

SECTION 5

HEALTH FOCUS AREAS

*Everyone Living
Better, Longer*

*Healthiest
Wisconsin
2020*



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HEALTH FOCUS AREAS

INTRODUCTION

This section presents a summary of the 12 Health Focus Areas. The Health Focus Areas represent ongoing and emerging determinants of Wisconsin population health.

This section:

- Describes why each focus area is important;
- Lists the focus area objectives;
- Lists proposed potentially measurable indicators for each objective.

More detailed information on each focus area, including specific baseline data and targets for 2020 (to be developed during implementation phases), will be published separately on the Web at <http://dhs.wisconsin.gov/hw2020/>.

Adequate, appropriate, and safe food and nutrition

Why is this focus area important?

Adequate and appropriate nutrition is a cornerstone for preventing chronic disease and promoting vibrant health. The rate of Wisconsin adult obesity increased from 20 percent to 26 percent from 2000 to 2008 (Wisconsin Department of Health Services, Track 2010). Diet in childhood, including breastfeeding, is especially important to maintaining appropriate weight. One key issue for this focus area is food security, or assured access to enough food to lead an active and healthy life. Ten percent of Wisconsin households are food insecure (Nord, Andrews, & Carlson, 2009).

Objective 1

By 2020, people in Wisconsin will eat more nutritious foods and drink more nutritious beverages through increased access to fruits and vegetables, decreased access to sugar-sweetened beverages and other less nutritious foods, and supported, sustained breastfeeding.

Objective 1 Indicators

- Proportion of Wisconsin infants exclusively breastfed at three months, and breastfeeding duration of at least six months and 12 months (National Immunization Survey, CDC).
- Proportion of Wisconsin census tracts with healthy food retailers (State Indicator Report on Fruits and Vegetables, CDC).
- Number of farmers markets per 100,000 population (State Indicator Report on Fruits and Vegetables, CDC).
- Proportion of Wisconsin and Milwaukee schools that do not sell candy, high-fat snacks, or soda and juice that is not 100% juice (School Health Profiles, CDC).

Objective 2

By 2020, all people in Wisconsin will have ready access to sufficient nutritious, high- quality, affordable foods and beverages.

Objective 2 Indicators

- Proportion of Wisconsin infants exclusively breastfed at three months among racial/ethnic populations, low income and low education population groups (Pregnancy Risk Assessment Monitoring System, CDC; Pediatric Nutrition Surveillance System, CDC).
- Proportion of Wisconsin farmers markets that accept payment from Electronic Benefit Transfer (EBT) and Women, Infants and Children (WIC) Farmers Market Nutrition Program Coupons (State Indicator Report on Fruits and Vegetables, CDC).
- Proportion of Wisconsin households with low and very low food security (Current Population Survey, U.S. Department of Agriculture – Economic Research Service).

Objective 3

By 2020, Wisconsin will reduce disparities in obesity rates for populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Objective 3 Indicators

- Proportion of adults who are obese or overweight by race and ethnicity (Survey on Health of Wisconsin). (Indicator to be developed.)

- Proportion of Wisconsin and Milwaukee high school youth who are obese or overweight by race/ethnicity (Youth Risk Behavior Survey).
- Proportion of children aged 2-4 years in the Women, Infants and Children (WIC) program who are obese or overweight by race and ethnicity (Pediatric Nutrition Surveillance System, CDC).

Alcohol and other drug use

Why is this focus area important?

Alcohol-related deaths are the fourth leading cause of death in Wisconsin. While most people in Wisconsin drink responsibly, safely and legally, Wisconsin ranks at or near the top among states in heavy alcohol drinking. Consequences of alcohol or drug abuse include motor vehicle and other injuries; fetal alcohol spectrum disorder and other childhood disorders; alcohol- and drug-dependence; liver, brain, heart and other diseases; infections; family problems; and both nonviolent and violent crimes.

Objective 1

By 2020, reduce unhealthy and risky alcohol and other drug use by changing attitudes, knowledge, and policies, and by supporting services for prevention, screening, intervention, treatment and recovery.

Objective 1 Indicators

State rates and rankings of selected youth and adult behaviors related to unhealthy and risky alcohol and other drug use (Wisconsin Department of Health Services, Behavioral Risk Factor Survey; Wisconsin Department of Public Instruction, Youth Risk Behavior Survey; National Survey on Drug Use and Health).

