

**Tracking a Decade's Progress:**  
**Summary Data for**  
***Healthiest Wisconsin 2010***

**January 2012**



State of Wisconsin  
Department of Health Services  
Division of Public Health  
Office of Health Informatics

## Foreword

This report examines data for the decade 2000-2010 measuring health priorities in the state health plan, Healthiest Wisconsin 2010 (“HW2010”). The findings in this report are based on 10 summary data tables (see Appendix) that provide statewide trend data on objectives for 10 health priorities in the plan. (There is no data table for the mental health/mental disorders priority.) Indicators to track the objectives were developed in the Department of Health Services based on the availability of state-level data to measure a given objective.

The report's overall purpose is to contribute to an assessment of the extent to which progress was made on the HW2010 implementation objectives, and on the HW2010 plan overall.

The tables compare baseline data (usually for 2000) with data from the end of the decade (usually for 2010). Data for a midpoint is also shown. Years of data used for baseline, midpoint, and end of decade differ according to availability by data source. More information for each indicator, such as data sources, sample sizes, confidence intervals, and intervening years of data, is available at <http://www.dhs.wisconsin.gov/statehealthplan/track2010/index.asp>.

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This report and other materials related to the 2010 state health plan are available on the DHS website at: <http://dhs.wisconsin.gov/statehealthplan/index.htm>. Materials supporting the next state health plan, Healthiest Wisconsin 2020, are available at <http://dhs.wisconsin.gov/hw2020/>.

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## Summary of Results

**All Priorities:** There were 91 total indicators for Healthiest Wisconsin 2010 health priority objectives for which data could be tracked over the decade. Of these 91 indicators, 48 showed improvement from baseline (usually 2000) to the end point (usually 2010). This means that 53 percent of indicators showed improvement over the decade.<sup>1</sup>

**Access to Primary and Preventive Care:** Four of the 11 indicators improved over the decade. Increases occurred in rates of cholesterol screening and sigmoidoscopy or colonoscopy; and in the percentage of people on Medicaid or BadgerCare who received dental services. Two indicators worsened, although the decreased percentage of people with a blood stool test may partly reflect a switch during the decade to colonoscopy as a preferred screening test for colorectal cancer.

**Alcohol and Other Substance Use and Addiction:** Four of the five indicators improved over the decade. Decreases occurred in rates of binge drinking and cigarette smoking among high school students. Also, fewer high school students reported first use of alcohol or first use of marijuana before age 13. No significant change occurred in the percent of high school students who reported current marijuana use.

**Existing, Emerging, and Re-emerging Communicable Diseases:** Five of the 11 indicators improved over the decade. Of the six indicators related to immunizations, two showed improvement. Of the five indicators related to communicable disease incidence, three showed improvement.

**Environmental and Occupational Health:** Fourteen of the 20 indicators improved over the decade. Of the five indicators related to communicable disease incidence, three showed improvement. Of the seven indicators related to certain lung diseases associated with environmental and occupational exposures (asthma, mesothelioma, pneumoconiosis), three showed improvement. Both indicators related to occupational illness and injury showed improvement, as did all three indicators related to lead poisoning among children. Finally, all three indicators related to air quality (carbon monoxide deaths and exposure to cigarette smoke at home) improved.

**High-Risk Sexual Behavior:** Only one of the five indicators improved over the decade. The indicator measuring sexual behavior among high school students showed no change. Of the four indicators related to sexually transmitted disease incidence, one improved over the decade.

**Unintentional and Intentional Injuries and Violence:** Five of the nine indicators improved over the decade. Of the four indicators measuring child abuse and neglect, one improved and three worsened. (An increase in child abuse deaths partly reflected a change in the laws related to screening and reporting.) All three indicators related to motor vehicle crashes improved over

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<sup>1</sup> Change since baseline was described as “improved,” “no change” or “worse” based on the size of the confidence interval (where published) relative to the difference; change in indicators for which confidence intervals were not published reflects interpretation by program epidemiologists.

the decade. Of the two indicators related to death and morbidity from falls, one improved and one worsened over the decade.

**Adequate and Appropriate Nutrition:** Just two of the eight indicators improved over the decade. The indicator measuring fruit and vegetable consumption among adults showed no change. (Changes in fruit, vegetable, and dairy consumption among high school students could not be assessed over the decade because survey questions were modified.) Of the five indicators measuring breastfeeding, two showed improvement, one worsened, and two showed no change (apparent improvement did not reach statistical significance owing to small sample sizes). Both indicators measuring food insecurity in Wisconsin households worsened over the decade.

**Overweight, Obesity, and Lack of Physical Activity:** Just two of the nine indicators improved over the decade. The two indicators that improved measured “vigorous” and “regular” physical activity among high school students. Two indicators worsened over the decade, one measuring overweight among children ages 2-4 in WIC and the other measuring obesity among adults. Five indicators showed no change, including moderate physical activity among high school students, “any” physical activity among adults, rates of overweight and obesity among high school students, and the overweight percentage among adults.

**Social and Economic Factors that Influence Health:** Two of the four indicators measuring Social and Economic Factors that Influence Health improved over the decade. The two indicators that improved were the overall high school graduation rate, and the disparity in high school graduation rates by race/ethnicity. (Eliminating this disparity constituted a separate objective of Healthiest Wisconsin 2010.) Despite this progress, disparities remain in high school graduation rates for African Americans, American Indians, and Hispanics. The two indicators related to household income (increasing the percentage of households and the percentage of residents with income above 300% of poverty) showed no change over the decade.

**Tobacco Use and Exposure:** All nine indicators improved over the decade. Decreases were seen in tobacco use and cigarette smoking among middle school students; among high school students; and among adults, including adults ages 18-24. Decreases also occurred in exposure to tobacco smoke at home (for both adults and students) and in the workplace (for adults).

## Access to Primary and Preventive Health Services

Indicators measuring this priority’s objectives in Healthiest Wisconsin 2010 included the percent of people with health insurance; rates of preventive screenings such as mammograms; and dental services utilization among people on Medicaid and people without health insurance.

**Summary: Out of 11 indicators measuring objectives for this priority, four showed improvement over the decade. Two indicators worsened, and five showed no change.**

### Change across the Decade: Indicators for “Access to Primary and Preventive Health Services”

Change Since Baseline	Number of Indicators
Improved	4
Worse	2
No change	5
Total	11

The detailed table for this priority (see Appendix, page 25) lists the indicators measuring this health priority area. For each indicator, the table presents baseline, midpoint, and end-of-decade data points and a summary assessment of change over the decade (“Improved,” “Worse,” or “No change”).

**The four indicators that improved** over the decade included:

- Percent of adults with cholesterol screening in the past 5 years (increased from 72% in 2001 to 77% in 2009),
- Percent of adults over 50 who ever had a sigmoidoscopy or colonoscopy (increased from 57% in 2001 to 69% in 2010),
- Percent of fee-for-service Medicaid or BadgerCare recipients who received dental services in the past year (increased from 23% in 2000 to 27% in 2010),
- Percent of managed-care Medicaid or BadgerCare recipients who received dental services in the past year (increased from 23% in 2001 to 28% in 2010).

**Two indicators worsened** over the decade. These were:

- Percent of adults over 50 who ever had a blood stool test (decreased from 50% in 2001 to 35% in 2010),
- Percent of the population (age 1 and older) uninsured part of the past year who had a dental visit during the year (decreased from 58% in 2000 to 42% in 2009).

**The five indicators that showed no change** during the decade included:

- Percent of the population with health insurance for all of the last 12 months (88% in 2000 and 88% in 2009),
- Percent of women aged 18 and older with a Pap smear in the past three years (87% in 2000 and 84% in 2010—difference not statistically significant),

- Percent of women aged 40 and older with a mammogram in the past two years (75% in 2000 and 79% in 2010—difference not statistically significant),
- Percent of the population who needed medical care in the past 12 months but did not receive it (3% in 2000 and 2% in 2009—difference not statistically significant),
- Percent of the population (age 1 and older) uninsured all of past year who had a dental visit during the year (36% in 2000 and 36% in 2009).

**Summary: Four of the 11 indicators measuring “Access to Primary and Preventive Care” improved over the decade. Increases occurred in rates of cholesterol screening and sigmoidoscopy or colonoscopy; and in the percentage of people on Medicaid or BadgerCare who received dental services. Two indicators worsened, although the decreased percentage of people with a blood stool test may partly reflect a switch during the decade to colonoscopy as a preferred screening test for colorectal cancer.**

## Alcohol and Other Substance Use and Addiction

Indicators measuring this priority’s objectives in Healthiest Wisconsin 2010 included rates of drinking, smoking, and marijuana use among high school students.

