SECTION 2

HEALTHIEST WISCONSIN 2020

FRAMEWORK

Everyone Living Better, Longer

Healthiest Wisconsin 2020

SECTION 2
HEALTHIEST WISCONSIN 2020 FRAMEWORK

INTRODUCTION

The *Healthiest Wisconsin 2020* framework consists of the following components:

- Values
- Vision and Goals
- Mission
- Pillar Objectives
- Infrastructure Focus Areas and Objectives
- Health Focus Areas and Objectives

The components of the *Healthiest Wisconsin 2020* framework are shown in Figure 1. Imagine the plan framework as the architecture for a structure high enough to reach a lofty goal, sturdy enough to stand over time, large enough to contain all the people of Wisconsin and the solutions to their many health needs, and all the features necessary for us to accomplish the work of building a healthy state.

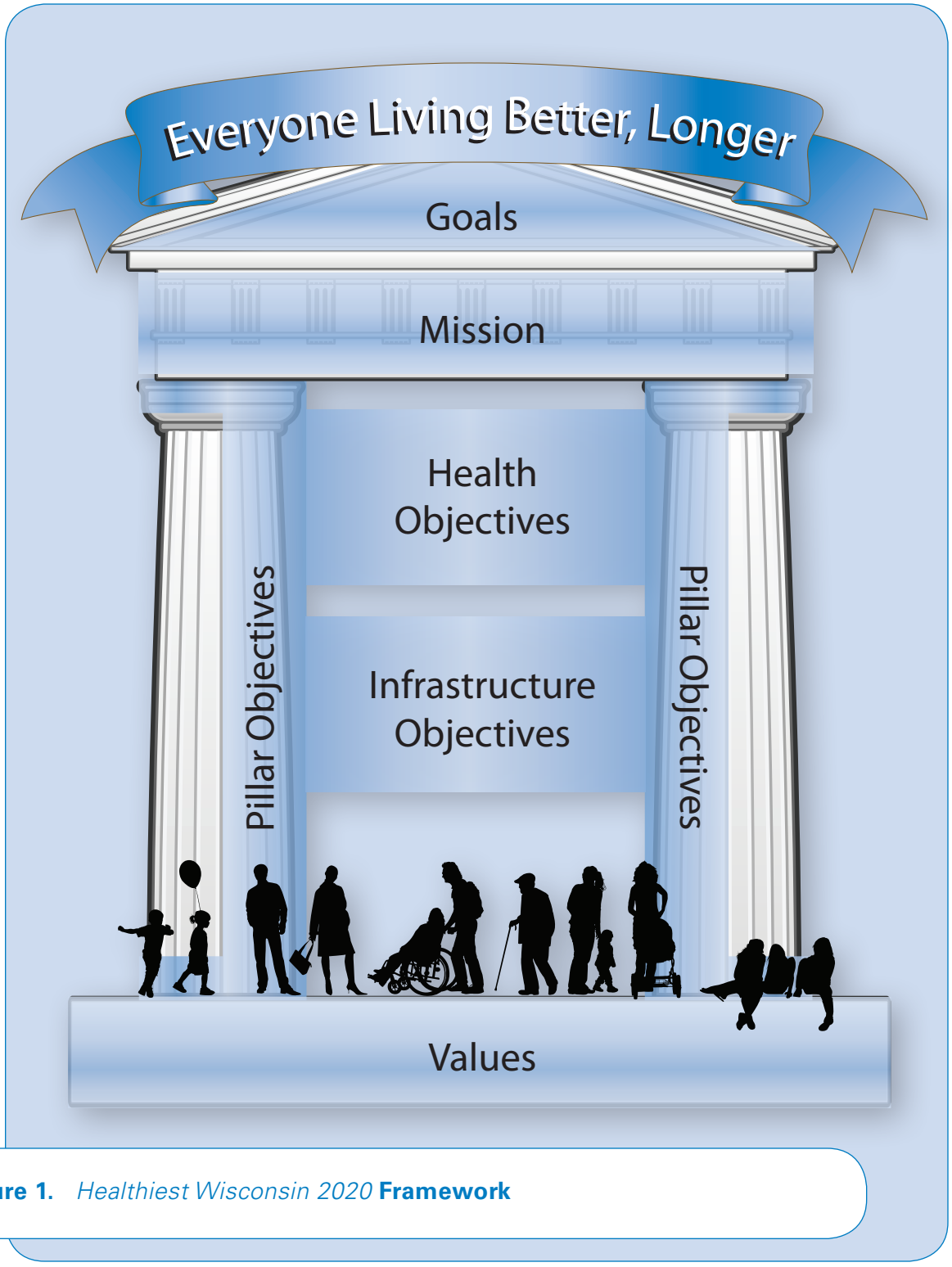


Figure 1. *Healthiest Wisconsin 2020* **Framework**

VALUES: BUILDING THE FOUNDATION

Shared values provide the firm foundation upon which a public health system and *Healthiest Wisconsin 2020* are built. Structures built on a feeble foundation will not endure over time.

A set of values informed the development of *Healthiest Wisconsin 2020*'s vision and mission, shaped the selection of focus areas and the creation of objectives, and will be extremely important to implementation. Public health system partners will want to consider these values and how they might fit into the context of their work. Making values explicit is the first step in developing effective working relationships, even when we cannot fully achieve every value.

If collaborating partners internalize these values, and return to them periodically, then we will all be operating on a stable foundation as we build together. These values are:

Accountability

While no one organization can be accountable for every part of *Healthiest Wisconsin 2020*, each organization and public health system partner should be explicit, transparent and accountable about its commitments, successes and shortfalls in achieving plan objectives. Statewide indicators of objective achievement should be tracked and shared statewide.

Alignment

Policies, practices and systems (including in areas not traditionally considered health policy, such as housing, banking or transportation) should be aligned toward improved health. Adjustment should be undertaken when health is (or is expected to be) adversely affected.

Collaboration

Achieving *Healthiest Wisconsin 2020* objectives will require increased and sustained collaboration that includes many who have not been involved previously in the public health system. There will be a premium on collaborative leadership.

Community assets (strengths)

Wisconsin and its communities are rich with assets (including people, environment, expertise, organizations, systems and other resources) that support health. This plan and implementation build on existing assets, sometimes using them in new ways and improving them when needed, to achieve better health, better health systems, and strong, resilient communities.

