



Wisconsin Department of Health Services

Report on the Health Status of Wisconsin

REVISED DECEMBER 2010

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Introduction

Dear Colleagues:

The Department of Health Services (DHS) is dedicated to promoting the health and safety of the people of Wisconsin. Achieving this mission requires collaboration—both across program areas within DHS and with our many partners across the state who have an opportunity to impact the health of the people of Wisconsin. It also requires establishing measurable goals and objectives to let us know whether we are making progress.

The attached document, *Wisconsin's Health Status*, highlights this shared accountability. Our selected indicators present a compelling picture of the health status of our state, and let us and the public know where renewed attention is required. Each indicator includes trend data, performance targets and critical action steps for improvement—both for DHS and our partners throughout the state.

I believe that by working together toward these shared goals, we can continue to improve the health and well-being of Wisconsin residents. I urge you to review the indicators and determine how you might play a role in making Wisconsin the healthiest state.

Karen E. Timberlake
Secretary

List of 20 Health Status Measures

Health Care Access and Quality

Topic	What are we working to accomplish?
1 Access to health insurance	Increase the number of adults and children with health insurance.
2 Prenatal care	Increase the percent of women receiving prenatal care in the first trimester.
3 Rate of preventable hospitalizations (those for ambulatory-care-sensitive conditions)	Reduce hospitalizations by providing access to high quality primary and preventive care.
4 Diabetes management	Reduce the rate of preventable hospitalizations due to diabetes.
5 Rebalancing the long-term care system	Increase access for adults to community long-term care, so people with long-term care needs can live in their preferred settings.
6 Adults waiting for community care	Increase access for adults to community long-term care.
7 Children waiting for community care	Increase access for children to community long-term care.
8 Pressure ulcers among nursing home residents	Reduce the incidence of pressure ulcers among Wisconsin nursing home residents.
9 Children's access to dental care	Increase the percent of Wisconsin children with access to dental care.
10 Overall quality of health care in Wisconsin	Continue to rank well in the federal DHHS Agency for Healthcare Research and Quality (AHRQ) composite state-level measure of health care quality.

Underlying Factors

Topic	What are we working to accomplish?
11 Smoking prevalence	Reduce adult and youth population smoking prevalence.
12 Obesity	Reduce the percent of adults and children who are obese.
13 Alcohol / substance abuse	Reduce alcohol abuse by adults and youth.
14 Percent of food insecure households	Reduce the percent of Wisconsin households that are food insecure.
15 Falls among the elderly	Reduce deaths and emergency department (ED) visits due to falls among the elderly.

Health Outcomes

Topic	What are we working to accomplish?
16 Immunization	Improve immunization completion rates for children.
17 Childhood lead poisoning	Reduce the percent of all Wisconsin children under age 6 with lead poisoning.
18 Disparities in healthy birth outcomes	Significantly Improve birth outcomes for African American infants.
19 Mental illness among adults	Reduce the percent of adults experiencing serious psychological distress.
20 Overall health status	Reduce the prevalence of self-rated fair or poor health among adults.

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Report on the Health Status of Wisconsin

FOCUS ON HEALTH CARE ACCESS AND QUALITY

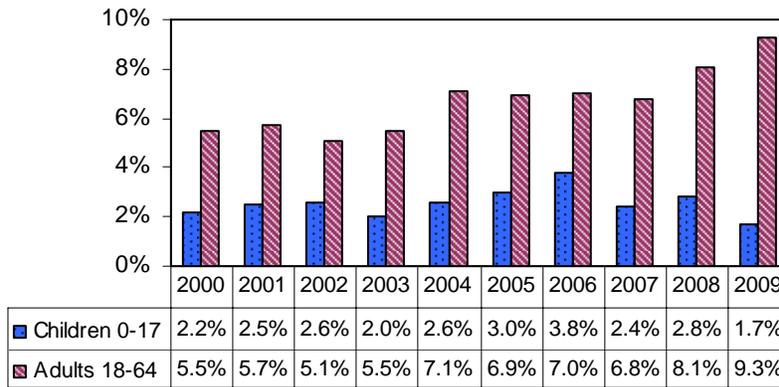
Performance Measure 1: ACCESS TO HEALTH INSURANCE

Objective: Increase the number of adults and children with health insurance.

Target: Percent of adults under age 65 with health insurance for at least part of a year will be 98% in 2011, 2012 and 2013. The percent of children with health insurance for at least part of a year will be 98% in 2011, 2012 and 2013.

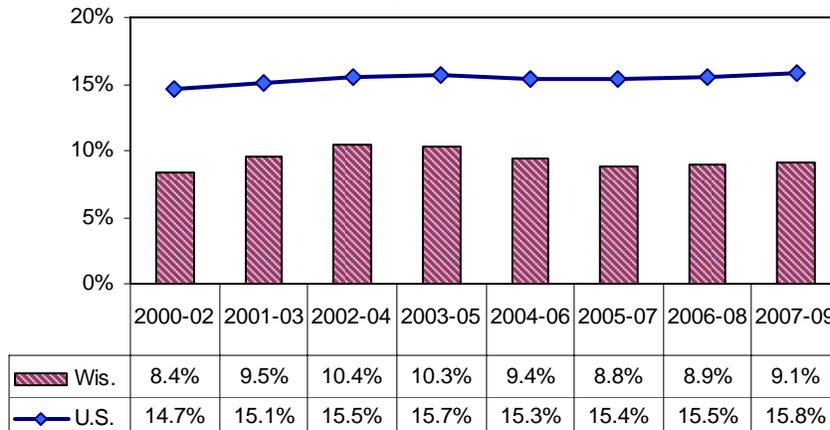
Benchmark: In 2009, national estimates by the U.S. Census Bureau indicate that 10.0% of all children were uninsured, and 16.7% of the total population in the U.S. was without health insurance all year.

Family Health Survey: Percent of Wisconsin Residents Uninsured All Year



Source: Wisconsin Family Health Survey (FHS).

Current Population Survey: Percent of Persons Uninsured All Year



Source: U.S. Census Bureau, Current Population Survey, 2000 to 2010 Annual Social and Economic Supplements.

Discussion

Providing people with access to health insurance is a vital step in keeping people healthy, independent and productive, and avoiding financial hardship from catastrophic illness. Wisconsin historically has had one of the highest insurance rates nationally. In 2009, based on the Current Population Survey published by the U.S. Census Bureau, Wisconsin was among the 4 states with the lowest rates of all people without health insurance and among the 5 states with the lowest rates of children not covered by health insurance. The Department is increasing access to health insurance to more Wisconsinites. However, the progress in reducing the number of

uninsured adults is slowing because some employers have discontinued offering health insurance benefits to their employees due to rising insurance and health care costs.

DHS Action Steps

- Rigorously pursue development and implementation of a health insurance exchange for Wisconsin, which will greatly assist families and individuals in need of health insurance to efficiently find a private health insurance plan or public program to meet their needs.
- Work closely with the state's Federally Qualified Health Clinics (FQHC) to assist the FQHC's to effectively invest federal funds provided through the national Affordable Care Act (ACA) in order to expand access to care to state residents in need.
- Continually improve timely access to Medicaid benefits in Milwaukee County through the Department's initiative to directly manage the county's income maintenance function.
- Continue close collaboration with the state's Office of Health Care Reform and other key partners to analyze and implement provisions of ACA designed to expand and improve health care in Wisconsin.
- Continue outreach efforts to hard-to-serve populations to ensure that those eligible are enrolled in/stay enrolled in BadgerCare Plus.
- Use findings from a "Maximize Enrollment" diagnostic test, funded through a 4-year grant from the Robert Wood Johnson Foundation, to enroll and retain more children in BadgerCare Plus.

What Others Can Do

- Community-based organizations can become certified DHS community partners and assist people in signing up for BadgerCare Plus.
- Health insurers and employers can actively participate in state efforts to create the state's health insurance exchange, and then fully use the exchange as needed to promote citizen access to health insurance and cost-effective health care.
- Small businesses can take advantage of tax credit provisions in the federal ACA to reduce health insurance costs to their businesses and where possible expand health insurance offerings to their employees.
- Employers can strive to find ways to maintain insurance for their employees, by pursuing new strategies to keep insurance affordable and costs under control, for example through joining with other employers to pool their purchasing power, implementing pay-for-performance provisions, improving care of chronic conditions for their employees, and initiating wellness programs for employees.

For additional information on this issue, please go to: <http://dhs.wisconsin.gov/stats/healthinsurance.htm>.

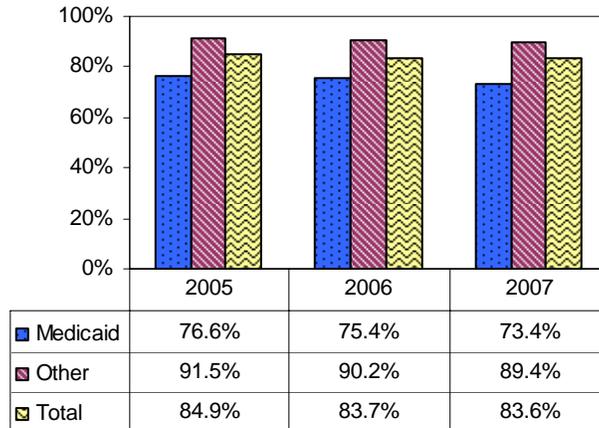
Report on the Health Status of Wisconsin

FOCUS ON HEALTH CARE ACCESS AND QUALITY

Performance Measure 2: PRENATAL CARE

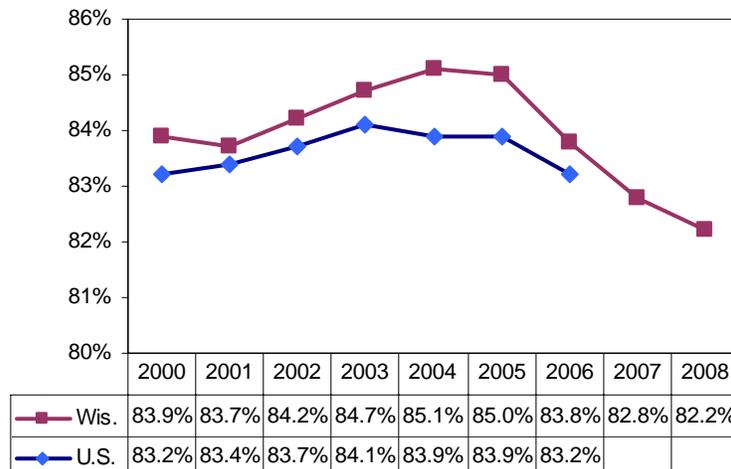
- Objective:** Increase the percent of women receiving prenatal care in the first trimester.
- Target:** Increase the percent of women receiving prenatal care in the first trimester to 84% in 2011, 2012 and 2013.
- Benchmark:** In 2008, 82% of Wisconsin women who had live-born infants received prenatal care in the first trimester. This percentage is slightly less than the 2006 national percentage of 83%, the most recent year for which national data are available.

Percent of Infants Born in Wisconsin to Women Receiving Prenatal Care in 1st Trimester



Sources: DHS, Bureau of Health Informatics and MCH TVIS data.

Percent of Births to Women Receiving Prenatal Care in 1st Trimester



Sources: DHS, Bureau of Health Informatics, Wisconsin Interactive Statistics on Health (WISH); National Vital Statistics reports.

Discussion

Providing prenatal care in the first trimester of a pregnancy can enhance pregnancy outcomes by assessing risk, providing health care advice, and managing chronic and pregnancy-related health conditions. The overall proportion of women who received prenatal care in the first trimester was 82 percent in 2008, compared to

84 percent in 1998. The proportion of women enrolled in Medicaid who received first trimester care in 2007 was 73.4 percent. The proportion with first trimester care increased for blacks/African Americans, American Indians, and Laotians or Hmong. The increase was especially striking among Laotian and Hmong women. The Maternal and Child Health Program (MCH) provides support for early entry into prenatal care by providing technical support and funding for Medicaid Prenatal Care Coordination (PNCC). Through Great Beginnings Start Before Birth trainings and the Centering Pregnancy pilot project, the MCH program has assisted local health departments and other agencies in enhancing prenatal care services. The MCH program is assisting in the exploration of a regional Fetal and Infant Mortality Review (FIMR) and supporting a statewide Title V Block Grant funded project to expand Child Death Review (CDR)/FIMR to all public health jurisdictions. These programs will serve as a means of monitoring access to, and the quality of, medical prenatal care in the southeast region and throughout the state.

DHS Action Steps

- Increase enrollment in the Medicaid PNCC program through improved outreach; improve program effectiveness through increased intensity of services; improve communication between PNCC providers, medical providers and health plans; and expand PNCC services to Family Planning/Reproductive Health agencies.
- Collaborate with the Medicaid program to improve eligibility to all pregnant and postpartum women and to ensure that access to high quality prenatal and interconception care is provided through HMO health plans.
- Support the expansion of Fetal and Infant Mortality Review (FIMR) programs in Wisconsin as a quality improvement process, to monitor and improve the quality of prenatal care delivered to women at risk of poor birth outcomes.
- Promote access to models of prenatal care such as group prenatal care (Centering Pregnancy) and neighborhood based clinics offering multi-disciplinary prenatal care providers.
- Collaborate with statewide Maternal and Child Health (MCH) program partners to develop a statewide strategic plan for implementing preconception care.

What Others Can Do

- Health plans under Medicaid contract can utilize the Medicaid high-risk birth registry to identify women with a previous poor birth outcome and ensure their access to early prenatal medical care.
- All health care providers serving adolescent and young adult females can encourage a reproductive life plan, the use of multivitamins with folic acid, and promote early prenatal medical care during pregnancy.
- Hospital emergency departments, family planning clinics, and student health services can assist all pregnant women not currently receiving prenatal care in scheduling appointments with area providers.
- Local communities and health plans can work together to provide access to clinics offering group prenatal care with a multi-disciplinary approach.
- Staff of Family Planning/Reproductive Health agencies and home visitation programs can become Medicaid PNCC providers.

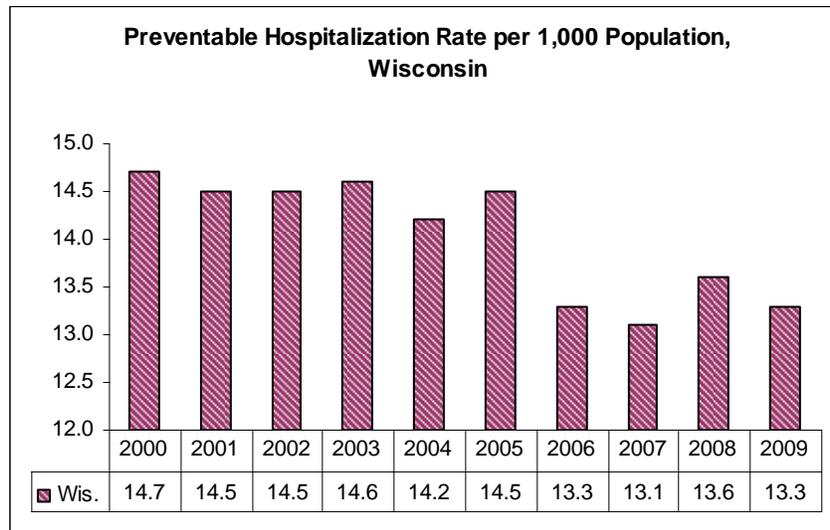
For additional information on this issue, please go to: <http://dhs.wisconsin.gov/healthybirths/>.