**Summary: Out of five indicators measuring objectives for this priority, four showed improvement over the decade. One indicator showed no change.**

### Change across the Decade: Indicators for “Alcohol and Other Substance Use and Addiction”

Change Since Baseline	Number of Indicators
Improved	4
Worse	0
No change	1
Total	5

The detailed table for this priority (see Appendix, page 28) lists the indicators measuring this health priority area. For each indicator, the table presents baseline, midpoint, and end-of-decade data points and a summary assessment of change over the decade (“Improved,” “Worse,” or “No change”).

**The four indicators that improved** over the decade included:

- Percent of high school students who reported binge drinking in the past 30 days (decreased from 34% in 1999 to 25% in 2009),
- Percent of high school students who reported smoking cigarettes in the past 30 days (decreased from 38% to 17%),
- Percent of high school students who reported first use of alcohol before age 13 (decreased from 30% to 19%), and
- Percent of high school students who reported first use of marijuana before age 13 (decreased from 11% to 6%).

**One indicator showed no change** over the decade. This was:

- Percent of high school students who reported using marijuana in the past 30 days (22% in 1999 and 19% in 2009). While this was an apparent decrease, the change was not statistically significant.

**Summary: Four of five indicators measuring the Alcohol and Other Substance Use and Addiction priority improved over the decade. Decreases occurred in rates of binge drinking and cigarette smoking among high school students. Also, fewer high school students reported first use of alcohol or first use of marijuana before age 13. No significant change occurred in the percent of high school students who reported current marijuana use.**

## Existing, Emerging, and Re-emerging Communicable Diseases

Indicators measuring this priority’s objectives in Healthiest Wisconsin 2010 included immunization rates among children and adults, and incidence rates for five communicable diseases.

**Summary: Out of 11 indicators measuring objectives for this priority, five showed improvement over the decade. Two indicators worsened over the decade, and four indicators showed no change.**

### Change across the Decade: Indicators for “Existing, Emerging, and Re-emerging Communicable Diseases”

Change Since Baseline	Number of Indicators
Improved	5
Worse	2
No change	4
Total	11

The detailed table for this priority (see Appendix, page 30) lists the indicators measuring this health priority area. For each indicator, the table presents baseline, midpoint, and end-of-decade data points and a summary assessment of change over the decade (“Improved,” “Worse,” or “No change”).

**The five indicators that improved** over the decade included:

- Percent of children aged 19-35 months who are fully immunized (increased from 74.2% in 2000 to 83.6% in 2009),
- Percent of adults aged 65+ who ever received a pneumonia shot (increased from 65% in 2001 to 73% in 2010),
- E. coli 0157:H7 incidence rate per 100,000 population (decreased from 6.8 in 2000 to 2.0 in 2010),
- Shigellosis incidence rate per 100,000 population (decreased from 6.2 in 2000 to 1.3 in 2010),
- Hepatitis A incidence rate per 100,000 population (decreased from 2.0 in 2000 to 0.4 in 2010).

**Two indicators worsened** over the decade. These were:

- Percent of school-aged children who are fully immunized (decreased from 96.7% in 2000-2001 to 90.8% in 2010-2011),
- Campylobacteriosis incidence rate per 100,000 population (increased from 22.5 in 2000 to 24.3 in 2010).

**Four indicators showed no change** over the decade. These were:

- Percent of adults aged 65+ who received a flu shot in the past 12 months (70% in 2001 and 68% in 2010—difference not statistically significant),

- Percent of adults with diabetes who received a flu shot in the past 12 months (61% in 2001 and 64% in 2010—difference not statistically significant),
- Percent of adults with diabetes who ever received a pneumonia shot (55% in 2001 and 64% in 2010—difference not statistically significant);
- Salmonellosis incidence rate per 100,000 population (14.3 in 2000 and 14.9 in 2010).

**Summary: Five of the 11 indicators measuring the Existing, Emerging, and Re-emerging Communicable Diseases priority improved over the decade. Of the six indicators related to immunizations, two showed improvement. Of the five indicators related to communicable disease incidence, three showed improvement.**

## Environmental and Occupational Health

Indicators measuring this priority’s objectives in Healthiest Wisconsin 2010 included incidence rates for five communicable diseases; hospitalization and death rates for asthma, mesothelioma and pneumoconiosis; rates of fatal and nonfatal occupational injury; rates of childhood lead testing and poisoning; carbon monoxide deaths; and exposure to tobacco smoke among adults and youth.

**Summary: Out of 20 indicators measuring objectives for this priority, 14 showed improvement over the decade. Two indicators worsened over the decade, and four indicators showed no change.**

### Change across the Decade: Indicators for “Environmental and Occupational Health Hazards”

Change Since Baseline	Number of Indicators
Improved	14
Worse	2
No change	4
Total	20

The detailed table for this priority (see Appendix, page 32) lists the indicators measuring this health priority area. For each indicator, the table presents baseline, midpoint, and end-of-decade data points and a summary assessment of change over the decade (“Improved,” “Worse,” or “No change”).

**The 14 indicators that improved** over the decade included:

- E. coli 0157:H7 incidence rate per 100,000 population (decreased from 6.8 in 2000 to 2.0 in 2010),
- Shigellosis incidence rate per 100,000 population (decreased from 6.2 in 2000 to 1.3 in 2010),
- Hepatitis A incidence rate per 100,000 population (decreased from 2.0 in 2000 to 0.4 in 2010).
- Age-adjusted asthma hospitalization rate (principal diagnosis) per 10,000 population (decreased from 10.9 in 2000 to 8.8 in 2010),
- Age-adjusted mesothelioma incidence rate per 100,000 population (decreased from 1.6 in 2000 to 1.2 in 2008),
- Age-adjusted pneumoconiosis hospitalization rate (any listed diagnosis) per 100,000 population (decreased from 4.5 in 2000 to 3.4 in 2010),
- Age-adjusted occupational injury death rate per 100,000 population (decreased from 1.9 in 2000 to 1.7 in 2009),
- Non-fatal occupational illness/injury incidence rate per 100 workers (decreased from 9.0 in 2000 to 4.3 in 2009),
- Percent of MA/BadgerCare recipients under age 6 with a blood lead test in the past year (increased from 26.7% in 2000 to 32.7% in 2010),

- Percent of MA/BadgerCare recipients <6 tested for lead who had a positive test (decreased from 11.1% in 2000 to 1.6% in 2010),
- Percent of all children under age 6 tested for lead who had a positive test (decreased from 7.5% in 2000 to 1.3% in 2010),
- Number of deaths due to unintentional carbon monoxide poisoning (decreased from 18 in 2000 to 15 in 2009),
- Percent of adults exposed to tobacco smoke at home in past 30 days (decreased from 28% in 2000 to 14% in 2008),
- Percent of middle and high school students who reported living with a smoker (decreased from 44% in 2000 to 38% in 2010).

**Two indicators worsened** over the decade. These were:

- Campylobacteriosis incidence rate per 100,000 population (increased from 22.5 in 2000 to 24.3 in 2010),
- Age-adjusted asthma hospitalization rate (any listed diagnosis) per 10,000 population (increased from 52.6 in 2000 to 74.8 in 2010).

**Four indicators showed no change** over the decade. These were:

- Salmonellosis incidence rate per 100,000 population (14.3 in 2000 and 14.9 in 2010),
- Age-adjusted mesothelioma death rate per 100,000 (1.0 in 2000 and 1.1 in 2009),
- Age-adjusted pneumoconiosis hospitalization rate (principal diagnosis) per 100,000 (0.2 in 2000 and 0.2 in 2010),
- Age-adjusted pneumoconiosis death rate (pneumoconiosis as underlying or contributing cause) per 100,000 (0.4 in 2000 and 0.4 in 2009).

**Summary: Fourteen of the 20 indicators for the Environmental and Occupational Health priority improved over the decade. Of the five indicators related to communicable disease incidence, three showed improvement. Of the seven indicators related to certain lung diseases associated with environmental and occupational exposures (asthma, mesothelioma, pneumoconiosis), three showed improvement. Both indicators related to occupational illness and injury showed improvement, as did all three indicators related to lead poisoning among children. Finally, all three indicators related to air quality (carbon monoxide deaths and exposure to cigarette smoke at home) improved.**

## High-Risk Sexual Behavior

Indicators measuring this priority’s objectives in Healthiest Wisconsin 2010 included sexual behavior among high school students; rates of unintended pregnancy; and sexually transmitted disease incidence.