Evidence

Policies and programs should adopt evidence-based strategies (strategies shown in evaluations to be effective in producing desired outcomes) when that evidence is available. Evaluation of effectiveness should be performed and results shared when evidence is unavailable, or when strategies are being adapted to new populations (for example, when adapting an established program to address a group with unique cultural, linguistic or accessibility needs).

Fairness

There must be fair distribution of the resources and freedom to achieve healthy outcomes. Improvement in this area is especially needed for groups experiencing social, economic, and educational disadvantage and for those whose race, ethnicity, sexual identity or orientation, gender identity, or disability affects opportunities to achieve their optimum health

Infrastructure

Policies and programs developed without a sustainable infrastructure, including planning, management, funding, adequate and competent workforce, partnerships, technology, evaluation, and quality improvement, will have limited long-term impact. Ongoing leadership and capacity to plan and coordinate at the local, regional, and statewide levels are also essential infrastructure requirements. At a minimum, every community must be served by state and local health departments capable of assuring the 10 essential services (see Appendix B) and ready to meet national standards of accreditation.

Justice

Justice demands that health disparities based on historical or contemporary discrimination must be addressed with urgent priority. Because some factors affecting health also have an impact on future generations, it should not be assumed that equal treatment alone is enough to rapidly remedy disparities.

Leverage

Policies and practices are preferred that have the largest positive health impact for the least cost. Policy and environmental adjustments may have larger impact than programs aimed at individuals.

Performance improvement

Given limited resources and high goals, ongoing performance measurement (ideally against validated standards) and continuous quality improvement should become routine.

Prevention

It is preferable to prevent rather than treat disease, injury and disability. Prevention includes addressing social, economic, educational and environmental health determinants.

Science

Policies and programs should be consistent with relevant scientific knowledge. Relevant knowledge may come from many sources, including epidemiology, psychology, medicine, nursing, education, microbiology, engineering, architecture, toxicology, economics and many other fields. At the same time, it is recognized that the determinants of health interact with one another in complex ways and not all are fully understood. Thus, we value scientific findings when they exist but tempered by the wisdom of the community.

