the 1990s, there is mounting evidence of the correlation between Adverse Childhood Experiences (ACEs) and trauma experienced as a child and an individual’s health and well-being throughout their life.

ACEs include exposure to any of the following before the age of 18:

1. Recurrent physical abuse
2. Recurrent emotional abuse
3. Sexual abuse
4. An alcohol or other drug abuser in the household
5. An incarcerated family member
6. A household member who was chronically depressed, mentally ill, institutionalized or suicidal
7. Violence between adults in the home
8. Parental separation or divorce

Mental Health

The ACE module has been included in the Wisconsin Behavioral Risk Factor Survey (BRFS) since 2010. In 2011, 58% of Wisconsin adults reported growing up experiencing at least one ACE. Of those, 25% reported having 4 or more ACEs. Additional findings from the survey include:

- The deeper the level of poverty, the greater the percentage of children who had experienced two or more AEs.
- Black children experienced two or more ACEs at a higher rate compared to White and Hispanic children.
- Children with special health care needs experienced two or more ACEs at a higher rate compared to children with no special health care needs.

Suicide in Wisconsin

According to the Wisconsin Suicide Prevention Strategy, suicide is a significant health problem in Wisconsin. It is the 11th leading cause of death in the state, and the 2nd leading cause of death due to injury.⁹ The number of suicide deaths annually has increased over the last several years. In 2013, the age-adjusted suicide rate was 14.4 per 100,000 population, which is above the national average of 12.6. According to the Burden of Suicide in Wisconsin report, the total costs associated with inpatient hospitalizations due to self-inflicted injury between 2007-2011 was approximately \$369 million.

Suicide behavior imposes a financial burden on the families of decedents and results in lost productivity in the workforce.

- Adults aged 45-54 have the highest suicide rate by age.
- Nearly four out of five people who die by suicide are male.
- Whites have the highest suicide rates by race, followed by American Indians/Alaska Natives, Asians/Pacific Islanders, and Blacks/African Americans.
- Approximately 50 percent of suicide decedents have at least one known mental health problem, and more than 40 percent are receiving mental health treatment at the time of death.
- Personal crises, intimate partner problems, substance abuse problems, physical health issues, and job problems are prominent circumstances of suicide.
- From 2001 to 2011, the total number of Wisconsin high school students reporting suicidal ideation declined.

What's Being Done

- ✓ Prevent Suicide Wisconsin
- ✓ Zero Suicide Movement – creating systemic changes to impact suicide among populations served by health care organizations
- ✓ Wisconsin Suicide Prevention Strategy
- ✓ The Wisconsin Council on Mental Health was created to advise the Governor, the Legislature, and the Wisconsin Department of Health Services on the allocation of federal funding for mental health services.

What Can Be Done

- Build protective factors – including more around trauma informed care, social emotional development, and increased social connections
- Increase access to care
- Improve use of data and evaluation
- Improve awareness of issues, treatment and programs

¹ World Health Organization, 2001

² Behavioral Risk Factor Surveillance Survey System (BRFSS) 2014

³ Healthiest Wisconsin 2020 Baseline and Health Disparities Report – Mental Health. 2014

⁴ Healthiest Wisconsin 2020 Baseline and Health Disparities Report – Mental Health. 2014

⁵ Healthiest Wisconsin 2020 Baseline and Health Disparities Report – Mental Health. 2014

⁶ Healthiest Wisconsin 2020 Baseline and Health Disparities Report – Mental Health. 2014

⁷ US Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010-2014. Wisconsin.

⁸ SAMHSA URS Table 1: Number of Children with SED, age 9 to 17, by state, 2013.

⁹ Wisconsin Department of Health Services, Division of Mental Health and Substance Abuse Services. *Wisconsin Suicide Prevention Strategy* (P00968) 2015.