**Summary: Out of five indicators measuring objectives for this priority, one showed improvement over the decade. Two indicators worsened over the decade, and two indicators showed no change. (A sixth indicator was not measured because no data was available after baseline.)**

**Change across the Decade: Indicators for “High-Risk Sexual Behavior”**

Change Since Baseline	Number of Indicators
Improved	1
Worse	2
No change	2
Total	5

The detailed table for this priority (see Appendix, page 34) lists the indicators measuring this health priority area. For each indicator, the table presents baseline, midpoint, and end-of-decade data points and a summary assessment of change over the decade (“Improved,” “Worse,” or “No change”).

**The indicator that improved** over the decade was:

- Neisseria gonorrhoeae incidence rate (new cases) per 100,000 population (decreased from 130.3 in 2000 to 91.7 in 2009).

**The two indicators that worsened** over the decade were:

- Chlamydia trachomatis incidence rate (new cases) per 100,000 population (increased from 304.2 in 2000 to 367.9 in 2009).
- HIV incidence rate (new cases) per 100,000 population (increased from 4.4 in 2001 to 4.7 in 2010).

**Two indicators showed no change** over the decade. These were:

- Percent of high school students who have ever had sexual intercourse (42% in 1999 and 41% in 2009—difference not statistically significant),
- Syphilis incidence rate (new cases) per 100,000 population (0.9 in 2000 and 0.8 in 2009).<sup>2</sup>

No data was available to measure progress on a sixth indicator: Percent of women pregnant in the past five years whose pregnancy was unintended (34.5% in 2000).

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<sup>2</sup> Although there was no significant change in the overall rate of syphilis incidence, this masks a rapid decline in syphilis rates for African Americans in Milwaukee early in the decade (followed by a steady increase to less than 40% of the original) and an increase in syphilis rates in men who have sex with men statewide beginning mid-decade (followed by a slight decline). See <http://www.dhs.wisconsin.gov/communicable/STD/Statistics.htm>.

**Summary: Only one of the five indicators for the High-Risk Sexual Behavior priority improved over the decade. The indicator measuring sexual behavior among high school students showed no change. Of the four indicators related to sexually transmitted disease incidence, one improved over the decade.**

## Intentional and Unintentional Injuries and Violence

Indicators measuring this priority’s objectives in Healthiest Wisconsin 2010 related to child abuse and neglect; motor vehicle crash deaths and injuries; and deaths and hospitalizations from falls.

**Summary: Out of nine indicators measuring objectives for this priority, five showed improvement over the decade. Four indicators worsened over the decade.**

### Change across the Decade: Indicators for “Intentional and Unintentional Injuries and Violence”

Change Since Baseline	Number of Indicators
Improved	5
Worse	4
No change	0
Total	9

The detailed table for this priority (see Appendix, page 36) lists the indicators measuring this health priority area. For each indicator, the table presents baseline, midpoint, and end-of-decade data points and a summary assessment of change over the decade (“Improved,” “Worse,” or “No change”).

**The five indicators that improved** over the decade were:

- Number of child abuse/neglect reports substantiated or found likely to occur (decreased from 12,609 in 2000 to 4,289 in 2009),
- Rate of motor vehicle crash deaths and incapacitating injuries per 100,000 population (decreased from 139.3 in 2000 to 79.6 in 2009),
- Rate of motor vehicle crash deaths and incapacitating injuries per hundred million miles traveled (decreased from 13.1 in 2000 to 7.8 in 2009),
- Age-adjusted rate of motor vehicle deaths per 100,000 population (decreased from 14.9 in 2000 to 9.1 in 2009),
- Age-adjusted rate of hospitalizations from falls per 100,000 population (decreased from 382.4 in 2000 to 374.0 in 2010).

**The four indicators that worsened** over the decade were:

- Number of reports of child abuse and neglect (increased from 38,010 in 2000 to 38,097 in 2009),
- Rate of child abuse/neglect reports per 1,000 children under 18 (increased from 27.8 in 2000 to 29.0 in 2009),
- Number of deaths due to substantiated child abuse/neglect (increased from 10 in 2000 to 23 in 2009).
- Age-adjusted rate of deaths from falls per 100,000 population (increased from 10.9 in 2000 to 14.6 in 2009).

**Summary: Five of the nine indicators for Unintentional and Intentional Injuries and Violence improved over the decade. Of the four indicators measuring child abuse and neglect, one improved and three worsened. (An increase in child abuse deaths partly reflected a change in the laws related to screening and reporting.) All three indicators related to motor vehicle crashes improved over the decade. Of the two indicators related to death and morbidity from falls, one improved and one worsened over the decade.**

## Adequate and Appropriate Nutrition

Indicators measuring this priority’s objectives in Healthiest Wisconsin 2010 related to adult fruit and vegetable consumption; breastfeeding; and household “food insecurity.” (*Change could not be evaluated for indicators measuring consumption of fruits, vegetables, and dairy products among high school students because survey questions on these topics changed substantially over the decade.*)

**Summary: Out of eight indicators measuring objectives for this priority, two showed improvement over the decade. Three indicators worsened over the decade, and three showed no change.**

**Change across the Decade: Indicators for “Adequate and Appropriate Nutrition”**

<b>Change Since Baseline</b>	<b>Number of Indicators</b>
Improved	2
Worse	3
No change	3
Total	8

The detailed table for this priority (see Appendix, page 38) lists the indicators measuring this health priority area. For each indicator, the table presents baseline, midpoint, and end-of-decade data points and a summary assessment of change over the decade (“Improved,” “Worse,” or “No change”).

**The two indicators that improved** over the decade were:

- Percent of WIC infants<sup>3</sup> who were ever breastfed (increased from 51% in 2000 to 68% in 2010),
- Percent of WIC infants who were breastfed at least six months (increased from 22% in 2000 to 26% in 2010).

Note: The other two breastfeeding indicators showed apparent improvement as well, although small sample sizes precluded the differences from being statistically significant.

**The three indicators that worsened** over the decade were:

- Percent of WIC infants breastfed at least 12 months (decreased from 15% in 2000 to 12% in 2010),
- Percent of “food insecure” households (increased from 8.4% in 1999-2001 to 11.4% in 2007-2009),
- Percent of “food insecure” households with hunger (increased from 2.9% in 1999-2001 to 4.4% in 2007-2009).

**The three indicators that showed no change** over the decade were:

- Percent of adults who ate five or more servings of fruits/vegetables daily (22% in 2000 and 23% in 2009—difference not statistically significant),

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<sup>3</sup> WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children.

- Percent of all infants who were ever breastfed (71% for 2000 birth year and 76% for 2007 birth year—difference not statistically significant),
- Percent of all infants who were breastfed at six months (37% for 2000 birth year and 48% for 2007 birth year—difference not statistically significant).

**Summary: Just two of the eight indicators for the Adequate and Appropriate Nutrition priority improved over the decade. The indicator measuring fruit and vegetable consumption among adults showed no change. (Changes in fruit, vegetable, and dairy consumption among high school students could not be assessed over the decade because survey questions were modified.) Of the five indicators measuring breastfeeding, two showed improvement, one worsened, and two showed no change (apparent improvement did not reach statistical significance owing to small sample sizes). Both indicators measuring food insecurity in Wisconsin households worsened over the decade.**

## Overweight, Obesity, and Lack of Physical Activity

Indicators measuring this priority’s objectives in Healthiest Wisconsin 2010 related to physical activity patterns among high school students; physical activity among adults; overweight and obesity among children and high schools students; and overweight and obesity among adults.

**Summary: Out of nine indicators measuring objectives for this priority, two showed improvement over the decade. Two indicators worsened over the decade, and five showed no change.**

### Change across the Decade: Indicators for “Overweight, Obesity, and Lack of Physical Activity”

Change Since Baseline	Number of Indicators
Improved	2
Worse	2
No change	5
Total	9

The detailed table for this priority (see Appendix, page 40) lists the indicators measuring this health priority area. For each indicator, the table presents baseline, midpoint, and end-of-decade data points and a summary assessment of change over the decade (“Improved,” “Worse,” or “No change”).