Strategic leadership at all levels

Healthiest Wisconsin 2020 is ambitious and requires sustained acceleration of effort in many areas and at many levels, including state government; local communities; nonprofit, voluntary and faith organizations; and businesses. When possible, partners should consider incorporating elements from the *Healthiest Wisconsin 2020* framework into their strategic plans and community improvement plans.

Sustainability

Stable support is needed for all dimensions of the public health system. Inadequate and variable funding keeps communities off-balance and less able to continuously improve the reach and effectiveness of programs and policies. Government funding may not always be the source of sustainability; business planning is an important activity for public health system partners. Sustainability also grows as increasing numbers of partner organizations and institutions incorporate the values, mission, and goals of *Healthiest Wisconsin 2020* into their work.

VISION AND GOALS: AIMING HIGH

Goals

- Improve health across the life span
- Eliminate health disparities and achieve health equity

The *Healthiest Wisconsin 2020* vision and goals are inspirational—and aspirational. They are out of reach in 2010, but we hope they will not be so by 2020. Think of them as positioned in the sky, above the structure we are about to create. This state health plan exists to help partners build a structure sturdy enough to reach and support the vision and goals and make them real.

Vision: Everyone Living Better, Longer

The vision of *Healthiest Wisconsin 2020* is more than an idea: it is a driving force and a commitment by Wisconsin's public health system partners. The importance and breadth of the actions needed to achieve this vision make it clear that it will take the work of many to improve the health of all. The vision's four simple words – everyone living better, longer – embody two very big concepts.

Everyone

Healthiest Wisconsin 2020 is inclusive. The extent, severity, and nature of health issues differ for various groups in Wisconsin, including those characterized by age, race, ethnicity, sexual identity and orientation, gender identity, educational attainment, economic status, poverty, disability, and geography (see Glossary, Appendix D). *Healthiest Wisconsin 2020* embraces all groups with a commitment to eliminate health disparities that can be prevented. Wisconsin truly would become the "Healthiest State" if major disparities in health outcomes were eliminated. This part of the vision embodies one of the plan's major goals, to eliminate health disparities and achieve health equity.

Living Better, Longer

Healthiest Wisconsin 2020 focuses on maintaining and improving the quality of life at every stage of life. Living better, longer does not mean simply increasing the number of years that people live. As the average age of Wisconsin residents increases over the decade (most likely with an increase in the prevalence of chronic disease), it becomes important to prevent additional injury, disability, and other poor health outcomes regardless of age or disability. Thus *Healthiest Wisconsin 2020* has increased the emphasis on preventing and managing disability, distress and chronic conditions like oral health disorders that may not commonly be viewed as "life threatening." Living better, longer also means

addressing health issues at young ages to improve health at older ages or the health of the next generation (a "life-course" perspective on health).

This shift in focus to include the quality of life influenced the selection of the 23 focus areas and their related objectives. This subtle change in vision recognizes that there are opportunities to prevent additional problems and improve the quality of life even if a person already suffers from disease or disability; it also puts a premium on the prevention of chronic disease and disability that could affect people's quality of life for decades. This part of the vision embodies the other major plan goal, to improve health across the life span.

Goal 1 - Improve health across the life span

This goal focuses on improved health and quality of life at each stage of life, from prenatal development to the end-of-life years. According to the World Health Organization (1948), "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This broad perspective of health, coupled with extensive discussions with community partners, resulted in a relatively large number of focus areas being identified in this state health plan, but also helped to concentrate the selection of plan objectives. Plan stakeholders, responsible for selecting objectives for each of the 23 focus areas, were asked to identify one objective for the focus area that would have the greatest impact on increasing the overall years of healthy life at every major life stage. This required them to look beyond the most common causes of premature death, injury, disability and illness to also include factors that could improve how well life is lived.

Goal 2 – Eliminate health disparities and achieve health equity

These similar-sounding concepts, eliminating health disparities and health equity, are different in a subtle but important way.

Achieving health equity refers to leveling the playing field, giving current and future populations an equal opportunity to achieve health over time by having equal access to healthy conditions, services and resources. This part of the goal is especially aligned to the *Healthiest Wisconsin 2020* value of fairness. This part of the goal is to drive our system to provide equal access to conditions that support health.