Report on the Health Status of Wisconsin

FOCUS ON HEALTH CARE ACCESS AND QUALITY

Performance Measure 3: RATE OF PREVENTABLE HOSPITALIZATIONS (THOSE FOR AMBULATORY-CARE-SENSITIVE CONDITIONS)

Objective: Reduce hospitalizations by providing access to high-quality primary and preventive care.
Target: Reduce preventable hospitalizations to a rate of 11.6 per 1,000 population in 2011, 2012 and 2013.
Benchmark: The rate of preventable hospitalizations in Wisconsin for the most recent year available (2009) was 13.3 per 1,000 population.



Source: Hospital inpatient discharge files.

Discussion

Preventable hospitalizations are hospitalizations for conditions where timely and effective ambulatory care can reduce the likelihood of hospitalization. The rate and number of these hospitalizations are used as measures of access to high-quality primary care. Wisconsin historically has ranked well when compared with other states, but continued progress is needed. The number of preventable hospitalizations in Wisconsin was 81,000 in 2005 and declined to 76,000 in 2009. Bacterial pneumonia and congestive heart failure are the conditions most frequently associated with preventable hospitalizations in Wisconsin. Other frequent conditions include chronic obstructive pulmonary disease, kidney/urinary infection, cellulitis, and dehydration. Over half of the preventable hospitalizations in Wisconsin occur among persons age 65 and older. Improving the state's capacity and performance in preventing and managing chronic diseases, which in turn will reduce preventable hospitalizations, is an objective of the *Healthiest Wisconsin 2020* plan.

DHS Action Steps

- Continue to expand Medicaid coverage in order to increase access to primary and preventive health care.
- Establish, expand and monitor pay for performance provisions in Medicaid contracts with HMOs that encourage primary and preventive health care.
- Strengthen the management of chronic health conditions (especially asthma and diabetes) by Medicaid providers and HMOs.
- Evaluate and monitor the delivery of immunizations to vulnerable groups statewide.
- Evaluate and expand the delivery of services to the elderly that reduce incidences of gastroenteritis, urinary tract infections, dehydration, anemia, and nutritional deficiencies.
- Encourage health literacy by providing consumer-friendly print and electronic material on key health-promoting and disease-preventing topics.

What Others Can Do

- Medical practitioners, local public health agencies, community agencies and others can redouble efforts focused on the prevention and management of chronic health conditions, where possible leveraging prevention and wellness provisions in the national Affordable Care Act (ACA).

- Educators, primary care providers and others can promote and encourage healthy lifestyle choices and the timely use of primary health care services.
- Educators, local public health agencies, the media and others can encourage health literacy by providing consumer-friendly print and electronic material on key health-promoting and disease-preventing topics.
- Citizens can increase their personal responsibility to pursue healthy lifestyles, seek and follow the advice of medical practitioners for disease-preventing health care, and actively manage any chronic health conditions.

For additional information on this issue, please go to: <http://dhs.wisconsin.gov/localdata/pubhlthprofiles.htm>.

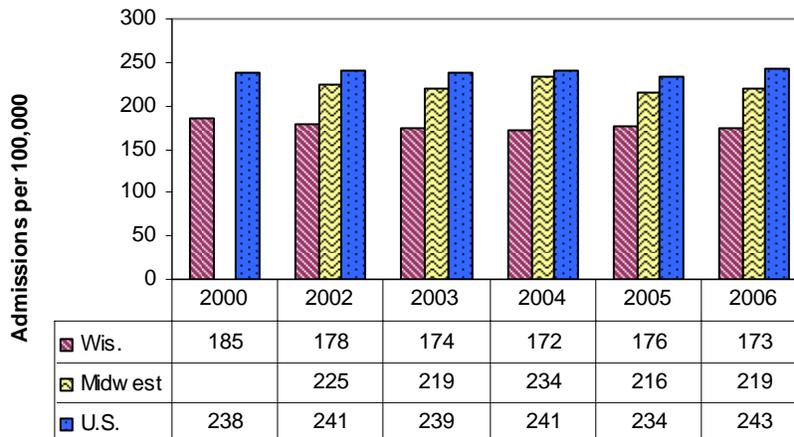
Report on the Health Status of Wisconsin

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Performance Measure 4: DIABETES MANAGEMENT

- Objective:** Reduce the rate of preventable hospitalizations due to diabetes.
- Target:** The rate of preventable hospitalizations due to diabetes will be 168 per 100,000 in 2011, 167 per 100,000 in 2012 and 166 per 100,000 in 2013.
- Benchmark:** Nationally, on average, about 239 hospital admissions per 100,000 adults are diabetes related, while Wisconsin has averaged 174 admissions, or 27% fewer.

**AHRQ Diabetes-Related Hospital Admissions Among Adults
Age 18 and Older**



Note: Reflects four diabetes-related admission measures: Lower Extremity Amputations, Uncontrolled, Long-Term Complications and Short-Term Complications.
Sources: U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality (AHRQ), State Snapshots, Focus on Diabetes Outcomes of Care: DHS, Bureau of Health Informatics.

Discussion

Diabetes is a wide-spread and rapidly growing chronic disease. Recent (2004-2006) age-adjusted estimates from the *2008 Burden of Diabetes in Wisconsin* indicate that 6.7 percent of adult Wisconsinites have been diagnosed with diabetes, a relative increase of 20 percent since 1999-2002. It is also estimated that the percent of children and adolescents in Wisconsin diagnosed with diabetes increased from 0.3 percent in 2000-2003 to 0.5 percent in 2004-2006. Diabetes is considered to be among the chronic diseases that are most preventable and for which clinical preventive services can prevent debilitating complications. Keeping the rates of hospitalization due to diabetes low is a widely-used performance measure because it suggests individuals are effectively managing their diabetes, often through the support of their primary health care provider and other community supports. Wisconsin and Massachusetts are tied as the two best performing states in diabetes management, based on the most recent federal AHRQ report. However, as with many other health conditions, disparities exist, and hospitalization rates vary among racial groups and between regions of the state.

DHS Action Steps

- Monitor the effectiveness of pay for performance provisions in Medicaid contracts with HMOs, which provide financial incentives so HMOs will provide higher quality care to patients with diabetes.
- Continue leading the Wisconsin Diabetes Quality Improvement Project (DQIP) with federally-qualified community health centers (FQHCs) to assist centers in improving the quality of diabetes care.
- Promote the *Wisconsin Diabetes Mellitus Essential Care Guidelines* and other resources to professionals and consumers; expand reach and awareness of recommended preventive care for people with and at risk for diabetes.
- Continue leading the Wisconsin Collaborative Diabetes Quality Improvement Project (HMO Collaborative), in which data on diabetes management is evaluated and used to create specific initiatives to improve the quality of diabetes care in Wisconsin HMOs.

- Evaluate geographic and racial/ethnic diabetes-related disparities and develop and implement options to target diabetes management improvement efforts to communities of greater need.
- Continue statewide implementation of the Chronic Disease Self-Management Initiative through collaboration with Aging and Disability Resource Centers (ADRCs) and other local partners.

What Others Can Do

- Medical practitioners, local public health agencies, community agencies, and others can promote health literacy with their patients and clients and can encourage ways to enhance self-management strategies for people living with diabetes (e.g., diabetes self-management education, Living Well with Chronic Conditions, and community programs and events).
- Employers can offer and promote wellness and prevention programs with their employees, and can support employees living with diabetes by ensuring that insurers covering their employees offer sufficient diabetes management and treatment services.
- Educators, primary care providers, and others can promote healthy food choices and increased physical activity opportunities to control and manage diabetes.
- Diabetes treatment experts, public health agencies, and advocates can increase awareness of the benefits of treatment changes to adequately control diabetes as disease progression dictates across the lifespan.

For additional information on this issue, please go to: <http://dhs.wisconsin.gov/health/diabetes/>.

Report on the Health Status of Wisconsin

FOCUS ON HEALTH CARE ACCESS AND QUALITY

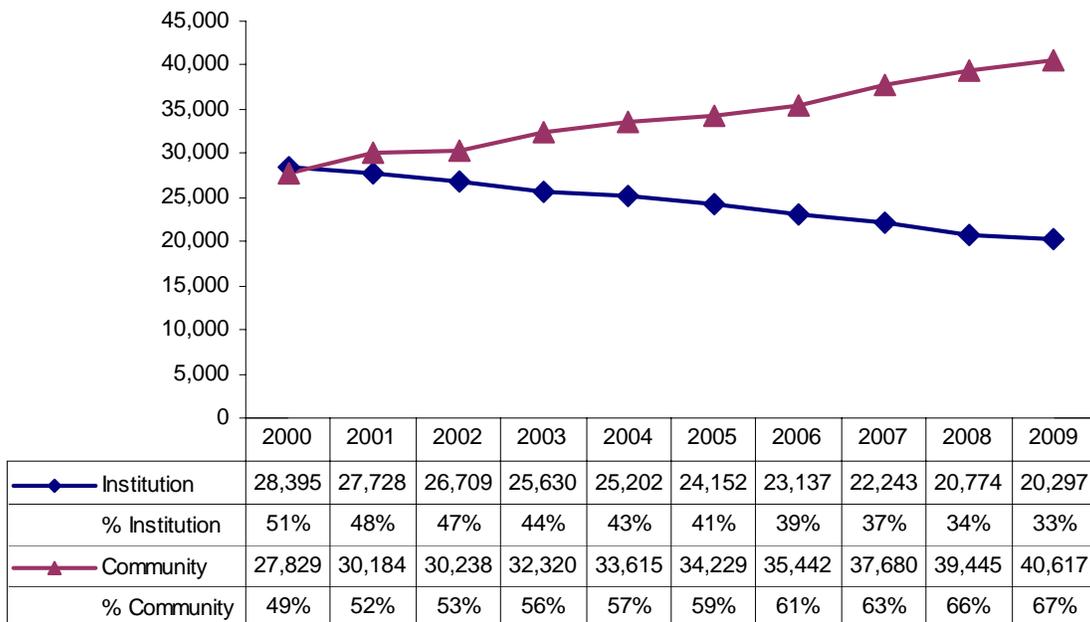
Performance Measure 5: REBALANCING THE LONG-TERM CARE SYSTEM

Objective: Increase access for adults to community long-term care, so people with long-term care needs can live in their preferred settings.

Target: The percent of individuals receiving publicly-funded long-term care who are in community settings will be 68% in 2011, 72% in 2012 and 74% in 2013.

Benchmark: There is no national standard, so the benchmark is past trends in Wisconsin.

Publicly-Funded Long-Term Care Clients by Setting



Note: Institutions include nursing homes, facilities and state centers for the developmentally disabled.
Source: Division of Long Term Care.

Discussion

Increased utilization of community settings reflects consumer choice, enhanced quality of life for individuals, and a more cost-effective approach to meeting individual needs. So far this decade, the number of adults served in the community has increased 42 percent. The percent of clients in community versus nursing homes increased from 49 percent versus 51 percent in 2000 to 67 percent versus 33 percent in 2009. The Department's main policy strategy to rebalance the long term care system is implementing the Family Care program, which is an entitlement which provides individuals the choice of community settings. Family Care will be operational in 57 counties accounting for 80 percent of the state population by the end of June 2011.

DHS Action Steps

- Continue statewide expansion of Family Care as presented in the Department's 2011-2013 budget proposal, in which Family Care will be implemented in the remaining 15 counties by April 2012.
- Continue relocating interested individuals from nursing home/ICF-MR settings to community-based settings under the Department's community relocation programs.
- Implement the new federally-required procedures (under MDS 3.0 Section Q) to identify and refer to local agencies nursing home residents interested in relocating to the community.
- In non-Family Care counties, enable individuals at risk of entering nursing homes to remain in the community, if they so choose, through the use of diversion slots approved through new statutory provisions in 2010.

What Others Can Do

- Aging and Disability Resource Centers (ADRCs) in Family Care counties can provide accurate, clear, and understandable information and assistance to individuals about community-based long-term care options and facilitate enrollment entry into Family Care or IRIS, the self-directed supports community-based programs, for individuals eligible and interested in these programs.
- Managed Care Organizations (MCOs) can develop community-based plans, in collaboration with the enrollee, that are individualized and reflect the person's preferences and needs.
- Hospital discharge planners can refer individuals to ADRCs to obtain information about community-based long-term care options.
- Using the new federal protocols (under MDS 3.0) nursing home administrators and staff can assess if residents are interested in relocating to the community and, if so, refer individuals to the local ADRC (in Family Care counties) or county agency (in non-Family Care counties).
- County Human Service staff in non-Family Care counties can undertake outreach to individuals in nursing homes and ICF-MRs to ensure they are aware of their opportunity to relocate to the community, and for those interested, engage in developing an appropriate care plan.
- Counties can develop sound community plans as part of the annual court Watts Reviews for individuals with developmental disabilities, so that all parties can consider whether community relocation is feasible and appropriate for the individual.
- Parents and guardians who have successfully relocated their ward to the community can serve as mentors to parents/guardians who are considering community relocation of a ward residing in an institutional setting.

For additional information on this issue, please go to: <http://dhs.wisconsin.gov/managedltc/>.