Oral Health

Good oral health means being free of mouth pain, tooth decay, tooth loss, oral and throat cancer, gum (periodontal) disease, and other diseases that affect the mouth and surrounding structures. Oral health is integral to general health throughout the life span and can be achieved by everyone. Many systemic diseases may initially start with and be identified through oral symptoms.¹

Healthiest Wisconsin 2020 Oral Health Objectives

- Assure access for better oral health
- Assure access to services for all population groups

Wisconsin ranks 9th in the nation for the percent of the population visiting a dental health professional in the last year and 24th for dentists per 100,000 population.^{2,3}

Youth

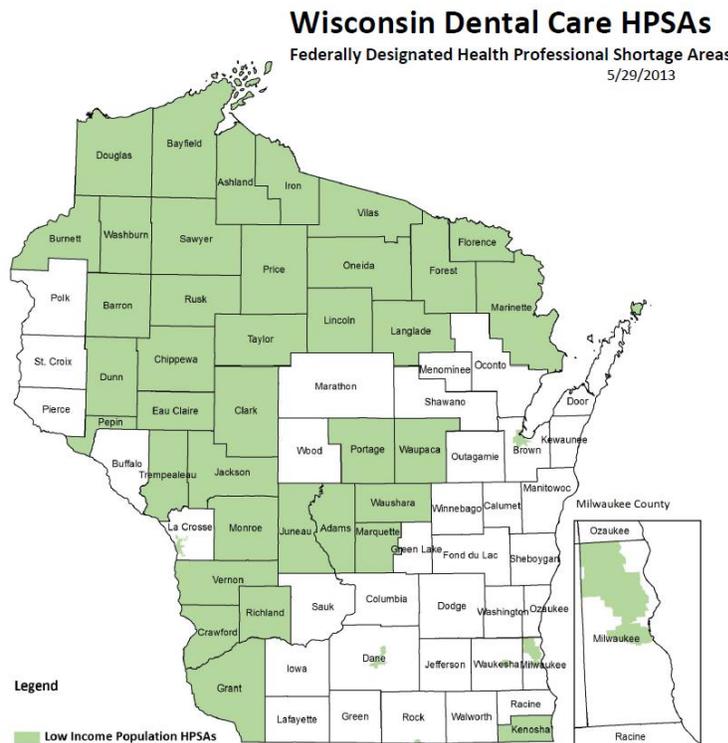
- The percentage of third-grade children with untreated tooth decay decreased by 35% from the 2001-2002 school year to the 2007-2008 school year.
- School-based dental sealant programs have expanded rapidly since the 2009-2010 school year.
- Twenty-six percent of children in Head Start (aged 3-5) had untreated decay.
- Schools with a higher proportion of students from low income households were considerably more likely to have children with untreated tooth decay than schools with a higher SES population.
- One in three Asian, Black, or Hispanic third-grade children had untreated tooth decay, compared to one in six White children.

Adults

- Among Medicaid/Badgercare+ enrollees, 25% had a dental service in the past year.
- Emergency department visits for non-traumatic dental complaints increased by 20% from 2006 to 2010.
- 40% of adults had at least one permanent tooth removed due to tooth decay or gum disease.
- 30% did not visit a dentist within the past year.
- 75% of Medicaid/Badgercare+ enrollees did not have a dental service in the past year.
- Compared to Whites and Asians, Black, Hispanic, and American Indian adults were significantly more likely to have permanent teeth removed due to tooth decay or gum disease, and not to have visited a dentist, dental hygienist, or dental clinic in the past year.
- Permanent tooth removal and lack of dental visits are significantly more common among people earning lower incomes.
- More than half of adults with a disability had at least one permanent tooth removed due to tooth decay or gum disease, while more than one-third did not have a dental visit in the past year.

Dental Care Access and Utilization⁴

Among Wisconsin adults, 70.1% self-report a visit to a dental health professional within the last 12 months. Iowa and Minnesota have similar rates, while only 63.9% of Illinois adults report visiting a dental health professional. In Wisconsin, there is an average of 56 dentists per 100,000 population. Some of Wisconsin's regional neighbors fare slightly better – Illinois (66.7), Michigan (61.4), and Minnesota (60.6), while Iowa (51.9) and Indiana (47.4) fare worse. Wisconsin's dental workforce has remained relatively stable between 51.3 (2008) and 56.8 (2003).



Disparities in Access and Utilization⁵

A review of 2008 National Health Interview Survey data revealed that adults with Medicaid were nearly five times as likely to have poor oral health as adults with private health insurance. Among people who reported having an oral health problem nationally, cost and lack of dental coverage were identified as the primary reasons they did not seek medical attention. Children and pregnant women enrolled in Wisconsin Medicaid/BadgerCare+ were enrolled in comprehensive dental coverage. However, enrollees may have had a difficult time finding a Medicaid-certified dentist taking new patients. Thus, coverage does not necessarily translate to access to available services.