**The two indicators that improved** over the decade were:

- Percent of high school students who regularly engage in vigorous physical activity (increased from 60% in 1999 to 67% in 2005) (baseline to midpoint).
- Percent of high school students who engage in “regular” physical activity, defined as “at least 60 minutes per day on five or more of the past seven days” (increased from 35% in 2005 to 48% in 2009) (midpoint to end of decade).

Note: The Youth Risk Behavior Survey questions about physical activity among high school students changed over the decade. Comparisons are available only from baseline to midpoint for two YRBS indicators, and from midpoint to end of decade for one YRBS indicator.

**The two indicators that worsened** over the decade were:

- Percent of children ages 2-4 in WIC<sup>4</sup> who are overweight (body mass index at or above 95<sup>th</sup> percentile for age) (increased from 11.5% in 2000 to 13.6% in 2009),
- Percent of adults who are obese (body mass index 30.0 or higher) (increased from 20% in 2000 to 27 % in 2010),

**The five indicators that showed no change** over the decade were:

- Percent of high school students who regularly engage in moderate physical activity (26% in 1999 and 28% in 2005 (baseline to midpoint)—difference not statistically significant),

<sup>4</sup> WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children.

- Percent of adults who reported engaging in any physical activity in the past month (78% in 2000 and 77% in 2010—difference not statistically significant),
- Percent of high school students who are overweight (body mass index 85<sup>th</sup> to less than 95<sup>th</sup> percentile) (14% in 1999 and 14% in 2009),
- Percent of high school students who are obese (body mass index above 95<sup>th</sup> percentile) (10% in 1999 and 9% in 2009—difference not statistically significant),
- Percent of adults who are overweight (body mass index 25.0 – 29.9) (38% in 2000 and 37% in 2010—difference not statistically significant).

**Summary: Just two of the nine indicators for the Overweight, Obesity, and Lack of Physical Activity priority improved over the decade. The two indicators that improved measured “vigorous” and “regular” physical activity among high school students. Two indicators worsened over the decade, one measuring overweight among children ages 2-4 in WIC and the other measuring obesity among adults. Five indicators showed no change, including moderate physical activity among high school students, “any” physical activity among adults, rates of overweight and obesity among high school students, and the overweight percentage among adults.**

## Social and Economic Factors that Influence Health

Indicators measuring this priority’s objectives in Healthiest Wisconsin 2010 related to household income and high school graduation rates.

**Summary: Out of four indicators measuring objectives for this priority, two showed improvement over the decade. Two indicators showed no change.**

### Change across the Decade: Indicators for “Social and Economic Factors that Influence Health”

Change Since Baseline	Number of Indicators
Improved	2
Worse	0
No change	2
Total	4

The detailed table for this priority (see Appendix, page 42) lists the indicators measuring this health priority area. For each indicator, the table presents baseline, midpoint, and end-of-decade data points and a summary assessment of change over the decade (“Improved,” “Worse,” or “No change”).

**The two indicators that improved** over the decade were:

- Overall high school graduation rate (increased from 89.3% in 1999-2000 to 89.9% in 2009-2010).
- Disparity in the high school graduation rate by race/ethnicity. (Eliminating racial/ethnic disparities in high school graduation rates was a separate objective of Healthiest Wisconsin 2010.) Graduation rates improved over the decade in each race/ethnicity group, lessening the disparity in each group. However, graduation rates remained lower for African Americans, American Indians, and Hispanics than for Whites, Asians, and the state as a whole.

**The two indicators that showed no change** over the decade were:

- Percent of households with income at or above 300% of the federal poverty level (48% in 2000 and 46% in 2009—difference not statistically significant).
- Percent of residents living in households with income at or above 300% of the federal poverty level (49% in 2000 and 50% in 2009—difference not statistically significant).

**Summary: Two of the four indicators measuring Social and Economic Factors that Influence Health improved over the decade. The indicators that improved were the overall high school graduation rate, and the disparity in high school graduation rates by race/ethnicity. Despite this progress, disparities remain in high school graduation rates for African Americans, American Indians, and Hispanics. The two indicators related to household income (increasing the percentage of households and the percentage of residents with income above 300% of poverty) showed no change over the decade.**

## Tobacco Use and Exposure

Indicators measuring this priority's objectives in Healthiest Wisconsin 2010 related to tobacco use and cigarette smoking among middle school students, among high school students, and among adults; and exposure to tobacco smoke at home and in the workplace.

**Summary: All nine indicators measuring objectives for this priority showed improvement over the decade.**

### Change across the Decade: Indicators for "Tobacco Use and Exposure"

Change Since Baseline	Number of Indicators
Improved	9
Worse	0
No change	0
Total	9

The detailed table for this priority (see Appendix, page 44) lists the indicators measuring this health priority area. For each indicator, the table presents baseline, midpoint, and end-of-decade data points and a summary assessment of change over the decade ("Improved," "Worse," or "No change").

**The nine indicators that improved** over the decade were:

- Percent of middle school students who use any form of tobacco (decreased from 16% in 2000 to 7% in 2010).
- Percent of middle school students who currently smoke cigarettes (decreased from 12% in 2000 to 4% in 2010).
- Percent of high school students who use any form of tobacco (decreased from 39% in 2000 to 26% in 2010).
- Percent of high school students who currently smoke cigarettes (decreased from 33% in 2000 to 18% in 2010).
- Percent of adults who currently smoke cigarettes (decreased from 24% in 2000 to 22% in 2010<sup>5</sup>).
- Percent of adults 18-24 who currently smoke cigarettes (decreased from 40% in 2000 to 22% in 2010<sup>1</sup>).
- Percent of adults exposed to tobacco smoke at home in the past 30 days (decreased from 28% in 2000 to 14% in 2008).
- Percent of adults reporting that tobacco smoke is allowed in some or all of workplace, or workplace has no official smoking policy (decreased from 26% in 2000 to 9% in 2010).
- Percent of middle and high school students who report they live with a smoker (decreased from 44% in 2000 to 38% in 2010).

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<sup>5</sup> Adult smoking estimates for 2010 are not strictly comparable to those for 2000 owing to a change in survey methodology to include cell-phone-only users.

**Summary: All nine indicators for the Tobacco Use and Exposure priority improved over the decade. Decreases were seen in tobacco use and cigarette smoking among middle school students; among high school students; and among adults, including adults ages 18-24. Decreases also occurred in exposure to tobacco smoke at home (for both adults and students) and in the workplace (for adults).**

## **Appendix**

### **Indicator Summary Tables**

**Table A1. Access to Primary and Preventive Health Services**

<b>Measure for 2010 State Health Plan</b>	<b>Baseline*</b>	<b>Midpoint*</b>	<b>End of Decade*</b>	<b>Change Since Baseline**</b>
Percent of population with health insurance for all of last 12 months	88%	89%	88%	No change
African Americans	76%	79%	79%	
American Indians	79%	82%	88%	
Asians	84%	86%	80%	
Hispanics	65%	67%	64%	
Whites	89%	91%	91%	
Percent of women aged 18+ with Pap smear in past 3 years	87%	86%	84%	No change
Percent of women aged 40+ with mammogram in past 2 years	75%	75%	79%	No change
Percent of adults with cholesterol screening in past 5 years	72%	73%	77%	Improved
African Americans	69%	69%	73%	
Hispanics	61%	60%	58%	
Whites	74%	74%	78%	
Percent of adults aged 50+ who ever had a blood stool test	50%	47%	35%	Worse (but see next measure)
African Americans	40%	31%	32%	
Whites	50%	46%	38%	
Percent of adults aged 50+ who ever had a sigmoidoscopy or a colonoscopy	57%	59%	69%	Improved
African Americans	49%	54%	68%	
Whites	57%	62%	69%	
Percent of population who needed medical care during the past 12 months but did not receive it	3%	2%	2%	No change
African Americans	4%	5%	4%	
American Indians	1%	4%	5%	
Asians	2%	<1%	2%	
Hispanics	10%	2%	1%	
Whites	2%	2%	2%	
Percent of Medicaid/BadgerCare fee-for-service recipients who received any dental services in the past year	23%	25%	27%	Improved
Percent of Medicaid/BadgerCare managed-care recipients who received any dental services in the past year	23%	24%	28%	Improved

(Continued on next page)

**Table A1: Access to Primary and Preventive Health Services (continued)**

Measure for 2010 State Health Plan	Baseline*	Midpoint*	End of Decade*	Change Since Baseline**
Percent of population age 1 and older uninsured <u>all</u> of past year who had dental visit during the year	36%	34%	36%	No change
African Americans	38%	34%	39%	
Hispanics	47%	34%	42%	
Whites	42%	37%	33%	
Percent of population age 1 and older uninsured <u>part</u> of past year who had dental visit during the year	58%	45%	42%	Worse
African Americans	47%	48%	55%	
Whites	58%	51%	51%	

\* Years of data used for baseline, midpoint, and end of decade differ according to availability by data source. (See notes below.) More information for each indicator (such as sample sizes, confidence intervals, and additional years of data) is available at <http://dhs.wisconsin.gov/statehealthplan/track2010/>.