Report on the Health Status of Wisconsin

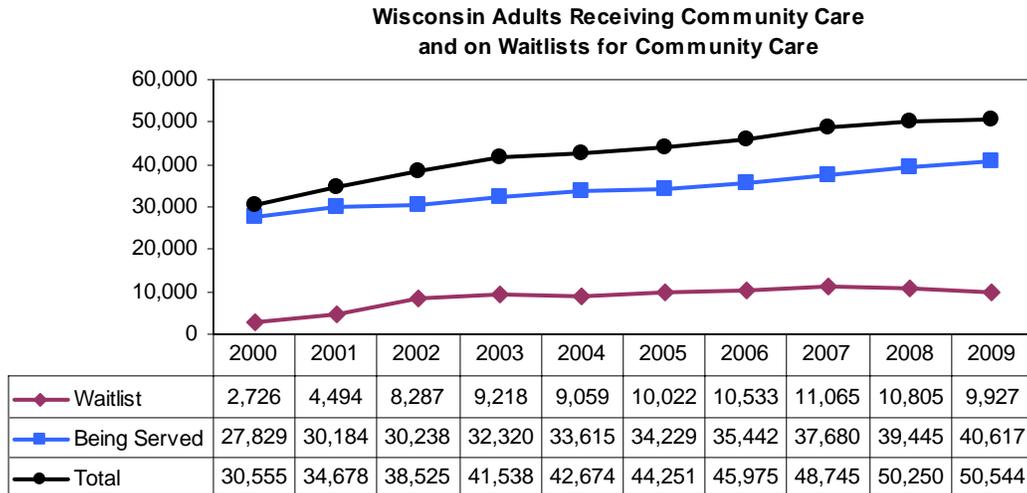
FOCUS ON HEALTH CARE ACCESS AND QUALITY

Performance Measure 6: Adults WAITING FOR COMMUNITY CARE

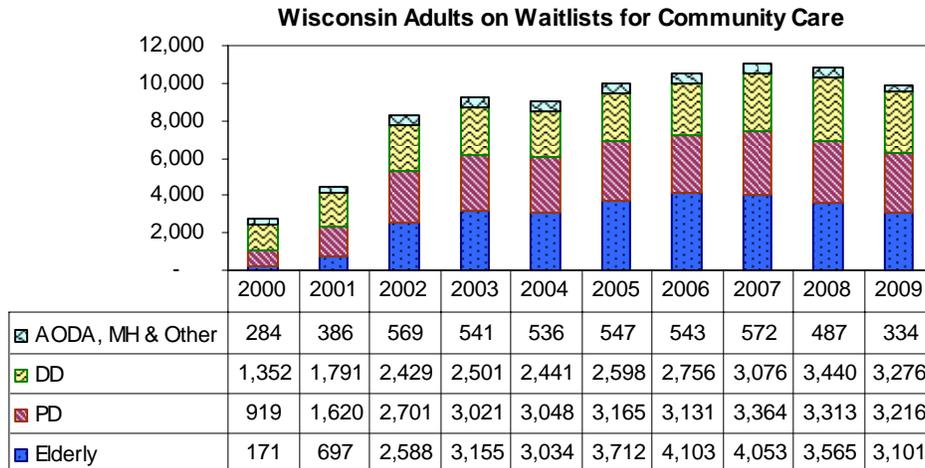
Objective: Increase adults' access to community long-term care.

Target: Reduce and eliminate the adult waitlist for community-based long-term care. The adult waitlist for community-based long-term care will be 3,738 by 2011; 1,235 by 2012 and 560 by 2013.

Benchmark: No national standard or data are available.



Source: Division of Long Term Care.



Source: Division of Long Term Care.

Discussion

This measure reflects the extent of access to community-based long-term care. Overall, while the picture is mixed, there has been progress. Waitlists grew from 2000 to 2007. With the start of Family Care expansion in 2007, the number of adults on the waitlist began to decrease and the number of persons receiving care and services expanded considerably.

DHS Action Steps

- Continue statewide expansion of Family Care, which is an entitlement, which provides individuals the choice of community settings. Family Care will be operational in 57 counties accounting for 80 percent of the state

population by the end of June 2011, and the remaining 15 counties will have Family Care by April 2012 under the Department's 2011-2013 budget proposal.

What Others Can Do

- Aging and Disability Resource Centers (ADRCs) in Family Care counties can enroll their full monthly enrollment allocation under the county's Family Care enrollment plan.
- ADRCs and counties can provide community-based care under Family Care, IRIS, or the waivers to any person in an institutional setting who is on the waitlist for community-based care through the Department's relocation initiatives.

For additional information on this issue, please go to: http://dhs.wisconsin.gov/ltc_cop/copdesc.htm and <http://dhs.wisconsin.gov/aging/> and <http://dhs.wisconsin.gov/bdds/>.

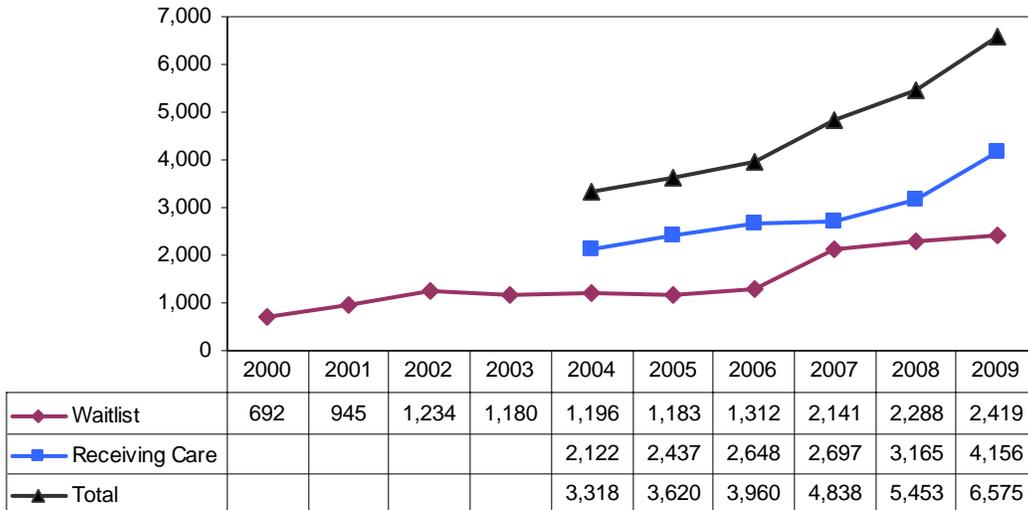
Report on the Health Status of Wisconsin

FOCUS ON HEALTH CARE ACCESS AND QUALITY

Performance Measure 7: Children WAITING FOR COMMUNITY CARE

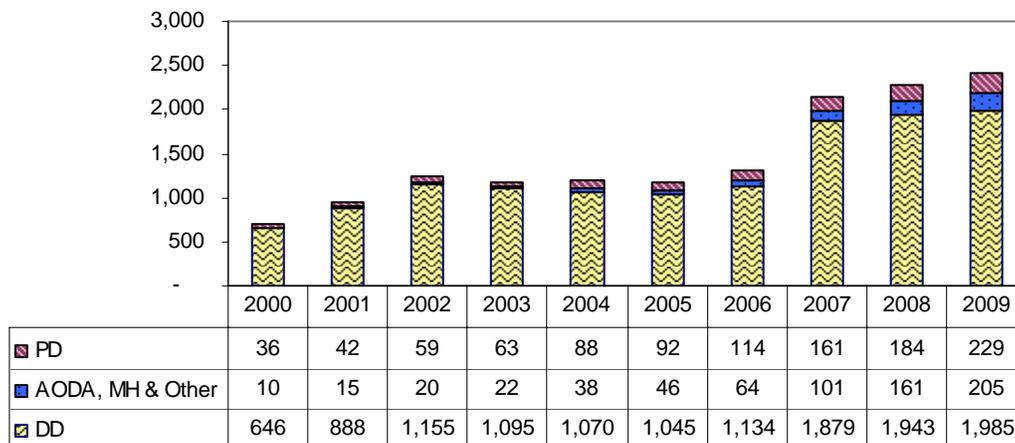
Objective: Increase children’s access to community long-term care.
Target: Reduce and eliminate the children’s waitlist for community-based long-term care. The children’s waitlist for community-based long-term care will be 1,941 in 2011 and 2,000 in 2012 and 2013.
Benchmark: No national standard or data are available.

Wisconsin Children Receiving Community Care and on Waitlists for Community Care



Source: Division of Long Term Care.

Wisconsin Children on Waitlists for Community Care



Source: Division of Long Term Care.

Discussion

Providing services to children with special needs at an early age has been shown to be critical to their future development. Community programs for children support their development by helping families access and utilize services to meet their needs. Providing effective intervention services early on through the Birth to 3 Program may reduce or eliminate the need for services through the children’s Medicaid waiver programs. While the children’s waitlist has grown considerably in recent years, the Department’s use of resources such as Medicaid home and community-based waivers has also made it possible to serve greater numbers of children in community settings.

DHS Action Steps

- Implement the new funding provided in the budget for expansion of children's waiver capacity in the 09-11 biennium, which is expected to serve up to 1,000 children from waitlists during the next four years.
- In collaboration with the Office of the Commissioner of Insurance (OCI), implement the autism insurance mandate approved in the 09-11 biennial budget, which is projected to substantially reduce the waitlist for children's autism services by the end of the 09-11 biennium.
- Effectively expend federal ARRA funds to strengthen Birth to 3 programs by building capacity to use best practices in serving children with disabilities, which will also increase the number of children served.

What Others Can Do

- Using the new funding provided for children's services, counties can initiate contact with individuals on the waitlist and develop individualized plans that meet the child and family's needs.
- Teachers, other school staff and child care providers can identify children who may benefit from the children's long-term support programs and refer them to the county for information and services.
- Pediatricians and other health care providers can identify children who may benefit from the children's long-term support programs and refer them to the county for information and services.

For additional information on this issue, please go to: http://dhs.wisconsin.gov/lrc_cop/copdesc.htm and <http://dhs.wisconsin.gov/bdds/clts/>.

Report on the Health Status of Wisconsin

FOCUS ON HEALTH CARE ACCESS AND QUALITY

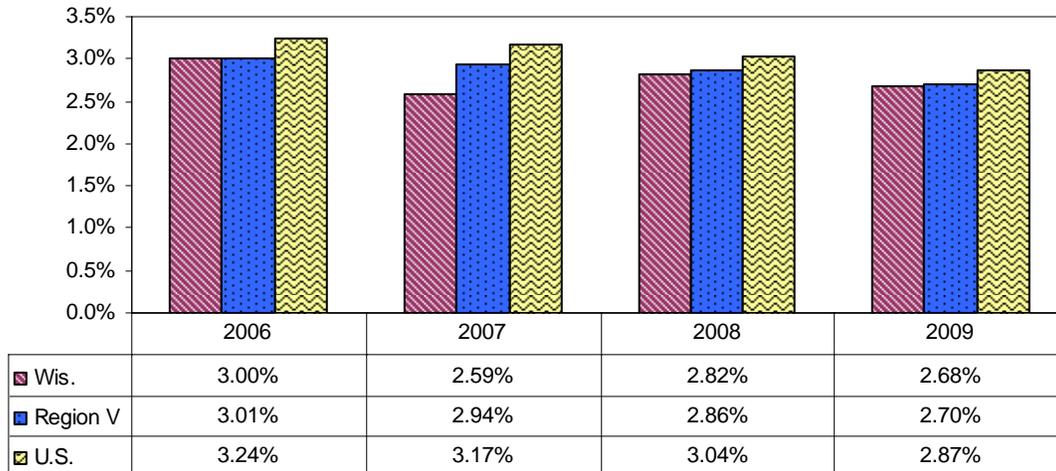
Performance Measure 8: Reduce PRESSURE ULCERS AMONG NURSING HOME RESIDENTS

Objective: Decrease the incidence of pressure ulcers among Wisconsin nursing home residents.

Target: Incidence rate of 2.24% of residents for 2011, 2.10% for 2012, and 2.00% for 2013.

Benchmark: In 2009, the incidence rate in Wisconsin was 2.68% versus 2.70% for Region V and 2.87% for the U.S. overall.

Percent of Nursing Home Residents that Develop a Pressure Ulcer During their Nursing Home Stay



Source: Minimum Data Set (MDS).

Discussion

Reducing the percent of nursing home residents that develop pressure ulcers is a key indicator of the quality of nursing home care and is a major state and federal initiative. An important strategy the Department has employed to achieve this goal is engaging key stakeholders in the Wisconsin Pressure Ulcer Coalition (WPUC), which is a large cross-setting collaborative focused on quality of care with the goals of decreasing the rates of pressure ulcers and fostering collaboration across different care settings.

DHS Action Steps

- Emphasis in communications to all providers, DQA managers, and all surveyors that the DHS Pressure Ulcer Performance Measure is a continued priority.
- Clearly articulate to providers, DQA managers and surveyors the professional and regulatory standards of practice related to pressure ulcer prevention and treatment.
- Assist in the recruitment of additional nursing homes to participate in year two of the Wisconsin Pressure Ulcer Coalition (WPUC).
- Support training on pressure ulcer prevention and treatment for both providers and surveyors.
- Identify pressure ulcers as an area of concern for the annual nursing home survey process and for the hospital survey process.
- Offer enrollment in WPUC or other pressure ulcer quality improvement process in lieu of forfeitures as long as the nursing home meets specific participation and performance measures.

What Others Can Do

MetaStar, the Wisconsin Quality Improvement Organization, will continue to provide leadership by fostering the development of cross-setting collaborative efforts among hospitals and nursing homes to address pressure ulcer prevention. DQA will collaborate with MetaStar, the Wisconsin Hospital Association, the Wisconsin Rural Hospital Cooperative, WAHSA and WHCA to:

- Identify prevention and reduction of pressure ulcers in Wisconsin residents as a major federal and state initiative.

- Promote continued provider participation in the WPUC.
- Assist in the recruitment of new hospital and nursing home providers to participate in year three of the WPUC.
- Provide needed resources to develop and implement staff training programs related to pressure ulcer prevention and treatment.

For additional information on this issue, please go to: http://dhs.wisconsin.gov/rl_dsl/NHs/NHPUinfo.htm.

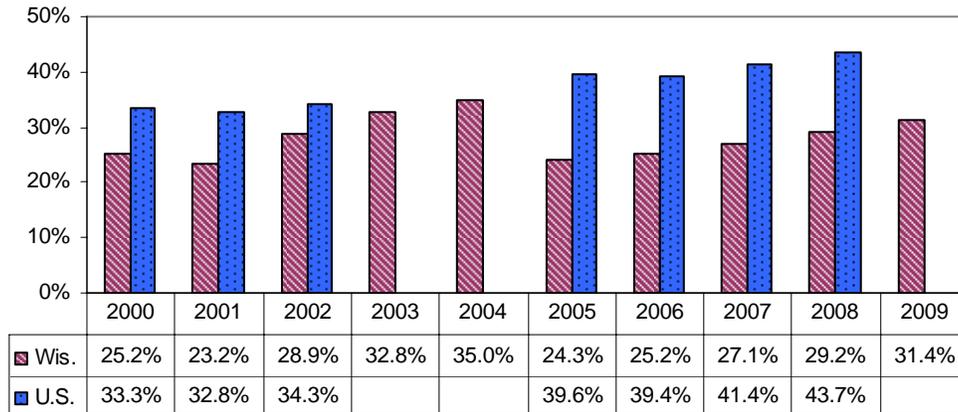
Report on the Health Status of Wisconsin

FOCUS ON HEALTH CARE ACCESS AND QUALITY

Performance Measure 9: CHILDREN'S ACCESS TO DENTAL CARE

Objective: Increase the percent of Wisconsin children with access to dental care.
Target: Increase the percent of Medicaid-eligible children receiving any dental service to 35% by 2011, 37.0% by 2011, and 39.0% by 2013.
Benchmark: Nationally, 43.7% of Medicaid-eligible children received a dental service in 2008 compared to 29.2% in Wisconsin.

