

Healthiest Wisconsin 2010 Long-term Objectives

This is a list of all of the long-term objectives identified in *Healthiest Wisconsin 2010*, the state health plan. Objectives are shown according to *Healthiest Wisconsin 2010*'s eleven Health Priorities and five System Priorities. The state health plan gives equal weight to all of the priorities, so the order of the list does not reflect any ranking.

Data for indicators that track Wisconsin's progress toward achieving the objectives is provided by the Web-based system, *Tracking the State Health Plan 2010—State-Level Data*. An 'X' in the right-hand column below indicates that the state-level tracking system includes one or more indicators and data for a given long-term objective. The tracking system will incorporate indicators for more of the listed objectives, including System Priority objectives, as data become available.

Health Priorities

| Health Priority and Associated Long-term (2010) Objectives | State-Level Data Available in the Tracking System |
|---|---|
| A. Access to Primary and Preventive Health Services | |
| 1. Increase the Percentage of the Population with Health Insurance By 2010, increase to 92 percent the proportion of the population with health insurance for all of the year. | X |
| 2. System Infrastructure Capacity for Prevention | |
| a. By 2010, increase the Public Health System infrastructure capacity (data systems, service delivery, and workforce) to assure population access to clinical and community preventive health services. | |
| b. Increase provider screening for chronic diseases and other health risks including alcohol and drug abuse. | X |
| c. Increase provider exposure to U.S. Preventive Services Guidelines (evidence-based practice guidelines) for preventive care. | |
| 3. Reducing Barriers to Access By 2010, reduce by 10 percent the proportion of the population that reports difficulties, delays, or the inability to receive ongoing primary and preventive health care (e.g., check-ups and management of acute or chronic illnesses). | X |
| 4. Access to Oral Health Services By 2010, increase by 10 percent the proportion of each of the following populations who receive ongoing preventive and restorative oral health care: Medicaid/BadgerCare, uninsured, and underinsured populations. | |
| a. By 2010, 33 percent or more of Wisconsin's Medicaid and BadgerCare enrollees will have received oral health services (preventive and/or restorative) from a dental provider in the past year. | X |
| b. By 2010, 46 percent or more of Wisconsin's residents who were uninsured throughout the previous year will have received oral health | X |

Health Priorities

| Health Priority and Associated Long-term (2010) Objectives | State-Level Data Available in the Tracking System |
|---|---|
| services from a dental provider in the past year. | |
| c. By 2010, 70 percent or more of Wisconsin’s residents who were uninsured for part of the previous year will have received oral health services from a dental provider in the past year. | X |
| B. Adequate and Appropriate Nutrition | |
| 1. Infrastructure | |
| By 2010, Wisconsin will have a public health nutrition infrastructure to assure that local official health departments have qualified and culturally competent public health nutritionists. | |
| 2. Breastfeeding and Healthy Eating | |
| a. By 2010, increase the proportion of Wisconsin's population that makes healthy food choices to 40 percent. | X |
| b. By 2010, increase the proportion of mothers who breastfeed their infants. | X |
| 3. Adequate, Safe, and Appropriate Food | |
| By 2010, increase the number and proportion of Wisconsin households that have access to adequate, safe, and appropriate foods at all times. | X |
| C. Alcohol and Other Substance Use and Addiction | |
| 1. Stigma Reduction Through Increased Knowledge and Understanding | |
| a. By 2010, 55 percent or more of Wisconsin’s general public will demonstrate a basic understanding of the scientific knowledge about alcohol and other drug use, addiction, addiction treatment, recovery, and alcohol or drug use during pregnancy. | |
| b. By 2010, 55 percent or more of Wisconsin’s general public will demonstrate positive, non-prejudicial attitudes toward persons with or recovering from alcohol and other drug use disorders. | |
| 2. Evidence-Based Prevention Practices for Youth | |
| By 2010, reduce alcohol and other drug abuse among 12-17-year-old youth using evidence-based practices. | |
| a. Reduce the percentage of youth who report binge drinking in the past 30 days. | X |
| b. Reduce the percentage of youth who report using marijuana in the past 30 days. | X |
| c. Reduce the percentage of youth who report using tobacco in past 30 days. | X |
| d. Reduce the percentage of youth who report first use of alcohol prior to age 13. | X |
| e. Reduce the percentage of youth who report first use of marijuana prior to age 13. | X |