\*\* Change since baseline was described as “improved,” “no change” or “worse” based on the size of the confidence interval (where published) relative to the difference; change in indicators for which confidence intervals were not published reflects interpretation by program epidemiologists. Change since baseline was assessed for indicator totals only. Assessment of change for subgroups was not attempted because limited sample sizes meant any apparent change rarely reached statistical significance.

Health insurance:

Baseline: 2000 (total population); 2000-2001 (race/ethnicity groups)  
 Midpoint: 2005 (total population); 2004-2005 (race/ethnicity groups)  
 End of Decade: 2009 (total population); 2008-2009 (race/ethnicity groups)

Cervical cancer screening; mammograms:

Baseline: 2000  
 Midpoint: 2004  
 End of Decade: 2010

Cholesterol screening:

Baseline: 2001 (all adults); 2001 and 2003 (race/ethnicity groups)  
 Midpoint: 2005 (all adults); 2003 and 2005 (race/ethnicity groups)  
 End of Decade: 2009 (all adults); 2007 and 2009 (race/ethnicity groups)

Blood stool test; sigmoidoscopy or colonoscopy:

Baseline: 2001 (all adults 50+); 2001-2002 (race/ethnicity groups 50+)  
 Midpoint: 2004 (all adults 50+); 2004 and 2006 (race/ethnicity groups 50+)  
 End of Decade: 2010 (all adults 50+); 2008 and 2010 (race/ethnicity groups 50+)

Medical care – needed but did not receive:

Baseline: 2000 (total); 2000-2001 (race/ethnicity groups)  
 Midpoint: 2005 (total); 2004-2005 (race/ethnicity groups)

End of Decade: 2009 (total); 2008-2009 (race/ethnicity groups)

Dental services in past year – MA/BadgerCare:

Baseline: 2000 (fee-for-service); 2001 (managed care organizations)

Midpoint: 2005

End of Decade: 2010

Dental services in past year – uninsured all of year; uninsured part of year:

Baseline: 2000 (total); 2000-2003 (race/ethnicity groups)

Midpoint: 2005 (total); 2003-2006 (race/ethnicity groups)

End of Decade: 2009 (total); 2006-2009 (race/ethnicity groups)

NOTE: Family Health Survey data in 2009 are not strictly comparable to data at baseline (changed weighting methodology).
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**Table A2: Alcohol and Other Substance Use and Addiction**

Measure for 2010 State Health Plan	Baseline *	Midpoint*	End of Decade*	Change Since Baseline**
Percent of high school students who reported binge drinking in past 30 days	34%	31%	25%	Improved
African Americans	16%	16%	15%	
American Indians	48%	45%	37%	
Asians	21%	25%	23%	
Hispanics	36%	30%	25%	
Whites	34%	33%	31%	
Percent of high school students who reported using marijuana in past 30 days	22%	16%	19%	No change
African Americans	30%	31%	31%	
American Indians	41%	35%	27%	
Asians	14%	15%	10%	
Hispanics	27%	25%	22%	
Whites	22%	20%	17%	
Percent of high school students who reported smoking cigarettes in past 30 days	38%	23%	17%	Improved
African Americans	17%	15%	13%	
American Indians	53%	44%	32%	
Asians	26%	25%	19%	
Hispanics	37%	28%	19%	
Whites	32%	27%	20%	
Percent of high school students who reported first use of alcohol before age 13	30%	24%	19%	Improved
African Americans	28%	27%	26%	
American Indians	47%	47%	29%	
Asians	25%	29%	22%	
Hispanics	29%	28%	29%	
Whites	28%	25%	21%	
Percent of high school students who reported first use of marijuana before age 13	11%	7%	6%	Improved
African Americans	20%	20%	15%	
American Indians	29%	24%	13%	
Asians	9%	10%	6%	
Hispanics	17%	11%	8%	
Whites	8%	6%	5%	

\* Years of data used for baseline, midpoint, and end of decade differ according to availability by data source. (See notes below.) More information for each indicator (such as sample sizes, confidence intervals, and additional years of data) is available at <http://dhs.wisconsin.gov/statehealthplan/track2010/>.

\*\* Change since baseline was described as “improved,” “no change” or “worse” based on the size of the confidence interval (where published) relative to the difference; change in indicators for which confidence intervals were not published reflects interpretation by program epidemiologists.

**Change since baseline was assessed for indicator totals only. Assessment of change for subgroups was not attempted because limited sample sizes meant any apparent change rarely reached statistical significance.**

Binge drinking, marijuana use, cigarette smoking, first use of alcohol, first use of marijuana – high school students:

Baseline: 1999 (all students); 1999-2003 (race/ethnicity groups)

Midpoint: 2005 (all students); 2001-2005 (race/ethnicity groups)

End of Decade: 2009 (all students); 2005-2009 (race/ethnicity groups)

**Table A3: Existing, Emerging, and Re-emerging Communicable Diseases**

Measure for 2010 State Health Plan	Baseline*	Midpoint*	End of Decade*	Change Since Baseline**
Percent of children aged 19-35 months who are fully immunized	74.2%	82.2%	83.6%	Improved
Percent of school-aged children who met immunization requirements	96.7%	94.4%	90.8%	Worse
Percent of adults aged 65+ who received flu shot in the past 12 months	70%	72%	68%	No change
Percent of adults 65+ who ever received pneumonia shot	65%	66%	73%	Improved
Percent of adults with diabetes who received flu shot in past 12 months	61%	60%	64%	No change
Percent of adults with diabetes who ever received pneumonia shot	55%	57%	64%	No change
E. Coli 0157:H7 incidence (new cases per 100,000 population)	6.8	2.5	2.0	Improved
Salmonellosis incidence (new cases per 100,000 population)	14.3	16.9	14.9	No change
Shigellosis incidence (new cases per 100,000 population)	6.2	4.1	1.3	Improved
Campylobacteriosis incidence (new cases per 100,000 population)	22.5	21.2	24.3	Worse
Hepatitis A incidence (new cases per 100,000 population)	2.0	0.8	0.4	Improved

\* Years of data used for baseline, midpoint, and end of decade differ according to availability by data source. (See notes below.) More information for each indicator (such as sample sizes, confidence intervals, and additional years of data) is available at <http://dhs.wisconsin.gov/statehealthplan/track2010/>.

\*\* Change since baseline was described as “improved,” “no change” or “worse” based on the size of the confidence interval (where published) relative to the difference; change in indicators for which confidence intervals were not published reflects interpretation by program epidemiologists.

Children aged 19-35 months who are immunized:

Baseline: 2000

Midpoint: 2005

End of Decade: 2008 (Note: End of Decade was measured using 2008 data because 2009 rate was affected by temporary shortage of Hib vaccine.)