Percent of EPSDT-Eligible Children Ages 3-20 Receiving Any Dental Service



Source: Wisconsin CMS-416 Annual EPSDT Participation Reports for federal fiscal year.

Discussion

Lack of access to oral health care is particularly a problem when it systematically results in poor health outcomes for certain individuals or groups, and the burden of oral diseases and conditions is disproportionately borne by individuals with low socioeconomic status at each life stage. Good oral health care is important for children to be free of chronic oral-facial pain conditions, oral and throat cancers, oral soft tissue lesions, correctible birth conditions such as cleft lip and plate, and many other diseases and disorders. Assuring access to ongoing oral health education and comprehensive prevention, screening and early intervention, and treatment of dental disease is an objective of the *Healthiest Wisconsin 2020* plan. Access to dental care by children in Wisconsin's Medicaid program has been consistently lower than the national average over the past eight years. Addressing a complex set of factors will be important to increasing access to dental care, including the need to have an informed public and policymakers, integrated and culturally competent programs, and resources to pay and reimburse for the care.

DHS Action Steps

- Collaborate with Marquette University School of Dentistry and the Wisconsin Office of Rural Health to recruit and retain dental health professionals.
- Expand the Seal a Smile (dental sealant) program.
- Increase trainings to primary care providers for anticipatory guidance and fluoride varnish applications.
- Expand access to fluoridated community water systems, fluoride varnish programs and fluoride mouth-rinsing programs.
- Look for opportunities to provide incentives for dental providers to increase the number of Medicaid members they see or to recruit new providers to the program.
- Expand capacity at FQHC's and other safety net clinics.

What Others Can Do

- Educators, community agencies and other state agencies can focus on expanding and distributing a well-trained, diverse dental workforce, leveraging workforce expansion funding opportunities provided in the national Affordable Care Act.

- The Wisconsin Department of Regulation and Licensing's Dental Examining Board can accept all national dental examinations for licensure in Wisconsin and can allow foreign dental graduates credentialing.
- Educators and community agencies can authorize and train mid-level providers and expand duties of allied dental personnel.
- The Wisconsin Department of Commerce can seek changes to expand loan forgiveness programs for dentists/dental hygienists providing care to Medicaid recipients.
- Educators can expand programs to train pediatric dentists and utilize more effective continuing dental education to enable general dentists to be more comfortable treating children.
- Other state agencies can require service to Medicaid recipients as part of the state dental tuition assistance program.

For additional information on this issue, please go to: http://dhs.wisconsin.gov/health/oral_health/.

Report on the Health Status of Wisconsin

FOCUS ON HEALTH CARE ACCESS AND QUALITY

Performance Measure 10: OVERALL QUALITY OF HEALTH CARE IN WISCONSIN

Objective: Continue to rank well in the federal DHHS Agency for Healthcare Research and Quality (AHRQ) composite state-level measure of health care quality.

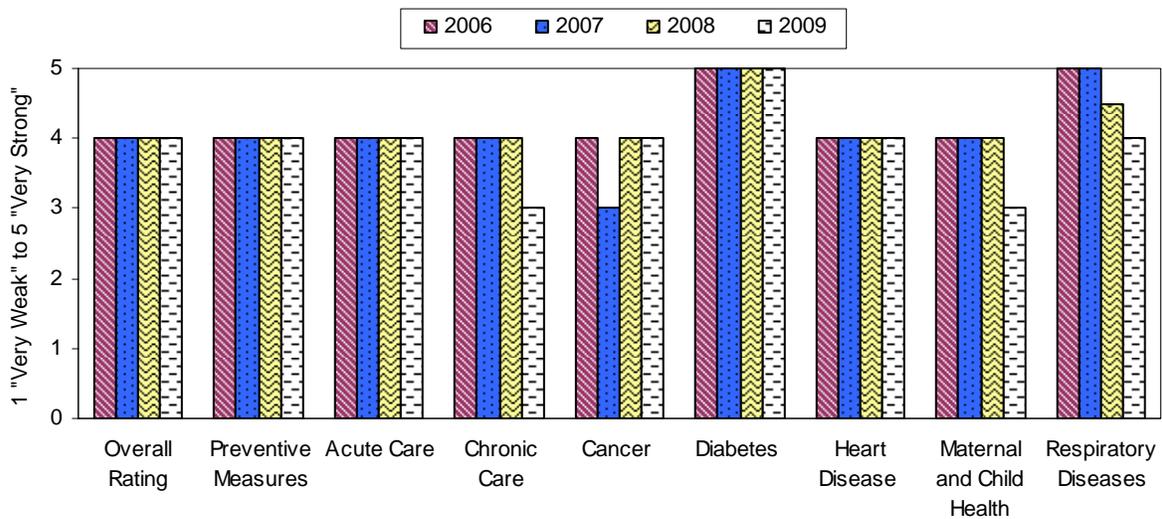
Target: To maintain rank among top five states nationally.

Benchmark: In the 2009 federal report, Wisconsin had the second highest composite score of all states.

Wisconsin Ranking on AHRQ Meter Score of Health Care Quality

Year	Rank
2009	Second
2008	First
2007	Second
2006	First

AHRQ Meter Score of Health Care Quality Ratings, Wisconsin



Source: U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality (AHRQ).

Discussion

The federal DHHS AHRQ is charged with assessing the effectiveness, comparative effectiveness, cost-effectiveness, and efficiency of health care services. AHRQ aggregates multiple data sources to assess health care quality in each state, based on many indicators of health care quality. AHRQ quality indicators include prevention, inpatient, pediatric and patient safety indicators. Additional ratings for settings of care first reported in 2007 included hospital care, ambulatory care, nursing home care, and home health care.

DHS Action Steps

The AHRQ rankings reflect the collective, multifaceted efforts by many parties – DHS, other state and local government agencies, our private sector partners, and many more – to continually improve the quality of care in Wisconsin. Because rankings are the result of blending dozens of measures, maintaining or even improving Wisconsin's position will require continued focus on a wide range of important health care issues and initiatives, including:

- Promoting quality in the Medicaid program through improved measurement and reporting and contract provisions linking payment to meeting quality goals.
- Increasing access to health care through implementing BadgerCare Plus, Childless Adults, and federal health care reform initiatives.
- Promoting broad use of electronic health records and sharing in secured manner health information to measure quality and identify cost-effective practice and treatment protocols.

- Monitoring key providers through the regulatory process to verify that quality of care is being provided and taking enforcement actions as needed.
- Identifying collaborative opportunities with key stakeholders to maximize the benefits of cooperation in order to improve quality.

What Others Can Do

- Employers can use quality measures as a key input while selecting insurers and provider networks, and can offer and promote wellness and prevention programs for their employees and family members.
- Health care providers can consistently use evidence-based best practices for care, implement Electronic Medical Records (EMR) systems, use this and other information as part of a quality improvement program, and work with patients to promote sound prevention and chronic disease management practices.
- Insurers can integrate quality of care measures as key inputs while building their plans and provider networks, and can encourage cost-effective care through use of performance-based reimbursement strategies and rigorous monitoring of health care quality and outcome data.
- Patients can practice preventive self-care, be judicious and knowledgeable consumers of health care, and insist on high quality care provided by their doctors and health care organizations.
- Health care providers, local public health agencies, community partners and others can collaborate with the Department and work toward achieving the state's key public health goals as established in the Healthiest Wisconsin 2020 plan.

Improving quality of care is a core DHS mission affecting all of its divisions. To learn more about the many ways DHS is striving to promote improved quality, please go to: <http://dhs.wisconsin.gov>.

To obtain additional information on this federal AHRQ measure, please go to:

<http://statesnapshots.ahrq.gov/snaps09/index.jsp?menuId=1&state=WI>.

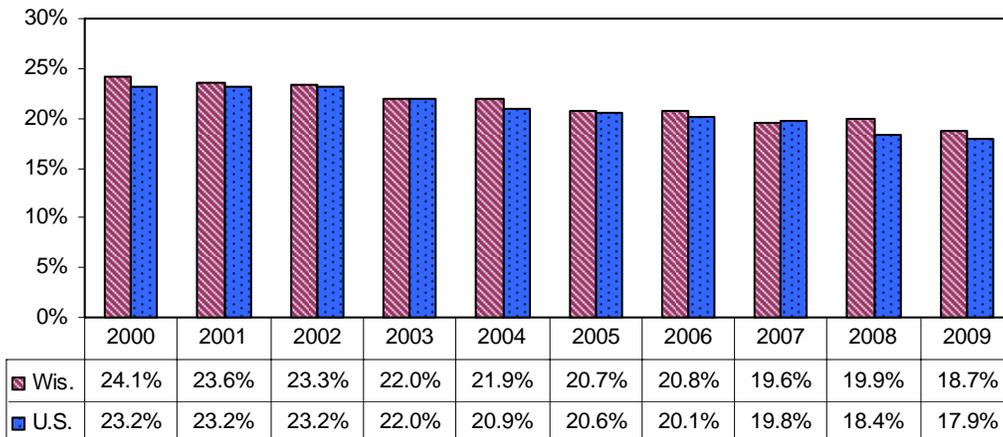
Report on the Health Status of Wisconsin

FOCUS ON UNDERLYING FACTORS

Performance Measure 11: SMOKING PREVALENCE

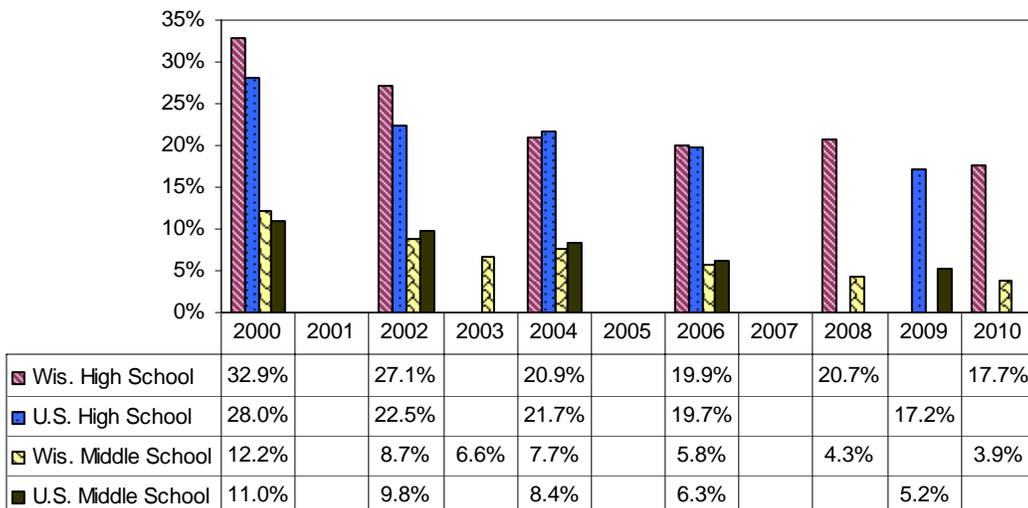
Objective: Reduce adult and youth population smoking prevalence.
Target: Adults: 17.5% for 2011, 17.0% for 2012, and 16.5% for 2013. High school youth: 17.0% for 2011, 16.5% for 2012, and 16.0% for 2013. Middle school youth: 3.0% for 2011, 2.5% for 2012, and 2.0% for 2013.
Benchmark: Nationally tobacco use by adults and high school kids is about 20% and has been in a slow, steady decline since 2000.

Percent of Adults Smoking



Source: Behavioral Risk Factor Surveillance System (BRFSS).

Percent of Youth Smoking



Source: Youth Tobacco Survey (YTS). Note that all available data on Youth Smoking is presented, but due to changes in the sequencing of certain surveys, not all data was collected and presentable in the same time periods.

Discussion

Smoking causes a devastating health and economic impact in Wisconsin, which is one reason that reducing tobacco use and exposure among both children and adults is an important objective of the state's *Healthiest Wisconsin 2020* plan. More than 7,200 deaths annually or nearly 16 percent of all Wisconsin deaths are attributed

to cigarette smoking. In addition, smoking leads to \$2.2 billion in direct health care costs, and \$1.6 billion in direct and indirect lost productivity. After recent tax increases, tobacco users in Wisconsin are expected to pay up to \$800 million annually in taxes on cigarette and tobacco products. Given that almost one million people continue to smoke cigarettes in Wisconsin, including an estimated 85,000 youth, cigarette smoking will continue to cause disease, death and higher health care costs well into the future. While Wisconsin has made good progress since 2000, improvement is still needed in tobacco prevention and control.

DHS Action Steps

- Increase use of the Wisconsin Quit Line through statewide TV advertising and health provider partnerships.
- Reduce the initiation of tobacco use among children and adolescents by promoting Wisconsin's statewide youth prevention program FACT, reducing youth access to tobacco products, and providing tobacco cessation services to students.
- Prioritize the elimination of tobacco-related disparities by allocating resources for pilot programs and interventions specific to disparate populations.
- Embrace collaboration with local and state partners and constituencies as the basis for success in reducing overall tobacco use.
- Decrease the number of pregnant women who smoke by referring them to the First Breath Program.
- Monitor the implementation of the smoke-free Wisconsin law by analyzing immediate health benefits of the law, as well as deaths and hospitalizations due to myocardial infarction and other acute ischemic heart disease.

What Others Can Do

- Health care providers can continue to discuss tobacco use and methods of quitting with their patients.
- Employers and policy makers can promote smoke-free and tobacco free spaces, while employers and health insurers can cover the costs of smoking cessation treatment and programs.
- Health care providers, employers, insurers, the media, and community based organizations can promote the use of the Wisconsin Quitline.
- Community leaders, public health agencies, and health care providers can participate in education and advocacy for local and statewide tobacco prevention and control policies.

For additional information on this issue, please go to: <http://dhs.wisconsin.gov/tobacco/>.

