

WISCONSIN AIDS/HIV PROGRAM NOTES

April 2014

Healthiest Wisconsin 2020 Baseline and Health Disparities Report

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In February 2014, the Wisconsin Department of Health Services (DHS) released the *Healthiest Wisconsin 2020 Baseline and Health Disparities Report*, which addresses two major purposes. It provides baseline data for Wisconsin's state health plan and highlights disparities experienced by selected populations in the state. The *Report* is available at: <http://www.dhs.wisconsin.gov/hw2020/hw2020baselinereport.htm>.

This article describes the *Report* and provides several sample slides from it. Chapters that may be of particular interest to the HIV community include "Reproductive and sexual health" and "Lesbian, gay, bisexual, and transgender (LGBT) populations." Other chapters, such as the "Demographic overview," "Alcohol and drug use," "Mental health," and those addressing racial/ethnic groups and socioeconomic status, may also be useful.

About the *Report*

The *Report* provides baseline data for indicators listed in the state health plan where data are available. It addresses the two goals of the state health plan: (1) improve health across the life span and (2) eliminate health disparities and achieve health equity. Data are presented both by health focus area and by population, as indicated below in the table of contents.

Healthiest Wisconsin 2020 Baseline and Health Disparities Report ***Table of Contents***

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Infrastructure chapter:

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- Geography

Concluding chapters

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Report format and uses

This is a large, web-based report (nearly 1,200 pages). It is neither intended to be read cover to cover, nor to be printed. Rather, readers are encouraged to select chapters of interest. Each health focus, infrastructure, and population chapter is presented as an annotated PowerPoint slide set to enable community leaders to present the data to decision makers, service providers, and the public. Annotation for each slide assists the presenter in capturing the important points in each figure.

In addition, a 12-minute archived webinar is available from the “Spotlight” feature on the *Report* [homepage](#) to help users become more comfortable and confident in presenting the data. Data from the *Report* can be used in grant application and reports and in communication with media and decision makers.

Data analysis

The *Report* is based on more than 30 data sources, including census, survey, and mortality data. More than 60 staff at the Wisconsin DHS contributed to its preparation. Multiple years of data from the Behavioral Risk Factor Survey (adults) and Youth Risk Behavior Survey (high school students) were combined to enable presentation of data, where feasible, for smaller populations, including Hispanics/Latinos, American Indians, Asians, people with disabilities, and LGBT populations.

Important findings

- Racial/ethnic minority populations, people with lower incomes and less education, people with disabilities, LGBT populations, residents of Milwaukee County and of rural areas experience disparities in socioeconomic status, health risk behaviors, and health outcomes.
- In order to better understand the extent to which health disparities exist in some of the state’s relatively small populations, additional data are needed. These populations include: Hispanics/Latinos; American Indians; Asians; people with disabilities; LGBT populations; and foreign-born populations.

Individual health focus and population chapters present more specific and detailed findings.