School-aged children who are immunized:

Baseline: 2000-2001 school year

Midpoint: 2005-2006 school year

End of Decade: 2010-2011 school year

Flu and pneumonia shots, adults age 65+ and adults with diabetes:

Baseline: 2001

Midpoint: 2005

End of Decade: 2010

Communicable disease incidence:

Baseline: 2000

Midpoint: 2005

End of Decade: 2010

**Table A4: Environmental and Occupational Health Hazards**

<b>Measure for 2010 State Health Plan</b>	<b>Baseline*</b>	<b>Midpoint*</b>	<b>End of Decade*</b>	<b>Change Since Baseline**</b>
E. coli 0157:H7 incidence rate (new cases per 100,000 population)	6.8	2.5	2.0	Improved
Salmonellosis incidence rate (new cases per 100,000 population)	14.3	16.9	14.9	No change
Shigellosis incidence rate (new cases per 100,000 population)	6.2	4.1	1.3	Improved
Campylobacteriosis incidence rate (new cases per 100,000 population)	22.5	21.2	24.3	Worse
Hepatitis A incidence rate (new cases per 100,000 population)	2.0	0.8	0.4	Improved
Age-adjusted asthma hospitalization rate (principal diagnosis per 10,000 population)	10.9	10.3	8.8	Improved
Age-adjusted asthma hospitalization rate (any diagnosis of asthma - new cases per 10,000 population)	52.6	72.5	74.8	Worse
Age-adjusted mesothelioma incidence rate (new cases per 100,000 population)	1.6	1.6	1.2	Improved
Age-adjusted mesothelioma death rate (deaths per 100,000 population)	1.0	1.0	1.1	No change
Age-adjusted pneumoconiosis hospitalization rate (principal diagnosis per 100,000 population)	0.2	0.2	0.2	No change
Age-adjusted pneumoconiosis hospitalization rate (any listed diagnosis per 100,000 population)	4.5	4.8	3.4	Improved
Age-adjusted pneumoconiosis death rate (diagnosis as contributing or underlying cause per 100,000 population)	0.4	0.4	0.4	No change
Age-adjusted death rate from occupational injury/100,000 population	1.9	2.0	1.7	Improved
Incidence rate from non-fatal occupational illness/injury (per 100 workers)	9.0	5.8	4.3	Improved
Percent of MA/BadgerCare recipients <6 with a blood lead test in past year	26.7%	28.7%	32.7%	Improved
Percent of MA/BadgerCare recipients <6 tested for lead who had a positive test	11.1%	4.6%	1.6%	Improved
Percent of all children under 6 tested for lead who had a positive test	7.5%	3.4%	1.3%	Improved
Number of deaths due to unintentional carbon monoxide poisoning	18	16	15	Improved
Percent of adults exposed to tobacco smoke at home in past 30 days	28%	18%	14%	Improved
African Americans	44%	31%	30%	
Whites	27%	17%	13%	
Percent of middle/high school students who reported living with a smoker	44%	41%	38%	Improved
African Americans	56%	49%	48%	
American Indians	74%	54%	55%	
Asians	31%	33%	37%	
Hispanics	48%	48%	40%	
Whites	43%	40%	36%	

\* Years of data used for baseline, midpoint, and end of decade differ according to availability by data source. (See notes below.) More information for each indicator (such as sample sizes, confidence intervals, and additional years of data) is available at <http://dhs.wisconsin.gov/statehealthplan/track2010/>.

\*\* Change since baseline was described as “improved,” “no change” or “worse” based on the size of the confidence interval (where published) relative to the difference; change in indicators for which confidence intervals were not published reflects interpretation by program epidemiologists. Change since baseline was assessed for indicator totals only. Assessment of change for subgroups was not attempted because limited sample sizes meant any apparent change rarely reached statistical significance.

Rates of selected communicable diseases:

Baseline: 2000  
Midpoint: 2005  
End of Decade: 2010

Hospitalization rates:

Baseline: 2000  
Midpoint: 2005  
End of Decade: 2010

Deaths (rates and counts):

Baseline: 2000  
Midpoint: 2005  
End of Decade: 2009

Mesothelioma incidence rate:

Baseline: 2000  
Midpoint: 2004  
End of Decade: 2008

Occupational illness/injury incidence rate:

Baseline: 2000  
Midpoint: 2005  
End of Decade: 2009

Blood lead tests:

Baseline: 2000  
Midpoint: 2005  
End of Decade: 2010

Adults exposed to tobacco smoke at home:

Baseline: 2000  
Midpoint: 2005  
End of Decade: 2008

Middle and high school students living with a smoker:

Baseline: 2000 (all students); 2000 and 2002 (race/ethnicity groups)  
Midpoint: 2006 (all students); 2004 and 2006 (race/ethnicity groups)  
End of Decade: 2010 (all students); 2008 and 2010 (race/ethnicity groups)

**Table A5: High-Risk Sexual Behavior**

Measure for 2010 State Health Plan	Baseline*	Midpoint*	End of Decade*	Change Since Baseline**
Percent of high school students who have ever had sexual intercourse	42%	40%	41%	No change
African Americans	67%	69%	70%	
American Indians	59%	52%	47%	
Asians	37%	30%	32%	
Hispanics	46%	42%	47%	
Whites	36%	38%	39%	
Percent of women pregnant in the past five years whose pregnancy was unintended	34.5%	Data Not Available	Data Not Available	---
Syphilis incidence rate (new cases per 100,000 population)	0.9	0.7	0.8	No change
Chlamydia trachomatis incidence rate (new cases per 100,000 population)	304.2	365.7	367.9	Worse
Neisseria gonorrhoeae incidence rate (new cases per 100,000 population)	130.3	106.6	91.7	Improved
HIV incidence rate (new cases per 100,000 population) – SEE NOTE BELOW	4.4	4.6	4.7	Worse

\* Years of data used for baseline, midpoint, and end of decade differ according to availability by data source. (See notes below.) More information for each indicator (such as sample sizes, confidence intervals, and additional years of data) is available at <http://dhs.wisconsin.gov/statehealthplan/track2010/>.

\*\* Change since baseline was described as “improved,” “no change” or “worse” based on the size of the confidence interval (where published) relative to the difference; change in indicators for which confidence intervals were not published reflects interpretation by program epidemiologists. Change since baseline was assessed for indicator totals only. Assessment of change for subgroups was not attempted because limited sample sizes meant any apparent change rarely reached statistical significance.

High school students, ever had sexual intercourse:

Baseline: 1999 (all students); 1999-2003 (race/ethnicity groups)

Midpoint: 2005 (all students); 2003-2007 (race/ethnicity groups)

End of Decade: 2009 (all students); 2005-2009 (race/ethnicity groups)

Unintended pregnancy (baseline only): 2000

Syphilis, Chlamydia, Gonorrhea incidence:

Baseline: 2000

Midpoint: 2005

End of Decade: 2009

HIV incidence:

NOTE: Methods for calculating HIV incidence in Wisconsin were changed in 2011. Rates reported here for 2001-2010 differ from rates published before 2011. See <http://www.dhs.wisconsin.gov/aids-hiv/Stats/2010AnnualHIVSurvSum.pdf> )

Baseline: 2001  
Midpoint: 2005  
End of Decade: 2010

**Table A6: Intentional and Unintentional Injuries and Violence**

<b>Measure for 2010 State Health Plan</b>	<b>Baseline*</b>	<b>Midpoint*</b>	<b>End of Decade*</b>	<b>Change Since Baseline**</b>
Number of reports of child abuse and neglect	38,010	40,917	38,097	Worse
Rate of child abuse/neglect reports per 1,000 children under 18	27.8	30.1	29.0	Worse
Number of child abuse/neglect reports substantiated	10,144	Not available	Not available	--
Number of child abuse/neglect reports substantiated or found likely to occur	12,609	8,831	4,289	Improved
Number of deaths due to substantiated child abuse/neglect	10	12	23	Worse
Rate of motor vehicle crash deaths and incapacitating injuries per 100,000 population	139.3	109.4	79.6	Improved
Rate of motor vehicle crash deaths and incapacitating injuries per hundred million miles traveled	13.1	10.2	7.8	Improved
Age-adjusted rate of motor vehicle deaths (deaths per 100,000 population)	14.9	13.8	9.1	Improved
African Americans	11.1	10.3	9.6	
American Indians	38.6	35.0	Rate not calculated	
Hispanics	11.3	12.9	10.0	
Whites	15.4	13.9	8.8	
Age-adjusted rate of deaths from falls (deaths per 100,000 population)	10.9	12.6	14.6	Worse
Age-adjusted rate of hospitalizations from falls (per 100,000 population)	382.4	395.7	374.0	Improved

**\* Years of data used for baseline, midpoint, and end of decade differ according to availability by data source. (See notes below.) More information for each indicator (such as sample sizes, confidence intervals, and additional years of data) is available at <http://dhs.wisconsin.gov/statehealthplan/track2010/>.**

**\*\* Change since baseline was described as “improved,” “no change” or “worse” based on the size of the confidence interval (where published) relative to the difference; change in indicators for which confidence intervals were not published reflects interpretation by program epidemiologists. Change since baseline was assessed for indicator totals only. Assessment of change for subgroups was not attempted because limited sample sizes meant any apparent change rarely reached statistical significance.**

Child abuse and neglect:  
 Baseline: 2000  
 Midpoint: 2005  
 End of Decade: 2009

NOTE: Changes in how reports of alleged child maltreatment resulting in a child’s death are handled make it difficult to compare number of deaths before 2007 with the number of deaths after that year. New standards (released Sept. 2007) require CPS agencies to screen in reports and conduct assessments of cases

when a child died from suspected maltreatment, whether or not there are other children in the household. This broadened requirement for assessing child maltreatment death led to a higher number of reported fatalities in years subsequent to the change.