Report on the Health Status of Wisconsin

FOCUS ON UNDERLYING FACTORS

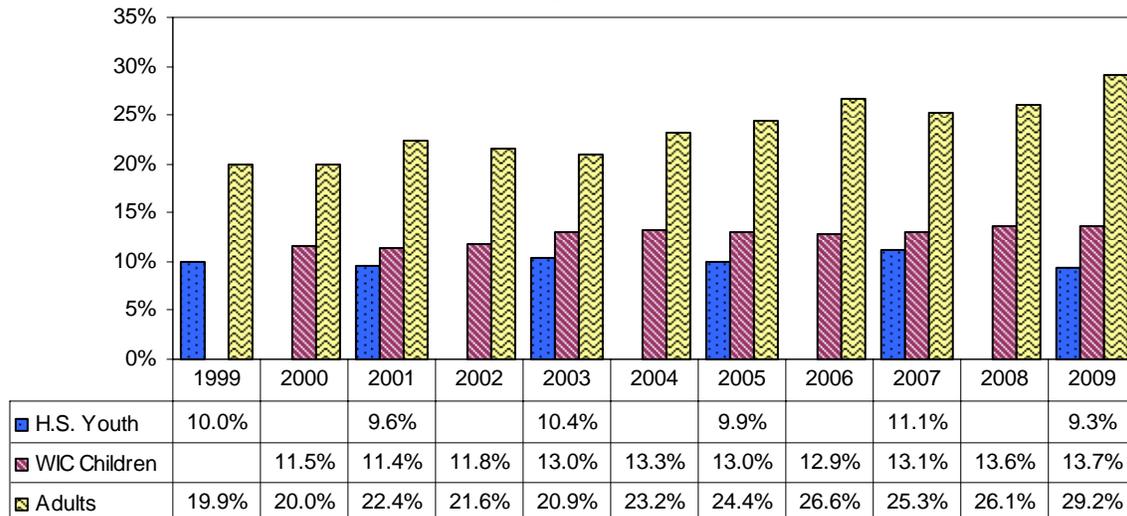
Performance Measure 12: OBESITY

Objective: Reduce the percent of adults and children who are obese.

Target: Adults: 28.5% for 2011, 28.0% for 2012 and 27.5% for 2013. High school youth: 8.0% for 2011 and 2012 and 7.5% for 2013. Children: 13.0% for 2011, 12.5% for 2011 and 12.0% for 2013.

Benchmark: The Behavioral Risk Factor Surveillance System reports that 26.9% of the nation's adult population was obese in 2009, while the Youth Risk Behavior Survey reports that 12% of the nation's youth were obese in 2009. The Pediatric Nutrition Surveillance system reports that 14.8% of the nation's 2-4 year olds participating in WIC and other programs were obese in 2008.

Obesity Among Wisconsin Youth, Children and Adults



Sources: Behavioral Risk Factor Surveillance System (BRFSS); Youth Risk Behavior Survey (YRBS); Pediatric Nutrition Surveillance System (PedNSS).

Discussion

For adults, “obesity” is defined as a Body Mass Index (BMI) at or above 30, while for children and youth it is being at or above the 95th percentile Body Mass Index for Age. Poor diet and physical inactivity are the second leading underlying cause of death behind only tobacco use. Obesity increases risk for cardiovascular disease, stroke, diabetes mellitus, cancer (various types), and other illnesses. In Wisconsin, annual obesity-related medical costs were estimated to be approximately \$1.5 billion, of which almost \$626 million were Medicaid and Medicare expenditures. Despite ambitious obesity reduction goals for the last decade, societal and other pressures have combined to push the rate of obesity among adults up throughout the decade. Increasing rates of physical activity and reducing disparities in obesity rates are objectives in the *Healthiest Wisconsin 2020* plan. The rate for youth has stayed around the 11 percent range, while the rate for young children continues to rise from 11.5 percent to 13.6 percent throughout the decade.

DHS Action Steps

- Lead efforts to implement the Wisconsin Nutrition and Physical Activity State Plan by identifying and sharing best-practice nutrition, physical activity and obesity strategies, developing and sharing key resource materials and other information, and training.
- Increase the number, reach and quality of policies, standards and environmental approaches adopted to support breastfeeding, healthful eating and physical activity in various settings (e.g., communities, schools, worksites, early care and education, and health care).
- Create a focus on reducing disparities among populations disproportionately affected by poor nutrition, lack of physical activity, obesity and related chronic diseases.
- Support the use of health impact assessments by local health department jurisdictions and communities.

- Utilize BMI data for children from Medicaid providers to support the development and implementation of payment incentives to providers to help reduce the number of overweight children.
- Implement key recommendations from the Pay for Performance Childhood Obesity workgroup, which include sharing BMI data collected by the WIC program with health plans, modifying HealthCheck forms and guidance, and expanded outreach to health care providers related to BMI reporting and obesity treatment.

What Others Can Do

- Employers can provide workplace wellness programs and strong preventive care benefits.
- Communities can create environments that support healthy eating and regular physical activity.
- Policy makers, insurers, and employers can make obesity prevention and control a focus of wellness and treatment programs.
- Schools can implement and evaluate their school wellness policies to ensure that physical activity is part of students' daily lives, and that high quality, nutritious foods are available.
- The restaurant industry can add nutritional labeling to menus and reduce portion sizes.
- Researchers can focus on ways to evaluate the effectiveness of community-based interventions focused on improved nutrition, increased physical activity and achieving and maintaining a healthy weight, especially policy and environmental changes.
- All state residents can factor health considerations into their choices about eating and physical activity.

For additional information on this issue, please go to: <http://dhs.wisconsin.gov/health/physicalactivity/>.

Report on the Health Status of Wisconsin

FOCUS ON UNDERLYING FACTORS

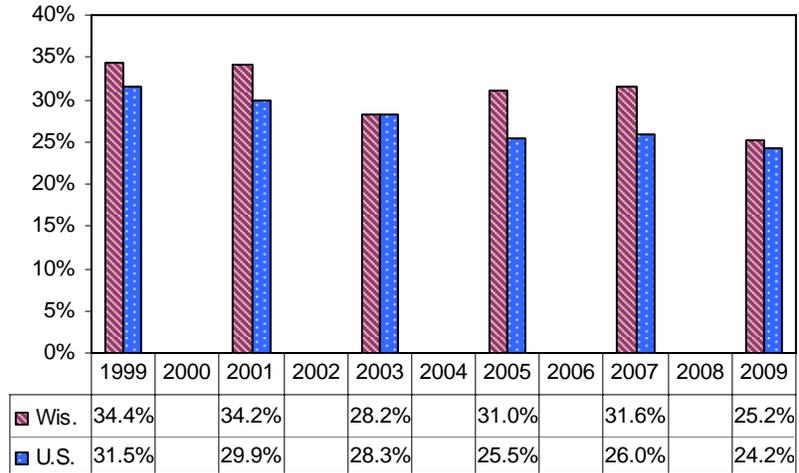
Performance Measure 13: ALCOHOL/ SUBSTANCE ABUSE

Objective: Reduce alcohol abuse by adults and youth.

Target: Reduce underage binge drinking to at or below the U. S. average. The percent of youth binge drinking will be 24.0% in 2011, 23.9% in 2012 and 23.8% in 2013.

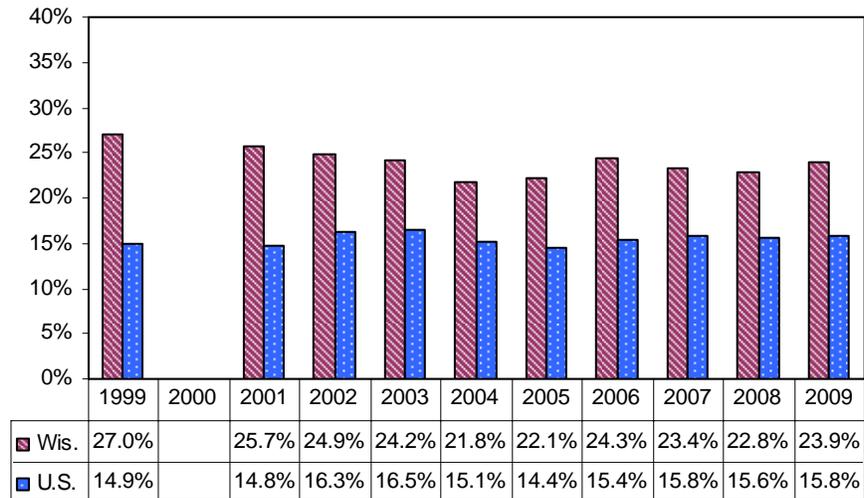
Benchmark: Nationally, the youth binge drinking rate was 24.2% in 2009; for adults it was 15.8%.

Percent of Youth Binge Drinking



Source: Youth Risk Behavior Survey (YRBS).

Percent of Adults Binge Drinking



Source: Behavioral Risk Factor Surveillance System (BRFSS).

Discussion

Rates of binge drinking in Wisconsin for both adults and youth have been well above the national average. (Binge drinking is defined as five or more drinks on one occasion in the past 30 days.) For the first time since 1999, youth binge drinking has fallen to just above the national average which is 24.2%. While a promising trend, Wisconsin continues to rank #1 nationally in the percentage of adults (ages 21 and above) who binge drink. In 2008, the Department of Health Services, Division of Mental Health and Substance Abuse Services established three substance abuse priorities: reduce youth underage drinking, reduce binge drinking among young adults (ages 18 through 24), and reduce alcohol related motor vehicle injuries and fatalities among individuals between

the ages of 16 through 35. To address these priorities, the Department implemented a number of initiatives including implementing the Strategic Prevention Framework State Incentive Grant, initiating a new statewide media campaign, establishing five Alliance for Wisconsin Youth Regional Centers to assist community coalitions, and implementing a new data system to collect prevention service information from local agencies receiving Federal Substance Abuse Prevention and Treatment Block Grant funding for the delivery of substance abuse prevention services.

DHS Action Steps

- Continue implementation of the Strategic Prevention Framework State Incentive Grant supporting up to 20 local community coalitions to reduce alcohol abuse.
- Maintain support for the the “Parents Who Host Lose the Most” campaign to reduce the number of adults purchasing, pouring or providing alcohol to youth.
- Enhance the Substance Abuse Prevention Services Information System, which will provide the Department with better prevention services data to help build better capacity for delivery of effective substance abuse prevention services.
- Continue to support the Alliance for Wisconsin Youth Regional Prevention Centers who will assist in providing technical assistance and training to over 120 local Alliance for Wisconsin Youth Coalitions.
- Work towards implementation of recommendations found within the State Council on Alcohol and Other Drug Abuse, Alcohol, Culture and Environment Report. This report contains 49 recommendations towards changing Wisconsin’s alcohol environment to promote safe and healthy lives.
- Continue to implement Screening, Brief Intervention and Referral to Treatment in all Medicaid, BadgerCare Plus and Core Benefit plans.

What Others Can Do

- Employers, insurers, health care providers, and policy makers can design workplace programs and health coverage recognizing mental health and substance use disorders are an integral part of overall health.
- Community leaders and local agencies can offer alcohol free celebration events and other activities that support a person’s decision not to drink.
- Law enforcement can aggressively enforce drinking and driving laws and other ordinances related to underage drinking.
- Employers, community based organizations and others can seek out and support a local community coalition working on ways to reduce risky drinking in Wisconsin.
- Municipalities can implement the recommendations found in the April 2010, Alcohol, Culture and Environment Report, issued by the State Council on Alcohol and Other Drug Abuse. This report can be found at: <http://www.scaoda.state.wi.us/docs/ace/ace040110.pdf>

For additional information on this issue, please go to: <http://dhs.wisconsin.gov/subst Abuse/>.

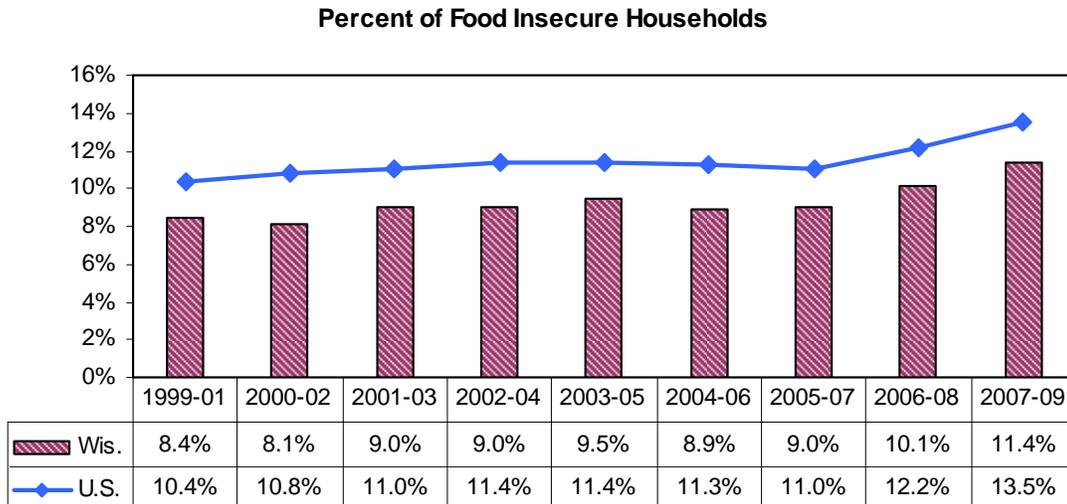
Report on the Health Status of Wisconsin

FOCUS ON UNDERLYING FACTORS

Performance Measure 14: PERCENT OF FOOD INSECURE HOUSEHOLDS

Objective: Increase the proportion of families that have access to adequate, safe and appropriate food.
Target: Reduce the percent of Wisconsin households that are food insecure. The percent of food insecure households will be 9.0% in 2011, 2012 and 2013.

Benchmark: In 2007-09, 11.4% of Wisconsin households compared to 13.5% of households in the U.S. were food insecure.



Source: Current Population Survey (CPS) Food Security Supplement data.

Discussion

Adequate nutrition is a core human need and linked to good health and productivity. Ensuring all people in Wisconsin will have access to sufficient nutritious, high quality, affordable foods and beverages is an objective in the Department's *Healthiest Wisconsin 2020* plan. Ensuring food security is especially important and more challenging during periods of economic decline, as more families and individuals may not have sufficient personal resources to meet their nutritional needs. Wisconsin performs well when compared with the national average percent of households that are not food secure. The latest available data shows that Wisconsin is among the 13 states with the lowest rates of food insecurity.

DHS Action Steps

- Widely disseminate the *Ending Hunger in Wisconsin* Action Plan to organizations, communities, policymakers, businesses, faith communities, advocates and others, which can be found at the link below.
- Provide technical assistance and support through the Wisconsin Food Security Consortium to groups wanting to implement action steps from the Plan.
- Enhance cross-department collaboration to increase participation in the Food Share and school meals program.
- Pursue and implement outreach grants in cooperation with national, state, and local advocacy agencies to promote increased participation in Food Share.

What Others Can Do

- Community groups, employers, and others can actively participate in local food security coalitions.
- Community leaders, nutritionists, hunger education and awareness groups, and faith based organizations can identify action steps from the *Ending Hunger in Wisconsin* Action Plan they can implement or urge implementation at the local and regional levels.
- The media, advocacy groups, and others can continue to educate on hunger in our communities and inform everyone on ways they can help reduce hunger in Wisconsin.

For additional information on this issue, please go to: <http://dhs.wisconsin.gov/health/nutrition/>.

