Wisconsin State Health Improvement Plan

Transitional Report

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HEALTHY WISCONSIN

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Foreword

Every Wisconsinite deserves the opportunity to live their best life. However, the COVID-19 pandemic continues to shine a light on longstanding inequities in our state and the need to work together to achieve this goal. Most of us could not have anticipated the magnitude of loss, pain, grief, and deep divides that we've experienced and witnessed since the beginning of 2020. Even as we near a more stabilized response to COVID-19, the pandemic will have a lasting impact on public health, mental health, and economic conditions for years to come.

COVID-19 has also further demonstrated the ways our health and well-being are deeply connected to one another and has highlighted opportunities to take actions that will benefit us all. Responding to COVID-19 and its impacts will continue to be a key priority while we build momentum to address root causes of health and create the conditions for all Wisconsinites to thrive.

This report is the Wisconsin Department of Health Services (DHS) final annual update to the 2017–2022 Wisconsin State Health Improvement Plan and serves as a bridge (transition) for developing the 2023–2027 plan. The 2018–2022 five-year plan identified five priority areas: alcohol; opioids; tobacco; nutrition and physical activity; and suicide. Cross-cutting these areas is a focus on social connectedness, cohesion, and belonging. This focus was identified through listening to Wisconsinites across the state who described deep concern about their community's social fabric. Over the next years, we will expand this work to focus on the root causes of these five health priority areas, which includes addressing the conditions that give rise to them.

To strengthen work on root causes, this report describes three key conditions for health and well-being: improved social and community conditions; healthy environments and supportive systems; and transformative change to power structures. Achieving these key conditions requires policy, systems, and environmental change. This requires establishing new partnerships, expanding the understanding of what creates health and well-being, and investing in approaches to increase equity in communities across Wisconsin.

We are grateful to all who have shared their experiences to shape the vision of this report. This includes residents, as well as the leaders, partners, and community organizations across the state who are committed to building a better Wisconsin for all. We look forward to working alongside you to ensure a healthy Wisconsin for all individuals and families.

Paula Tran

State Health Officer
Wisconsin Department of Health Services

Overview

This transitional State Health Improvement Plan (SHIP) report is an important link in the chain of the iterative statewide health planning process. Every five years, DHS' Division of Public Health completes a state health assessment (SHA). The SHA process involves the meaningful collaboration of DHS with individuals and communities across the state to help DHS understand the health issues that matter most to Wisconsinites. The SHA process also gathers quantitative data from state and federal agencies to describe individual and community health factors and outcomes. Based on the results of the SHA, a SHIP is developed in collaboration with individuals, communities, community-based organizations, and state agencies across Wisconsin. Each SHIP lasts for five years, and after each year an annual report is published to update partners on our progress towards the health improvement goals described in the SHIP. The current SHIP was established in 2017, and this transitional report is the final update in the current SHIP cycle.

An important feature of this transitional report is an evolved framework that bridges current and future health improvement efforts in Wisconsin. The evolved framework is centered in health equity and introduces three key conditions for promoting individual, community, and population health. They include improved social and community conditions; healthy environments and supportive systems; and transformative change to power structures. The key conditions are upstream factors that heavily impact the priority areas and represent the conditions that give rise to the health priority areas. The evolved framework embeds the current priority area health behaviors and outcomes that were the focus in the original framework: alcohol, opioids, tobacco, nutrition and physical activity, and suicide. Social connectedness, cohesion, and belonging is included as an emerging area of cross-cutting importance to communities.

This transitional report contains a section dedicated to each key condition and each priority area. The section for each key condition describes the condition, explains how the condition promotes health and well-being, and identifies metrics to quantify the health impacts of each key condition. The section for each priority area provides updates on data trends in Wisconsin, program and policy approaches, and priority area goals and strategies. This transitional report also includes a section on an emerging area of cross-cutting importance to communities: social connectedness, cohesion, and belonging. This section describes the complex relationship between these considerations, health, the key conditions, and the priority areas.

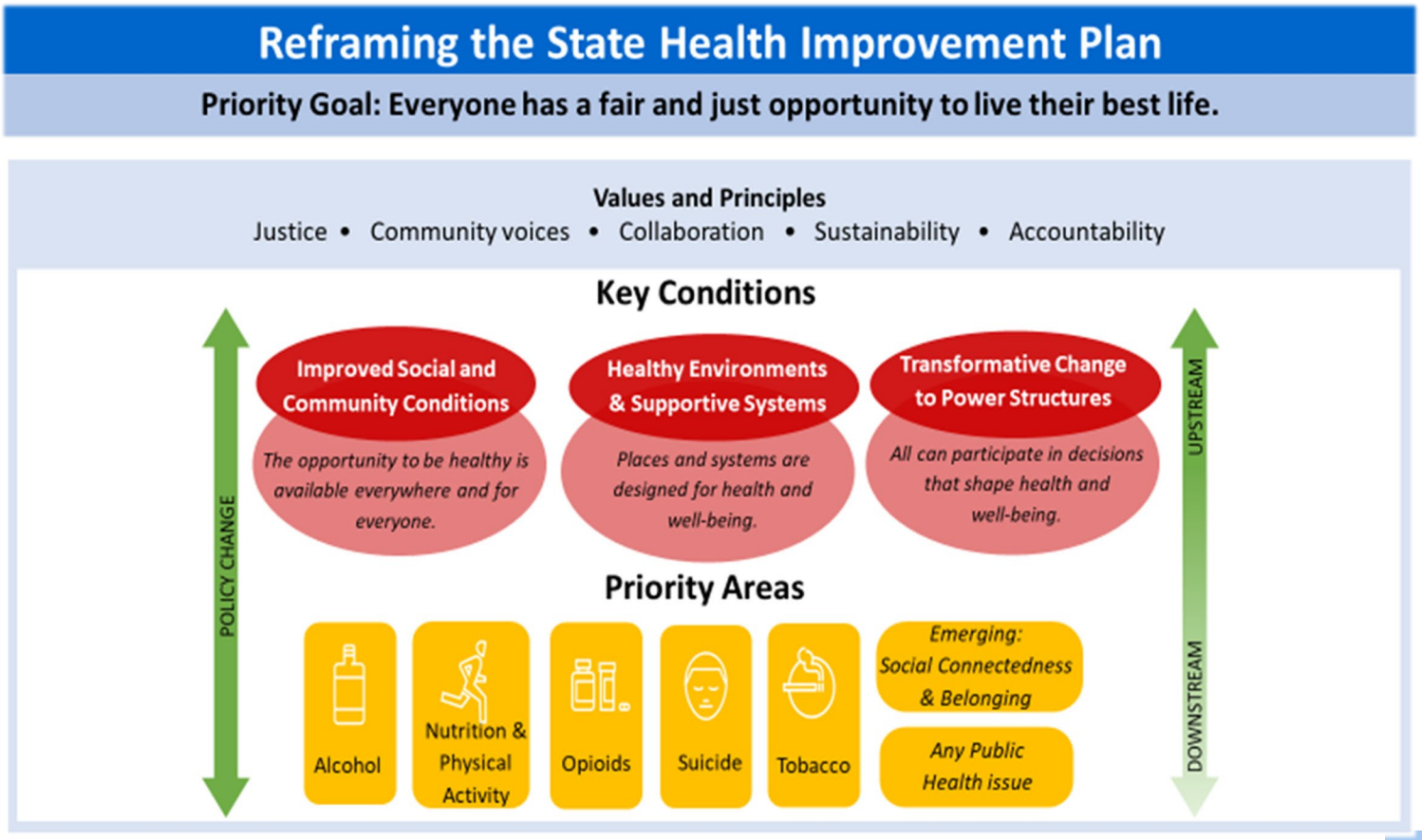
As we envision a more resilient and robust public health system, implementing an approach that addresses both the new key conditions and existing priority areas is critical for comprehensively improving health for every Wisconsinite.

Evolved Framework

Following the extensive statewide community conversations conducted for the State Health Assessment in 2019, it became clear that Wisconsinites have expanded their definitions of health and well-being. These community conversations illuminated the important role of community vitality for individual well-being. From those conversations, the transition framework (below) was developed to reflect this evolving perspective and its emphasis on community conditions for health.