What's Being Done

- ✓ Water Fluoridation – nearly 90% of the population on public water systems had access to fluoridated water in Wisconsin in 2010 (exceeding national target of 80%)
- ✓ Seal-A-Smile Program – 40% of eligible schools participating in 2010

What Can Be Done

- Improve the accessibility to oral health care services for individuals from vulnerable populations, such as adults with developmental disabilities and older adults in nursing homes
- Expand access to early oral health interventions
- Support and expand school and community-based oral health programs
- Increase awareness of the connection between oral health and overall health
- Improve oral health literacy

¹ Healthiest Wisconsin 2020 Oral Health Focus Area

² America's Health Rankings 2015

³ Yang A; Olson, MA. The Oral Health of Wisconsin's Adults, 2015. Wisconsin Oral Health Program, Wisconsin Department of Health Services.

⁴ Healthiest Wisconsin 2020 Baseline and Health Disparities Report 2014

⁵ Healthiest Wisconsin 2020 Baseline and Health Disparities Report 2014

Physical Activity

Physical activity means any bodily activity that enhances or maintains physical fitness and overall health. Regular physical activity can help to reduce the risk of certain chronic diseases, such as high blood pressure, stroke, coronary artery disease type 2 diabetes, obesity, colon cancer, and osteoporosis.¹

Physical activity recommendations include strategies to make physical activity an easy choice. This can be accomplished by creating opportunities for children, adults, and older adults to be active where they live, play, work and learn.

More than half of Wisconsin adults (18 years and older) are not meeting the recommended physical activity level (150+ minutes per week). An increasingly large number – almost 1 in 4 – are reporting no amount of physical activity in a given week. Wisconsin ranks 15th nationally in the American’s Health Rankings for physical inactivity, which they measure as the percentage of adults who self-report doing no physical activity or exercise other than their regular job in the last 30 days.

Healthiest Wisconsin 2020 Physical Activity Objectives

- Design communities to encourage activity
- Provide opportunities to become physically active
- Provide opportunities in all neighborhoods to reduce health disparities

Physical Activity Data - Adults	Wisconsin	U.S.
% of adults that participated in enough aerobic exercises to meet guidelines (150 mins/week)	57%	52%
% of adults that participated in enough aerobic (150 mins/week) and muscle strengthening exercises (2x/week) to meet guidelines	22%	21%
% of adults that participated in some activity in the past month	77%	74%
Source: Centers for Disease Control and Prevention: BRFSS 2011		

Physical Activity Data - Youth	Wisconsin	U.S.
% of students that did not participate in at least 60 minutes of physical activity on at least one day in the past seven days	12.6%	15.2%
% of students that participated in at least 60 minutes of physical activity in at least five of the past seven days	49.5%	47.3%
% of students that participated in at least 60 minutes of physical activity each day for the past seven days	24.0%	27.1%
Source: Centers for Disease Control and Prevention: YRBS 2013		

According to the Youth Risk Behavior Survey, only 24% of Wisconsin adolescents were physically active for a total of at least 60 minutes per day on each of the 7 days prior to the survey. 39.4% of adolescents attended daily physical education classes in an average week (when in school). 12.6% did not participate in at least 60 minutes of physical activity on any day during the 7 days prior to the survey.^{2 3}

Disparities in Physical Activity

- Black (35%) and Hispanic (31%) people are less likely to be physically active compared to White people (23%)
 - As a person’s income increases they are more likely to meet the recommended activity level and less likely to engage in no physical activity
 - As a person’s education level increases they are more likely to meet the recommended activity level and less likely to engage in no physical activity
 - As people age they are more likely to not engage in physical activity

Physical Activity

Access to Physical Activity

Access to opportunities for physical activity plays a role in whether someone will be physically active. There is variation among Wisconsin counties where as few as 1% of some county residents have access to physical activity opportunities (i.e. parks, recreation facilities), and other counties have access for 98% of their residents. Improving access to physical activity could lead to reductions in health disparities in obesity, diabetes, heart disease, and stroke. Wisconsin has the 14th highest adult obesity rate in the nation.⁴

For more information on obesity see the Food and Nutrition section.