Report on the Health Status of Wisconsin

FOCUS ON UNDERLYING FACTORS

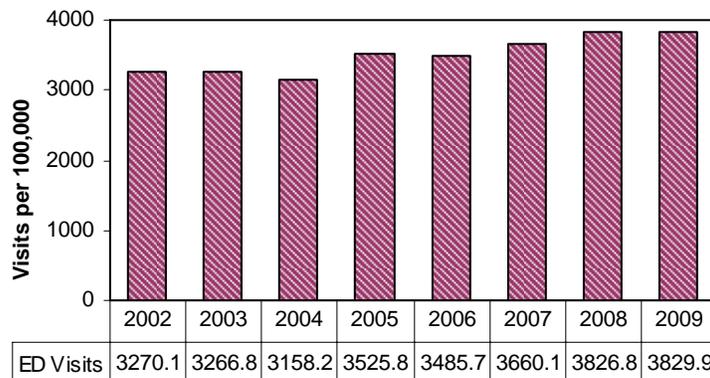
Performance Measure 15: FALLS AMONG THE ELDERLY

Objective: Reduce deaths and emergency department (ED) visits due to falls among the elderly.

Target: Reduce Wisconsin rates of ED visits and deaths from falls for those ages 65+. The rate of ED visits due to unintentional falls among the elderly will be 3,830.0 per 100,000 in 2011; 3830.0 per 100,000 in 2012, and 3810.0 per 100,000 in 2013. The rate of deaths due to unintentional falls will be 92.7 per 100,000 in 2011, 92.4 per 100,000 in 2012 and 92.0 per 100,000 in 2013.

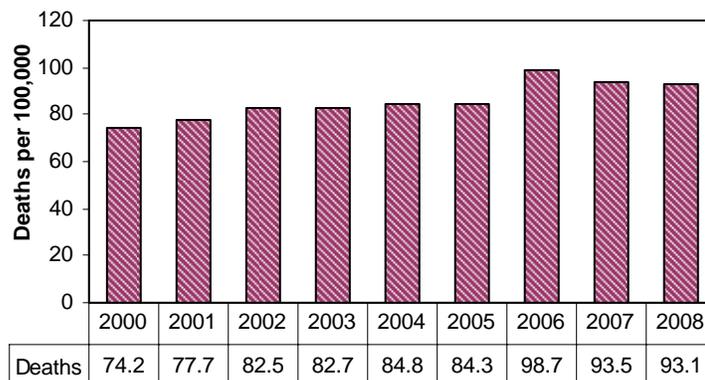
Benchmark: Nationwide, 41.9 people per 100,000 age 65+ died from fall-related injuries in 2006. In 2007, 4,912.4 people per 100,000 ages 65+ visited emergency departments due to injuries from falls.

ED Vists for Injuries due to Unintentional Falls Among Wisconsin Elderly (Age Adjusted)



Source: DHS, Bureau of Health Informatics, Wisconsin Interactive Statistics on Health (WISH).

Deaths of Wisconsin Elderly due to Unintentional Falls (Age Adjusted)



Source: DHS, Bureau of Health Informatics, Wisconsin Interactive Statistics on Health (WISH).

Discussion

Among Wisconsinites age 65 and older, 67.3 percent of unintentional injury deaths and 2.2 percent of deaths due to all causes in 2007 were related to falls. The rate of deaths from falls among older people in Wisconsin has been increasing since the 1980s, possibly due, in part, to a reduction in mortality from cardiovascular and other chronic diseases. Falls also rank highest among the causes of emergency room visits and in-patient hospital stays for people of all ages in Wisconsin, and the rate of fall-related emergency department visits by older people

has increased nearly 12 percent since 2002, when data collection began. Older people experience a disproportional share of both fatal and injurious falls. Their ED visits are more costly than those of younger people, and their inpatient hospital stays last longer. In addition, older people's falls are far more likely to result in discharge from the hospital to a nursing home for rehabilitation or long-term care. Experiencing a fall also increases fear of falling, which can lead to decreased exercise and mobility over time – increasing the risk of additional falls. Reducing falls and other leading causes of injury through policies and programs that create safe environments and practices is an objective in the *Healthiest Wisconsin 2020* plan.

DHS Action Steps

- Increase support for local fall prevention programming such as balance clinics, evidence-based programs such as Stepping On, and other evidence-based prevention approaches.
- Continue supporting Healthiest Wisconsin 2010 key interventions and strategies for reducing fall-related injuries and deaths, which can be found at <http://dhs.wisconsin.gov/statehealthplan/Implementation/pdf-files/summary.pdf>, (page 42).
- Design and implement pilot fall prevention programs in order to identify effective practices that can be shared with long-term care, assisted living and home health agencies throughout the state.

What Others Can Do

- Aging and Disability Resource Centers (ADRCs), aging units, and local public health agencies can provide aggressive outreach with local partners to increase awareness and change practice. They also can actively work with their community partners to implement evidence-based practices designed to reduce falls, including exercise-based intervention programs such as Otago and Tai Chi, multifaceted interventions such as Stepping On, and home modification interventions such as home visits by an occupational therapist.
- Directors of regulated residential facilities, such as nursing homes, can learn about and implement best practice facility-based falls prevention strategies as a way to reduce falls, reduce costs, and increase the quality of care.
- Researchers are encouraged to assist in determining why falls occur so frequently in Wisconsin's older adults and identifying the best strategies to address this public health problem.

For additional information on this issue, please go to:

<http://dhs.wisconsin.gov/health/InjuryPrevention/FallPrevention/>.

For a list of evidence-based best practices, please visit:

http://www.cdc.gov/HomeandRecreationalSafety/images/CDCCompendium_030508-a.pdf.

Report on the Health Status of Wisconsin

FOCUS ON HEALTH OUTCOMES

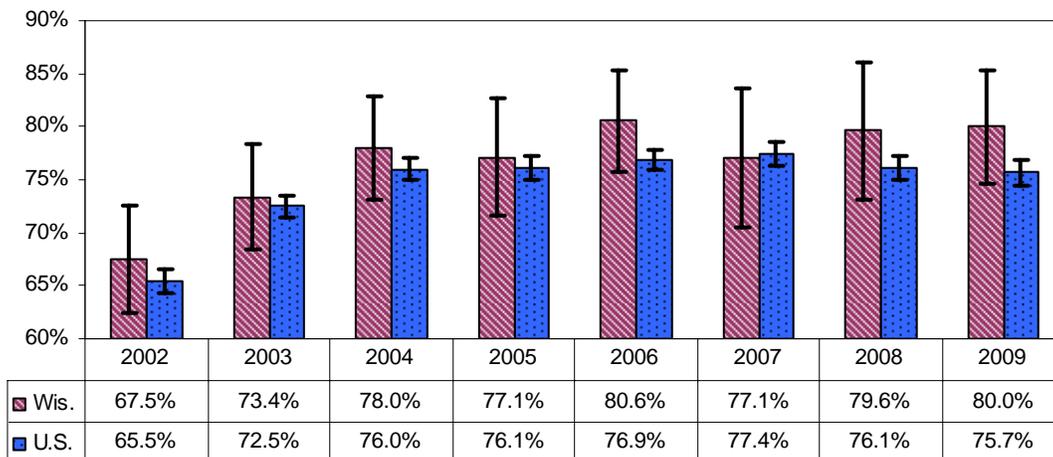
Performance Measure 16: IMMUNIZATION

Objective: Improve immunization completion rates for children.

Target: Rate of 2-year-olds with completed primary vaccinations of 90% in 2011, 2012 and 2013. Includes: 4 DPT, 3 Polio, 1 MMR, 3 Hib, 3 Hep B and 1 varicella (chickenpox) through 2008. The measurement for 2009 was changed for the Hib vaccine due to a vaccine shortage where more than 2 or more than 3 does were acceptable.

Benchmark: Wisconsin's immunization rates typically have been similar to the national rates, but recent survey results for the 12-month period ending June 2008 show a substantial improvement in Wisconsin's immunization rates.

**Estimated Vaccination Coverage Among Children
19-35 Months Old**



Note: Vertical lines show confidence intervals for the estimates.
Source: National Immunization Survey (NIS).

Discussion

Protecting Wisconsin residents across the life span from vaccine-preventable diseases through vaccinations is an objective of the *Healthiest Wisconsin 2020* plan. During the period 2002-2007, estimated immunization rates for Wisconsin and the U. S. have been similar. Lines surrounding data points indicate the range of values within which the true population values falls 95 of 100 possible measurements. The wider ranges for Wisconsin compared to the US reflect the smaller size of the Wisconsin sample.

DHS Action Steps

- Continue efforts with local health departments to do population-based assessments of immunization levels of children and promote on-schedule immunization practices.
- Continue efforts to expand the use of the Wisconsin Immunization Registry (WIR) to include all physicians and clinics that provide immunizations to pediatric patients.
- Expand the interface capabilities of the WIR with other childhood health record systems and privately developed electronic medical record systems.
- Continue the Medicaid program's Pay for Performance Initiatives related to childhood immunizations, which provides incentives to HMO's to immunize high percentages of children.
- Continue and expand site visits to health care providers enrolled in the Vaccines for Children Program to assure proper vaccine usage, assess immunization levels of patients and promote on-schedule immunization practices.

What Others Can Do

- Schools and day care must continue enforcement of the Student Immunization Law.

- All current and new pediatric health care providers should enroll in the Vaccines for Children program.
- Public and private health care providers can offer positive messages to parents about vaccine importance and safety.

For additional information on this issue, please go to: <http://dhs.wisconsin.gov/immunization/>.

Report on the Health Status of Wisconsin

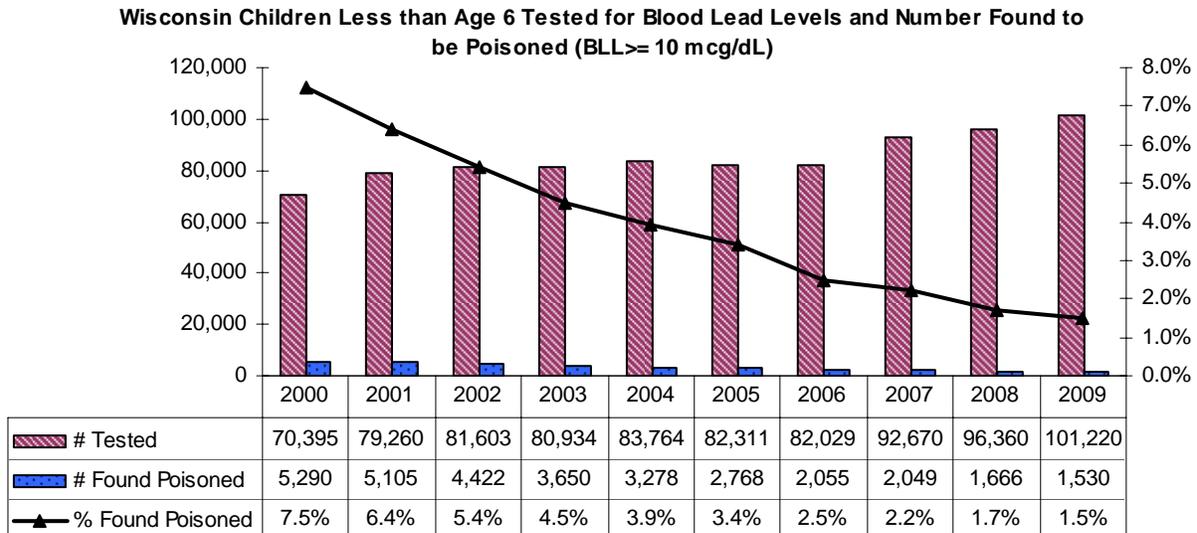
FOCUS ON HEALTH OUTCOMES

Performance Measure 17: CHILDHOOD LEAD POISONING

Objective: Reduce the percent of all Wisconsin children under age 6 with lead poisoning.

Target: 1.0% for 2011, 0.8% for 2012 and 0.7% for 2013.

Benchmark: Wisconsin's measurement of children identified as being lead poisoned is statutorily-based and differs somewhat from federal measures. In 2006, the last year of comparable data, the national rate was 1.2 percent, while Wisconsin's rate was 2 percent.



Source: Wisconsin Childhood Lead Poisoning Prevention Program Surveillance Data.

Discussion

Increasing the percentage of homes with healthy and safe environments in all communities, including being free from lead paint hazards, is an objective in the *Healthiest Wisconsin 2020* plan. The number of Wisconsin children identified with lead poisoning continues to decline at the same time more children are being tested each year. However, consistent with recommendations for testing, only children perceived to be at some level of risk for lead poisoning are tested. Consequently, numbers in the above graph are not true prevalence, based on a complete, or even a random, sample. Since 1992, federal Medicaid policy has required that children receive a blood lead test at ages 12 months and 24 months, and through age 5 if previously untested. The Department has greatly increased the number of Medicaid children tested, but more progress is needed to meet requirements.

DHS Action Steps

- Effectively use federal stimulus and other federal funds to correct lead hazards in homes built before 1978.
- Integrate enforceable performance targets and fiscal incentives for blood lead testing in HMO Medicaid contracts.
- Issue blood lead testing report cards to Medicaid providers to note excellence as well as the need to improve required testing of children enrolled in Medicaid.
- Provide continued leadership through convening and developing broad-based collaborative efforts with local public health agencies, community organizations, and private and public housing agencies to address childhood lead poisoning.
- Continue targeted technical assistance to communities at high risk for childhood lead poisoning.

What Others Can Do

- The housing industry can integrate lead hazard control in rehabilitation loans and grants.
- Landlords can use lead safe-work practices when maintaining rental properties.

- All health care providers who have young children as patients can assess a child's risk for lead poisoning and test accordingly.
- Parents can look for chipping and peeling paint in their home and correct lead hazards before their children are exposed.

For additional information on this issue, please go to: <http://dhs.wisconsin.gov/lead/>.

