

# Opportunities to Make Wisconsin the Healthiest State



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University of Wisconsin  
Population Health Institute  
SCHOOL OF MEDICINE AND PUBLIC HEALTH



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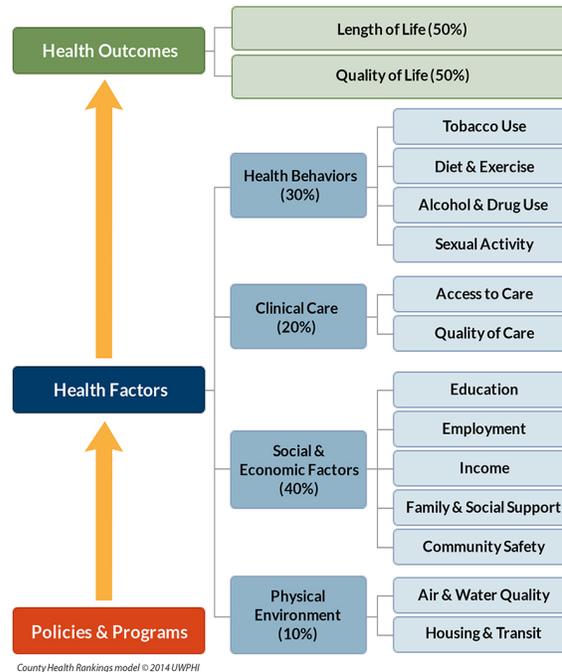
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## Introduction

Improving broad health outcomes in Wisconsin – how long and how well people live – requires improvement in specific health indicators that span several health factor areas.

The model below, from the *County Health Rankings & Roadmaps*, shows four modifiable categories, or “health factor areas,” that influence health outcomes. These areas are: health behaviors, clinical care, social and economic factors, and the physical environment. Each area, and the specific indicators within that area, contributes to the health and well-being of individuals and the community overall.



In this report, the *Making Wisconsin the Healthiest State* team examines multiple interrelated indicators within the four health factor areas. We compare Wisconsin’s performance overall to that of the healthiest and least healthy states in the nation, and to one of our neighboring states, Minnesota. We use this analysis to identify opportunities to improve Wisconsin’s health and make progress toward the goal of becoming the healthiest state.

This report is part of a series produced by the University of Wisconsin Population Health Institute. It brings attention to how Wisconsin compares with other states – and with the nation overall – on leading health indicators (<https://uwphi.pophealth.wisc.edu/>). In addition to this report, the health of subgroups within the state’s population, defined by race, gender, geography, and education, as well as overall disparities in health outcomes in Wisconsin, is available in the “**Health of Wisconsin Report Card.**” To see Wisconsin’s health trends over the past ten years on 20 leading health indicators, the “**Wisconsin Health Trends: Progress Report**” is available. For information regarding programs and policies that have been used to address key health indicators, see “**What Works? Policies and Programs to Improve Wisconsin’s Health**” and [www.whatworksforhealth.wisc.edu](http://www.whatworksforhealth.wisc.edu).

## Overview of Report

In this report, the most current data available is presented for selected indicators in the four health factor areas: health behaviors, clinical care, social and economic factors, and the physical environment. Data is reported on between seven and eighteen indicators within each health factor area. Each indicator is presented in a consistent format that places the best values on the right, comparing the results for:

- Wisconsin ◇
- The United States ▲
- The best ● and worst ● states, and
- Minnesota, our healthier neighboring state ■

Here is an example graphic depicting one of the indicators:



### Percent of children (0-17) in poverty

The ongoing stress and challenges associated with poverty can lead to cumulative negative effects on health, both physical and mental. The state with the lowest percentage of children living in poverty is classified as the “best.” New Hampshire has the lowest percentage of children in poverty at 11%, while Mississippi has the highest percentage of children in poverty at 34%, making Mississippi the “worst” state for this indicator. With 18% of children living in poverty, Wisconsin performs better than the United States as a whole. Across the United States, 22% of children live in poverty. However, Wisconsin does not perform as well as Minnesota, where 14% of children live in poverty.

One important caveat is that the results presented in this report focus on Wisconsin overall; they do *not* indicate the extent of differences in health determinants between population subgroups (e.g., subgroups defined by race/ethnicity, gender, education, income, geographic location, or age). Consideration of such differences is important. Several of these differences are highlighted in the [“Health of Wisconsin Report Card”](#) or in the additional Wisconsin Health Trends: Progress Report materials [online](#).

Wisconsin’s performance on important health indicators as compared to the nation and to Minnesota serves as a useful guide when examining opportunities to improve Wisconsin’s health. Wisconsin’s greatest opportunities may be where Wisconsin’s current results fall below the US average, or where Wisconsin performs better than the US average but worse than Minnesota. To identify ways to improve Wisconsin’s health and reduce health disparities, the [“What Works? Policies and Programs to Improve Wisconsin’s Health”](#) report and online database highlight what we know about the effectiveness of many policies and programs that affect health.