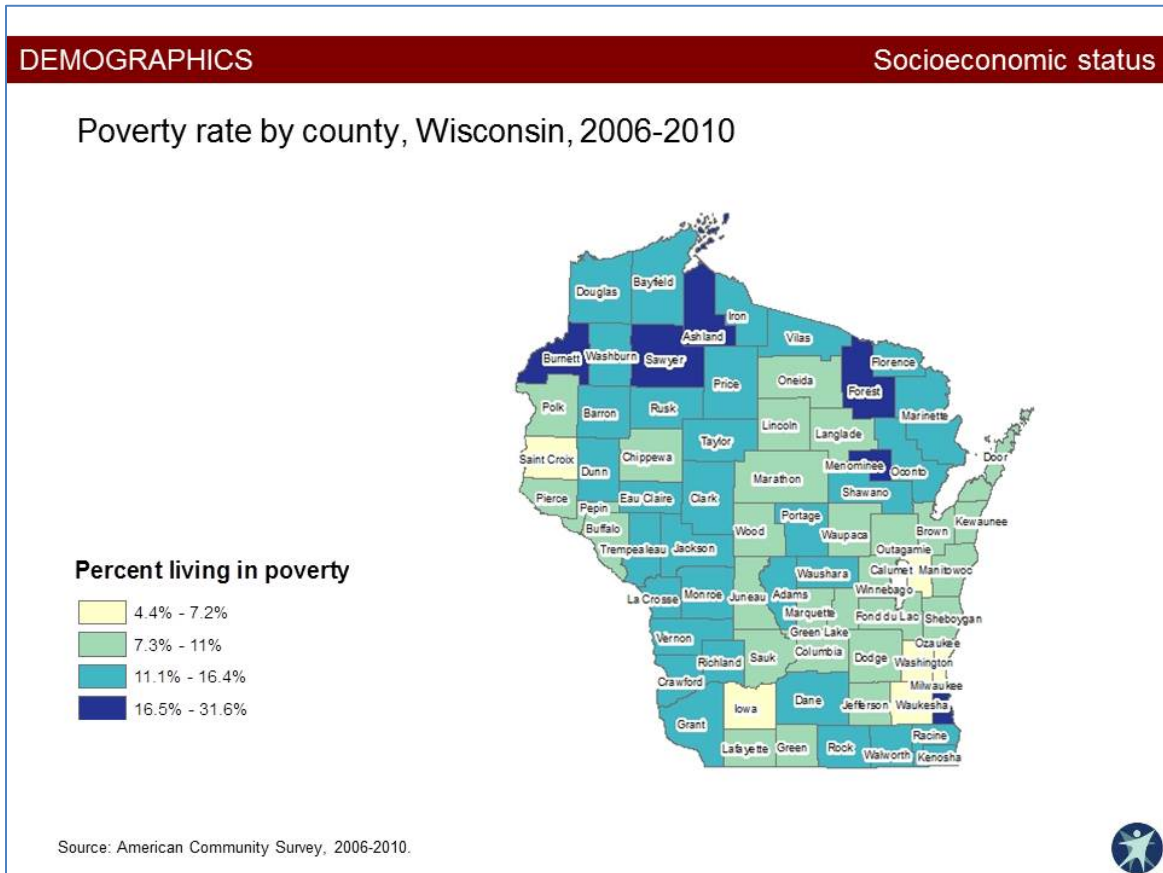
Feedback from users

DHS is very interested in tracking use of the *Healthiest Wisconsin 2020 Baseline and Health Disparities Report* and receiving comments to guide development of future reports. As a result, website visitors are encouraged to register their email address (also in the homepage “Spotlight” feature) so they can be contacted later to assess the contexts in which they used the *Report* and provide suggestions for future reports.

Selected slides

Following is a sampling of slides from a variety of chapters with the accompanying annotation. The first slide shown below, which appears in the “Demographic overview,” “Socioeconomic status,” and “Geography” chapters, indicates the percent of Wisconsin residents living in poverty by county, 2006-2010.

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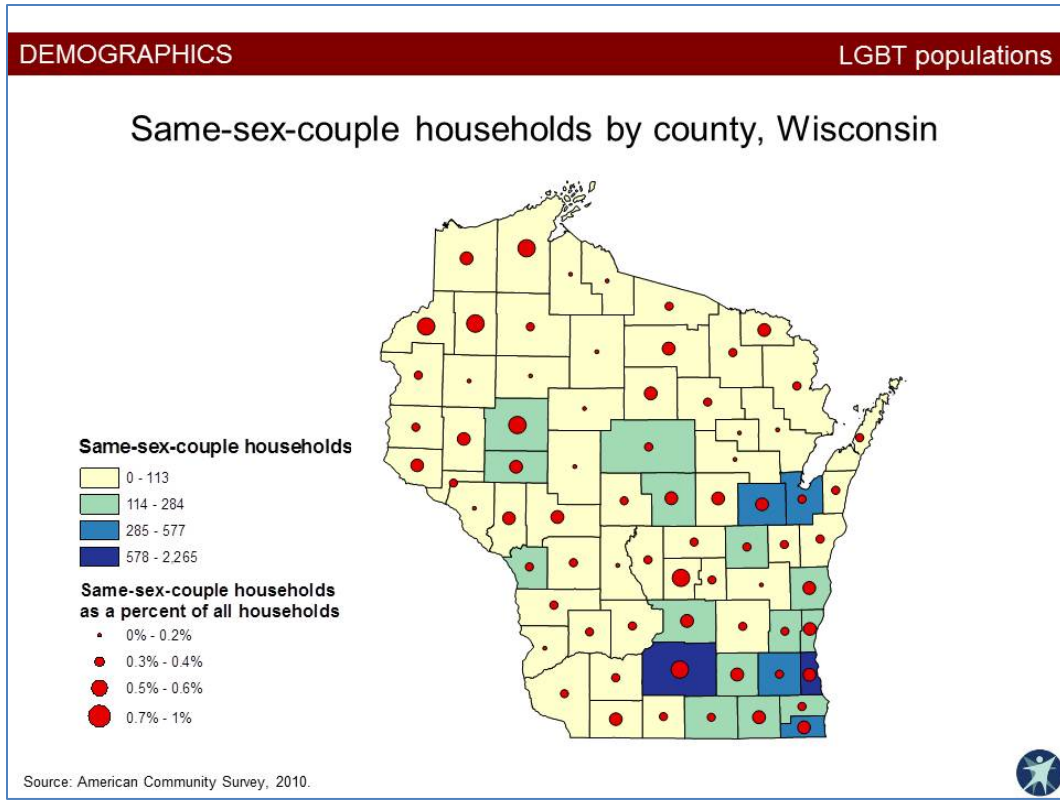