Why does the goal cite, as a separate concept, the elimination of health disparities? If health disparities are created by health inequities, would they not simply disappear with the achievement of health equity? There are at least five reasons for considering the elimination of health disparities separately from health equity, even though these are closely related.

First, the *Healthiest Wisconsin 2020* value for justice states that "health disparities based on historical or contemporary discrimination must be addressed with urgent priority." We are far from achieving health equity, and there is no ethical basis on which to wait to address health disparities in the interim.

Second, the magnitude of many of today's health disparities is so great as to constitute a public health emergency. For example, the Wisconsin Black/African American infant mortality rate (the number of infants who die before their first birthday for every 1,000 births) is similar to that in Botswana and Jamaica and is nearly three times higher than the rate for White infants. This disparity claims nearly 60 infants a year (Wisconsin Department of Health Services, 2010). If Black/African American infant mortality were reduced to the White infant mortality level, Wisconsin's infant mortality rate would be among the best in the United States rather than today's disappointing rank of 22nd (2006 data, Annie E. Casey Foundation, 2009). Wisconsin American Indians are hospitalized with diabetes at more than two times the rate of the total Wisconsin population (Wisconsin Department of Health Services, 2008). Recent estimates suggest

Defining health disparities and health equity

In 2009, the Wisconsin Minority Health Leadership Council defined health disparity as ". . . differences in the incidence, prevalence, mortality, burden of diseases and other adverse health conditions or outcomes that exist between population groups based on gender, age, race, ethnicity, socioeconomic status, geography, sexual orientation and identification, disability or special health care needs, or other categories. Most health disparities are also considered to be health inequities - disparities that are avoidable, unfair, or unjust and/or are the result of social or economic conditions or policies that occur among groups who have persistently experienced historical trauma, social disadvantage or discrimination, and systematically experience worse health or greater health risks than more advantaged social groups" (Wisconsin Department of Health Services, Minority Health Leadership Council, 2009).

In 2000, the Association of State and Territorial Health Officials adopted the following definition for health equity: "fairness in the distribution of resources and the freedom to achieve healthy outcomes between groups with differing levels of social disadvantage." Also, "a fair opportunity to attain…full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided" (Association of State and Territorial Health Officials, 2000).

that in Wisconsin, one-third of Black/African American men who have sex with men are infected with HIV, compared to 5 percent of White men who have sex with men (Wisconsin Department of Health Services, AIDS/HIV Program, 2010). These are just a few among many startling statistics about the size of health disparities in Wisconsin.

Third, even if an equitable distribution of the conditions for health were to occur today, it would likely take more than a generation for health disparities to recede. Increasing evidence points to the biological persistence over time of some risk factors for poor health associated with inequity. This is sometimes called a life-course perspective, where stressors in early life continue to have impacts on health much later in life (Braveman & Barclay, 2009). This effect might even extend across generations, as stressors experienced during fetal and childhood development might affect subsequent pregnancies of the same individual (Lu & Halfon, 2003; Geronimus, 1992). In some populations, a complex backlog of physiologic, economic, psychosocial, environmental and health system deficits has developed over generations of want and discrimination. This will require ongoing and intensive work if disparities in health outcomes are to be reduced.

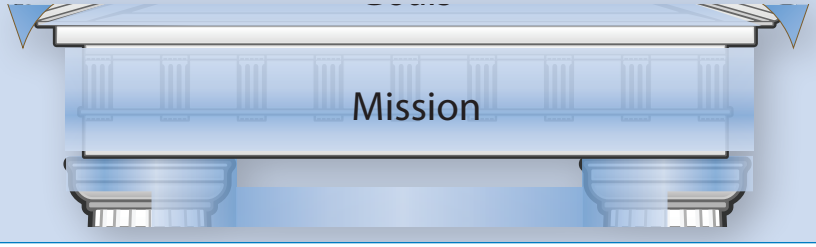
Fourth, most populations experiencing disparities because of discrimination and segregation have their own unique cultures and networks. These are strengths for survival, which need to be fully respected and understood if health conditions in these communities are to improve. No "one-size-fits-all" approach to public health will succeed at closing disparities in these communities.

Finally, many health inequities (resulting in health disparities) are not just the result of historical discrimination, but due to contemporary discrimination. This includes health-relevant differences in the legal status of American Indian tribes in Wisconsin; differences in the legal status of lesbian, gay, bisexual and transgender people; as well as prejudices and discrimination that continue for racial and ethnic minorities and people with disabilities despite several legal remedies attempted over the past 40 years.