Report on the Health Status of Wisconsin

FOCUS ON HEALTH OUTCOMES

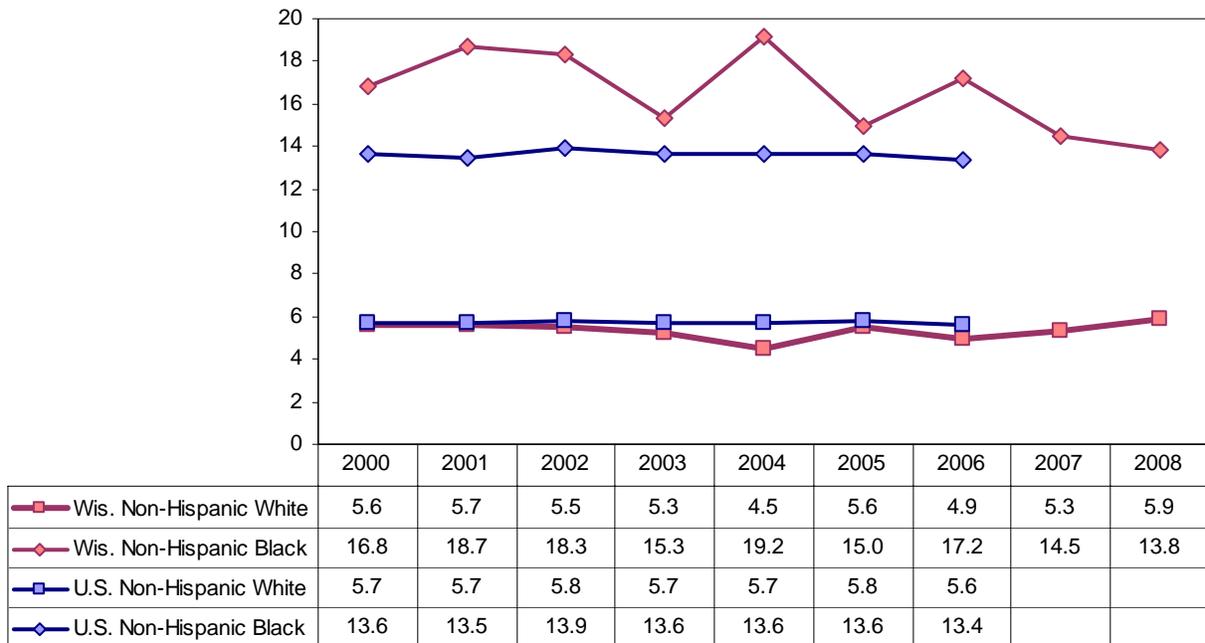
Performance Measure 18: DISPARITIES IN HEALTHY BIRTH OUTCOMES

Objective: Significantly improve birth outcomes for African American infants.

Target: From a rate of 13.8 deaths per 1,000 live births among African American infants in 2008, reduce the infant mortality rate to 12.0 in 2011, 11.5 in 2010, and 11.0 in 2011.

Benchmark: Wisconsin's African American infant mortality rate of 17.2 per 1,000 live births in 2006 was more than two times greater than the overall state infant mortality rate of 6.4 per 1,000 live births and is greater than the mortality rate of African American infants nationally (13.4).

Infant Mortality Rates (infant deaths per 1,000 live births)



Sources: DHS, Wisconsin Interactive Statistics on Health (WISH); Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) Linked Birth/Infant Death Data Set.

Discussion

The persistent high death rate of infants born to African American women in Wisconsin is a significant public health concern. For the past 20 years, infants born to African American women in Wisconsin have been 3 to 4 times more likely to die before their first birthday than infants born to white women. Wisconsin's African American infant mortality rate remains virtually unchanged and higher than the national rate. Elimination of health disparities constitutes an overarching goal of the state health plan, *Healthiest Wisconsin 2020*. DHS is collaborating extensively with key stakeholders and partners on strategies to reduce disparities. In addition to the Framework for Actions recommendations, DHS will play a key role in the implementation of the special initiative to reduce infant mortality by the UW School of Medicine and Public Health, and in the recommendations of the Legislative Council Special Committee on Infant Mortality.

DHS Action Steps

- Seek additional funding to continue and expand social marketing, including media coverage and social support, to reach African American families in Milwaukee, Racine, Kenosha, and Beloit.
- Collaborate with partners in Milwaukee to implement the action learning collaborative recommendations on racism and fatherhood, sponsored by the Kellogg Foundation's Partnership to Eliminate Racial Disparities in Infant Mortality.
- Collaborate with the Department of Children and Families, the City of Milwaukee Health Department, and the City of Racine Health Department on home visiting programs for families at risk for poor birth outcomes.

- Implement pay-for-performance strategies in Medicaid Managed Care contracts in Southeastern Wisconsin, including the Medical Home Pilot for High-Risk Pregnant Women and the Poor Birth Outcome Assessment.
- Collaborate with the UW School of Medicine and Public Health's \$10 million commitment, 5-year, Life-course Initiative for Healthy Families (LIHF), to reduce disparities in birth outcomes in Milwaukee, Racine, Kenosha, and Beloit.
- Provide information and recommendations to the Legislative Council Special Committee on Infant Mortality to help inform state policy makers on possible funding and policy changes.

What Others Can Do

- Consumers and providers can participate in the LIHF collaboratives in Milwaukee, Racine, Kenosha, and Beloit to educate, advance public will, promote best practices, and identify gaps in services to reduce disparities in birth outcomes.
- Social service agencies can develop psychosocial support systems and care coordination for at-risk women, including strategies to meet housing needs.
- Health care providers can provide patient-centered prenatal and postnatal care, help women to develop a reproductive life plan, help women understand the impact of chronic conditions (like asthma, high blood pressure, and diabetes) on pregnancy, and be proactive in providing information on nutrition and exercise and referral help for issues like housing, childcare and family issues.
- Health care institutions can implement quality improvement measures for at risk pregnant women, including electronic medical records.
- Private foundations can make long-term investments in early childhood education and economic development.

For additional information on this issue, please go to: <http://dhs.wisconsin.gov/healthybirths/>.

Report on the Health Status of Wisconsin

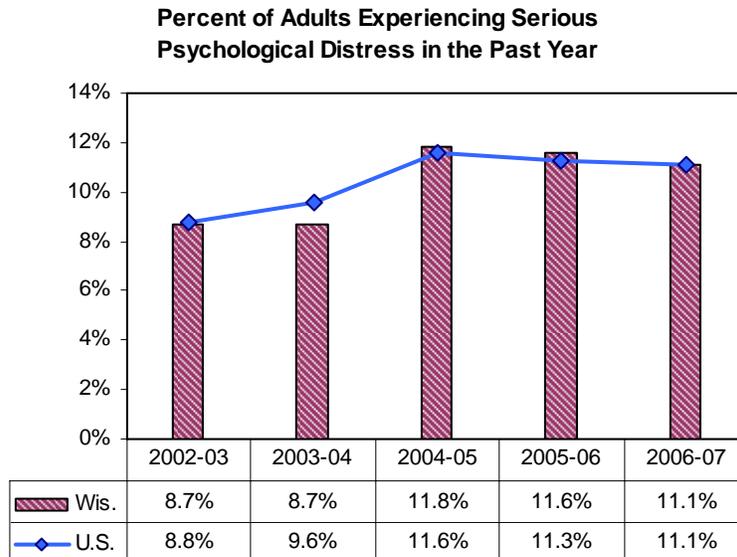
FOCUS ON HEALTH OUTCOMES

Performance Measure 19: MENTAL ILLNESS AMONG ADULTS

Objective: Reduce the percent of adults experiencing serious psychological distress.

Target: Reduce Wisconsin's rate to below the national average. The percent of adults experiencing serious psychological distress will be 10.90% in 2011, 10.80% in 2012 and 10.70% in 2013.

Benchmark: Wisconsin's prevalence, which previously was less than for the U.S. overall, now is the same as the prevalence in the U.S. overall.



Source: National Survey on Drug Use and Health (NSDUH).

Discussion

The percent of the adult population that report experiencing serious psychological distress is considered one of several important measures for gauging the overall health of a state's population. It is intended to reflect the prevalence of mental health problems such as anxiety or mood disorders in the period of time surveyed. Rates in Wisconsin have grown from 8.7 percent of the state's population reporting serious psychological distress in the 2002-2003 time period, to 11.1 percent in the 2006-07 time period, the most recent one measured. Changes in this measure are sensitive to shifting socio-economic trends; rates of psychological distress will increase, for example, as economic conditions deteriorate and unemployment rises. While increasing rates of serious psychological distress do not directly reflect the performance of a state's mental health system, tracking these rates can highlight growing demands on that state's human services system.

DHS Action Steps

- Promote the efficacy of mental health treatment and work to reduce the stigma of mental illness to encourage people to seek mental health treatment.
- Promote the development of crisis intervention programs across the state.
- Promote screening and treatment for depression in primary health care settings.
- Improve the quality and outcomes of mental health services through training and technical assistance to providers on evidence-based treatment strategies.
- Promote partnerships between the public mental health treatment system and the Veteran's Administration, National Guard and veteran's service organizations to address the mental health issues of veterans returning from the wars in Iraq and Afghanistan.

What Others Can Do

- Employers, insurers, health care providers, and policy makers can adopt policies recognizing that mental health and substance use disorders are an integral part of overall health.

- Employers, community leaders, and others can confront discrimination and stigma in policies, workplaces, media and everyday interactions.
- Educators and employers can promote efforts in schools and workplaces that provide a better understanding of mental illnesses and promote wellness programs that incorporate ways to create mental health friendly environments.
- Health care providers can recognize the linkage between physical and mental health and consistently integrate mental health assessment in daily practice and interaction with patients.

For additional information on this issue, please go to: http://dhs.wisconsin.gov/mh_bcmh/.

Report on the Health Status of Wisconsin

FOCUS ON HEALTH OUTCOMES

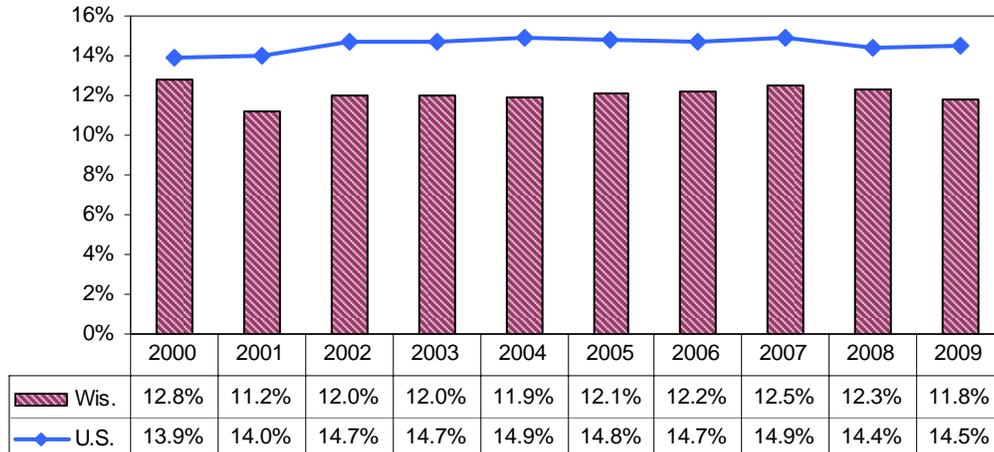
Performance Measure 20: OVERALL HEALTH STATUS

Objective: Reduce the prevalence of self-rated fair or poor health among adults.

Target: Reduce the self-reported assessments of "fair" or "poor" health to 11% in 2011, 2012 and 2013.

Benchmark: Nationally rates have remained stable at 15% since 2002, with the best states reporting rates of 11%.

Percent of Adults Self-Reporting Fair or Poor Health



Source: Behavioral Risk Factor Surveillance System (BRFSS).

Discussion

Self-reported perception of a person's health status is an effective longstanding measure in health surveys that has been shown to correlate with morbidity, mortality and health care needs. Wisconsin has performed comparatively well on this measure, which might be expected given the state's high rates of health insurance coverage and high state rankings on overall quality of care. Continued progress in other critical performance areas such as chronic disease risk factor modification and access to health insurance should affect this measure.

DHS Action Steps

Declining financial conditions for many families can cause added pressures on family members' health status and can adversely impact access to insurance and health care. These circumstances could make it challenging to make progress on this measure in the short run. Actions the Department is taking to reduce the percentage of people self-reporting fair or poor health include:

- Reducing tobacco use.
- Reducing overweight/obesity.
- Reducing high-risk alcohol consumption, especially among youth.
- Increasing the number of people with access to health insurance.
- Encouraging Medicaid providers to improve care provided to patients with asthma and diabetes through contractually based performance measures and financial incentives.

What Others Can Do

- Physicians and other health care providers can strongly and persistently counsel all patients who smoke to quit, provide options for assistance with smoking cessation, and arrange follow-up.
- Physicians can strongly counsel overweight patients to modify diet and increase physical activity, and provide referrals where necessary.
- Physicians, primary care clinics, and other care providers can consistently emphasize best-practices in assisting patients to care for chronic diseases, as those who struggle living with chronic diseases consistently self-report the highest rates of "poor" or "fair" health.
- Schools can increase nutritional food options and decrease or eliminate unhealthy options.

- School districts can provide mandatory physical education from elementary through high school.
- Law enforcement agencies can strictly enforce laws against underage drinking, including laws against providing alcohol to minors.
- Retailers can be more vigilant in order to ensure adherence to the law prohibiting tobacco sales to minors.
- The state can, as budgetary and state economic conditions allow, strive to expand health insurance coverage to additional groups of people.
- City planners can make sure new developments have plenty of parks and walking/biking paths to create an environment conducive to physical activity. In addition, neighborhoods can be created such that everyday needs, such as healthy, nutritious food, are more readily and closely available – within walking distance if at all possible.

For more information on this issue, please go to: <http://dhs.wisconsin.gov/stats/brfs.htm>.