What's Being Done

- ✓ 58 of 72 counties have identified physical activity as a priority in their County Health Assessment Report
- ✓ The CDC funded Chronic Disease Prevention Program is implementing several strategies to increase physical activity in multiple settings that have many associated performance measures.
- ✓ Local Coalitions are working on physical activity initiatives in Active Communities, Schools and worksites.
- ✓ The Surgeon General's Call to Action on Walking was released in 2015

What Can Be Done

- Increase physical activity access and outreach to increase walking and physical activity
- Implement physical education and physical activity in early care and education (ECE) and worksites
- Implement quality physical education and physical activity in K-12

¹¹ Wisconsin Department of Health Services. *Healthiest Wisconsin 2020*. Physical Activity Focus Area Profile.

² 2013 Youth Risk Behavior Surveillance Survey Results. Wisconsin High School Survey. Summary Tables. <http://dpi.wi.gov/sites/default/files/imce/sspw/pdf/yrbs13hssumtable.pdf>.

³ Youth Online: High School YRBS. Wisconsin 2013 Results. <https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=WI>

⁴The State of Obesity: Better Policies for a Healthier America.
<http://stateofobesity.org/states/wi/>

Reproductive and Sexual Health

Reproductive and sexual health includes the factors that affect physical, emotional, mental, and social well-being related to reproduction and sexual health across the life span.¹ Unintended pregnancies, sexually transmitted diseases (STDs), and HIV result in significant health and economic consequences for individuals and society. A woman with an unintended pregnancy is less likely to seek early prenatal care and is more likely to expose the fetus to harmful substances, such as tobacco or alcohol. STDs and HIV may result in serious outcomes including cancers, infertility, ectopic pregnancy, miscarriages, stillbirth, low birth weight, neurologic damage, and death.

Unintended Pregnancies

According to the Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS), 38% of new mothers did not intend pregnancy.² Of those with an unintended pregnancy, 46% reported doing nothing to prevent pregnancy. In the 2009-2010 PRAMS, 78% of pregnancies among those under the age of 20 were unintended.³

Teen Births

Approximately five percent of all live births in Wisconsin in 2014 were to teen mothers (mother less than 20 years), or 3,414 live births. The teen rate, 18.1 births per 1,000 females age 15-19, was slightly below the national rate, 24.2 per 1,000 females. Teen birth rates have decreased among American Indian/Alaska Native, Asian, and white populations; the Black/African American and Hispanics/Latinos teen birth rates were unchanged from 2013.

Adolescents

In Wisconsin, just over one in three high school students has ever had sexual intercourse.^{4, 5} The national average is just under one in two. Among those who have had sexual intercourse in Wisconsin, approximately one in ten had sexual intercourse before age thirteen. Approximately one in four are currently sexually active; among those currently sexually active, 37.5% did not use a condom; 65.1% did not use a female form of birth control (birth control pill, a patch, implant, IUD, shot, etc.); 86% did not use both a condom and birth control; and 10.7% did not use any method to prevent pregnancy. Additionally, 13% of Wisconsin students report never being taught in school about AIDS or HIV.^{6,7}

Sexually Transmitted Infections in Wisconsin

The Wisconsin Department of Health Services works with local and tribal health departments to provide disease intervention consultation with patients, disease surveillance, monitoring of statistical trends, and implementation and maintenance of prevention programs. There are currently five reportable sexually transmitted diseases (STDs) in Wisconsin: Chlamydia, Gonorrhea, Syphilis, Chancroid, and Pelvic Inflammatory Disease. The Department of Health Services issues annual profile and surveillance reports with statewide, regional, and county-level data for both adults and youth (ages 15-19). The most frequently reported of all communicable diseases are Chlamydia and Gonorrhea. In 2014, Wisconsin ranked 28th nationally for rates of Chlamydia and 29th for Gonorrhea.⁸ In the same year, 84% of reported STDs were Chlamydia. Both chlamydia and gonorrhea are usually spread by genital sexual contact, but can also infect the throat, rectum and eyes. Babies can get both chlamydia and gonorrhea during birth if the mother has the infection.