Health Priorities

| Health Priority and Associated Long-term (2010) Objectives | State-Level Data Available in the Tracking System |
|---|---|
| f. By 2010, reduce the number of youth under the age of 18 arrested for operating while intoxicated to 641. | |
| g. By 2010, reduce the number of youth under the age of 18 arrested for liquor law violations to 11,647. | |
| <p>3. Improving Screening By 2010, 80 percent or more of providers of health and medical services and managed care plans under Medicaid, BadgerCare, the Health Insurance Risk Sharing Plan (HIRSP), the Community Options Program (COP-W), the Community Integration Program (CIP II), Family Care, SSI managed care, other Medicaid waiver programs, and state employee group health plans, by contract, will provide screening and referral for alcohol and other drug use in order to increase the identification and provision of specialized services for persons with alcohol and drug use-related problems.</p> | |
| <p>4. Closing the Treatment Gap By 2010, annual state/federal aids and grants and Medicaid admissions for alcohol and other drug use disorder treatment will increase by 10 percent or more over the 5-year average of admissions between 2001 and 2005 in order to increase access to treatment and close the gap between those receiving treatment and those needing treatment.</p> | |
| <p>5. Meeting the Needs of Other Family Members when an Individual has a Substance Use Disorder By 2010, 60 percent or more of the families served under the women's treatment, juvenile court intake, Nexus, and coordinated services team programs will achieve improved family functioning which will be evidence of an increase in screening and provision of appropriate services to family members of persons with a substance use disorder.</p> | |
| D. Environmental and Occupational Health Hazards | |
| <p>1. Microbial or Chemical Contamination By 2010, decrease the incidence of illness resulting from microbial or chemical contamination of food and drinking water.</p> | |
| a. By 2010, reduce CDC risk factor violations for food and water by 25 percent, based on a 2004 baseline. | |
| b. By 2010, the incidence of E. coli 0157:H7 infection will be 3 per 100,000 population. | X |
| c. By 2010, the incidence of Salmonellosis will be 8 per 100,000 population. | X |
| d. By 2010, the incidence of Shigellosis will be 4 per 100,000 population. | X |
| e. By 2010, the incidence of Campylobacteriosis will be 11 per 100,000 population. | X |

Health Priorities

| Health Priority and Associated Long-term (2010) Objectives | State-Level Data Available in the Tracking System |
|---|---|
| f. By 2010, the incidence of Hepatitis A will be 1 per 100,000 population. | X |
| g. By 2010, increase the awareness of health threats from arsenic in private water supplies, mercury in sports fish, and methemoglobinemia, by 50 percent in each case, over a 2002 (or future) baseline. | |
| <p>2. Respiratory Diseases By 2010, reduce the incidence of illness and death from respiratory diseases related to or aggravated by environmental and occupational exposures.</p> | |
| a. By 2010, reduce the asthma hospitalization rate to 8.5 per 10,000 population from the 2000 baseline asthma hospitalization rate of 10.6 per 10,000. | X |
| b. Reduce public exposures to indoor radon in all buildings with radon concentrations >4 pCi/L in occupied spaces. | |
| c. By 2010, reduce occupational mesothelioma, illness and death by 30 percent below the 2000 baseline. | X |
| d. By 2010, reduce occupational pneumoconiosis illness and death by 30 percent below the 2000 baseline. | X |
| <p>3. Occupational Injury, Illness, and Death By December 31, 2010, the incidence of occupational injury, illness, and death will be reduced by 30 percent.</p> | |
| a. Reduce the age-adjusted occupational death rate for all industries, state and local government included. | X |
| b. Reduce the incidence rate of occupational injury and illness for all industries, state and local government included. | X |
| | |
| <p>4. Chemical and Biological Contaminants in the Home By December 31, 2010, reduce by 50 percent the incidence of illness and death related to chemical and biological contaminants in the home.</p> | |
| a. By 2010, rehabilitate 120,000 dwellings in Wisconsin with lead hazards present and occupied by children under six years old. | |
| b. By 2010, 100 percent of Wisconsin children enrolled in Medicaid will receive age-appropriate blood lead tests. | X |
| c. By the end of 2010, among all Wisconsin children age six or younger, there will be no children newly identified with lead poisoning. | X |
| d. By 2010, increase the capacity of local health departments to address environmental health issues in the home. | |
| e. Reduce public exposures to indoor radon in all buildings with radon concentrations >4 pCi/L in occupied spaces. | |
| f. By 2010, there will be no unintentional carbon monoxide poisoning fatalities in Wisconsin. | X |
| g. By 2010, there will be no unwanted environmental tobacco smoke exposure in homes. | X |