Report on the Health Status of Wisconsin

Data Sources and Definitions

PERFORMANCE MEASURE	DATA SOURCE	DEFINITION
Health Care Access and Quality		
1) Access to health insurance	Wisconsin Family Health Survey (FHS); U.S. Census Bureau Current Population Survey (CPS)	<p>FHS: 18 to 64-year-olds uninsured all year. Wisconsin data from Table 2 of Wisconsin Department of Health Services (DHS), Bureau of Health Informatics, <i>Wisconsin Health Insurance Coverage</i> reports. The Family Health Survey is an ongoing random-sample telephone survey of Wisconsin households. http://dhs.wisconsin.gov/stats/familyhealthsurvey.htm.</p> <p>CPS: Percent of Wisconsin and U.S. population without health insurance coverage from U.S. Census Bureau Current Population Survey, 2000 to 2010 Annual Social and Economic Supplements. People are considered "uninsured" if they were not covered by any type of health insurance at any time in the year. Source: "Number and Percentage of People Without Health Insurance Coverage by State Using 2- and 3-year Averages" from U.S. Census Bureau reports, "Income, Poverty, and Health Insurance Coverage in the United States" for selected years and health insurance historical tables downloaded from main Health Insurance Coverage page at http://www.census.gov/hhes/www/hlthins/hlthins.html</p> <p>Contact: Eleanor Cautley, DHS Division of Public Health, (608) 267-9545</p>
2) Prenatal care	DHS, Bureau of Health Informatics, Wisconsin Interactive Statistics on Health (WISH); National Vital Statistics Reports; DHS Bureau of Health Informatics	<p>Data on Wisconsin births to mothers receiving prenatal care in 1st trimester by pay source prior to 2007 provided by DHS, Bureau of Health Informatics. 2007 data from MCH TVIS data system, measurement and indicator data, https://perfdata.hrsa.gov/MCHB/TVISReports/default.aspx</p> <p>Percent of Wisconsin births to mothers receiving prenatal care in the first trimester calculated based on all births using resident birth certificate data from WISH Birth Counts Module. http://dhs.wisconsin.gov/wish/main/wis_births/wis_births_home.htm.</p> <p>U.S. data from national vital statistics reports, "Births: Final Data" for 2002-2006. http://www.cdc.gov/nchs/births.htm.</p> <p>Contact: Katie Gillespie, DHS Division of Public Health, (608) 266-1538</p>
3) Rate of preventable hospitalizations	Hospital inpatient discharge files	<p>2009 data provided by DHS, Bureau of Health Informatics. Data for earlier years from annual <i>Wisconsin Public Health Profiles</i> reports from DHS, Bureau of Health Informatics. http://dhs.wisconsin.gov/localdata/counties/wisconsin.htm.</p> <p>Reported data for hospitalizations were obtained from hospital inpatient discharge files prepared by the Bureau of Health Informatics. Since 2003, hospital data have been collected by the Wisconsin Hospital Information Center. The list of conditions included in preventable hospitalizations was adapted with some modification from a study by the United Hospital Fund of New York (Ambulatory Care Access Project, principal investigator John Billings). The diagnoses in that study were defined by a medical panel of internists and pediatricians, and included conditions such as asthma, diabetes, bacterial pneumonia and bronchitis where timely and effective ambulatory care can reduce the likelihood of</p>

		<p>hospitalization by:</p> <ul style="list-style-type: none"> • Preventing the onset of an illness or condition; • Controlling an acute episodic illness or condition; or • Managing a chronic disease or condition. <p>Contact: Richard Miller, DHS Division of Public Health, (608) 267-3858</p>
4) Diabetes management	U.S. Department of Health & Human Services, Agency for Healthcare Research & Quality (AHRQ); DHS, Bureau of Health Informatics	<p>Avoidable hospitalization data accessed from AHRQ “State Snapshots,” “Focus on Diabetes, “Quality of Care” Outcomes of Care” for selected years, http://statesnapshots.ahrq.gov/snaps08/index.jsp.</p> <p>Midwest states include: Illinois, Indiana, Michigan, Ohio, Wisconsin, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota and South Dakota.</p> <p>Contact: Jenny Camponeschi, DHS Division of Public Health, (608) 267-1449</p>
5) Rebalancing the long-term care system	Division of Long Term Care	<p>Point-in-time count of persons in institutions and community care on December 31st of each year.</p> <p>Institution data includes Medicaid-funded residents in nursing homes, facilities for the developmentally disabled (FDDs), and the state centers for the developmentally disabled. Nursing home resident data through 2004 from Table 20 of Wisconsin Department of Health and Family Services <i>Wisconsin Nursing Homes and Residents</i> reports. Family Care residents are included starting with 2001. Nursing home data for 2005 forward provided by Division of Long Term Care (DLTC). Medicaid-funded residents in FDDs prior to 2005 estimated from Table 1 of the Wisconsin Department of Health and Family Services annual reports, <i>Wisconsin Facilities Serving People with Developmental Disabilities</i>. The total number of residents is multiplied by the percent Medicaid to estimate the total number of Medicaid-funded residents. Data from 2005 forward provided by DLTC. State Center data provided by DLTC for each year.</p> <p>Community clients include persons age 18 and older in the Community Options Program (COP), COP Waiver, Community Integration Program (CIP), Community Supported Living Arrangements (CSLA), Brain Injury Waiver, PACE, Wisconsin Partnership (WPP), and Family Care programs. Data for 2000-2001 from Wisconsin Department of Health and Family Services report, <i>A Report on the Health and Well-Being of Wisconsin Citizens, 2004</i> adjusted to exclude clients in the Alzheimer Family and Community Support Program. Data for 2002 through 2005, from Table 3 of Wisconsin Department of Health and Family Services’ <i>Community Options Program Waiver</i> annual legislative reports. Data from 2006 forward provided by DLTC.</p> <p>Contact: Fred Bove, DHS Division of Long Term Care, (608) 261-5987</p>
6) Adults waiting for community care	Division of Long Term Care	<p>Persons on waitlist and by target group data provided by DLTC. Includes adults age 18 or older by the end of respective report year who are on waiting lists for community care on December 31st of each year. Waiting list information is reported by counties to the Department each year through the Human Services Reporting System (HSRS). Individuals on the waiting list are nursing home level of care and both functionally and financially eligible for the Community Options Program (COP).</p> <p>Includes persons in counties that began Family Care transition and Family Care eligible people on the HSRS COP waiting list. Target populations are age-adjusted: “Elderly” is anyone aged 65 and older by December 31st of the report year regardless of their target population implied by their first client characteristic.</p>

		Contact: Randy Setzer, Division of Long Term Care, (608) 267-4395
7) Children waiting for community care	Division of Long Term Care	Children on waitlist and by target group data provided by DLTC. Includes children less than age 18 who are on waiting lists for community care on December 31 st of report year. Waiting list information is reported by counties to the Department each year through the Human Services Reporting System (HSRS). Reflects children that are nursing home level of care and both functionally and financially eligible for the Community Options Program (COP). Contact: Beth Wroblewski, DHS Division of Long Term Care, (608) 267-5139
8) Reduce pressure ulcers among nursing home residents	Minimum Data Set (MDS)	U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services (CMS) Minimum Data Set (MDS) data provided by DHS, Division of Quality Assurance. Data is reported nationally and for CMS regions. The region including Wisconsin also includes Illinois, Indiana, Michigan, Minnesota and Ohio. Data is available from 2006. Contact: Jane Walters, DHS Division of Quality Assurance, (608) 266-7952
9) Children's access to dental care	CMS-416 Annual EPSDT Participation Report for Federal Fiscal Year	Total eligibles ages 3-20 receiving any dental service divided by total number of eligibles ages 3-20 from Medicaid EPSDT annual reports downloaded from U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services (CMS) website at: http://www.cms.hhs.gov/MedicaidEarlyPeriodicScrn/03_StateAgencyResponsibilities.asp . Contacts: Melissa Olson, DHS Division of Public Health, (608) 267-3945 and Marlia Moore, DHS Division of Health Care Access and Accountability, (608) 266-7024
10) Overall quality of health care in Wisconsin	U.S. Department of Health & Human Services, Agency for Healthcare Research & Quality (AHRQ)	The AHRQ meter score summarizes how a state compares to other states on over 100 measures of health care quality. "State Snapshot" data downloaded from AHRQ website: http://statesnapshots.ahrq.gov . Contact: Judith Nugent, DHS Division of Public Health, (608) 266-2863
Underlying Factors		
11) Smoking prevalence	Behavioral Risk Factor Surveillance System (BRFSS); Youth Tobacco Survey (YTS), & National Youth Tobacco Survey (NYTS).	BRFSS: Adults who smoked in the past (who responded "yes" to the BRFSS survey question asking if they smoked at least 100 cigarettes in their life) who also reported smoking cigarettes every day or some days. The BRFSS is an on-going telephone health survey system, tracking health conditions and risk behaviors each year. For additional information see: http://www.cdc.gov/brfss/index.htm . Wisconsin middle and high school data from the YTS: Students responding to the YTS survey who reported they smoked cigarettes on 1 or more days in the past 30 days. The YTS is a school-based survey conducted every other year in the spring semester for high school and middle school students. Prior to 2004, it was conducted every year for middle school students. YTS accessed from CDC State Tobacco Activities and Evaluation (STATE) System at http://apps.nccd.cdc.gov/statesystem/Default/Default.aspx For additional information see: http://dhs.wisconsin.gov/tobacco/YTS.htm .

		<p>National middle and high school NYTS data from CDC Morbidity and Mortality Weekly reports (MMWR), search term NYTS, http://www.cdc.gov/mmwr/</p> <p>Contact: Randall L. Glysch, DHS Division of Public Health, (608) 266-9708</p>
12) Obesity	Behavioral Risk Factor Surveillance System (BRFSS); Youth Risk Behavior Survey (YRBS); Pediatric Nutrition Surveillance System (PedNSS)	<p>BRFSS: Adults self-reporting weight and height yielding a Body Mass Index (BMI) of 30 or greater and high school students and 2 to 4-year old children enrolled in WIC with Body Mass Index equal to or greater than 95th percentile for age. Data taken from BRFSS for adults, from the YRBS for high school students, and from the PedNSS for 2 to 4-year old children enrolled in WIC.</p> <p>The BRFSS is an on-going telephone health survey system, tracking health conditions and risk behaviors each year. For additional information see: http://www.cdc.gov/brfss/index.htm.</p> <p>YRBS: The YRBS is administered by the Wisconsin Department of Public Instruction (DPI) as part of a national effort by the U.S. CDC to monitor health-risk behaviors of high school students. It is administered in public high schools. Data downloaded from DPI website: http://dpi.wi.gov/sspw/yrbsindx.html.</p> <p>PedNSS: The PedNSS surveys children ages 2-4 enrolled in WIC. For additional information see: http://dhs.wisconsin.gov/WIC/WICPRO/data/PedNSS/.</p> <p>Contact: Mary Pesik, DHS Division of Public Health, (608) 267-3694</p>
13) Alcohol / substance abuse	Youth Risk Behavior Survey (YRBS); Behavioral Risk Factor Surveillance System (BRFSS)	<p>YRBS: Youth responding to the YRBS reporting they had 5 or more drinks of alcohol in a row within a couple of hours on at least 1 day during the 30 days before the survey. YRBS data downloaded "Trends in the Prevalence of Alcohol Use National YRBS 1991-2007". For additional information see: http://www.cdc.gov/HealthyYouth/yrbs/trends.htm.</p> <p>The YRBS is administered by the Wisconsin Department of Public Instruction as part of a national effort by the U.S. CDC to monitor health-risk behaviors of high school students. It is administered in public high schools. For additional information see: http://dpi.wi.gov/sspw/yrbsindx.html.</p> <p>BRFSS: Adults responding to the BFRSS reporting they had 5 or more drinks on 1 occasion. BRFSS data for WI and Nation (States and D.C.) downloaded from http://apps.nccd.cdc.gov/BRFSS/Index.asp.</p> <p>The BRFSS is an on-going telephone health survey system, tracking health conditions and risk behaviors each year. For additional information see: http://www.cdc.gov/brfss/index.htm.</p> <p>Contact: Louis Oppor, DHS Division of Mental Health and Substance Abuse Services, (608) 266-9485</p>
14) Percent of food insecure households	U.S. Census Bureau Current Population Survey (CPS) Food Security Supplement data	<p>Reflects food insecure households with or without hunger. Food insecure households had difficulty providing enough food for all their members due to a lack of resources at some time during the year. Data from U.S. Department of Agriculture, Economic Research Service, USDA <i>Household Food Security in the United States</i> reports. For additional information see: http://www.ers.usda.gov/Publications/ERR66/.</p>

		Contact: Patti Hauser, DHS Division of Public Health, (608) 266-3821
15) Falls among the elderly	DHS, Bureau of Health Informatics, Wisconsin Interactive Statistics on Health (WISH)	Resident death certificate data from WISH Injury Mortality Module. http://dhs.wisconsin.gov/wish/main/InjuryMortality/InjuryMortality_home.htm . Hospital Emergency Department Data System data from WISH Emergency Department Visits for Injuries Module. http://dhs.wisconsin.gov/wish/main/InjEmergencyDeptVisits/EDvisitsHome.htm . Contact: Rebecca Turpin, Injury and Violence Prevention Coordinator, DHS Division of Public Health, (608) 266-3008
Health Outcomes		
16) Immunization	National Immunization Survey	Data provided by the Division of Public Health, Wisconsin Immunization Program based on annual data from the National Immunization Survey. http://www.cdc.gov/vaccines/stats-surv/imz-coverage.htm#nis . For additional information about the National Immunization Survey see: http://WWW.cdc.gov/nis . Contact: Dan Hopfensperger, DHS Division of Public Health, (608) 266-1339
17) Childhood lead poisoning	Wisconsin Childhood Lead Poisoning Prevention Program Surveillance Data	Reflects children tested and found to have blood lead levels of 10 mcg/dL or greater. Data provided by Wisconsin Division of Public Health, Wisconsin Childhood Lead Poisoning Prevention Program. For data definitions see Lead Poisoning Prevention Program website: http://dhs.wisconsin.gov/lead/Data/lpsurveillance/timetrend.htm . Contact: Margie Coons, DHS Division of Public Health, (608) 267-0473
18) Disparities in healthy birth outcomes	DHS, Bureau of Health Informatics, Wisconsin Interactive Statistics on Health (WISH); Centers for Disease Control (CDC) National Center for Health Statistics (NCHS)	Wisconsin data from matched birth and death certificate information for Wisconsin residents from WISH Infant Mortality Module. http://dhs.wisconsin.gov/wish/main/inf_mort/inf_mort_home.htm . U.S. data are based on linked birth and death certificates for infants. 2006 is the most recent U.S. data available. U.S. data for 2000-2005 from <i>Health United States 2009</i> , Table 17, "Infant neonatal and postneonatal mortality rates, by detailed race and Hispanic origin of mother: United States, selected years 1983-2005" (spreadsheet version). http://www.cdc.gov/nchs/hus.htm U.S. data for 2006 from <i>National Vital Statistics Reports</i> , Vol. 58, number 17 "Infant Mortality Statistics from the 2006 Period Linked Birth/Infant Death Data Set," Table C: "Infant Mortality rates, by race and Hispanic origin of mother: United States, 1995, 2000-2006 linked files" downloaded from http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_17.pdf Contact: Patrice M. Onheiber, MPA, DHS Division of Public Health, (608) 266-3894
19) Mental illness	SAMHSA, Office of Applied Studies,	Adults aged 18 or older responding to the NSDUH reporting experiencing serious psychological distress (SPD) in past year. SPD is "a nonspecific

<p>among adults</p>	<p>National Survey on Drug Use & Health (NSDUH)</p>	<p>indicator of past year mental health problems, such as anxiety or mood disorders.” It is defined as having a score of 13 or higher on the K6 scale, which measures symptoms of psychological distress during the 1 month in the past 12 months when respondents were at their worst emotionally.</p> <p>The NSDUH is an annual survey that collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.</p> <p>For additional information on the NSDUH see: http://oas.samhsa.gov.</p> <p>Data on State Estimates of Depression & Serious Psychological Distress from U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), reports “State Estimates of Substance Use from the National Surveys on Drug Use and Health” for selected years downloaded from http://www.oas.samhsa.gov/.</p> <p>Contact: Joyce Allen, DHS Division of Mental Health and Substance Abuse Services, (608) 266-1351</p>
<p>20) Overall health status</p>	<p>Behavioral Risk Factor Surveillance System (BRFSS)</p>	<p>Adults responding to the BRFSS survey reporting that in general their health was “fair” or “poor”. Data from BRFSS Prevalence and Trends data on “Health Status” downloaded from: http://apps.nccd.cdc.gov/brfss/.</p> <p>The BRFSS is an on-going telephone health survey system, tracking health conditions and risk behaviors each year.</p> <p>For additional information see: http://www.cdc.gov/brfss/index.htm.</p> <p>Contact: Anne Ziege, DHS Division of Public Health, (608) 267-9821</p>