What's Being Done

- ✓ Sexually Transmitted Disease Surveillance
- ✓ Wisconsin HIV/AIDS Strategy (WHAS)

What Can Be Done

- Continue to improve early identification of individuals with HIV/AIDS and linkage to care
- Continue to target resources to persons disproportionately affected by HIV

HIV/AIDS in Wisconsin

Wisconsin produces the HIV/AIDS Surveillance Annual Review, which highlights new diagnoses, prevalence, and deaths. According to the 2015 review, over the last several years the average number of new cases has remained relatively stable – approximately 250 new cases each year. Wisconsin has the 11th lowest diagnosis rate in the U.S. While 26 of 72 counties in Wisconsin had an HIV diagnosis in 2014, 58% of new diagnoses are in Milwaukee County. Between 25-30 percent of cases first diagnosed as HIV in Wisconsin during 2011-2014 had already progressed to AIDS by time of diagnosis; 4-8% diagnosed during 2011-2013 had progressed to AIDS within 12 months of HIV diagnosis. As of December 2014, 6,899 individuals reported with HIV or AIDS presumed to be alive and living in Wisconsin. The CDC estimates CDC estimates 14% of people living with HIV (PLHIV) are unaware of their status, which equates to an estimated 1,125 additional residents in Wisconsin living with HIV, but unaware of their HIV status.

In 2015, sexual contact accounted for more than 95% of new diagnoses in Wisconsin, with the majority (83%) attributable to male-to-male contact. During 2015, the majority of individuals (62%) newly diagnosed with HIV infection were members of racial or ethnic minority groups, yet racial/ethnic minorities made up just 17% of the state's population.

These racial/ethnic disparities are highlighted for males and females in the figure below. Racial/ethnic disparities in HIV are not due to innate biologic factors, nor increased risk behaviors. Rather, other determinants of health can disproportionately affect persons of color and put individuals at greater risk for HIV exposure.^{9,10}

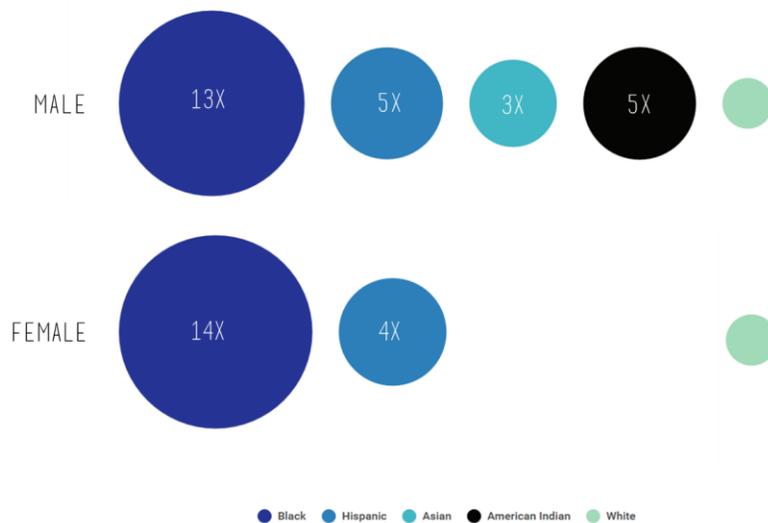
Disparities in Wisconsin

There are significant disparities in reproductive and sexual health in Wisconsin.

Milwaukee ranks second among large cities in the United States for rates of chlamydia and gonorrhea and sixth for the percent of births that are to teens. Rates of teen birth, STDs, and HIV are significantly higher in Milwaukee than in the rest of Wisconsin. Sexual minority youth have higher rates of sexual risk behaviors compared to sexual majority youth. In 2014 – 67 percent of new diagnoses of HIV were among racial/ethnic minorities

(minorities are only 17 percent of WI population).¹¹ Males were five times more likely to be diagnosed than females. Male diagnosis rates were 16-fold higher for Blacks and 7-fold higher for Hispanics compared to whites. Female diagnosis rates were 34-fold higher among Blacks and 9-fold higher among Hispanics compared to whites.

HIV diagnosis rate by sex and race/ethnicity, Wisconsin, 2015



The size of the circle represents the size of the disparity, compared to Whites.

¹ *Healthiest Wisconsin 2020* Baseline and Health Disparities Report

² Wisconsin PRAMS – What Moms Tell Us. “Unintended Pregnancy” March 2013.