Health Priorities

| Health Priority and Associated Long-term (2010) Objectives | State-Level Data Available in the Tracking System |
|--|---|
| <p>5. Environmental Health Indicators for Air, Land, and Water By 2010, enhance the quality of life in Wisconsin through improvements in environmental health indicators for air, land, and water.</p> | |
| <p>E. Existing, Emerging, and Re-emerging Communicable Diseases</p> | |
| <p>1. Statewide Communicable Disease Surveillance and Response Assure the timely detection of, and effective response to, communicable diseases.</p> | |
| <p>a. By 2010, at least 85 percent of communicable disease reports will be received by the local or state public health agency within the timeframe specified by HFS 145.04(3)(a) and HFS 145.04(3)(b).</p> | |
| <p>b. By 2010, 100 percent of local health departments will have documented capacity to respond to outbreaks of communicable disease as defined in HFS 140.</p> | |
| <p>2. Vaccine Preventable Diseases and Immunization Increase to at least 90 percent the percentage of children and adults who are fully immunized with vaccines recommended for routine use by the Advisory Committee on Immunization Practices (ACIP).</p> | |
| <p>a. By 2010, at least 90 percent of Wisconsin residents under two years of age will be fully immunized in accordance with current Advisory Committee on Immunization Practices (ACIP) recommendations.</p> | X |
| <p>b. By 2010, at least 97 percent of Wisconsin school-age residents will be fully immunized in accordance with current Advisory Committee on Immunization Practices (ACIP) recommendations.</p> | X |
| <p>c. By 2010, at least 90 percent of Wisconsin residents 65 years of age and older and individuals with chronic health conditions will be fully immunized in accordance with current Advisory Committee on Immunization Practices (ACIP) recommendations.</p> | X |
| <p>3. Foodborne and Waterborne Disease Control Reduce disease caused by reportable foodborne and waterborne pathogens.</p> | |
| <p>a. By 2010, the incidence of E. coli 0157:H7 infection will be 3 per 100,000 population or less.</p> | X |
| <p>b. By 2010, the incidence of salmonellosis will be 8 per 100,000 population or less.</p> | X |
| <p>c. By 2010, the incidence of shigellosis will be 4 per 100,000 population or less.</p> | X |
| <p>d. By 2010, the incidence of campylobacteriosis will be 11 per 100,000 population or less.</p> | X |
| <p>e. By 2010, the incidence of hepatitis A will be 1 per 100,000 population or less.</p> | X |
| <p>4. Antibiotic and Antimicrobial Resistance Ensure that the use of antibiotics and antimicrobials is appropriate.</p> | |

Health Priorities

| Health Priority and Associated Long-term (2010) Objectives | State-Level Data Available in the Tracking System |
|--|---|
| a. By 2010, at least 95 percent of medical antibiotic usage in Wisconsin will be appropriate according to generally accepted medical standards of practice. | |
| b. By 2010, at least 90 percent of poultry and livestock producers in Wisconsin will adhere to generally accepted standards for antibiotic feed supplementation. | |
| F. High-Risk Sexual Behavior | |
| 1. Adolescent Sexual Activity By 2010, 30 percent or less of Wisconsin high school youth will report ever having had sexual intercourse. | X |
| 2. Unintended Pregnancy in Wisconsin By 2010, 30 percent or less of pregnancies to Wisconsin residents will be unintended. | |
| 3. Sexually Transmitted Disease, including HIV Infection It is a public health goal to reduce the incidence of sexually transmitted disease (STD), including human immunodeficiency virus (HIV) infection, by promoting responsible sexual behavior throughout the life span, strengthening community capacity, and increasing access to high-quality prevention services. | |
| a. By the year 2010 the incidence of primary and secondary syphilis in Wisconsin will be 0.2 cases per 100,000 population. | X |
| b. By the year 2010 the incidence of genital Chlamydia trachomatis infection in Wisconsin will be 138 cases per 100,000 population. | X |
| c. By the year 2010 the incidence of Neisseria gonorrhoea infection in Wisconsin will be 63 cases per 100,000 population. | X |
| d. By the year 2010 the incidence of human immunodeficiency virus (HIV) infection in Wisconsin will be 2.5 cases per 100,000 population. | X |
| G. Intentional and Unintentional Injuries and Violence | |
| 1. Prevention of Child Maltreatment By 2010, there will be a 10 percent reduction in the number of children who are abused and neglected in Wisconsin as reported by the Department of Health and Family Services and other appropriate governmental data sources. | X |
| 2. Motor Vehicle-Related Injuries and Death | |
| a. By 2010, the rate of motor vehicle crash-related deaths and incapacitating injuries will be 104 per 100,000 population. | X |
| b. By 2010, the rate of motor vehicle fatality and incapacitating injuries will be 9.4 per hundred million vehicle miles traveled. | X |
| c. By 2010, the age-adjusted overall motor vehicle death rate will be 14.0 per 100,000 population. | X |

