

Forum

Why is Minnesota's health better than ours?

The University of Wisconsin men's basketball team may have beaten Minnesota twice this season, but the Gopher State has always outperformed us Badgers in an even more important arena: the health of our state. Depending on the measure of health used, Minnesota is No. 1 or No. 2 in the country, while Wisconsin ranks No. 10 or No. 12. Why is this? Why are two seemingly quite similar states so different when it comes to the factors that determine their health?

Along with colleagues Bridget Booske and Pat Remington, I have been examining such differences across all states in the country as part of a project titled "Making Wisconsin the Healthiest State." (www.pophealth.wisc.edu/uwphi/research/healthy.htm). The project is funded by the Wisconsin Partnership Program (Blue Cross Blue Shield endowment).

Focusing only on our western neighbor, the accompanying chart lists 16 factors that are often used in determining how healthy we are. Some are within the medical care system like having health insurance or having high quality health care, but others have to do with our behaviors like smoking and obesity and even broader determinants like income, education, and employment. We have ranked the factors according to where Wisconsin ranks from highest to lowest, and then show Minnesota's rank next to it.

What does this comparison tell us? While we rank better than Minnesota in a few areas like adult health insurance coverage, physical activity and violent crime, in many others we do worse. In several areas we are only slightly behind, but in some like overweight children, children in poverty, median family income, unemployment, and sexually transmitted infections, the gaps are quite large.

In many areas, moderate efforts should get us closer. But the bad news is that there isn't a single silver bullet that will improve our health. The "inconvenient truth" is that improving in many diverse areas will be required. Our health care system is relatively strong, but we have significant challenges in individual behaviors and socioeconomic

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Category	Wis.	Minn.
<i>(smaller number is better rank)</i>		
Health care quality	1	2
Adults w/health insurance	2	8
Children w/health insurance	2	2
Physically active adults	3	17
Violent crime	8	21
Teen births	10	7
College graduates	32	10
Low birthweight babies	12	5
Children in poverty	12	5
Median household income	19	11
Traffic deaths	20	4
Overweight children	24	3
Smokers	28	15
Chlamydia rate	32	9
Unemployment	31	12
Binge drinking	50	39

determinants.

While this is based on the health of Wisconsin overall, we know that we fare even worse in minority and lower socioeconomic populations; our State Health Report Card last summer gave Wisconsin a B- for overall health but a D for health disparities. Minnesota also is doing much better in this regard with a disparity grade of B. So we face the two challenges of improving health overall as well as substantially reducing unacceptable differences within our state.

Becoming as healthy as Minnesota will not happen quickly. What set of investments will help us become healthier and challenge our neighbor for its excellence? Improving the health of Wisconsin cannot be accomplished solely by strengthening our health care system even further — the social, economic, environmental and lifestyle factors need even more attention. If we accomplish such a balanced health investment portfolio, we can potentially overtake Minnesota and substantially reduce our own disparities in the coming decades.

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