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Issue Brief

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Healthiest Wisconsin 2010 and Health Disparities: How do the state's goals relate to Wisconsin's minority populations?

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BACKGROUND

The *Healthiest Wisconsin 2010* plan (HW 2010) lays out a vision and road map toward improving the health of Wisconsin's residents.[1] The plan identifies 11 priority areas that were determined to have the greatest potential to improve health and sets multiple quantitative objectives to monitor statewide progress. To "eliminate health disparities" stands as one of its three principle goals.

The multi-sector HW2010 plan grew from a two-year planning effort that identified goals and objectives intended to apply to Wisconsin's population as a whole. These goals were developed using statewide data and both qualitative and quantitative methods.

Three years later, the Wisconsin Department of Health and Family Services completed *The Health of Racial and Ethnic Populations in Wisconsin: 1996-2000,* [2] known as the state minority health report (MHR). This document provides baseline health data on racial/ethnic populations in Wisconsin to help monitor progress toward the statewide goal of eliminating health disparities.

The MHR confirms that Wisconsin's racial and ethnic minority populations experience significant health status disparities and generally have worse health outcomes when compared to non-Hispanic whites.

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The report also details that Wisconsin's racial/ethnic minority populations overall have lower levels of income and education, are less likely to have continuous health insurance coverage, are more likely to receive compromised health care, and are under-represented in the health care workforce.

Together, HW2010 and the MHR may provide a complete picture of Wisconsin's population. In this Issue Brief, we consider the relationship between these two documents. We look at the current health status of Wisconsin's minority populations and explore the relevance of the objectives detailed in HW2010 for the purposes of monitoring progress in these populations.

METHODS

There is not one-to-one correspondence between the objectives in HW2010 and the reported indicators in the MHR (Table). For this analysis, we pulled those quantitative health status objectives from within the Health Priorities section of HW2010 for which there was a clearly corresponding health status indicator within the MHR. We then compared the difference in the baseline health status for various populations to the stated objective in HW2010, in order to demonstrate the degree of change that would be needed for each population to achieve the HW2010 objective as stated – and thereby promote the goal of eliminating health disparities.

We focus on 6 of the 11 health priority areas, that fit our criteria for comparison. Due to space limitations, this brief shows the findings of 4 comparisons, although the conclusions hold for all of the objectives studied.

RESULTS AND DISCUSSION

Some of Wisconsin's minority populations are far from achieving many of the statewide goals that appear realistic for Wisconsin's white majority population. (See figures 1-4). In these cases, minority populations would require much greater improvement rates than those of the majority white population in order to reach statewide objectives.

HW2010 Priority	HW2010 Objective Topics	MHR Indicator
Access to primary and preventive health services	Increase the percentage of the population with health insurance to 92%	Health insurance coverage
Environmental and occupational health hazards	Reduce asthma hospitalization rate to 8.5 per 10,000	Asthma
High-risk sexual behavior	Decrease incidence of sexually transmitted diseases, including HIV infection	HIV infection, syphilis, Chlamydia, and gonorrhea
Intentional and unintentional injuries and violence	Achieve a motor vehicle-related injuries and death rate of 14.0 per 100,000	Motor vehicle crashes
Overweight, obesity, and lack of physical activity	Increase the proportion of adults who engage in physical activity from 78% to 88%	Physical inactivity
Tobacco use and exposure	Decrease tobacco use among youths from 16% to 12%	Adult and youth smoking

Statewide rates, then, mask persistent disparities among racial and ethnic populations. Wisconsin's DHFS has clearly indicated, through its MHR and elsewhere, that it is not enough to achieve the statewide objective, if done by disproportionately advancing the status of the majority population while leaving behind minority populations. Some argue that limited state resources be directed toward advancing the health of those subpopulations that lag, even if it means slower overall progress toward statewide HW2010 numeric objectives.

An alternative approach could measure progress based on time-framed objectives that focus on the *rate* of improvement in percentage from the baseline (starting point), rather than the absolute numeric point of attainment. The state could then direct resources toward achieving greater rates of improvement among those populations that lag. In this way, those in poorer health would improve more in absolute terms than those in better health, but all would trend toward decreased disparity (as measured by the relative risk—RR) and greater overall improvement.

Table 1 demonstrates why population-specific objectives are better framed as relative rates of improvement rather than absolute numeric rates of attainment. Beginning with Wisconsin's year 2000 baseline infant mortality rate (IMR) for white (5.7/1,000) and black (16.3/1,000) populations, the goal of "eliminating disparity" requires a 75% IMR reduction for blacks if whites achieve a 30% reduction, attaining the federal goal of 4/1,000 IMR.

We apply a more attainable 50% reduction objective to blacks and a 30% percent reduction objective to whites. The corresponding numeric equivalent objectives — 4.0/1,000 IMR, relative to an 8.2/1,000 IMR for blacks. — reduce (from 2.7 to 2.1) but do not eliminated the disparity.