Health Priorities

| Health Priority and Associated Long-term (2010) Objectives | State-Level Data Available in the Tracking System |
|--|---|
| 3. Fall-Related Injuries and Death | |
| a. By 2010, the age-adjusted rate of death from falls will be 9.0 per 100,000 population. | X |
| b. Between 2000 and 2010, reduce the age-adjusted rate of hospitalizations due to falls. | X |
| 4. Trauma System Development | |
| By 2010, evaluate the effectiveness of the system by comparing mortality and morbidity data from 2001 and 2010 or the most recent year available. | |
| 5. Injury Surveillance System | |
| By 2010, combine or coordinate existing data systems into a surveillance system. | |
| H. Mental Health and Mental Disorders | |
| 1. Screening and Referral | |
| By 2010, 80 percent of State-administered employee group health plans, Medicaid-funded programs, BadgerCare, and SSI managed care will, by contract, incorporate questions for mental health problems into their screening and referral processes. | |
| 2. Discrimination/Anti-Stigma | |
| a. By 2010, an additional 15 percent of the general public will demonstrate an understanding that individuals with mental health disorders can recover through treatment to lead productive, healthy, and happy lives. | |
| b. By 2010, an additional 15 percent of the general public will demonstrate the belief that individuals with mental health disorders are capable of sustaining long-term productive employment. | |
| 3. Cultural Competence | |
| By 2010, 87 percent of publicly funded mental health consumers will feel their service provider was sensitive to their culture during the treatment planning and delivery process. | |
| 4. Access to Care | |
| a. By 2010, Wisconsin's public mental health clients who have access to "best practice" mental health treatments will increase by 10 percent. | |
| b. By 2010, Wisconsin's public mental health clients who have access to "evidence-based" mental health treatments will increase by 10 percent. | |

Health Priorities

| Health Priority and Associated Long-term (2010) Objectives | State-Level Data Available in the Tracking System |
|--|---|
| I. Overweight, Obesity, and Lack of Physical Activity | |
| 1. Leadership By 2010, an infrastructure will be in place that fosters the development, support, and sustainability of healthy lifestyles among Wisconsin residents. | |
| 2. Physical Activity for Children and Adolescents Between 2001 and 2010, increase the proportion of Wisconsin adolescents who report they engaged in at least 30 minutes of moderate physical activity, on five or more of the previous seven days, from 27 percent to 37 percent. | X |
| 3. Physical Activity for Adults Between 2000 and 2010, increase the proportion of Wisconsin adults who reported they engaged in any physical activities during the past month from 78 percent to 88 percent. | X |
| 4. Overweight and Obesity | |
| a. Between 2000 and 2010, reduce the proportion of Wisconsin children who are overweight from 11.4 percent to 9.4 percent. | X |
| b. Between 2000 and 2010, reduce the proportion of Wisconsin adolescents who are overweight from 10 percent to 8 percent. | X |
| c. Between 2000 and 2010, reduce the proportion of Wisconsin adults who are obese from 20 percent to 15 percent. | X |
| J. Social and Economic Factors that Influence Health | |
| 1. Improving Income Levels of Wisconsin Households By 2010, at least 70 percent of Wisconsin households will have annual income at or above 300 percent of the federal poverty level. | X |
| 2. Social Connectedness and Cultural Competence Between 2000 and 2010, increase the level of a) social connectedness of individuals within communities and b) cultural competence in health care services settings. | |
| 3. Literacy and Educational Attainment | |
| a. Between 2000 and 2010, attain a literacy rate in Wisconsin of 91 percent. | |
| b. Between 2000 and 2010, attain an overall high school graduation rate for Wisconsin students of 95 percent. | X |
| c. Between 2000 and 2010, eliminate racial disparities in high school graduation rates for Wisconsin students. | X |
| 4. Child Care | |
| a. By 2010, no Wisconsin family will pay more than 20 percent of their income for day-care expenses. | |
| b. By 2010, no more than 5 percent of families at or below 200 percent of the federal poverty level (FPL) will have out-of-pocket expenses for day | |