The evolved framework has the same priority goal and priority areas as the current State Health Improvement Plan, and introduces three new key conditions for population, community, and individual health and well-being. This framework is grounded in values of promoting social justice, elevating community voices, collaborating with diverse partners, being accountable to the voices and needs of all Wisconsin's diverse communities, and building sustainable communities and systems for all Wisconsinites to thrive for generations to come. The framework emphasizes the importance of policy, system, and environmental change to achieve our priority goals. It includes approaches that are downstream (focused on improving health outcomes and promoting healthier behaviors), midstream (focused on addressing social determinants of health and built environment), and upstream (focused on economic, social, and cultural systems).

The evolved framework acknowledges the role of all areas of public health—in addition to previously identified priority areas—in making progress towards the common goal of a healthier Wisconsin. The five current priority areas and all public health issues can be further understood by their relationships to each key condition: elevating the critical role of social and community conditions, healthy environments and supportive systems, and power structures in all work that promotes health and well-being. By situating public health work at all levels in the context of these key conditions, we can address upstream drivers of health and promote a healthier Wisconsin for all.



Key Conditions

The key conditions in this report's evolved framework build on each other and are inter-connected. Relative to the other two key conditions, Improved Social and Community Conditions is situated downstream. Improving social and community conditions for all Wisconsinites depends upon achieving the other key conditions. For example, the housing conditions in a community are influenced by broader conditions such as housing assistance requirements; rent controls; and housing quality, availability, and age. These are captured by the second key condition, Healthy Environments and Supportive Systems. These conditions, in turn, are influenced by broader regulatory frameworks and community development strategies implemented and influenced by power structures that have led to residential segregation and disinvestment. These are encapsulated by the third key condition, Transformative Change to Power Structures.

I. Improved Social and Community Conditions

The first key condition for health and well-being in Wisconsin is improved social and community conditions, defined as "the opportunity to be healthy is available everywhere and for everyone." Social and community conditions refer to the settings in which people live, work, learn, and play. It includes both the relationships between people and the connections between people and institutions, such as schools, banks, and government offices. This encompasses people's sense of belonging and safety in their community. The conditions will be improved when everyone has the resources needed to care for themselves and others, such as a safe and secure place to live and nutritious food to eat.

People that live in communities with access to high-quality education, affordable childcare, jobs that pay a living wage, safe and affordable housing, a robust and affordable public transportation system, nutritious food, and opportunities to be active have better health outcomes. Given that community conditions are responsible for approximately half of an individual's health outcomes[1], improving these conditions will lead to better health and greater opportunity for all. For example, when families have access to childcare and early education for children, adults can participate in the workforce, attend school, care for other family members, or address other individual or family needs. Thus, with access to greater opportunities, families have better economic security and are not forced to make trade-offs between necessities such as housing, food, and medicine.

Children, families, and adults are caught in cycles of poverty and are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy when their communities do not have adequate resources.[2] Research shows how the experience of living in poverty is a risk factor for each of Wisconsin's five priority areas. Thus, to assure that all Wisconsinites have what they need to live healthy and fulfilling lives, addressing gaps in the social and community conditions that impact health should be utmost priority for state and local health departments, health care providers, human service providers, and community leaders.

The following metrics help measure social and community conditions that impact health and will continue to be tracked to assess progress on this key condition:

- Unemployment rates and labor force participation rates
- Median income
- Home ownership rates

[1] "Social Determinants of Health," World Health Organization, 2021.
[2] "Poverty," Healthy People, 2021.

II. Healthy Environments and Supportive Systems

The second key condition for health and well-being in Wisconsin is healthy environments and supportive systems, which is defined as "places and systems are designed for health and well-being." Healthy environments and supportive systems enable improved social and community conditions (key condition i), and transformative change to power structures (key condition III), helps create the conditions in which Healthy Environments and Supportive Systems can be established.

Healthy environments include a wide range of physical- and built-environment factors. Physical factors like air pollution, water contamination, and lead exposure are clear threats to community health and well-being. Environments free of these hazards allow individuals and communities to thrive. For example, childhood lead exposure from lead-based paint hazards and lead pipes in homes is an especially important environmental factor affecting lifelong health and interventions including regulations that require property managers to address lead exposure risks in homes can ensure positive individual and family health outcomes.

Conversely, built environments can also facilitate improved health and well-being. Well-maintained sidewalks with adequate curb cuts allow Wisconsinites of all ages and abilities to safely move through their communities for exercise, to go to places like the grocery store to access resources and connecting with their neighbors. Sufficient green space such as parks, sports fields, and walking paths also support physical activity and connected communities. Other built-environment factors, like the density of grocery stores or liquor retail outlets, or the number and location of health clinics and human services offices, impact health and well-being.

Supportive systems for health include systems that are inclusive, meet the needs of Wisconsin communities, and ensure that all have equal access. Important systems include economic supports that promote housing and food security, high-quality education, and access to health care. The kinds of support that systems offer (and to whom) are determined by those with power and are provided by state and local agencies as well as private organizations. Health care systems are among the most visible examples of supportive systems that can promote health. For the sustained health and wellbeing of the communities they serve, health care systems need to be high-quality, accessible, and affordable for insured, underinsured, and uninsured individuals and provide comprehensive care for their patients. It is also important that health care systems match the needs of their patients. For example, this includes providing translation services when needed, employing health care providers who provide culturally responsive care, and adopting systems to meet the unique economic, housing, and other needs for those they serve. Other private institutions and systems such as faith communities, YMCAs, non-profit organizations involved in community development, and other community-based organizations may also engage in activities to support health and well-being.

Local, state, and federal agencies and Tribal nations also play a significant role in creating and maintaining supportive systems for health. DHS is responsible for shaping and implementing the policies and practices that support high-quality and accessible health and health care in the state. Other agencies also fill important roles creating, regulating, and enforcing systems that can promote health. For example, the Wisconsin Departments of Transportation, Public Instruction, and Children and Families maintain access to high quality and safe roads, public transit systems, education, and other resources to ensure that everyone in our state has the opportunity to thrive.

The following metrics help measure the environmental conditions and supportive services that impact health and will continue to be tracked to assess progress on this key condition:

- Housing affordability and stability
- Childhood lead poisoning rates
- Walkability and access to green space

III. Transformative Change to Power Structures

The foundational key condition for health and well-being in Wisconsin is Transformative Change to Power Structures, which will be achieved when "all can participate in decisions that shape health and well-being." Transformative change to power structures help create the conditions in which healthy environments and supportive systems (key condition I) and improved social and community conditions (key condition II) are realized.

Power structures refer to the ways power is distributed, exercised, and expressed at individual, community, and population levels in public and private spheres. Power can both be expressed through influence, as well as the ability to make decisions, distribute resources, set priorities, and create and enforce rules. On a foundational level, when a person has power and is empowered, they are able to make, influence, and act on decisions that impact themselves, their families, and their communities.

Civic participation is one way that individuals express power. Research shows that states with greater levels of civic participation have better health outcomes.[3] The expression and distribution of power has profound impacts on health outcomes, with the inequitable and unjust distribution of power as a lead driver of health inequities. Over the years, progress has been made to include the voices of people with lived experience into the decision-making process, but this work must continue at all levels. Transforming current power structures to improve health outcomes includes expanding the understanding of what creates health and well-being. Doing this work well requires devoting space and resources to enhance decision-making processes to more fully involve individuals from communities that have been historically marginalized. It is important to assess who holds power to define problems and identify solutions, understand who has the opportunity to evaluate the perspectives and concerns that influence local and statewide decision-makers, and strive to ensure that traditional positions of power are representative of Wisconsin's communities and responsive to their needs.

Partners across all levels in Wisconsin have a role in involving those who are directly impacted and have been historically excluded from decision-making spaces. Given that we believe those closest to the problems hold the keys to the solutions, it is vital to include these individuals in decisions and approaches to public health priorities, programs, and narratives about health behaviors and outcomes. Transforming the ways in which public health agencies and partners listen to and include the communities they serve will lead to a public health system that is more attuned to the needs of the communities, and more responsive to community needs.

The following metrics help measure power structures that impact health and will continue to be tracked to assess progress on this key condition:

- Income inequality
- Incarceration rates
- School suspension rates
- Voter registration
- Voter turnout

Examining the metrics for all key conditions reveals a portrait of our state marked by stark economic, social, and health disparities. These disparities demonstrate how some Wisconsinites are able to secure what they need to be healthy, and others remain in cycles of insecurity and poverty. These cycles lead to increased risk of adverse health outcomes and result in significant health disparities, which are detailed in each of the five priority areas in this report.