³ Wisconsin PRAMS – What Moms Tell Us. “Unintended Pregnancy” March 2013.

⁴ Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. Wisconsin – 2015 State Health Profile

⁵ CDC Youth Behavioral Risk Factor Survey 2013 Results

⁶ Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. Wisconsin – 2015 State Health Profile

⁷ CDC Youth Behavioral Risk Factor Survey 2013 Results

⁸ Wisconsin Sexually Transmitted Diseases (STDs) Case Surveillance Data, 2014.

<https://www.dhs.wisconsin.gov/std/2014datamap.htm>

⁹ Wisconsin AIDS/HIV Program (2016). Summary of the Wisconsin HIV/AIDS Surveillance Annual Review: New Diagnoses, Prevalent Cases, and Deaths Reported through December 31, 2015. Retrieved from <https://www.dhs.wisconsin.gov/aids-hiv/data.htm>

¹⁰ HIV Among African Americans, Centers for Disease Control and Prevention, <http://www.cdc.gov/hiv/group/raciaethnic/africanamericans>, accessed April 7, 2016.

¹¹ Wisconsin Department of Health Services, Wisconsin AIDS/HIV Program Notes April 2015

Tobacco Use and Exposure

Tobacco is Wisconsin’s leading cause of preventable death, and costs the state an estimated \$4.5 billion annually in health care and lost productivity expenses. There is a disparity in who is killed by tobacco: Several populations are disproportionately impacted by the burden of tobacco, with cigarette smoking rates that double the general population (Figure 1)¹. Programs and policies aimed at preventing and reducing the number of individuals who use tobacco are essential to the effective elimination the disproportionate burden tobacco burden has in Wisconsin.²

Healthiest Wisconsin 2020 Tobacco Objectives

- Reduce use and exposure among youth
- Reduce use and exposure among adults
- Decrease tobacco disparities among vulnerable groups

Wisconsin recognizes the sacred use of ceremonial tobacco among Native Americans, and uses the word “tobacco” to refer to commercial tobacco use.

Tobacco Use in Wisconsin

- Over 8 out of 10 smokeless tobacco users first tried smokeless tobacco before turning 21³
- Nearly 9 out of 10 current smokers started smoking before turning 18⁴
- Over 1 out of 10 adults have ever used e-cigarettes
- Nearly 7 out of 10 current cigarette smokers have used e-cigarettes

Youth Remain Vulnerable to Tobacco⁵

Though fewer Wisconsin youth are smoking, new tobacco products threaten this progress. Smokeless tobacco use among high school students increased 67% from 5.8% in 2012 to 10% 2014, and the rising popularity of e-cigarettes is a concern. Compounding these issues is the fact that some groups of youth are smoking far more than others. These populations are also disproportionately impacted by tobacco marketing.⁶

High school youth try cigarettes

Nearly 6 out of 10 LGB



Over 4 out of 10 Hispanic/Latino

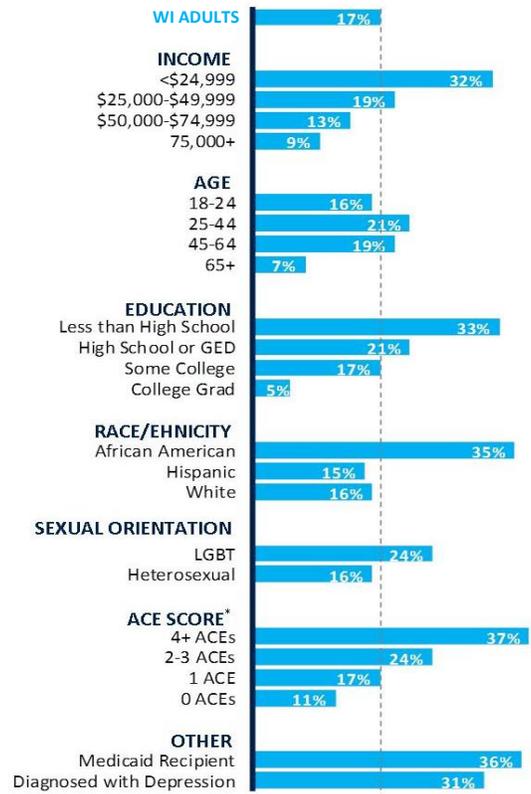


Over 3 out of 10 high school youth



Targeting youth populations by tobacco marketing leads to increased disparities amongst adults.