For these reasons, both achieving health equity and eliminating health disparities remain related (but not identical), important and challenging goals for the decade. From the beginning, the 23 Focus Area Strategic Teams were each challenged to develop an objective related to health equity. To ensure that addressing health disparities is given a clearer focus during the decade, additional objectives were also developed that relate specifically to closing disparities gaps for several selected focus areas.

MISSION: WHAT IS OUR PURPOSE? HOW WE WILL REACH OUR VISION?

Mission: To assure conditions in which people can be healthy, and members of healthy, safe, and resilient families and communities.



We now have a vision and goals suspended in the air; what will we build to reach and support them? The mission of *Healthiest Wisconsin 2020* reflects our purpose and a means for reaching our vision and goals.

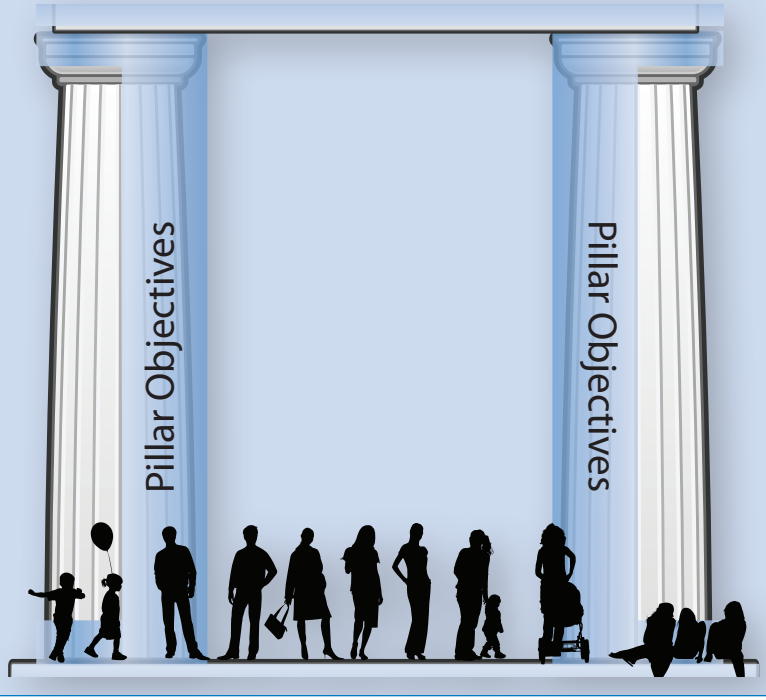
"To assure conditions in which people can be healthy, and members of healthy, safe and resilient families and communities" describes a mission that incorporates the many systems in which people live, play, work and learn. It affirms that people both rely on, and contribute to, the health of their families and their communities, and recognizes the dynamic interplay that occurs every day among resources within communities and between individuals, families and groups. The conditions for health are primarily created in communities and by how community policies, practices and assets are aligned to support health. They include these health factors or determinants: a healthy economic and social environment and strong educational system, an efficient system of health services, a healthy and safe physical environment, and healthy behaviors and skills (see Figure 2 in Section 1).

Assuring these conditions (as opposed to simply acknowledging their importance) will require that communities examine how many of their policies, practices and assets can be aligned to support healthy conditions. Priorities to address this effort are described in most of the *Healthiest Wisconsin 2020* objectives. Such a tall order requires engagement with every one of the state health plan's values, and especially those of alignment, infrastructure, leverage and sustainability.

One example among the many objectives is the goal of achieving complete vaccination of the population according to federal health guidelines. It may appear that for most people to acquire a vaccine is a simple matter; in fact the *conditions* needed to achieve this include sustainable resources and infrastructure to acquire vaccine, capably train and organize those who administer vaccine; alignment of the education, media, medical, faith, employer and other sectors to help people understand the value and safety of vaccination; aligning and leveraging effective institutional policies that favor vaccination (for example, school entry requirements very effectively increased vaccination and reduced disease rates) and to assure equity and reduce disparities in vaccination rates; and even sustaining environmental systems to ensure that used vaccination needles do not become a biohazard. *Assuring these conditions* are maintained means this commitment is made year after year, because every year there is a new "class" of eligible children, adolescents and adults to be vaccinated. Thus, these systems must be sustained and performance improved continuously, as envisioned in *Healthiest Wisconsin 2020* values.