The point: objectives can act as tools to translate policy into meaningful action. With careful crafting, they can help direct resources toward the state's overall goal to reduce, and eventually eliminate racial and ethnic health disparities.

Table 1: Infant Mortality Rate (IMR) Reduction Objectives: Three Scenarios

	1996-2000 IMR per 1,000	2010 Improvement needed to eliminate disparity	2010 Example "attainable" objective in % reduction	2010 Example "attainable" numeric objective
White	5.7	30% (IMR = 4)	30%	4.0
Black	16.3	75% (IMR = 4)	50%	8.2
Disparity (RR)	16.3/5.7=2.7	4/4=1		8.2/4=2.1

Figure 1.[2] Average annual age-adjusted asthma hospitalization rates by race/ethnicity, Wisconsin, 1996-2000.

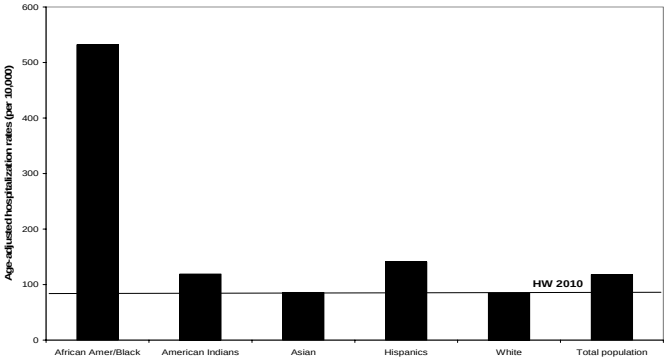


Figure 2.[2] Average annual rates of reported HIV infection by race/ethnicity, Wisconsin, 1996-2000.

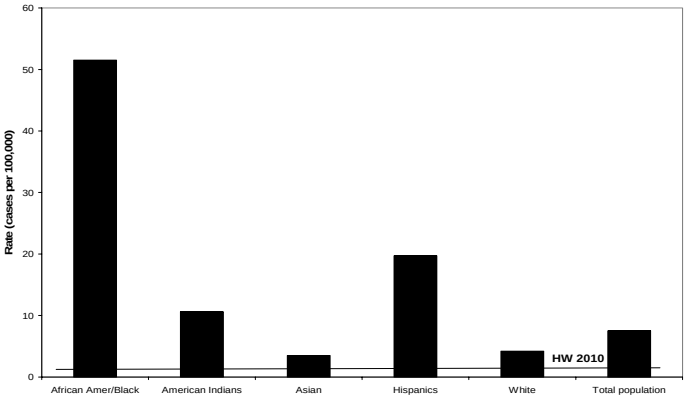


Figure 3.[2] Age-adjusted motor-vehicle death rates by race/ethnicity, Wisconsin, 1996-2000.

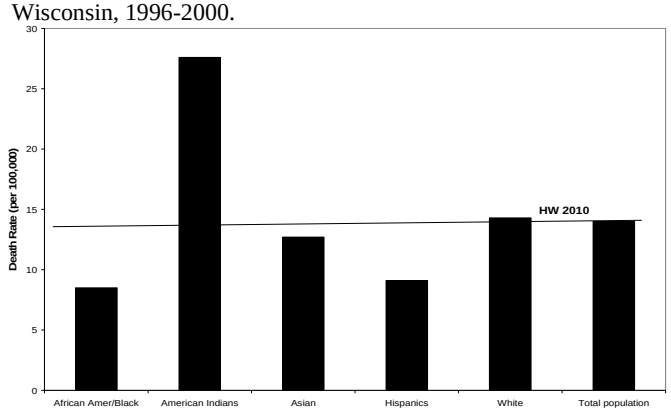
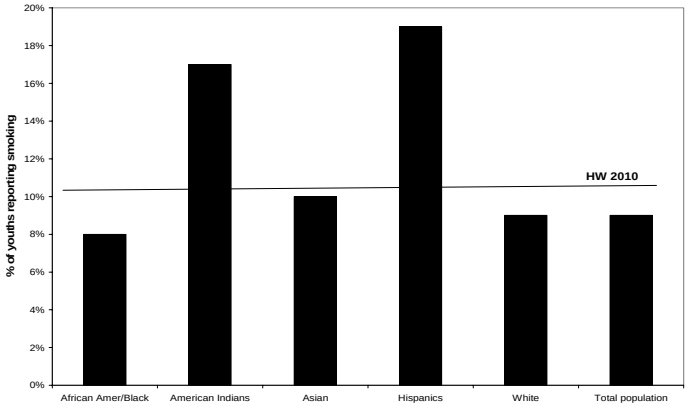


Figure 4.[2] Current middle-school cigarette smoking (grades 6 to 8) by race/ethnicity, Wisconsin, 1996-2000.



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2. Wisconsin Department of Health and Family Services, Division of Public Health, Minority Health Program. *The Health of Racial and Ethnic Populations in Wisconsin: 1996-2000* (PPH 0281 07/04. Madison, Wisconsin: Department of Health and Family Services.