Motor vehicle crash deaths and injuries (CODES data):

Baseline: 2000

Midpoint: 2005

End of Decade: 2009

Motor vehicle deaths (death records):

Baseline: 2000 (total; African Americans; whites); 2001 (American Indians); 2002 (Hispanics)

Midpoint: 2005

End of Decade: 2009

(Note: Rates were not calculated when there were fewer than 20 deaths in a year.)

Deaths from falls:

Baseline: 2000

Midpoint: 2005

End of Decade: 2009

Hospitalizations from falls:

Baseline: 2000

Midpoint: 2005

End of decade: 2010

**Table A7: Adequate and Appropriate Nutrition**

<b>Measure for 2010 State Health Plan</b>	<b>Baseline*</b>	<b>Midpoint*</b>	<b>End of Decade*</b>	<b>Change Since Baseline**</b>
Percent of adults 18+ who ate 5+ servings of fruits and vegetables daily	22%	22%	23%	No change
African Americans	21%	21%	24%	
American Indians	15%	24%	23%	
Asians	28%	28%	Estimate not reliable	
Hispanics	21%	16%	20%	
Whites	22%	22%	23%	
Percent of high school students who ate 5+ servings of fruits and vegetables daily ( <i>see Note</i> )	28%	28%	19%	Data not comparable
African Americans	25%	22%		
American Indians	28%	29%		
Asians	31%	26%		
Hispanics	29%	27%		
Whites	28%	28%		
Percent of high school students who ate 3+ servings of dairy daily ( <i>see Note</i> )	46%	46%	21%	Data not comparable
African Americans	22%	23%		
American Indians	38%	40%		
Asians	27%	23%		
Hispanics	36%	30%		
Whites	49%	49%		
Percent of infants who were ever breastfed	71%	72%	76%	No change
Percent of infants who were breastfed at 6 months	37%	40%	48%	No change
Percent of WIC infants who were ever breastfed	51%	60%	68%	Improved
African-Americans	34%	45%	53%	
American Indians	52%	60%	63%	
Asians	31%	43%	50%	
Hispanics	67%	77%	81%	
Whites	55%	61%	71%	
Percent of WIC infants who were breastfed at least six months	22%	24%	26%	Improved
Percent of WIC infants breastfed at least 12 months	15%	16%	12%	Worse
Percent of " food insecure" households	8.4%	9.5%	11.4%	Worse
Percent of " food insecure" households with hunger	2.9%	2.7%	4.4%	Worse

**\* Years of data used for baseline, midpoint, and end of decade differ according to availability by data source. (See notes below.) More information for each indicator (such as sample sizes, confidence intervals, and additional years of data) is available at <http://dhs.wisconsin.gov/statehealthplan/track2010/>.**

**\*\* Change since baseline was described as “improved,” “no change” or “worse” based on the size of the confidence interval (where published) relative to the difference; change in indicators for which confidence intervals were not published reflects interpretation by program epidemiologists. Change since baseline was assessed for indicator totals only. Assessment of change for subgroups was not attempted because limited sample sizes meant any apparent change rarely reached statistical significance.**

Fruit and vegetable consumption, adults:

Baseline: 2000 (all adults); 2000-2002 (race/ethnicity groups)  
Midpoint: 2005 (all adults); 2003-2005 (race/ethnicity groups)  
End of Decade: 2009 (all adults); 2007 and 2009 (race/ethnicity groups)

Fruit and vegetable consumption, high school students:

Baseline: 1999 (all students); 1999-2003 (race/ethnicity groups)  
Midpoint: 2005 (all students); 2001-2005 (race/ethnicity groups)  
End of Decade: 2009 (all students)

NOTE: Baseline and end-of-decade data are not comparable. Survey question changed from asking about “previous day” to “per day during the past 7 days.”
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Dairy consumption, high school students:

Baseline: 1999 (all students); 1999-2003 (race/ethnicity groups)  
Midpoint: 2005 (all students); 2001-2005 (race/ethnicity groups)  
End of Decade: 2009 (all students)

NOTE: Baseline and end-of-decade data are not comparable. Survey question changed from asking about all dairy consumption to milk consumption only.
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Breastfeeding – All infants: Ever breastfed; at six months:

Baseline: 2000 (birth year)  
Midpoint: 2004 (birth year)  
End of Decade: 2007 (birth year) – Provisional CDC data (April 2011).

Breastfeeding – WIC infants: Ever breastfed; for six months; for 12 months

Baseline: 2000  
Midpoint: 2005  
End of Decade: 2010

Food insecure households:

Baseline: 1999-2001  
Midpoint: 2003-2005  
End of Decade: 2007-2009

**Table A8: Overweight, Obesity, and Lack of Physical Activity**

<b>Measure for 2010 State Health Plan</b>	<b>Baseline*</b>	<b>Midpoint*</b>	<b>End of Decade*</b>	<b>Change Since Baseline**</b>
Percent of high school students who reported they regularly engage in moderate physical activity	26%	28%	Data not comparable	No change (to midpoint)
Percent of high school students who reported they regularly engage in vigorous physical activity	60%	67%	Data not comparable	Improved (to midpoint)
Percent of high school students who reported they were physically active for at least 60 minutes per day on five or more of the past seven days	Data not comparable	35%	48%	Improved (since midpoint)
Percent of adults who reported engaging in any physical activity in the past month	78%	81%	77%	No change
African Americans	62%	67%	68%	
American Indians	67%	85%	69%	
Asians	76%	74%	No estimate	
Hispanics	66%	79%	72%	
Whites	80%	82%	79%	
Percent of children ages 2-4 in WIC who are overweight (body mass index at or above 95th percentile-for-age)	11.5%	13.0%	13.6%	Worse
African Americans	8.8%	10.0%	10.2%	
American Indians	20.3%	19.3%	24.1%	
Asians	18.4%	15.8%	16.2%	
Hispanics	15.9%	17.7%	18.5%	
Whites	10.2%	11.5%	11.3%	
Percent of high school students who are overweight (body mass index 85 <sup>th</sup> to less than 95 <sup>th</sup> percentile)	14%	14%	14%	No change
African Americans	17%	15%	14%	
American Indians	15%	22%	19%	
Asians	18%	14%	12%	
Hispanics	10%	21%	24%	
Whites	15%	13%	13%	
Percent of high school students who are obese (body mass index above 95th percentile)	10%	10%	9%	No change
African Americans	14%	11%	12%	
American Indians	10%	11%	10%	
Asians	12%	14%	14%	
Hispanics	17%	13%	11%	
Whites	10%	10%	10%	
Percent of adults who are overweight (body mass index 25.0 – 29.9)	38%	37%	37%	No change

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**Table A8: Overweight, Obesity, and Lack of Physical Activity (continued)**

Measure for 2010 State Health Plan	Baseline*	Midpoint*	End of Decade*	Change Since Baseline**
Percent of adults who are obese (body mass index 30.0 or higher)	20%	24%	27%	Worse
African Americans	35%	34%	45%	
American Indians	35%	40%	44%	
Asians	10%	10%	No estimate	
Hispanics	25%	29%	22%	
Whites	21%	24%	26%	

\* Years of data used for baseline, midpoint, and end of decade differ according to availability by data source. (See notes below.) More information for each indicator (such as sample sizes, confidence intervals, and additional years of data) is available at <http://dhs.wisconsin.gov/statehealthplan/track2010/>.

\*\* Change since baseline was described as “improved,” “no change” or “worse” based on the size of the confidence interval (where published) relative to the difference; change in indicators for which confidence intervals were not published reflects interpretation by program epidemiologists. Change since baseline was assessed for indicator totals only. Assessment of change for subgroups was not attempted because limited sample sizes meant any apparent change rarely reached statistical significance.

Physical activity (“moderate” and “vigorous”) – High school students:

Baseline: 1999  
 Midpoint: 2005  
 End of Decade: Not available (survey questions changed)

Physical activity (“regular”) – High school students:

Baseline: Not available  
 Midpoint: 2005  
 End of Decade: 2009  
 “Regular” means “physically active at least 60 minutes per day on five or more of the past seven days.”