In our framework for building this plan, the mission begins to provide support for the vision and goals, but it is still suspended in the sky. Reaching from the foundation values to the mission requires the support of three different sets of objectives.

PILLAR OBJECTIVES: REACHING AND SUPPORTING THE MISSION AND VISION



Healthiest Wisconsin 2020's focus on concretely addressing the health determinants, eliminating health disparities, achieving health equity and improving health across the life span is a big challenge. It represents a shift in what we are calling important, and the difficulty of achieving it. Even if we achieve many of the individual focus area objectives, most of them alone will not be enough to make major improvements in the key health determinants, such as the economic and social environment, that, in turn, are required to dramatically improve health during this decade. For that, 10 objectives are identified as Pillar Objectives. These Pillars are the large and substantial structures that reach from the foundation (values) to the mission. The Pillars provide a solid support to sustain the mission.

Healthiest Wisconsin 2010 focused on several health and infrastructure priorities (which in *Healthiest Wisconsin 2020* are termed focus areas). Considerable work over the decade focused on each of the priorities, but often these activities occurred in isolation and opportunities for synergistic policies and systems were sometimes overlooked.

For *Healthiest Wisconsin 2020*, planners sought to identify a small number of critical objectives that were either fundamental to everyone's work, or that, if achieved, would advance everyone's work toward a healthier state. Because these 10 objectives support and sustain the entire plan, rather than a particular focus area, they are called Pillar Objectives. They are so crucial to the success of *Healthiest Wisconsin 2020* that they deserve everyone's attention and work across the decade even as groups and individuals concentrate on different focus areas.

- Five of the 10 Pillar Objectives come from two focus areas the Strategic Leadership Team determined were overarching to the entire plan: Health Disparities; and Social, Economic and Educational Factors that Influence Health. These objectives are central to the plan's mission and vision, and affect every other objective in the plan.
- Five additional Pillar Objectives were derived from common themes found across many Infrastructure and Health Focus Area objectives. These identified high-impact opportunities that promise to propel the entire plan forward.

The Pillar Objectives constitute the load-bearing columns that span the vertical space between the foundation and the rooftop, where the mission, vision and goals reside. Without the Pillars the structure will be weak and eventually collapse. The Pillar Objectives listed below are described in more detail in Section 3.

Pillar Objectives

Derived from the two Overarching Focus Areas

- Comprehensive data to track health disparities
- Resources to eliminate health disparities
- Policies to reduce discrimination and increase social cohesion
- Polices to reduce poverty
- Policies to improve education

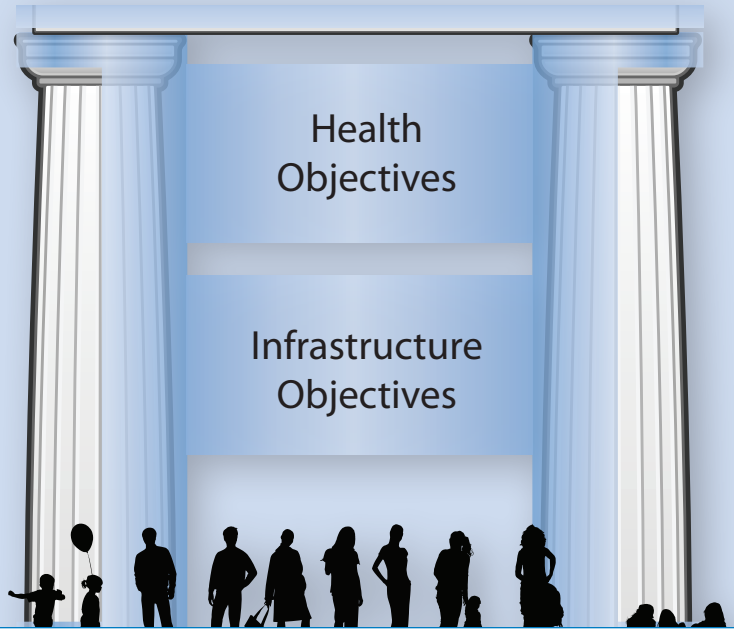
Derived from recurring themes in the focus areas

- Improved and connected health service systems
- Youth and families prepared to protect their health and the health of their community
- Environments that foster health and social networks
- Capability to evaluate the effectiveness and health impact of policies and programs
- Resources for governmental public health infrastructure

Because these objectives are so important to the realization of the plan's highest goals, and because some of them are difficult to achieve, the Strategic Leadership Team has asked that all plan partners join in the work of achieving them, even as they also work on focus areas that may be closer to their day-to-day work or interests.