[3] Compendium on Civic Engagement and Population Health, University of California-Riverside

Priority Update: Alcohol

Trends in Wisconsin

Excessive alcohol use is a significant threat to the health, safety, and economic productivity in Wisconsin. The state consistently ranks among the highest in percentage of alcohol consumers who binge drink, drink heavily, and drink and then drive.[4] Although rates have been relatively flat for the past decade, adults in Wisconsin still engage in excessive drinking at higher rates than other adults in the U.S. In recent years, there has been recognition that excessive drinking is a public health issue and alcohol is a priority health issue in over half of the community health improvement plans in the state. Despite this recognition and the severity of the problem in Wisconsin, progress improving alcohol-related behaviors and reducing alcohol use has been slow and incremental.

Community environments where alcohol is readily available and more loosely regulated make it easier for adolescents and adults to access and consume alcohol. In Wisconsin, the alcohol environment is a key factor contributing to high alcohol consumption and is characterized by widespread availability and accessibility of alcohol, acceptability and culture of drinking, abundant advertising of alcohol products, and a growing number and clustering of alcohol outlets. Low-income neighborhoods in particular are saturated with alcohol outlets.

Opportunities to be healthy and maintain healthy behaviors are far from being equally distributed across Wisconsin's communities, and are closely linked to educational attainment, economic opportunity, housing security, and income security and support. Alcohol-related problems affect individuals and groups across social and economic layers, but the burden of alcohol use is not uniformly distributed across populations. Increasingly, research across the country shows how social and economic standing relate to alcohol-related harm. Inequities in alcohol-related deaths and health problems are more pronounced than the differences in alcohol consumption across the social gradient. In general, lower socioeconomic status groups consume less alcohol overall and are more likely to be abstainers. However, they experience higher levels of alcohol-related harm (such as health problems, arrest and incarceration, and severe economic loss, such as loss of employment or housing) compared to groups with higher socioeconomic status with the same or higher level of consumption.

Alcohol use in Wisconsin is dangerous and expensive. Heavy and binge drinking costs in Wisconsin are estimated at a combined $6.8 billion each year [5] with the annual economic cost of binge drinking alone estimated at $3.9 billion. [6] Excessive drinking can lead to alcohol-related diseases and death. Hospital and health care costs, missed time at work, motor vehicle crashes, and criminal justice expenses are a few of the impacts from excessive drinking. Alcohol abuse is also linked to substance use and self-harm. About one in four people who died by suicide had a reported alcohol issue that contributed to suicide, and alcohol was detected in 34% of all suicides when toxicology was performed. [7] Youth with an early start to alcohol use are at risk of prescription medicine and opioids misuse. About 30% of high school students reported that they drank alcohol and 16% report that they binge drank in the past 30 days.[8] Preventing underage drinking reduces the immediate risk from unintentional injury and reduces lifetime risk of alcohol or drug misuse.

Statewide Program and Policy Updates

The prevention committee of the State Council on Alcohol and Other Drug Abuse's (SCAODA) serves as the Alcohol Priority Action Team for *Healthy Wisconsin*. For the past two years, the Alcohol Priority Action Team has focused on understanding the data limitations and assessing strategies to improve alcohol prevention in Wisconsin. Since the 2010 release of SCAODA's report on *Alcohol, Culture and Environment*, interest and experience in implementing evidence-informed policies and practices that reduce alcohol misuse has increased dramatically. In the intervening decade, research into effective policies and practices has refined earlier options and suggested new interventions and policies.

In response, the prevention committee created an ad hoc workgroup to review and recommend evidence-based

and evidence-informed alcohol policies that support the objectives and strategies listed in *Healthy Wisconsin* and can be effectively implemented under Wisconsin's alcohol policy framework.

The ad hoc workgroup identified:

- Barriers that slow progress towards the alcohol objectives in *Healthy Wisconsin*.
- Gaps in Chapter 125 statutory language that limit or prevent effective alcohol regulation.
- Groups, organizations, and professions that have roles in the adoption and implementation of identified strategies.
- Alcohol-related health issues and the appropriate agency, organization, or profession best able to fill those gaps.
- Gaps in data collection that limit the ability of law enforcement, health care providers, and educators to identify and implement effective policy or program options.
- Considerations for how all levels of government can support individuals in recovery in their communities.

The workgroup developed and published recommendations based on this information and conversations with many stakeholders in a report titled *Moving Forward: Policies and Strategies to Prevent and Reduce Excessive Alcohol Use in Wisconsin*.

The following metrics help measure the alcohol priority area in addition to the metrics identified in the following pages:

- Alcohol retail outlet density
- Overall youth alcohol consumption
- Prevalence of binge drinking among youth

[4] Centers for Disease Control and Prevention, 2018.
[5] The Burden of Excessive Alcohol Use in Wisconsin, UW Population Health Institute, 2013.
[6] The Burden of Binge Drinking in Wisconsin, UW Population Health Institute, 2019.
[7] Wisconsin Violent Death Reporting System, Division of Public Health, Wisconsin Department of Health Services, 2014-2017.
[8] Youth Risk Behavioral Survey, Wisconsin Department of Public Instruction, 2017 and 2019.

Priority: Alcohol

Goal: Prevent and reduce excessive and underage alcohol consumption

Objective 1

Reduce underage drinking:

- Reduce binge drinking among youth from 18% in 2013 to 16% in 2020 (YRBS)
  2017: 16%
  2019: 13%
- Reduce alcohol use* among high school students from 33% in 2013 to 29% by 2020 (YRBS)
  2017: 30%
  2019: 30%

Strategies

Strategy 1: Support local policies that limit alcohol availability and accessibility to youth and prevent underage drinking.

Strategy 2: Support and share the work of organizations and coalitions preventing and reducing underage alcohol consumption at the municipal level through promising and evidence-based policies and practices.

Strategy 3: Educate and engage health care systems and providers, schools, and community leaders to promote and provide alcohol education to both youth and adult family members, including screening, brief intervention, and referral to treatment programs (SBIRT) for youth.

Strategy 4: Support community and school-based efforts to promote resilience among youth, including access to mental health support.

Strategy 5: Examine and address the impact of social determinants of health and historical and contemporary inequities on alcohol-related health outcomes.

Objective 2

Reduce heavy and binge drinking among adults aged 18 and older:

- Reduce adult binge drinking among adults aged 18 or older from 25% in 2012 to 23% in 2020 (BRFS) †
  2018: 24% 2019: 22%
- Reduce binge drinking among women aged 18–44 from 18% in 2009-2011 to 16% in 2020 (BRFS)
  2018: 27% 2019: 25%
- Reduce heavy drinking among women aged 18–44 from 9% in 2016 to 3% by 2020 (BRFS)
  2018: 7% 2019: 9%
- Reduce heavy drinking among adults aged 65 or older from 6% in 2016 to 5% by 2020 (BRFS)
  2018: 5% 2019: 6%

Strategies

Strategy 1: Support and share the work of organizations and coalitions at the municipal level that prevent and reduce excessive alcohol consumption through promising and evidence-based practices and policies.

Strategy 2: Educate and engage employers, health care systems and providers, and community leaders to promote and provide: alcohol education on the risk of alcohol use during pregnancy, and screening and treatment including screening, brief intervention, and referral to treatment (SBIRT).

Strategy 3: Encourage Wisconsin's universities, colleges, and technical schools to review and select appropriate actions from the National Institute of Alcohol Abuse and Alcoholism's College Intervention Matrix.

Strategy 4: Increase awareness of the connection between adverse childhood experiences (ACEs) and alcohol abuse.

Strategy 5: Promote protective factors in communities that have been marginalized to reduce the impact of alcohol-related harm.

Strategy 6: Investigate national trends in Wisconsin that demonstrate the ways in which alcohol-related harm is concentrated in low-income populations and communities that have been marginalized.

Objective 3

Reduce alcohol-related deaths and harms:

- Reduce deaths by fall by 5% from 60 in 2014 to 57 in 2020 (death certificates, Office of Health Informatics)
  - 2015: 42
  - 2016: 37
  - 2017: 74
- Reduce deaths by motor vehicle by 5% from 168 in 2014 to 160 in 2020 (Alcohol-Impaired Driving Report, FARS, National Highway Traffic Safety Administration)
  - 2015: 188
  - 2016: 197
  - 2017: 190
  - 2018: 199
  - 2019: 183

Strategies

Strategy 1: Increase awareness of excessive drinking as a public health problem and examine and address the impact of social determinants of health and historical and contemporary inequities on alcohol-related health outcomes.