Smoking Impacts Populations Differently



Tobacco Use and Exposure

Secondhand Smoke

The majority of secondhand smoke exposure among youth occurs in the home. There is no safe level of secondhand smoke exposure.⁷ Over 1 in 5 middle and high school youth in Wisconsin live with someone who smokes tobacco products.⁸ The CDC has noted that nationally, 7 in 10 black children, compared to 4 in 10 children, are exposed to secondhand smoke.⁹ Sixty-eight percent of adults living in multi-unit housing prefer a no-smoking policy. However, over half of Wisconsin residents living in multi-unit housing report that smoking is allowed.¹⁰

Smoking Cessation

Nicotine is addictive and incredibly difficult to quit. There are seven approved nicotine replacement therapies to aid in cessation efforts. 64% of current adult smokers have stopped using cigarettes for at least one day in an attempt to quite smoking.¹¹

More than
60%
of youth and adult smokers
have tried to quit smoking

What's Being Done:

- ✓ Local coalitions educate, implement, and promote best practices in tobacco prevention and control
- ✓ State programs implement best practices such as the Quit Line, First Breath, and Spark.

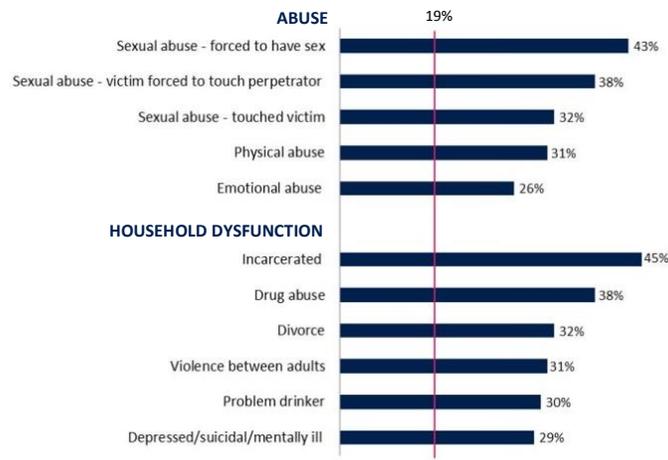
What Can Be Done:

- Education and awareness of ACEs and their correlation to smoking
- Regulation of other tobacco products, such as e-cigarettes
- Increased health equity efforts to address tobacco-related disparities

Emerging Issues in Tobacco Use

Adverse Childhood Experiences (ACEs) are negative life events or experiences that occur during childhood (prior to the age of 18) and have the potential to hinder healthy child development. ACEs are connected to risk behaviors (i.e. tobacco use) and negative health outcomes in adulthood – both of which are leading causes of public health costs. There are various efforts happening locally and nationally to prevent the intergenerational transmission of ACEs, and support those who have experienced ACEs. 58% of Wisconsin residents have at least one ACE, and 77% of smokers in Wisconsin have at least one ACE. Specific ACEs correlate with smoking prevalence rates over twice that of the state average (Figure 2)¹².

Any ACE is correlated with higher prevalence of smoking in adults



¹ BRFSS 2014 (ACE score is from BRFSS 2011-2014)

² Palmersheim KA, Prosser EC. *Burden of Tobacco in Wisconsin: 2015 Edition*. University of Wisconsin-Milwaukee, Center for Urban Initiatives and Research, Milwaukee, WI: 2015

³ BRFSS (Fact Sheet) 2014

⁴ CDC http://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/

⁵ Youth Tobacco Survey – High School and Youth Tobacco Survey Middle School 2014

⁶ Youth Risk Behavior Survey – High School and Middle School 2013

⁷ US Department of Health and Human Services. *The Health Consequences of Smoking – 50 Years of Progress; A report of the Surgeon General*. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014

⁸ Youth Tobacco Survey – High School and Youth Tobacco Survey Middle School 2014

⁹ CDC <http://www.cdc.gov/features/second-hand-smoke/>

¹⁰ BRFSS (Fact Sheet) 2014

¹¹ BRFSS (Fact Sheet) 2014

¹² BRFSS 2011-2014 data

* tobwis.org Tobacco-Related Disparities Stat Shot 2015