A structure to work in needs more than pillars and a roof. The next section describes the infrastructure and health objectives, which round out the plan framework.

FOCUS AREAS: WHERE IS MORE ATTENTION NEEDED?



The nine Infrastructure and 12 Health Focus Areas identify topic-specific areas of the plan where more attention is needed. Similar to adding walls and windows to a building, the focus areas take the complexity of the entire plan and break it into smaller sections where groups of people can work on more focused problems. Each focus area provides a place for partners to address issues nearer their own priorities or training.

Healthiest Wisconsin 2020 priority objectives have been created for each of 21 Infrastructure and Health Focus Areas, selected to ensure that all the elements for comprehensive health improvement were addressed. The broad range of focus areas is meant to assure the plan contains no major gaps and allows everyone to identify at least one place to fit into the plan.

Infrastructure Focus Areas

In the structure of *Healthiest Wisconsin 2020*, these objectives are comparable to the cross-beams, joists, floors, utilities, safety systems and maintenance operations in the building. Without these features, no building (or plan) remains functional or safe for very long.

This set of focus areas involves the infrastructure of the state's public health system. The nine Infrastructure Focus Areas and their corresponding objectives can be viewed as the essential underpinnings of how work gets done. For *Healthiest Wisconsin 2020*, infrastructure objectives were developed in the following areas:

- Access to high-quality health services
- Collaborative partnerships for community health improvement
- Diverse, sufficient and competent workforce that promotes and protects health
- Emergency preparedness, response and recovery
- Equitable, adequate, stable public health funding
- Health literacy
- Public health capacity and quality
- Public health research and evaluation
- Systems to manage and share health information and knowledge

Health Focus Areas

In the *Healthiest Wisconsin 2020* framework, Health Focus Areas and objectives can be thought of as the finished rooms and fixtures where people are working on the ultimate product of the health plan: changes that will meaningfully improve physical and mental health.

The 12 Health Focus Areas address important health outcomes for the decade. This set of focus areas will be familiar to almost everyone, since they address real health issues in a direct way. However, it is also important to realize that work on the Health Focus Areas and their corresponding objectives relies on the public health system infrastructure to be effective and sustainable; Health Focus Areas depend on the Infrastructure and Pillar objectives. For *Healthiest Wisconsin 2020*, objectives

were developed in the following Health Focus Areas:

- Adequate, appropriate, and safe food and nutrition
- Alcohol and other drug use
- Chronic disease prevention and management
- Communicable disease prevention and control
- Environmental and occupational health
- Healthy growth and development
- Injury and violence
- Mental health
- Oral health
- Physical activity
- Reproductive and sexual health
- Tobacco use and exposure

While some of these focus areas and their objectives will speak more specifically to one community or constituency than others, any individual, organization and community should be able to identify at least some objectives that are highly relevant to their areas of need, interest or expertise. *Healthiest Wisconsin 2020* provides opportunities for organizations, agencies, communities, and systems to integrate *Healthiest Wisconsin 2020* objectives into their plans for health improvement.

Summary

The *Healthiest Wisconsin 2020* framework consists of these components:

- **Values:** These underlying values will provide guidance to everyone working to achieve *Healthiest Wisconsin 2020*.
- **Vision and Goals:** These provide the direction and the driving force behind the plan. The vision, "Everyone living better, longer," helps describe what Wisconsin will be like if we accomplish the two plan goals: "Improve health across the life span" and "Eliminate health disparities and achieve health equity."
- **Mission:** Healthiest Wisconsin's mission states what must actually be done to accomplish the vision and goals: "To assure conditions in which people can be healthy, and members of healthy, safe, and resilient families and communities." It focuses on improving conditions for health ("health determinants") that are primarily created in communities and institutions, and how their policies, practices and assets can be aligned to support health.