Strategy 2: Support municipal leaders, public health agencies, and community coalitions with education and training on using public health, school, and law enforcement data to implement population level policies to reduce alcohol-related harm, such as death.

Strategy 2: Encourage aging and disability resource centers (ARDC) and other agencies that serve older adults to distribute information on alcohol, and alcohol and drug interactions, to increase overall awareness of the special risks that alcohol consumption may pose to seniors.

Strategy 3: Increase awareness of the connection between alcohol use and chronic disease, including cancer, by working with partners to disseminate educational materials to the public and local leaders.

Strategy 4: Educate health care professionals on alcohol use as a cancer risk factor and implement practice of screening and referring patients for high-risk alcohol consumption in health care settings.

Strategy 5: Encourage communities, law enforcement agencies, and coalitions to compile Place of Last Drink (POLD) data from operating while intoxicated (OWI) citations, with the goal of reducing overserving, and improving the community alcohol environment.

[*] Alcohol use is considered at least one drink of alcohol, on at least 1 day during the 30 days before the survey.
[†] BRFS defines "binge drinking" as five or more drinks on one occasion for males and four or more drinks in one occasion for females during the past 30 days. BRFS defines "heavy drinking" as consuming, on average, two or more drinks per day for males and one or more drinks per day for females during the past 30 days.

Priority Update: Nutrition and Physical Activity

Trends in Wisconsin

The steady upward trend of obesity rates in Wisconsin and across the nation have proven very difficult to reverse. The burden of obesity is disproportionately concentrated in communities experiencing social and economic exclusion, historical trauma, and limited access to care and services due to decades of disinvestment. One such example is the impact of colonization on Native diets. Indigenous people were removed from their ancestral homes, restricted from accessing their traditional diets, and forced to live on reservations where they were provided only government commodities like cheese, flour, salt, and sugar. This led to a complete shift in the diet towards less healthy food options and increased rates of chronic diseases.

One of the clearest determinants of the disparities in obesity is geography. Where one is born and lives has a significant impact on their opportunities to eat healthy and nutritious food, be active, and maintain a healthy weight and lifestyle. Strikingly, adult obesity rates in Wisconsin range from 16-67% based on zip code, with some zip codes with the highest rates of adult obesity having rates over four times as high as zip codes with the lowest rates. [9]

Residential segregation, disinvestment, and other forms of structural oppression have contributed to differences in opportunities to be healthy. Communities that have fewer transportation and housing options, limited job opportunities and social support, higher numbers of adverse childhood experiences and trauma, fewer places to buy healthy and affordable food, and fewer safe and accessible places to be physically active also have a high burden of chronic disease and obesity. In communities with limited resources, living a healthy lifestyle is not an easy or even realistic option. For example, people with disabilities experience unique barriers to accessing safe places to be active. Rural environments present unique barriers to healthy eating and physical activity due to larger distances. Urban areas have lower general obesity rates than rural areas overall, but there are stark differences in obesity prevalence and opportunities to be healthy within cities. In Milwaukee, adult obesity rates by zip code range from 24.9% to 54.1%.[9]

Differences in opportunity and obesity outcomes by geography and socioeconomic status are even more striking among children. There are communities in Wisconsin where children are almost six times more likely to be obese than in other nearby neighborhoods. Childhood obesity rates in Wisconsin range from 6-39%. [10] Schools with the highest level of free and reduced-price meals (over 75%) have the highest rate of children who are classified as overweight or obese at 44%. [11] Comparatively, only 22% of children are classified as overweight or obese in schools with the lowest levels of free and reduced-price meals (under 25%). [11]

Significant disparities exist in breastfeeding rates. Current data reveals stark disparities in breastfeeding rates that stem from many factors, including differential treatment and education by health care providers prenatally, during childbirth, and postpartum among parents and families of different races and ethnicities. In 2018 and 2019, 45% of non-Hispanic Black mothers and 40% of Hispanic mothers were given a gift pack of formula in the hospital, compared to 26% for white mothers.[12] Similarly, just over half of babies born to non-Hispanic Black mothers and 60% of babies born to Hispanic mothers were fed only breastmilk at the hospital, compared to 69% of white mothers.

Food-insecure households are households that report being unable to secure enough food to meet the needs of all their members because they had insufficient money or other resources for food. Food insecurity is a reality for many Wisconsinites. In Wisconsin, 10% of households, or over 570,000 people, report being food insecure and over 15 % of children are food insecure.[13] One in four adults in Wisconsin report eating vegetables less than one time a day, and more than one in three report eating fruits less than one time a day. In addition, only one in six adults consume the recommended five or more fruits and vegetables a day.[14] Factors that impact food insecurity include food deserts and pricing of fresh, healthy foods leaving unhealthier and more processed food the only accessible and affordable option in rural and low-income neighborhoods.

While nearly 60% of adults in Wisconsin meet the recommended level of physical activity (more than 150 minutes per week)[13], Wisconsin ranks 18th nationally for physical activity. A growing number of adults, now one in four, report no physical activity in a given month. [13] Among Wisconsin youth, less than half reach the recommended level of physical activity of 60 minutes on five or more days per week and one in six do not participate in an hour of physical activity on any day during a given week. [15] Systemic factors like the lack of transportation, green space, flexibility and time for physical activity, and resources plays a substantial role in an individual's ability to engage in more than 150 minutes of physical activity/week.

Statewide Program and Policy Updates

Organizations and communities across Wisconsin are applying many strategies to improve nutrition, support early infant nutritional needs, and promote physical activity. The Wisconsin Supplemental Nutrition Assistance Program-Education (SNAP-Ed) provides nutrition education to SNAP-eligible participants and supports the development of food and physical activity-related policies, systems, and environmental changes in all 72 Wisconsin counties. State-level SNAP-Ed goals for Wisconsin have centered on health and racial equity and led to new collective action with members of the Milwaukee Food Council who have leveraged over $200,000 in annual SNAP-Ed funding to support and connect Milwaukee-based community organizations working to increase healthy food access and food sovereignty.

The Chronic Disease Prevention Program worked with various cross-sector and community partners to develop a roadmap for physical activity and nutrition work across the state. The program also participated in the Childhood Obesity Intervention Cost-Effectiveness Study (CHOICES) Learning Collaborative* to assess the impact of adopting and expanding two childhood obesity interventions over a 10-year period. Real change in the prevalence of obesity in our communities requires understanding and action on the various upstream drivers of high obesity rates that include socioeconomic insecurity, poverty, and historical disinvestment from neighborhoods that introduce barriers to accessing public areas to exercise.

The Wisconsin Women, Infant and Children (WIC) program, Maternal and Child Health Program, and Chronic Disease Prevention Unit have continued to partner with the organization Coffective to facilitate state and local coordination of efforts to better support breastfeeding initiatives across the state and to prioritize equity and community engagement. The work aims to foster improved continuity of care for families by implementing consistent messaging and evidence-based practices and by developing collaborative partnerships between state and local stakeholders.

The following metrics help measure the nutrition and physical activity priority area in addition to the metrics identified on the following pages:

- Access to healthy nutritional foods and recreational activities
- Food insecurity
- Breastfeeding rates

* The briefs for each strategy in Wisconsin are available at: https://choicesproject.org/publications/brief-safe-routes-to-school-wisconsin and https://choicesproject.org/publications/brief-healthy-beverage-policy-ost-wisconsin.

[9] Wisconsin Health Atlas, 2015-2016.
[10] Healthy Smiles Healthy Growth Survey, Wisconsin Department of Health Services, 2018.
[11] Healthy Smiles Healthy Growth Survey, Wisconsin Department of Health Services, 2018.
[12] Pregnancy Risk Assessment Monitoring System, Wisconsin Department of Health Services, 2018-2019.
[13] Map the Meal Gap, Feeding America, 2020.
[14] Behavior Risk Factor Survey, Wisconsin Department of Health Services, 2018.
[15] Youth Risk Behavior Survey, Wisconsin Department of Public Instruction, 2019.