Objective 2

By 2020, assure access to culturally appropriate and comprehensive prevention, intervention, treatment, recovery support and ancillary services for underserved and socially disadvantaged populations who are at higher risk for unhealthy and risky alcohol and other drug use.

Objective 2 Indicators

- Periodic inventory of the proportion of counties with local capacity to provide alcohol and other drug abuse prevention, intervention (including criminal justice diversion), treatment, recovery support and ancillary services across all revenue streams for underserved and socially disadvantaged populations. (Indicator to be developed.)

- Periodic inventory of the proportion of counties with services specific to racial and ethnic minorities; women; and lesbian, gay, bisexual and transgender populations (Human Services Reporting System; Medicaid Management Information System; County Agency Treatment Report; County e-survey). (Indicator to be developed.)

Objective 3

By 2020, reduce the disparities in unhealthy and risky alcohol and other drug use among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Objective 3 Indicator

Unhealthy and risky alcohol and other drug use by race, ethnicity, sexual identity and orientation, gender identity, and educational or economic status (Wisconsin Department of Health Services, Behavioral Risk Factor Survey; Wisconsin Department of Public Instruction, Youth Risk Behavior Survey; National Survey on Drug Use and Health).

Chronic disease prevention and management

Why is this focus area important?

Chronic diseases, such as heart disease, stroke, cancer, diabetes, and arthritis, are among the most common and costly of health problems. Rates will rise over the decade as the average age of the population increases and because of the current epidemic of obesity. Chronic diseases can be prevented or mitigated in many ways, including healthy diet and physical activity, eliminating tobacco use and substance abuse, screening, and disease-management programs.

Objective 1

By 2020, increase sustainable funding and capacity for chronic disease prevention and management programs that reduce morbidity and mortality.

Objective 1 Indicators

- State and federal funding for chronic disease prevention and management. (Indicator to be developed.)
- Medicaid spending related to prevention of chronic disease. (Indicator to be developed.)
- Insurance coverage for chronic disease prevention and management. (Indicator to be developed.)

Objective 2

By 2020, increase access to high-quality, culturally competent, individualized chronic disease management among disparately affected populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Objective 2 Indicators

- Population group-specific incidence of chronic disease (heart disease and cancer), hospitalization and emergency department utilization rates (asthma) (Behavioral Risk Factor Survey, Youth Risk Behavior Survey, Wisconsin hospital data, Wisconsin Cancer Reporting System).
- Incidence of risk factors (e.g., obesity, smoking), early detection (e.g., blood pressure, diabetes and cancer screening), and chronic disease management (e.g., proportion of diabetic patients with A1c value under 7 percent). (Behavioral Risk Factor Survey, Youth Risk Behavior Survey, Wisconsin hospital data, Wisconsin Cancer Reporting System, Medicare Healthcare Data Reports; some indicators to be developed.)
- Proportion of asthma patients receiving seasonal influenza vaccinations (Survey of the Health of Wisconsin (SHOW)). (Indicator to be developed.)

Objective 3

By 2020, reduce the disparities in chronic disease experienced among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Objective 3 Indicators

Disparity ratios for populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status in the incidence or prevalence of:

- Chronic disease (heart disease and cancer) and hospitalization and emergency department utilization rates (asthma) (Wisconsin Department of Health Services, Behavioral Risk Factor Survey; Wisconsin Department of Public Instruction, Youth Risk Behavior Survey; Wisconsin hospital data; Wisconsin Cancer Reporting System).
- Risk factors (e.g., obesity, smoking), early detection (e.g., blood pressure, diabetes and cancer screening), and chronic disease management (e.g., proportion of diabetic patients with A1c value under 7 percent) (Wisconsin Department of Health Services, Behavioral Risk Factor Survey; Wisconsin

Department of Public Instruction, Youth Risk Behavior Survey; Wisconsin hospital data; Wisconsin Cancer Reporting System).

- Asthma patients receiving seasonal influenza vaccinations (Survey of the Health of Wisconsin (SHOW)). (Indicator to be developed.)

Communicable disease prevention and control

Why is this focus area important?

Communicable disease prevention and control protect both individuals and entire populations. Effective immunizations have drastically reduced many, once common communicable diseases. Prompt identification and control of communicable diseases reduce illness and premature deaths, health costs, and absenteeism.

Objective 1

By 2020, protect Wisconsin residents across the life span from vaccine-preventable diseases through vaccinations recommended by the U.S. Advisory Committee on Immunization Practices (ACIP).