Slide annotation:

The federal poverty guidelines, a simplification of the poverty threshold, are issued by the U.S. Department of Health and Human Services and used for administrative purposes such as determining financial eligibility for certain federal programs. In 2010, poverty was determined by a 2009 income of \$10,830 for an individual, incrementally increasing with increasing size of household (for instance, \$22,050 for a household of four). During 2006-2010, 11.6% of Wisconsin residents were living in poverty. The counties with the highest poverty rates were Menominee (31.6%), and Sawyer, Milwaukee, Forest, Ashland, and Burnett counties (18.5%-20.1%). The five counties with the lowest poverty rates were Waukesha, Ozaukee, Washington, Calumet, and St. Croix (4.4% -6.4%).

The next slide, from the “Demographic overview” and “LGBT” chapters, shows the number of same-sex-couple households by county.

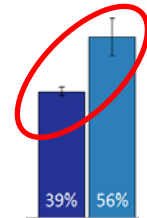
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Slide annotation:

The U.S. Census Bureau does not collect information about individuals’ sexual orientation; however, it does collect information about same-sex couples in households. This can serve as an indicator of where lesbian, gay, bisexual, and transgender (LGBT) people live in the state. In 2010, Milwaukee and Dane counties had the largest number of same-sex couples, followed by Waukesha, Kenosha, Brown, and Outagamie counties. In addition, same-sex couples make up more than 0.6% of households in Burnett, Marquette, Chippewa, Bayfield, Washburn and Jackson counties.

In the following *Report* slides, the 95% confidence intervals are denoted by error bars. Where confidence intervals do not overlap, as shown in the example on the right, differences are statistically significant. Larger confidence intervals may indicate less reliable estimates that should be interpreted with caution. The *Report* technical notes provide additional information about methodological issues.