Priority: Nutrition and Physical Activity

Goal: Eat healthier and move more

Objective 1

Increase consumption of healthy foods and beverages:

- Increase consumption of at least one fruit per day by adults from 62% in 2013 to 65% in 2020 (BRFS)
  2013: 62% 2015: 62%
  2017: 68% 2019: 61%
- Increase consumption of at least one vegetable per day by adults from 74% in 2013 to 78% in 2020 (BRFS)
  2013: 74% 2015: 76%
  2017: 81% 2019: 77%
- Reduce daily consumption of soda by students from 20% in 2013 to 15% in 2020 (YRBS)
  2017: 15%

Strategies

Strategy 1: Make healthy options available where foods and beverages are served and consumed.

Strategy 2: Make healthy foods and beverages more accessible and affordable in retail settings.

Strategy 3: Support existing community coalitions and organizations that develop and implement local strategies to promote nutrition. Support the creation of new coalitions where they currently do not exist.

Strategy 4: Strengthen economic supports so that healthy foods are more affordable and families and adults have more time to prepare healthy and nutritious foods.

Objective 2

Increase breastfeeding:

- Increase initiation from 80% in 2015 to 90% in 2020 (National Immunization Survey*)
  2013: 80% 2014: 83%
  2015: 82% 2017: 83%
- Increase duration at six months from 54% in 2015 to 60% in 2020 (National Immunization Survey)
  2013: 59% 2014: 54%
  2015: 54% 2017: 59%

Strategies

Strategy 1: Implement prenatal, maternity care, and postpartum practices that support breastfeeding.

Strategy 2: Provide support for breastfeeding parents in the workplace, early care and education settings, and throughout the community.

Strategy 3: Assess inequities in health education and resources in prenatal, maternity, and postpartum practices; and develop and implement strategies to address the disparities in breastfeeding rates among parents of different races and socioeconomic classes.

Objective 3

Increase physical activity:

- Increase the percentage of adults physically active at least 150 minutes per week from 53% in 2013 to 58% in 2020 (BRFS)
  - 2013: 53%
  - 2015: 57%
  - 2017: 57%
  - 2019: 55%
- Increase the percentage of students physically active for a total of at least 60 minutes per day on five or more of the past seven days from 50% in 2013 to 55% in 2020 (YRBS)
  - 2017: 49%
  - 2019: 45%

Strategies

Strategy 1: Engage communities to increase options for all people to be active, including the ability to safely walk and bike.

Strategy 2: Create opportunities for employees to be active and healthy during the workday.

Strategy 3: Educate and engage schools and early care and education providers to improve accessibility and opportunities for physical activity throughout the day, including through recess policies.

Strategy 4: Create opportunities for and promote evidence-informed community programs that help adults, including those with chronic conditions, to become and remain active.

Strategy 5: Support existing community coalitions and organizations to implement key physical activity strategies. Assist with creation of new coalitions where they currently do not exist.

Strategy 6: Increase social connectedness and belonging so that everyone feels safe being active in public.

Priority Update: Opioids

Trends in Wisconsin

Substance use is a serious and growing public health epidemic in Wisconsin. In the past 20 years, there has been more than a ten-fold increase in deaths from opioids from 111 in 2000 to 1,226 in 2020.[16] Despite a downward trend in opioid deaths between 2017 and 2018 in Wisconsin, the opioid epidemic continues to devastate communities statewide. As the opioid epidemic has continued, there have been significant shifts in which communities bear the burden of opioid use and how opioids cause harm in communities.

From the early 2000s to the mid-2010s, misuse of prescription opioids led opioid-related deaths. In the past decade, synthetic opioids have transformed the opioid crisis in Wisconsin. In 2010, just 10% (or 112 deaths) of opioid-related deaths were caused by synthetic opioids. In 2020, the number of deaths linked to synthetic opioids increased more than ten-fold, and now comprises 86% of opioid deaths. Today, the opioid epidemic is driven by synthetic opioids, such as fentanyl, that make heroin, cocaine, and counterfeit pills deadly.

Black and American Indian communities are disproportionately impacted by opioid-related deaths with a rate of 41 and 39 deaths per 100,000 people respectively, compared to 20 for white populations.[17] These disparities are growing, and between 2016 and 2020, the opioid death rate in Black communities more than doubled from 18 deaths per 100,000 to 41 per 100,000. Between 2019 and 2020, the death rate among all racial groups increased, with the largest increase in Asian and Black communities. The death rate for American Indians in Wisconsin remains starkly high and is double the death rate for white populations. [18] The disproportionate impact of opioid use and harm is indicative of a deeper crisis within our society, concentrated in communities already experiencing collective and historical trauma and structural socioeconomic factors like concentrated poverty, social isolation, lack of economic opportunity, and housing insecurity.

Substance use is concentrated among people experiencing some form of insecurity, indicating that access to resources and supports are both a protective factor to prevent against substance use disorder (SUD) and a necessary structure to support ongoing recovery. Over one-third of people experiencing homelessness use substances or experience a substance use disorder—one of the highest rates for any population in Wisconsin. [19] People with a high school degree or lower are more negatively impacted compared to their peers with college degrees or higher. [18] Considering that education level is often a good proxy measure for income level in the U.S., this also points to a potential disparity in terms of income, with lower-income communities bearing higher burden of opioids-related deaths. Further, poor mental health is associated with SUD and lack of access to services contributes to substance use. At least six out of 10 of those with a substance use disorder also have a mental illness, and one in five people with a mental health condition also have a substance use disorder. People with a substance use disorder are six times more likely than the general population to attempt suicide.

Statewide Program and Policy Updates

The changing nature of how opioids cause harm in communities and who is most negatively impacted has implications for how we approach the problem. It becomes more and more clear that we must not only focus on those who currently use substances, but also on those who might. For the substance-using community, there are well known harm reduction approaches that are being implemented and must continue. In order to provide Wisconsinites with the right resources and environments to prevent and recover from substance use, it is vital to make mental health resources easily and financially available. It is important that all those who serve the public are educated in the impact of early trauma, how exposure to trauma impacts substance use, and how to best relate to those who have experienced it. It is also necessary that education, health care, and legal systems strive to achieve equitable treatment of all those in Wisconsin.

Statewide interventions in the past decade have led to substantial reduction in opioid-related harm that is linked to prescription opioids. However, there is a need to refocus the response to primary prevention—

addressing the root causes and structural factors that contribute to substance-use related harm such as lack of safe and stable housing, lack of jobs, historical and ongoing exposure to trauma and marginalization, and stigma and discrimination towards people with mental health or substance use disorders. By creating more economic opportunities, promoting housing for all, increasing social connectedness, and dismantling harmful policies and practices, we can work with partners to ensure that the burden of drug use is not simply shifted across populations and from one substance to another, but communities and individuals alike have the resources they need to live healthy and resilient lives.

[16] Wisconsin Interactive Statistics on Health Query System, Wisconsin Department of Health Services, 2021.
[17] Wisconsin Vital Records Death Data, Wisconsin Department of Health Services, 2020.
[18] Wisconsin Vital Records Death Data, Wisconsin Department of Health Services, 2020.
[19] 2017 Wisconsin Mental Health and Substance Use Needs Assessment, Wisconsin Department of Health Services.

Priority: Opioids

Goal: Prevent Harmful Opioid Use and Reduce Opioid-Related Consequences

Objective 1

Prevent initiation of opioid use:

- Reduce percentage of adolescents who have used an opioid prescription drug for non-medical purposes from 14.9% in 2013 to less than 13% by 2020 (YRBS)
  2017: 11%
  2019: 11%

Strategies

Strategy 1: Support communities to foster healthy youth by adopting evidence-informed policies and practices that build protective factors and reduce risk factors for opioid use.

Strategy 2: Support community coalitions as the vehicle through which communities can successfully prevent and reduce harmful opioid use and related consequences.

Strategy 3: Increase community awareness and substance use prevention messaging to reduce opioid misuse and the stigma of addiction.

Strategy 4: Increase community awareness about the correlation between trauma and opioid use disorder to prevent and reduce opioid use and the stigma of opioid use disorder.

Strategy 5: Improve pain management practice in Wisconsin in accordance with best practices, including adoption of the Wisconsin State Medical Examining Board's Opioid Prescribing Guidelines, while ensuring that chronic pain sufferers have safe, consistent access to care.

Strategy 6: Increase mental health services among at-risk youth.