Overweight; obese - High school students:

Baseline: 1999 (all students); 1999-2003 (race/ethnicity groups)  
 Midpoint: 2005 (all students); 2003-2007 (race/ethnicity groups)  
 End of Decade: 2009 (all students); 2005-2009 (race/ethnicity groups)

Physical activity; overweight; obese - Adults:

Baseline: 2000 (all adults); 2000-2002 (race/ethnicity groups)  
 Midpoint: 2005 (all adults); 2004-2006 (race/ethnicity groups)  
 End of Decade: 2010 (all adults); 2008-2010 (race/ethnicity groups)

Children in WIC who are overweight:

Baseline: 2000  
 Midpoint: 2005  
 End of Decade: 2009

**Table A9: Social and Economic Factors that Influence Health**

Measure for 2010 State Health Plan	Baseline*	Midpoint*	End of Decade*	Change Since Baseline**
Percent of households with income at or above 300% of the federal poverty level	48%	51%	46%	No change
Percent of residents living in households with income at or above 300% of the federal poverty level	49%	53%	50%	No change
African Americans	26%	23%	20%	
American Indians	37%	50%	48%	
Asians	48%	30%	52%	
Hispanics	24%	29%	21%	
Whites	52%	55%	55%	
High school graduation rate	89.3%	88.8%	89.9%	Improved
African Americans	51.4%	62.9%	67.0%	
American Indians	73.8%	70.4%	78.5%	
Asians	88.0%	88.5%	91.3%	
Hispanics	69.3%	72.4%	77.4%	
Whites	93.7%	92.6%	94.1%	
High school graduation rate – Disparity (Disparity is difference between minority group rate and White rate)				Improved
African Americans	42.3 percentage point difference	29.7 percentage point difference	27.1 percentage point difference	
American Indians	19.9 percentage point difference	22.2 percentage point difference	15.6 percentage point difference	
Asians	5.7 percentage point difference	4.1 percentage point difference	2.8 percentage point difference	
Hispanics	24.4 percentage point difference	20.2 percentage point difference	16.7 percentage point difference	

\*Years of data used for baseline, midpoint, and end of decade differ according to availability by data source. (See notes below.) More information for each indicator (such as sample sizes, confidence intervals, and additional years of data) is available at <http://dhs.wisconsin.gov/statehealthplan/track2010/>.

\*\* Change since baseline was described as “improved,” “no change” or “worse” based on the size of the confidence interval (where published) relative to the difference; change in indicators for which confidence intervals were not published reflects interpretation by program epidemiologists. Change since baseline was assessed for indicator totals only. Assessment of change for subgroups

**was not attempted because limited sample sizes meant any apparent change rarely reached statistical significance.**

Income at or above 300% of federal poverty level:

Baseline: 2000 (all households; all residents); 2000-2001 (race/ethnicity groups)

Midpoint: 2005 (all households; all residents); 2005-2006 (race/ethnicity groups)

End of Decade: 2009 (all households; all residents); 2008-2009 (race/ethnicity groups)

NOTE: Family Health Survey data in 2009 are not strictly comparable to data at baseline (changed weighting methodology).

High school graduation rate:

Baseline: 1999-2000

Midpoint: 2004-2005

End of Decade: 2009-2010

NOTE: The Department of Public Instruction changed the high school completion rate formula in 2004. The denominator is now larger and completion rates may be correspondingly lower. Comparisons to previous years should be made cautiously.

**Table A10: Tobacco Use and Exposure**

<b>Measure for 2010 State Health Plan</b>	<b>Baseline*</b>	<b>Midpoint*</b>	<b>End of Decade*</b>	<b>Change Since Baseline**</b>
Percent of middle school students who use any form of tobacco	16%	13%	7%	Improved
African Americans	15%	17%	9%	
American Indians	21%	26%	15%	
Asians	13%	13%	7%	
Hispanics	21%	20%	12%	
Whites	10%	10%	7%	
Percent of middle school students who currently smoke cigarettes	12%	8%	4%	Improved
African Americans	9%	7%	4%	
American Indians	17%	18%	11%	
Asians	10%	6%	3%	
Hispanics	19%	13%	7%	
Whites	9%	7%	4%	
Percent of high school students who use any form of tobacco	39%	28%	26%	Improved
African Americans	17%	19%	20%	
Asians	27%	24%	22%	
Hispanics	Estimate not reliable	29%	20%	
Whites	37%	28%	28%	
Percent of high school students who currently smoke cigarettes	33%	21%	18%	Improved
African Americans	14%	13%	13%	
Asians	25%	20%	15%	
Hispanics	Estimate not reliable	17%	17%	
Whites	31%	21%	20%	
Percent of adults who currently smoke cigarettes	24%	21%	22%	Improved
Males	24%	22%	25%	
Females	24%	19%	20%	
African Americans	27%	29%	No estimate	
American Indians	46%	39%	No estimate	
Asians	13%	15%	No estimate	
Hispanics	27%	18%	No estimate	
Whites	23%	21%	No estimate	
Percent of adults aged 18-24 who currently smoke cigarettes	40%	25%	22%	Improved
Percent of adults exposed to tobacco smoke at home in the past 30 days	28%	18%	14%	Improved
African Americans	44%	31%	30%	
Whites	27%	17%	13%	

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**Table A10: Tobacco Use and Exposure (continued)**

Measure for 2010 State Health Plan	Baseline*	Midpoint*	End of Decade*	Change Since Baseline**
Percent of adults reporting that smoking is allowed in some or all of workplace or workplace has no official smoking policy	26%	17%	9%	Improved
Percent of middle and high school students who report they live with a smoker	44%	41%	38%	Improved
African Americans	56%	49%	48%	
American Indians	74%	54%	55%	
Asians	31%	33%	37%	
Hispanics	48%	48%	40%	
Whites	43%	40%	36%	

\*Years of data used for baseline, midpoint, and end of decade differ according to availability by data source. (See notes below.) More information for each indicator (such as sample sizes, confidence intervals, and additional years of data) is available at <http://dhs.wisconsin.gov/statehealthplan/track2010/>.

\*\* Change since baseline was described as “improved,” “no change” or “worse” based on the size of the confidence interval (where published) relative to the difference; change in indicators for which confidence intervals were not published reflects interpretation by program epidemiologists. Change since baseline was assessed for indicator totals only. Assessment of change for subgroups was not attempted because limited sample sizes meant any apparent change rarely reached statistical significance.

Any tobacco use; cigarette smoking – Middle school students:

Baseline: 2000 (all students); 2000-2003 (race/ethnicity groups)  
 Midpoint: 2004 (all students); 2002, 2004, 2006 (race/ethnicity groups)  
 End of Decade: 2010 (all students); 2006, 2008, 2010 (race/ethnicity groups)

Any tobacco use; cigarette smoking – High school students:

Baseline: 2000 (all students); 2000, 2002 (race/ethnicity groups)  
 Midpoint: 2004 (all students); 2004, 2006 (race/ethnicity groups)  
 End of Decade: 2010 (all students); 2008, 2010 (race/ethnicity groups)

Cigarette smoking – Adults

Baseline: 2000 (all adults; adults 18-24); 2000-2002 (race/ethnicity groups)  
 Midpoint: 2005 (all adults; adults 18-24); 2004-2006 (race/ethnicity groups)  
 End of Decade: 2010 (all adults; adults 18-24). (End-of-decade estimates were not calculated for race/ethnicity groups – See Note.)

NOTE: Adult smoking data for 2009 and 2010 are not comparable to data for previous years. Estimates for 2009 and 2010 were calculated using combined landline and cell-phone-only interview data (Behavioral Risk Factor Survey) and were weighted by CDC using a new methodology. These changes contribute to a higher rate of smoking than for years 2008 and earlier, when cell-phone-only data were not included.

Exposure to tobacco smoke at home – Adults:

Baseline: 2000  
 Midpoint: 2005

End of Decade: 2008

Workplace smoking policies – Adults:

Baseline: 2000

Midpoint: 2005

End of Decade: 2010

Exposure to tobacco smoke at home – Middle and high school students:

Baseline: 2000 (all students); 2000, 2002 (race/ethnicity groups)

Midpoint: 2004 (all students); 2004, 2006 (race/ethnicity groups)

End of Decade: 2010 (all students); 2008, 2010 (race/ethnicity groups)