Objective 1 Indicator

Proportion of population fully immunized according to ACIP recommendations among children aged 0-12 years, teens aged 13-17 years, and adults aged 18 years and older.

Objective 2

By 2020, implement strategies focused to prevent and control reportable communicable diseases and reduce disparities among populations with higher rates.

Objective 2 Indicator

Population-specific incidence rates of reportable conditions by race and ethnicity, sexual identities and orientations, gender identities, educational or economic status, or other characteristic associated with health disparities.

Environmental and occupational health

Why is this focus area important?

Human health is affected in countless ways by the physical environments where we live and work, and by the quality of air, water and food. Foodborne illness remains a major cause of health problems and economic disruption. Major disparities in health conditions such as childhood lead poisoning and asthma result from inequities in the quality of home and neighborhood environments. Hazards are reduced through engineering, regulation, safe work practices and other methods. Increasingly, issues related to pollution, lack of physical activity, climate and injury are being addressed through comprehensive improvements to community design.

Objective 1

By 2020, improve the overall quality and safety of the food supply and the natural, built and work environments.

Objective 1 Indicator

The proportion of local and tribal jurisdictions that have assessed, prioritized and improved performance on an environmental and occupational health index. (Indicator to be developed.)

Objective 2

By 2020, increase the percentage of homes with healthy, safe environments in all communities. (Safe environments are free from lead paint hazards, mold or moisture damage, environmental tobacco smoke and safety hazards, and include carbon monoxide and smoke detectors, and radon testing and mitigation.)

Objective 2 Indicator

Proportion of local and tribal jurisdictions that have assessed, prioritized and improved performance on a home health and safety index. (Indicator to be developed.)

Healthy growth and development

Why is this focus area important?

Early growth and development have a profound effect on health across the life span. Developmental disabilities can often be mitigated if detected promptly. Every week in Wisconsin almost 100 infants are born with a low birthweight; almost 6 of every

100 infants born with low birthweight will die before their first birthday. Infants born to African American mothers are nearly three times as likely to die in the first year of life as infants born to White mothers.

Objective 1

By 2020, increase the proportion of children who receive periodic developmental screening and individualized intervention.

Objective 1 Indicators

- Proportion of parents reporting that a health provider assessed their child's learning, development, communication, or social behavior (State and Local Area Integrated Telephone Survey [SLAITS]).
- Number of children who received services from the Birth-to-Three program during the first year of life (Birth-to-Three Program).

Objective 2

By 2020, provide pre-conception and inter-conception care to Wisconsin women in population groups disproportionately affected by poor birth outcomes.

Objective 2 Indicators

- Rates of avoidable infant and fetal death. (Perinatal Periods of Risk methodology, Vital Records).
- Percentage of births that are to women with avoidable risks for poor birth outcomes (Pregnancy Risk Assessment Monitoring System).

Objective 3

By 2020, reduce the racial and ethnic disparities in poor birth outcomes, including infant mortality.

Objective 3 Indicators

Disparity ratios for infant mortality, low birthweight, prematurity, and timing of entry into the Women, Infants and Children (WIC) program.

Injury and violence

Why is this focus area important?

Injuries are the leading cause of death in Wisconsin residents 1-44 years of age, and are a significant cause of morbidity and mortality at all ages. The majority of these deaths are preventable. In 2008, inpatient hospitalizations and emergency department visits for injury to Wisconsin residents resulted in \$1.8 billion in hospital charges.

Objective 1

By 2020, reduce the leading causes of injury (falls, motor vehicle crashes, suicide/self harm, poisoning and homicide/assault) and violence through policies and programs that create safe environments and practices.

Objective 1 Indicators

- Morbidity from falls, assaults, motor vehicle crashes, poisoning and self-harm (hospitalization and emergency department data).
- Mortality from falls, homicide, suicide, motor vehicle crashes and poisoning (Vital Records and Wisconsin Violent Death Reporting System).
- Number of crash occupants (motor vehicle, trucks, motorcycles, bicycles, pedestrians with moving vehicle) (Crash Outcome Data Evaluation System [CODES]).

Objective 2

By 2020, increase access to primary, secondary and tertiary prevention initiatives and services that address mental and physical injury and violence.

Objective 2 Indicator

Reimbursement for preventive services related to injury and violence (Medicaid/BadgerCare, medical service billing codes). (Indicator to be developed.)