Objective 2

Reduce death and harm due to nonmedical opioid use:

- Reduce the number of opioid-related overdose deaths by 5% from 622 deaths in 2014 to fewer than 590 in 2020 (WISH)
  2017: 916 2018: 839
  2019: 916 2020: 1,226
- Reduce the number of opioid-related hospitalizations from 12,134 in 2014 to fewer than 11,530 in 2020 (WISH)
  2017: 14,864 2018: 12,802
  2019: 11,734 2020: 10,152
- Reduce the number of opioid-related overdose emergency department visits from 8,041 in 2014 to fewer than 7,640 in 2020 (WISH)
  2019: 8,906 2020: 8,206

Strategies

Strategy 1: Broadly promote naloxone distribution, training, and administration to prevent overdoses and overdose-related deaths.

Strategy 2: Establish and promote evidence-informed opioid use screening, early intervention, and referral for treatment across health care, school, and social service organizations to connect people, including pregnant people to the appropriate level of care.

Strategy 3: Ensure harm reduction programs are widely available and accessible to those at risk of an overdose, including their friends, family, and loved ones, as well as first responders.

Strategy 4: Promote pre-arrest diversion programs to increase access to services and reduce initiation into the criminal justice system and ensure equitable access to this opportunity.

Strategy 5: Ensure programs and services are informed by and address social vulnerabilities and structural racism that impact substance use in communities that have been historically marginalized.

Strategy 6: Promote access to safe and stable housing for individuals using substances.

Objective 3

Increase access to a full continuum of family-centered treatment services throughout Wisconsin, including in rural areas and within underserved populations

- Increase the number of Wisconsin counties with active DATA-waive prescribers from 43 in 2018 to 50 in 2020 (SAMHSA, PDMP data)

  2018: 43 2019: 64
  2020: 65

- Increase the number of Medicaid members receiving medication for addiction treatment from 14,583 in 2017 to 17,500 by 2020 (Medicaid claims and encounters)

  2019: 20,285
  2020: 22,153

- Increase the number of county-authorized participants receiving medication-assisted treatment from 356 in 2017 to 450 in 2020 (Program Participation System)

  Number of admissions:

  2018: 642 2019: 870
  2020: 804

  Number served:

  2018: 555 2019: 806
  2020: 759

Strategies

Strategy 1: Increase and ensure equitable access to all forms of FDA-approved medication for addiction treatment and evidence-based alternative treatment modalities through prescriber medication and treatment expansion.

Strategy 2: Increase substance use treatment services for people with opioid use disorder, including those in the criminal legal system. Services would include, but not be limited to, medication for addiction treatment, connection with recovery support services, and services within jails, prisons, and treatment courts.

Strategy 3: Reduce barriers to accessing treatment services by ensuring programs provide ancillary services, such as child care and transportation, or by making referrals to other community agencies.

Strategy 4: Ensure that substance use treatment services address social and economic vulnerabilities and structural racism that impact how and why marginalized populations misuse opioids.

Strategy 5: Promote the creation of recovery responsive communities that support individuals in recovery by reducing stigma, providing access to employment opportunities and housing, and including individuals in recovery in community-wide initiatives and events.

Priority Update: Suicide

Trends in Wisconsin

The factors that lead to suicide, and therefore the paths to prevention, are varied, but exist largely upstream in the health continuum. The number of suicides in Wisconsin has been increasing since 2000. Suicide was the 10th leading cause of death (886 deaths) in 2018.[20] The suicide rate among Wisconsin residents increased by 20% in the past decade. [20] For 2016-2017, the majority of non-fatal, self-harm hospitalizations* (62%) and emergency department visits* (63%) were female.[21] However, males are at higher risk of dying from suicide at all ages. Males are more likely than females to use more lethal means as the chosen method of suicide - males account for 90% of firearm suicides and 76% of suffocation suicides.[22] During the 2013–2017 time period, the three primary means of suicide in the state were firearms (49%), suffocation (27%), and poisoning (16%).[22]

The burden of factors contributing to suicide and self-harm is disproportionately concentrated in low-resourced communities that experience social and economic exclusion, historical trauma, and have limited access to care and services. From 2013-2017, the suicide rate was over two times higher (52%) among those with a high school diploma when compared to those with a bachelor's degree or higher, demonstrating the importance of economic well-being as a factor for suicide prevention. [19] For 2016-2017, emergency department self-harm rates were highest among American Indian and Black populations; American Indians had the highest non-fatal hospitalization rates. [20] Approximately 20% of Wisconsin residents who have died by suicide had a reported job-related problem or were experiencing economic and financial distress. [21] Legal issues and housing insecurity are also often cited as contributing factors. Approximately one-third of those who have died by suicide had an intimate partner conflict that contributed to their death. [21] The feeling of social isolation and lack of sense of belonging, as well as limited social support and other protective factors, is an overarching theme across populations.

Suicide is closely related to mental health and substance use. The most frequently reported circumstance among suicides was feeling depressed and having another mental health problem. [21] Depression was the most commonly diagnosed mental health condition. [21] Alcohol was the most commonly detected substance in suicide deaths across all age groups over the age of 13 between 2014-2017 where toxicology testing was performed.[21]

Suicide is the second leading cause of death among youth ages 15-18, and teens have the highest rates of self-inflicted injuries. [21] Among Wisconsin high school students, one out of six has seriously considered attempting suicide, and this number continues to increase.[23] The self-harm hospitalization rate for females ages 15-18 was more than three times higher than for males in the same age group; emergency department visits were close to three times higher among females. [20] Even though the youth risk behavior survey does not collect data on youth who have gender identities beyond the male/female binary, disparities based on sexual identity among youth were evident. Lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ) youth are more likely to consider (41% compared to 16% overall) and attempt suicide (20% compared to 8% overall) than their non-LGBTQ peers. [23] LGBTQ youth also report higher bullying rates and are less likely to feel supported and connected to their school. [23] High school students of low-resource communities and communities facing social and economic exclusion, including students experiencing homelessness, are more likely to have suicidal thoughts and behaviors than their classmates. [23]

Statewide Program and Policy Updates

DHS, in partnership with Mental Health America of Wisconsin (MHA) and the Medical College of Wisconsin (MCW), published *Suicide in Wisconsin: Impact and Response* in September 2020. The report presents in-depth data on suicidal behaviors in Wisconsin based on surveys, death records, and hospital data. It also outlines four strategies and 50 opportunities for action that constitute the state suicide prevention plan that will guide and support suicide prevention in Wisconsin through 2025.

The Prevent Suicide Wisconsin (PSW) Steering Committee, administered by MHA through a grant from DHS, contributed to and serves as the advisory body for the state suicide prevention plan. Its current membership includes over 60 individuals from a variety of sectors such as behavioral health providers and organizations, local and tribal health departments, state agencies, people with lived experience of suicide, mental health and suicide prevention advocacy organizations, organizations representing BIPOC and underserved populations, and veteran organizations.

MHA is working with the PSW Steering Committee to promote implementation of the state suicide prevention plan strategies through the following activities:

- Development of subgroups focused on each of the four strategies.
- Maintenance of a website with statewide resources.
- Dissemination of a monthly e-newsletter.
- Organization of an annual conference.
- Support for the Maternal and Child Health adolescent suicide prevention learning community.
- Support and consultation to local prevention coalitions and other organizations interested in suicide prevention.
- Provision of trainings, such as the Wisconsin Zero Suicide trainings and conference presentations.

DHS continued its commitment to the systematic Zero Suicide approach to quality improvement through grant funding awarded to MHA. MHA works with health and behavioral health care organizations from around the state to support them in implementing the principles and practices of Zero Suicide. MHA's activities in 2020-2021 included: promoting and disseminating the state suicide prevention plan, which contains a Zero Suicide strategy; conducting two annual sessions of the Wisconsin Zero Suicide Training (WZST); holding learning community calls for organizations that participated in the WZST; and teaming with the Behavioral Health Training Partnership at University of Wisconsin-Green Bay to provide suicide care trainings for clinicians throughout Wisconsin.

In 2020, DHS supported the creation of a statewide member call center of the National Suicide Prevention Lifeline. Known as the Wisconsin Lifeline, the call center is managed by Family Services of Northeast Wisconsin through a contract with DHS. The service provides primary coverage for 70 Wisconsin counties and makes it much more likely that Wisconsin callers will be connected with a Wisconsin-based phone counselor. In 2021, the Wisconsin Lifeline had one of the highest in-state answer rates in the Lifeline network. This has positioned Wisconsin very well for the upcoming 2022-2023 transition to 988, which will be the new three-digit dialing code for the national suicide prevention and mental health crisis hotline.