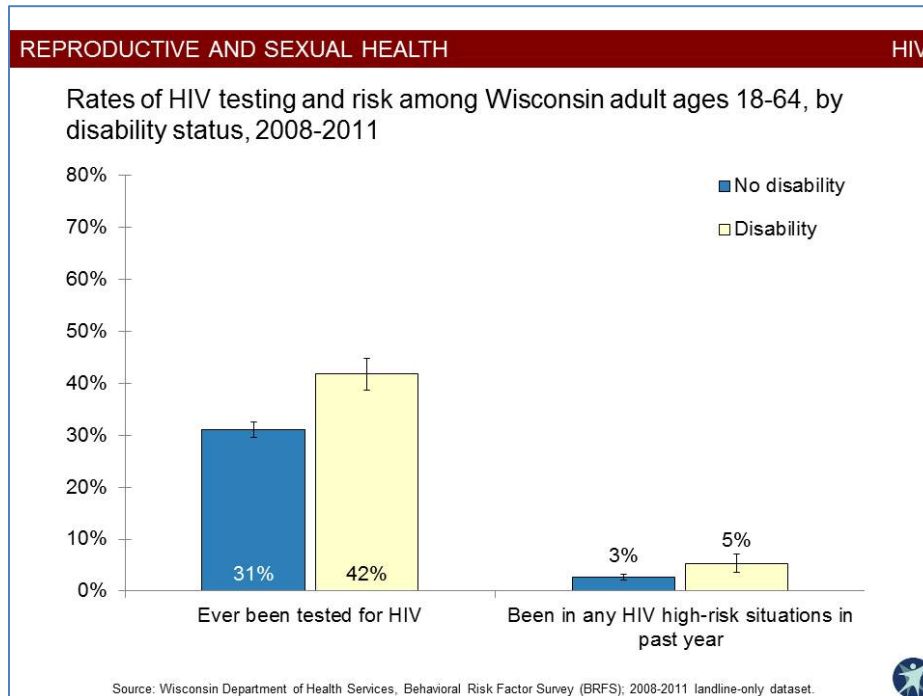


A series of slides in the “Reproductive and sexual health” chapter show HIV testing and risk behaviors for Wisconsin adults by sex, age group, race/ethnicity, socioeconomic status, geography, sexual orientation, and as shown in the following slide, disability status.

The Wisconsin Behavioral Risk Factor Survey (BRFS) is an annual telephone survey of state residents ages 18 and older carried out by the Wisconsin DHS in conjunction with the Centers for Disease Control and Prevention (CDC). (Multiple years of BRFS data were combined in order to be able to provide estimates for smaller populations.) In 2008-2011, nearly one-third of adults in Wisconsin had been tested for HIV, with no significant differences in this rate for males and females. BRFS respondents were asked whether they had been in any of the following risk situations in the previous year: used injection drugs, been treated for a sexually transmitted disease, traded sex for money or drugs, or had anal sex without a condom. Respondents did not have to report which

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situations applied to them. Approximately 4% of Wisconsin adults acknowledged HIV risk behaviors in the past year.



Slide annotation:

In the BRFS, living with a disability is defined by responding affirmatively to at least one of two questions:

- Are you limited in any way in any activities because of physical, mental, or emotional problems?
- Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

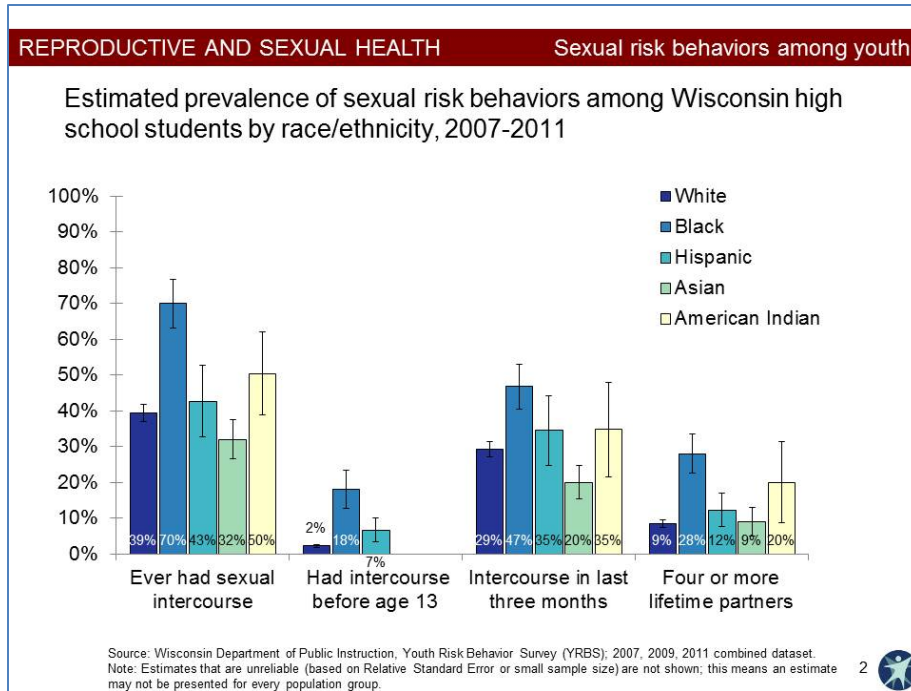
Approximately 4 in 10 people living with a disability had been tested for HIV, compared to 3 in 10 people not living with a disability. People living with a disability were significantly more likely to acknowledge having been in risky situations (5%) than were people not living with a disability (3%).