Objective 3

By 2020, reduce disparities in injury and violence among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Objective 3 Indicators

- Disparity ratios in hospitalizations from falls, poisoning and self-harm.
- Mortality from homicide, suicide, and motor vehicle crashes (Hospital and emergency department data, Wisconsin Vital Records data, and Crash Outcome Data Evaluation System [CODES]).

Mental health

Why is this focus area important?

Approximately 20 percent of the population experiences a mental health problem during a one-year period (Robins & Regier, 1991). Mental health issues are also associated with physical health problems and risk factors such as smoking, physical inactivity, obesity and substance abuse; factors that can lead to chronic disease, injury and disability.

Objective 1

By 2020, reduce smoking and obesity (which lead to chronic disease and premature death) among people with mental health disorders.

Objective 1 Indicator

Smoking and obesity rates among people with depression or serious psychological distress (Behavioral Risk Factor Survey).

Objective 2

By 2020, reduce disparities in suicide and mental health disorders for disproportionately affected populations, including those of differing races, ethnicities, sexual identities and orientations, gender identities, educational or economic status.

Objective 2 Indicators

- Prevalence of mental health disorders in these population groups (Behavioral Risk Factor Survey, Youth Risk Behavior Survey).
- Suicide rates in these populations (Wisconsin Vital Statistics).
- Mental health provider capacity indicating access to mental health services. (Indicator to be developed.)

Objective 3

By 2020, reduce the rate of depression, anxiety and emotional problems among children with special health care needs.

Objective 3 Indicators

- Percent of children who have depression, anxiety or emotional problems (State and Local Area Integrated Telephone Survey – Children with Special Health Care Needs [SLAITS-CSHCN]).
- Percent of children who needed but did not receive mental health services in the previous year (SLAITS-CSHCN).
- Percent of CSHCN/non-CSHCN who received mental health treatment / counseling in the past year (SLAITS – National Survey of Children’s Health).

Oral health

Why is this focus area important?

Oral health means being free of mouth pain, tooth decay, tooth loss, oral and throat cancer, birth defects and other diseases that affect the mouth. Many diseases can start with oral symptoms, and many diseases beginning in the mouth can affect health in other parts of the body. Wisconsin experiences shortages of access for dental and other oral health services, particularly for people receiving BadgerCare or lacking insurance coverage for oral health services.

Objective 1

By 2020, assure access to ongoing oral health education and comprehensive prevention, screening and early intervention, and treatment of dental disease in order to promote healthy behaviors and improve and maintain oral health.

Objective 1 Indicators

- Percent of third-graders with dental sealants and untreated decay (Third Grade School Survey).
- Percent of Head Start children with untreated decay (Head Start School Survey).
- Percent of adults with fair/poor oral health status (Survey of the Health of Wisconsin).

Objective 2

By 2020, assure appropriate access to effective and adequate oral health delivery systems, utilizing a diverse and adequate workforce, for populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status and those with disabilities.

Objective 2 Indicators

- Proportion of BadgerCare enrollees with at least one dental claim in a year (Division of Health Care Access and Accountability).
- Number of oral health related emergency room visits by population group (Hospital Emergency Department data).
- Percent of schools with school-based dental screening/sealant programs (Department of Public Instruction and SEALS).
- Number of oral health providers by type of provider by demographics and location. (Indicator to be developed.)

Physical activity

Why is this focus area important?

Physical activity is a preventive factor for many adverse health conditions, such as heart disease, stroke, high blood cholesterol, depression, and bone and joint disease. Changes in community design can encourage increased physical activity.

Objective 1

By 2020, increase physical activity for all through changes in facilities, community design, and policies.

Objective 1 Indicators

- Proportion of high school students who meet federal physical activity guidelines for aerobic physical activity and muscle-strengthening (Youth Risk Behavior Survey).
- Proportion of adults who meet federal physical activity guidelines for aerobic physical activity and muscle-strengthening (National Health Interview Survey).

Objective 2

By 2020, every Wisconsin community will provide safe, affordable and culturally appropriate environments to promote increased physical activity.

Objective 2 Indicators

- Percent of children less than 18 years old living in a neighborhood with a nearby park or recreation center and sidewalks (National Survey of Children's Health). (Indicator to be developed.)
- Percent of Wisconsin communities with satisfactory scores as measured by the Wisconsin Assessment of the Social and Built Environment. (Indicator to be developed.)