The following metrics help measure the suicide priority area in addition to the metrics identified in the following pages:

- Youth self-harm rates
- Access to mental health care and support

* Emergency department data encompasses isolated treated and released events. Hospitalization data can encompass an emergency department stay if the patient was admitted. The events are not double counted.

[20] Wisconsin Death Certificate Data, Wisconsin Department of Health Services, 2018
[21] Wisconsin Hospital Discharge and Emergency Department Data, Wisconsin Department of Health Services, 2016-2017
[22] Wisconsin Violent Death Review System, Wisconsin Department of Health Services, 2013-2017
[23] Wisconsin Youth Risk Behavior Survey, Wisconsin Department of Public Instruction, 2017

Priority: Suicide

Goal: Prevent Suicide

Objective 1

Reduce suicides from 13.1 (per 100,000) in 2014 to 12.8 (per 100,000) in 2020 (death certificates, Office of Health Informatics)

2015: 15.2 (per 100,000)
2016: 14.9 (per 100,000)
2018: 14.8 (per 100,000)

Strategies

Strategy 1: Support efforts to reduce access to lethal means (including but not limited to medications and firearms) by people who are at acute risk for suicide.

Strategy 2: Expand the use of evidence-based and promising screening, assessment, and suicide-specific treatments for those at risk.

Strategy 3: Improve and expand evaluation of suicide prevention programs with emphasis on communities that are economically and/or socially insecure and/or marginalized.

Strategy 4: Work in collaboration with existing organizations to standardize and enhance capacity for investigating and reporting suicide deaths that includes awareness of risk factors and upstream drivers of mental illness, self-harm, and suicide.

Strategy 5: Use Wisconsin data to describe the impact of suicidal thoughts, attempts, and deaths and expand data linkages to further the understanding of suicide.

Objective 2

Reduce suicide attempts:

- Reduce youth suicide attempts (self-reported) from 6.0% in 2013 to 5.8% in 2020 (YRBS)
  2017: 8% 2019: 7%
- Reduce emergency department visits for self-harm from 68.1 (per 100,000) in 2016 to 67.4 (per 100,000) in 2020 (emergency department visits, Office of Health Informatics)*
  2018: 72.2 (per 100,000)
- Reduce hospitalizations for self-harm from 83.7 (per 100,000) in 2016 to 82.9 (per 100,000) in 2020 (hospital inpatient discharges, Office of Health Informatics)*
  2018: 81.5 (per 100,000)

Strategies

Strategy 1: Expand access to services for mental health and substance use treatment, as well as for physical health care with consideration for the unique barriers to care experienced by communities that have been marginalized.

Strategy 2: Support innovative ways to expand access to care, including technologies and peer-led or other non-clinical support services.

Strategy 3: Increase the public's knowledge of risk factors for suicide, recognition of warning signs in individuals, and preparedness to support and respond to those individuals.

Strategy 4: Promote a systematic "Zero Suicide" approach, rooted in the understanding that suicide is preventable in people receiving treatment services.

Strategy 5: Improve care transitions and supports for people with suicidal thoughts and behaviors who are discharged from emergency departments or inpatient settings.

Objective 3

Increase and enhance protective factors:

- Increase the percentage of adults with less than four poor mental health days per month from 78% in 2015 to 83% in 2020 (BRFS)
  2016: 77%
  2018: 76%
- Increase the percentage of adolescents with at least one teacher or adult in school they can talk to from 74% in 2013 to 79% in 2020 (YRBS)
  2017: 72%
  2019: 72%
- Decrease the percentage of students who felt sad or hopeless almost every day for two or more weeks from 24.6% in 2013 to 24% in 2020 (YRBS)
  2017: 27%
  2019: 29%

Strategies

Strategy 1: Implement strategies that prevent and reduce the impact of adverse childhood experiences (ACEs) and promote social-emotional development in children.

Strategy 2: Increase access to mental health care for all children and adults.

Strategy 3: Promote healthy communities by increasing social connectedness in multiple settings, including schools, workplaces, and community, faith-based, cultural, and social organizations.

Strategy 4: Strengthen economic supports to families and promote housing and economic stability.

* The 2016-2018 data are based on ICD-10-CM (International Classification of Diseases, Tenth Revision, Clinical Modification) coding. Data reported for earlier years refers to ICD-9-CM (Ninth Revision) coding. There have been significant changes in these coding revisions and therefore, 2016 data and beyond should not be compared with earlier years.

Priority Update: Tobacco

Trends in Wisconsin

Tobacco* use and exposure is the leading cause of preventable death in Wisconsin, linked to 7,900 deaths and $4.72 billion in health care and lost productivity costs each year.[24] There is a need for programs and policies to prevent people from using tobacco in the first place, to help people quit, and to prevent exposure to e-cigarette aerosol and secondhand smoke.

Even though fewer Wisconsinites are smoking cigarettes than ever before, tobacco use is still a problem. Products like e-cigarettes, cigars, cigarillos, and smokeless tobacco still remain in use in the state, and youth are disproportionately targeted with flavors, packaging, and product placement. Tobacco companies invest in these other dangerous tobacco products to keep current users hooked and lure new generations into a lifelong nicotine addiction. New tobacco products like e-cigarettes threaten the progress made in preventing kids from using tobacco. E-cigarette use among high school students increased over 950% from 1.9% in 2012 to 20.1% in 2018.[25]

While the rate of adult cigarette smoking continues to decline in Wisconsin (16%), many populations are disproportionately burdened by tobacco, such as communities that experience high levels of pressure due to stress, limited resources and barriers to supporting themselves financially. Chronic exposure to stress and hardship push people toward tobacco use and make it challenging to quit. The tobacco industry exploits this stress with higher amounts of targeted advertising and discounted products in these communities. This is made clear by the fact that, among communities that face these inequities and barriers, there are high rates of tobacco use. For example, people with less than a high school education (31%), and Medicaid or BadgerCare recipients (26%) all report higher than the statewide average of 16% for tobacco use.[26]

Statewide Program and Policy Updates

Efforts continue in Wisconsin focused on reducing tobacco disparities by decreasing prevalence rates and preventing initiation among those who are most disproportionately impacted by the burden of tobacco. Efforts are supported through local and state partnerships to authentically engage and reach these diverse populations where the need and potential impact are greatest.

In Wisconsin, local coalitions meet each May with leaders of the faith community to address the disproportionate use of menthol among Wisconsin's Black community through a day of action called No Menthol Sunday. Tobacco companies have aggressively marketed highly addictive menthol products to low income and racial and ethnic minority neighborhoods for decades.[27] Their targeted tactics have made menthol an urgent public health and social justice issue for Wisconsin's vulnerable populations, especially among Black Americans. This day encourages congregations and communities to support one another in escaping tobacco addiction and engaging in discussions about how to improve health outcomes for Black Wisconsinites.

Wisconsin is treating nicotine addiction among priority populations using multiple best-practice strategies. The introduction of e-cigarettes has left a whole new generation of young people addicted to nicotine. To address this, a comprehensive approach to youth smoking cessation was implemented with a variety of treatment engagement methods to reach young people. Wisconsin teens can now access cessation services in-person, over the phone, through texting, and via the web.

In addition to reaching young people, Wisconsin made an investment in the American Indian Quit Line. The American Indian Quit Line, a service of the Wisconsin Tobacco Quit Line, offers free help to quit commercial tobacco. American Indian Quit Line coaches provide culturally tailored and specific interventions rooted in a deep understanding of the unique social context of American Indian culture and commercial tobacco cessation.

Wisconsin continues to enhance data surveillance to improve the monitoring of youth access to tobacco and youth tobacco behaviors through the Youth Tobacco Survey (YTS). Due to COVID-19, the 2020 YTS was cancelled. However, work is being done to digitize the YTS to increase school and youth participation and provide a system more consistent with current industry standards. The YTS will be administered in 2022.

The state continues to work to limit youth access to tobacco products. In December 2019 federal legislation passed (known as "Tobacco 21") making it illegal for a retailer to sell any tobacco product to anyone under 21. Wisconsin ran a paid media campaign promoting the federal law. The campaign included digital and social media advertising, as well as gas pump toppers and posters at tobacco retailers. Also in youth access, Wisconsin's tobacco retail compliance check program, Wisconsin Wins, has incorporated a transformative narrative approach to a non-punitive approach to enforcing commercial tobacco sales laws. Wisconsin Wins has been working to develop powerful messaging that counters toxic narratives and helps gain support for equitable policies.