Health Priorities

| Health Priority and Associated Long-term (2010) Objectives | State-Level Data Available in the Tracking System |
|--|---|
| care. | |
| K. Tobacco Use and Exposure | |
| 1. Youth Prevention | |
| a. Tobacco use among Wisconsin middle school youth will decrease from 16 percent in 2000 to 12 percent in 2010. | X |
| b. Tobacco use among Wisconsin high school youth will decrease from 39 percent in 2000 to 29 percent in 2010. | X |
| 2. Tobacco Cessation | |
| a. Current cigarette smoking among all adults (18+) will decrease from 24 percent in 2000 to 19 percent in 2010. | X |
| b. Current cigarette smoking among young adults (18-24) will decrease from 40 percent in 2000 to 32 percent in 2010. | X |
| 3. Secondhand Smoke | |
| a. Adults who reported that they or someone else smoked in their home in the past 30 days will decrease from 28 percent in 2000 to 21 percent in 2010. | X |
| b. Adults who reported that smoking is allowed in some or all work areas as their place of work's official smoking policy will decrease from 26 percent in 2000 to 19 percent in 2010. | X |
| c. Youth who reported that they live with someone who smokes will decrease from 44 percent in 2000 to 33 percent in 2010. | X |

System (Infrastructure) Priorities

| System Priority and Associated Long-term (2010) Objectives | State-Level Data Available in the Tracking System |
|--|---|
| <p>Integrated Electronic Data and Information Systems By 2010, Wisconsin will have an integrated electronic information system that measures public health system capacity and provides meaningful information about Wisconsin's 5 infrastructure priorities and 11 health priorities for individuals and organizations to improve the health of Wisconsin's population.</p> | |
| <p>Community Health Improvement Processes and Plans By 2010, 100 percent of local health departments will have implemented and evaluated a community health improvement plan that is linked to the State Health Plan.</p> | |
| <p>Coordination of State and Local Public Health System Partnerships</p> | |
| <p>1. Influencing Partnership Participation to Improve Health By December 31, 2010, 100 percent of public/private health partnerships, within five years of being formed, have successfully changed one or more significant systems or health priorities that support <i>Healthiest Wisconsin 2010</i>.</p> | |
| <p>2. Establishing Collaborative Leadership and Educational Processes By December 31, 2010, members of 100 percent of defined local, regional, and state partnerships will evaluate that the partnership has effectively met locally defined goals that support <i>Healthiest Wisconsin 2010</i>.</p> | |
| <p>3. Developing a Data System to Manage, Assess, and Evaluate Partnerships By December 31, 2010, the Department of Health and Family Services will maintain an electronic public health data system that collects data on critical public/private health partnership indicators.</p> | |
| <p>Sufficient, Competent Workforce</p> | |
| <p>1. Competency By 2010, Wisconsin's public health system will assure a competent public health workforce through a collaborative information and education network for workforce preparation, support of current practice, and continuing education.</p> | |
| <p>2. Diversity By 2010, the composition of Wisconsin's public health system workforce at all levels will approach the demographic profile of the community.</p> | |
| <p>3. Enumeration By 2010, Wisconsin will have a monitoring system in place with the capacity to describe the current and future composition, distribution, and trends of Wisconsin's public health system workforce.</p> | |

System (Infrastructure) Priorities

| System Priority and Associated Long-term (2010) Objectives | State-Level Data Available in the Tracking System |
|--|---|
| Equitable, Adequate, and Stable Financing By 2010, there will be equitable, adequate, and stable funding to support Wisconsin's state and local public health system infrastructure. | |