- **Pillar Objectives:** These 10 objectives are called "pillars" because their achievement is important to sustainable support of every other objective in the plan. Some Pillar Objectives are derived from the plan's two Overarching Focus Areas (Health Disparities; and Social, Economic, and Educational Factors that Influence Health), and some represent common themes found in many of the health and infrastructure objectives. The Pillar Objectives are so crucial and, in some cases, so difficult to achieve, that all plan partners are needed to work on them.

- **Infrastructure Focus Area Objectives:** These topical objectives focus on the essential underpinnings of a strong public health system, which is needed for work on health outcomes to be effective and sustainable.

- **Health Focus Area Objectives:** These topical objectives address important health outcomes for the decade; they directly address specific health-related outcomes.

The next sections of *Healthiest Wisconsin 2020* list and describe in greater detail the plan's three sets of objectives: Pillar Objectives, Infrastructure Focus Area objectives, and Health Focus Area objectives.

References

Annie E. Casey Foundation, Kids Count Data Center. Infant mortality rate (per 1,000 live births) – 2006. July 2009. Retrieved May 17, 2010 from http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?loct=2&by=v&order=a&ind=20&dtm=11032&tf=17

Association of State and Territorial Health Officials, *Health Equity Policy Statement*, 2000. Retrieved February 25, 2010 from http://www.astho.org/Advocacy/Policy-and-Position-Statements/Healthy-Equity-Policy-Statement/

Booske BC, Kempf AM, Athens JK, Kindig DA, Remington PL. 2007. *Health of Wisconsin Report Card.* University of Wisconsin Population Health Institute. Retrieved from http://uwphi.pophealth.wisc.edu/pha/healthiestState/reportCard/2007.htm

Braveman P, Barclay C. 2009. Health Disparities Beginning in Childhood: A Life-Course Perspective. Pediatrics 124:S163-S175.

Centers for Disease Control and Prevention, National Vital Statistics Reports, Volume 57(2), July 30, 2008. Retrieved March 10, 2010 from http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_02.pdf

Crimmins EM, and Saito Y. 2001. Trends in disability-free life expectancy in the United States, 1970-1990: Gender, racial, and educational differences, *Social Science and Medicine*; 52, 1629-1641.

Geronimus AT. 1992. The weathering hypothesis and the health of African-American women and infants: Evidence and speculations. *Ethnicity and Disease*;2:207-21.)

Institute of Medicine. 2003. Committee on Assuring the Health of the Public in the 21st Century, Board on Health Promotion and Disease Prevention. *The future of the public's health in the 21st century*. Washington, DC, National Academies Press. Pages 33, 83.

Lu MC, and Halfon N. 2003. Racial and ethnic disparities in birth outcomes: a life-course perspective. *Maternal Child Health J*;7:13-30.

Robert Wood Johnson Foundation. 2009. Geographic Variations in Public Health Spending: Correlates and Consequences. Retrieved March 23, 2010 from http://www.rwjf.org/files/research/20091007phspendingpolicyhighlightrevised.pdf

Wagener DK, Molla MT, Crimmins EM, Pamuk E, and Madans JH. 2001. Summary measures of population health: Addressing the first goal of Healthy People 2001, Improving Health Expectancy. *Healthy People: Statistical Notes*, No. 22.

Wisconsin Department of Health Services, AIDS/HIV Program. February 2010. *Wisconsin AIDS/HIV Summary Report: Executive Summary: Cases reported through December 31, 2009.* Available from http://dhs.wisconsin.gov/aids-hiv/Stats/

Wisconsin Department of Health Services, Minority Health Leadership Council, 2009. Retrieved March 10, 2010 from http://dhs.wisconsin.gov/hw2020/overarching/disparities/ddefinition.pdf

Wisconsin Department of Health Services. January 2008. *Minority Health Report, 2001-2005*. Pages 52 and 65.

Wisconsin Department of Health Services, *Wisconsin Health Facts: Racial and Ethnic Disparities in Infant Mortality, January 2010.* Retrieved March 26, 2010 from http://dhs.wisconsin.gov/healthybirths/pdf/infanthealthfactsheet.pdf

World Health Organization, Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. Retrieved March 30, 2010 from http://www.who.int/about/definition/en/print.html