The importance of a slide such as this one addressing HIV risk and testing behaviors among people with disabilities is to broaden readers’ perspectives on disparities faced by particular populations. HIV service providers may wish to explore whether they provide adequate HIV testing opportunities and prevention services to people with disabilities.

The next two slides, from the Youth Risk Behavior Survey (YRBS), show sexual risk behaviors by race/ethnicity and sexual minority status among Wisconsin public high school students.

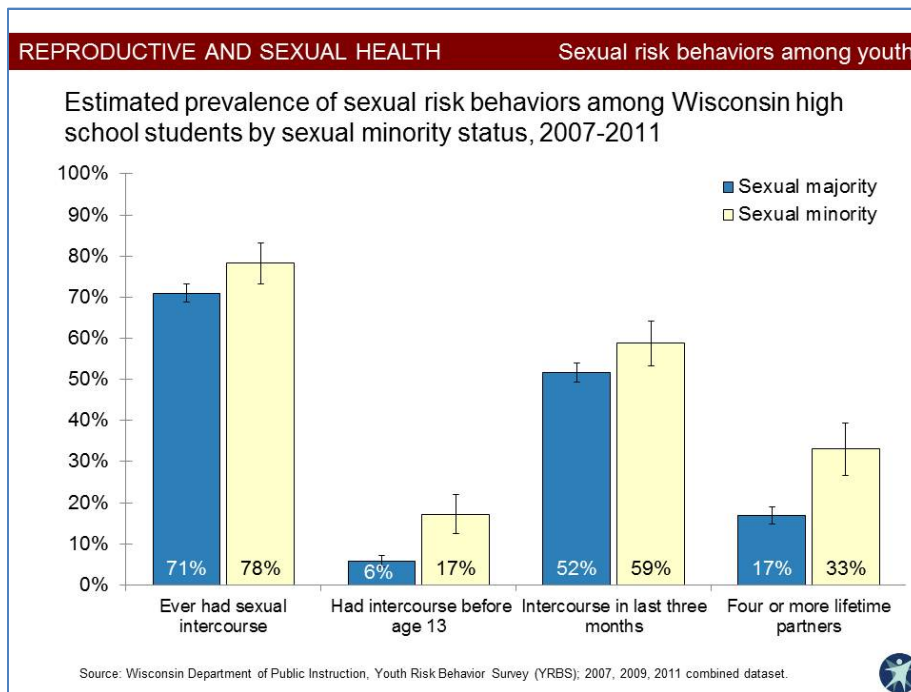
The YRBS is a biennial survey administered by the Wisconsin Department of Public Instruction in conjunction with the CDC as part of a national effort to monitor health risk and protective behaviors of high school students. Many adolescents engage in sexual risk behavior that can result in unintended health outcomes, such as pregnancy and sexually transmitted diseases.

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Slide annotation:

Important disparities exist in sexual behavior by race/ethnicity. Rates of four measures of sexual behavior were higher among Black high school students than among White students for all four indicators.



Slide annotation:

In the YRBS, high school students are asked whether they have had sexual contact with males, females, both, or neither. Students with same-sex contact, including those who have also had opposite-sex contact, are referred to in this analysis as sexual

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minority students. Those with only opposite-sex contact are referred to as sexual majority students. Students who have not had sexual contact are excluded from this analysis. Compared to their sexual majority peers, sexual minority youth were significantly more likely to have had intercourse before age 13 and to have had four or more lifetime partners.

Conclusion

The *Healthiest Wisconsin 2020 Baseline and Health Disparities Report* (available online at <http://www.dhs.wisconsin.gov/hw2020/hw2020baselinereport.htm>) can provide useful data to people working across a broad range of public health topics and serving a variety of populations.

Readers are encouraged to use and distribute information from the *Report* in the following ways:

- Present data to agency staff, coalitions, decision makers, and the public to identify and highlight health disparities not currently being adequately addressed and to develop specific plans for improvement.
- Widely disseminate this article or links to the *Report* via email.
- Include a description of the *Report* and the link in agency or coalition newsletters.
- Use data from the *Report* in grant applications, reports, and communication with media, including ethnic and LGBT media, and state and local decision makers.
- Provide feedback to inform development of future reports addressing health disparities by using the “Help us evaluate the report” link in the “Spotlight” feature on the *Report* homepage.