In October 2021, DHS published revised standards for substance use prevention, intervention, and treatment services. Among several other changes, the revisions to Wis. Admin. Code ch. DHS 75 include that Wisconsin behavioral health providers who treat substance use disorders are required to formulate plans to assess and treat tobacco use and have a policy about smoke-free environments. The Wisconsin Nicotine Treatment Integration Project (WiNTiP) was instrumental in the systems change processes for the revision of this administrative code. WiNTiP remains dedicated to helping behavioral health care and substance abuse providers assist patients in quitting tobacco.

While strategies including tobacco-free spaces, tobacco prevention campaigns, and increased access to treatment have contributed to the lowest rate of adult smoking in Wisconsin's history, there is additional work that needs to be done to address how the social determinants of health impact tobacco use and poorer health outcomes in all communities.

The following metrics help measure the tobacco priority area in addition to the metrics identified in the following pages:

- Adult smoking rate
- Tobacco retail outlet density
- Youth tobacco, e-cigarette, and vape use

* Healthy Wisconsin recognizes the sacred use of ceremonial tobacco among Native Americans, and uses the word "tobacco" to refer to commercial tobacco use.

[24] Campaign for Tobacco-Free Kids. "The Toll of Tobacco in Wisconsin." https://www.tobaccofreekids.org/problem/toll-us/wisconsin

[25] Wisconsin Youth Tobacco Survey (YTS), Tobacco Prevention and Control Program, Wisconsin Department of Health Services

[26] Behavior Risk Factor Survey System, Wisconsin Department of Health Services, 2018

[27] Pushing Cool: Big Tobacco, Racial Marketing, and the Untold Story of the Menthol Cigarette, Keith Wailoo

Priority: Tobacco

Goal: Prevent and Reduce Smoking and Other Tobacco Products

Objective 1

Reduce adult smoking rate from 17.3% in 2014 to 16.3% in 2020 (BRFS):

2015: 17%
2016: 17%
2017: 16%

Strategies

Strategy 1: Increase utilization of evidence-based tobacco cessation services, focusing outreach toward at-risk populations,* Medicaid recipients, and pregnant and postpartum parents and their families.

Strategy 2: Integrate tobacco cessation into behavioral health care treatment and services and educate tobacco users with behavioral health concerns about benefits of quitting smoking.

Strategy 3: Train stakeholders and professionals working in tobacco prevention and intervention about the connection between adverse childhood experiences (ACEs) or trauma, and tobacco use. These trainings should include an overview of how ACEs contribute to dual addictions, and highlight how trauma-informed approaches can serve as a response.

Strategy 4: Increase access and utilization of tobacco treatment services and benefits among public housing residents.

Strategy 5: Collaborate with partners to ensure no-cost comprehensive cessation services (counseling and all FDA-approved cessation medications), as outlined by the American Lung Association, for low-income tobacco users.

Objective 2

Reduce use of other tobacco products by adults:

- Reduce the percentage of adults that have ever used e-cigarettes from 21.8% in 2016 to 18.5% in 2020 (BRFS)
  2017: 19%
- Reduce use of smokeless tobacco among men from 8.0% in 2016 to 6.8% in 2020 (BRFS)
  2017: 8%

Strategies

Strategy 1: Implement tobacco-free policies on college campuses.

Strategy 2: Educate and engage at-risk populations* about the dangers of other tobacco products.

Strategy 3: Promote ongoing and robust social and economic supports for communities that are marginalized to serve as protective factors against tobacco use.

**At-risk populations include individuals and communities who are mentally ill or unwell, low-income, racial and ethnic minorities, disabled, and LGBTQIA2S+.*

Objective 3

Reduce use of other tobacco products by youth:

- Reduce use of other tobacco products among middle school youth from 5.2% in 2014 to 4.5% in 2020 (YTS)
  2016: 10%
  2018: 14%
- Reduce use of other tobacco products among high school youth from 33.7% in 2014 to 31% in 2020 (YTS)
  2016: 32%
  2018: 38%

Strategies

Strategy 1: Educate and engage youth and school officials about the dangers of other tobacco products and implement tobacco-free school policies.

Strategy 2: Increase the number of compliance checks conducted and education outreach to retailers.

Strategy 3: Identify and implement evidence-informed policies and promising practices to reduce youth use.

Strategy 4: Raise awareness of other tobacco products among Wisconsin parents, educators, and providers.

Strategy 5: Enhance surveillance to improve the monitoring of youth access to tobacco and youth tobacco behaviors.

Strategy: Strengthen economic supports to families and promote economic and housing security and access to mental health care to reduce factors that put youth at risk for tobacco use as adults.

Emerging Priority Area: Social Connectedness, Cohesion, and Belonging

In conversations with community members over the past several years, state health plan staff heard a strong, recurring theme: Wisconsinites are concerned about social connectedness, social cohesion, and belonging in their neighborhoods and communities. These three connected concepts describe how individuals and groups physically, emotionally, and culturally interact and feel connection with one another in communities, and they have a significant impact on health and well-being. Strong social connectedness, social cohesion, and belonging can have a protective effect on health, while poor social connectedness, social cohesion, and belonging puts individuals and communities' health and well-being at risk.

The evolved framework in this report identifies three key conditions for health: improved social and community conditions, healthy environments and supportive systems, and transformative change of power systems. The relationship between social connectedness, cohesion, and belonging, the key conditions, and the priority areas is complex and detailed below.

Improved Social and Community Conditions

Social connectedness, social cohesion, and belonging improve social and community conditions. As an example, social isolation and loneliness are threats to individual and community health, which can be improved by social connectedness and belonging. Conversely, factors such as unemployment rate and median income may reflect the overall social health of a community and enable or hinder social connectedness, cohesion, and belonging.

Healthy Environments and Supportive Systems

Healthy environments and supportive systems create the physical and psychological space needed to facilitate belonging and cohesion between groups. For example, when housing is affordable and state or local policies set livable wages, people can enjoy time in their communities instead of fighting to survive. When the air is clean and unpolluted, community members can spend more time safely interacting with one another outside.

Transformative Change to Power Structures

Socially connected and cohesive communities are better equipped to work together and leverage their power to meaningfully address social needs in a culturally competent way. Communities in which transformative change to power structures has occurred may be better advocates for policies and environments in their communities that will facilitate social connectedness, cohesion, and belonging. These policies may include creating or improving outdoor spaces such as parks or creating more inclusive or affordable housing policies.

Connection to Priority Areas

The priority areas of alcohol use, suicide, physical nutrition and activity, opioids, and tobacco are also tied to social connectedness, cohesion, and belonging. Social needs are strongly associated with mental health outcomes, which are in turn associated with alcohol use, substance use (including opioids), and suicidality. Social connectedness, cohesion, and belonging enables improved physical activity because connected and inclusive spaces may feel safer for individuals to exercise. Connected individuals may also be more likely to cook healthy meals, exercise together, or participate in team sports.

Communities that have been historically marginalized and excluded, experience unique forms of social disconnect and isolation. Marginalized populations are groups and communities that experience or have experienced a history of discrimination and exclusion (social, political, and economic) because of unequal power relationships across economic, political, social, and cultural dimensions. Such exclusion could be based on the color of their skin, where they were born, level of education, gender identity, sexual orientation, religion, income, tribal land or neighborhood they live in, or whether they have a disability. To ensure that all members of our communities are

healthy, it is vital to include and value the unique contributions, and perspectives of each community member.

Conclusion

The 2017-2022 Wisconsin State Health Improvement Plan identified five key priority areas: alcohol, opioids, tobacco, nutrition and physical activity, and suicide. This transitional report builds on that by introducing three key conditions for promoting individual, community, and population health: Improved social and community conditions (key condition 1), healthy environments and supportive systems (key condition 2), and transformative change to power structures (key condition 3). Each of these key conditions can be used as a lens to view and inform upstream approaches to the five key priority areas. As we wrap up the 2017-2022 Wisconsin State Health Improvement Plan and transition to the 2023-2027 plan, DHS seeks to elevate upstream approaches that focus on policy, systems, and environmental change. We look forward to continuing to align with our values of promoting social justice, elevating community voices, collaborating with diverse partners, and being accountable to the voices and needs of all Wisconsinites.

Wisconsin Department of Health Services, Division of Public Health, Office of Policy and Practice Alignment.

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