Objective 3

By 2020, every Wisconsin community will provide safe, affordable and culturally appropriate environments to promote increased physical activity for individuals among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Objective 3 Indicator

Inventory of environments by community (including parks, facilities, workplace programs) (Survey of the Health of Wisconsin (SHOW)). (Indicator to be developed.)

Reproductive and sexual health

Why is this focus area important?

Attention to policies and programs that support and foster reproductive and sexual health is needed to reduce rates of adolescent and unintended pregnancy, HIV and sexually transmitted diseases (STD). Health disparities are especially pronounced in these areas, with many of these problems related to power differences and lack of respect based on gender, sexual orientation or identity, gender identity, or age. Some of these are deeply rooted in cultural norms.

Long-term change will require a shift in social norms accomplished through increased resources, leadership, and community dialog; social marketing; and effective public policy, in addition to comprehensive sexual health education and better access to relevant clinical services. Efforts to eliminate the deep disparities in adolescent and unintended pregnancy, HIV and sexually transmitted diseases can be understood as working toward "reproductive justice." Please refer to the Glossary (Appendix D) for more insight into reproductive justice.

Objective 1

By 2020, establish a norm of sexual health and reproductive justice across the life span as fundamental to the health of the public.

Objective 1 Indicators

- Percentage of sexually active high school students who reported that they or their partner had used a condom during last sexual intercourse (Youth Risk Behavior Survey).
- Unintended pregnancy rates (Pregnancy Risk Assessment and Monitoring System [PRAMS]).

Objective 2

By 2020, establish social, economic and health policies that improve equity in sexual health and reproductive justice.

Objective 2 Indicator

Periodic inventory of state policies and funding targeted to achieving this objective. (Indicator to be developed.)

Objective 3

By 2020, reduce the disparities in reproductive and sexual health experienced among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Objective 3 Indicators

- Racial and ethnic disparities in teen birth rates (Wisconsin Vital Records), HIV/STD rates (HIV Surveillance System and Reportable Communicable Disease Reporting System), and unintended pregnancies (PRAMS).
- Lesbian, gay, bisexual, transgender and heterosexual population and racial and ethnic group incidence rates of HIV (HIV Surveillance System) and other sexual health indicators (Behavioral Risk Factor Survey, Youth Risk Behavior Survey).
- Education/income disparities in sexual behavior indicators (Behavioral Risk Factor Survey, Youth Risk Behavior Survey).

Tobacco use and exposure

Why is this focus area important?

Tobacco use and exposure represent the leading overall cause of death in the U.S. and Wisconsin and a major economic burden. In Wisconsin each year, 8,000 people die of tobacco-related illnesses; \$2.2 billion is paid in direct health care costs; and \$1.6 billion is attributed to lost productivity.

Objective 1

By 2020, reduce tobacco use and exposure among youth and young adults by 50 percent.

Objective 1 Indicators

- Proportion of youth and young adults using tobacco (Wisconsin Youth Tobacco Survey).
- Proportion of smoke-free homes (Wisconsin Youth Tobacco Survey).
- Percent of Wisconsin children in smoke-free homes (Wisconsin Youth Tobacco Survey).

Objective 2

By 2020, reduce tobacco use and exposure among the adult population by 25 percent.

Objective 2 Indicators

- Proportion of adults using tobacco products (Wisconsin Department of Health Services, Behavioral Risk Factor Survey [BRFS]).
- Proportion of smoke-free workplaces (BRFS).
- Proportion of smoke-free homes (BRFS).

Objective 3

By 2020, decrease the disparity ratio by 50 percent in tobacco use and exposure among populations of differing races, ethnicities, sexual identities and orientations, gender identities, educational or economic status, and high-risk populations.

Objective 3 Indicator

Proportion of adults and youth using tobacco and exposed to tobacco in disparate populations (Wisconsin Youth Tobacco Survey, Wisconsin Behavioral Risk Factor Survey, Wisconsin Youth Risk Behavior Survey).

Summary

The 12 Health Focus Areas of *Healthiest Wisconsin 2020* address important health outcomes for the decade. These focus areas will be familiar to almost everyone, since they address real health issues in a direct way. Health Focus Areas identify the current and emerging health problems and issues that individuals, families, and communities face every day. The Health Focus Areas flow out of the underlying determinants of health, the upstream causes of downstream problems. Work on Health Focus Area objectives relies on the Infrastructure and Pillar Objectives and on a public health system that is effective and sustainable.

References

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