## Key Findings

Wisconsin's strengths include high school completion among young adults, a low percentage of cost-burdened renters, a small percentage of individuals living in overcrowded housing, a high score for overall quality of health care, and a comparatively low number of children without health insurance. However, Wisconsin clearly has room to improve in many other areas, such as problematic alcohol use, deaths from falls, and access to exercise opportunities. Because no state is the best in all factors, even the healthiest can still get healthier. Even being among the best performing states (better than the US and Minnesota) may not be "good enough." For example, Wisconsin ranks 6<sup>th</sup> among all states for the percentage of adults meeting physical activity guidelines, yet a large number of Wisconsin adults (43%) do not meet recommended levels of physical activity.

The table below summarizes Wisconsin's strengths and challenges across the four health factor areas:

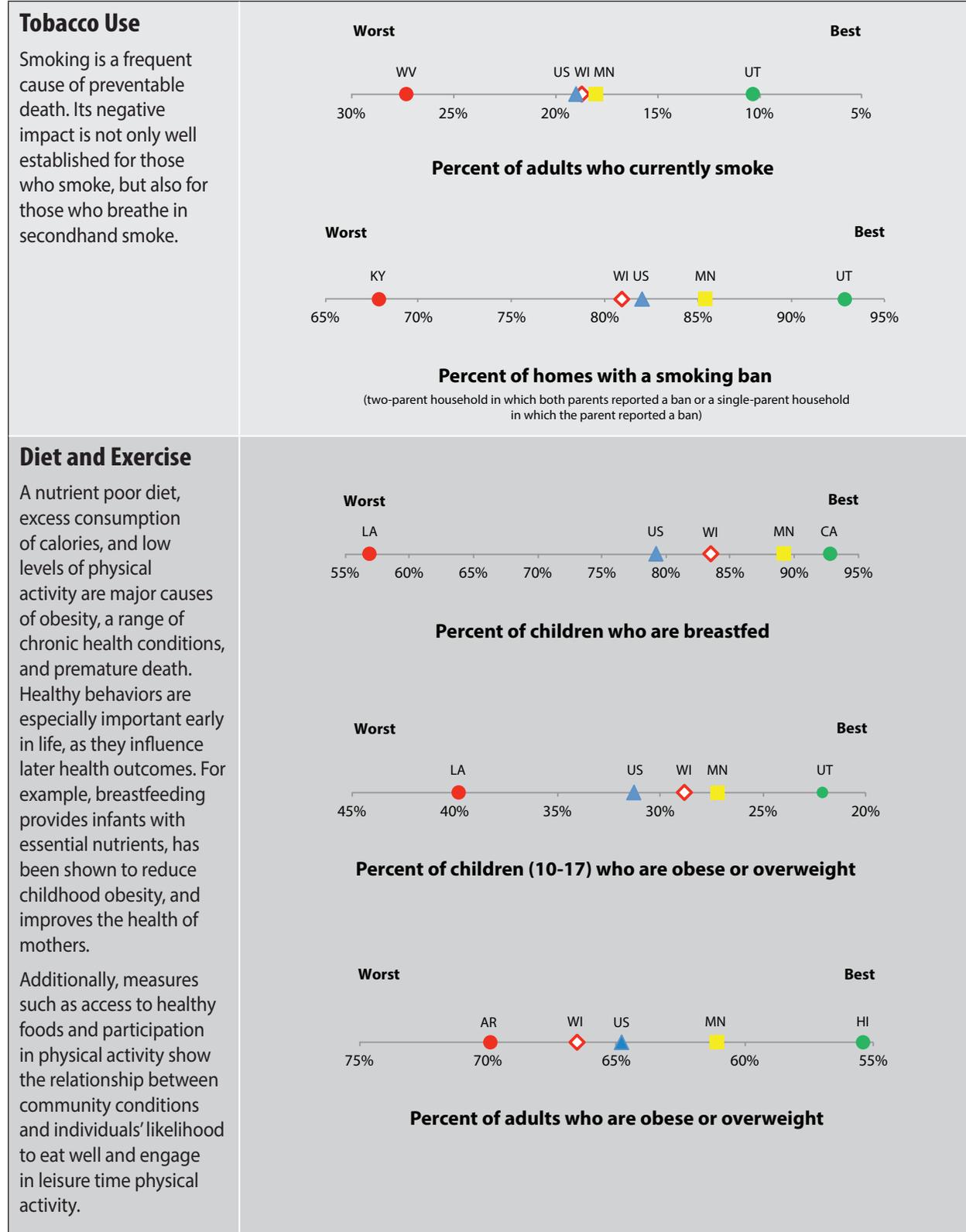
◇ = One indicator

◆ = Better than Minnesota

Health Factor Area	Factors (# of indicators)	Number of WI Indicators better than US	Number of WI Indicators worse than US
Health Behaviors	Tobacco Use (2)	◇	◇
	Diet and Exercise (10)	◇◇◇◇◇◆◆◆◆◆	◇◇
	Alcohol and Drug Use (2)		◇◇
	Sexual Activity (4)	◇◇◇◆	
Clinical Care	Access to Care (9)	◇◇◇◇◇◆	◇◇◇
	Quality of Care (3)	◇◆◆	
Social and Economic Factors	Education (5)	◇◇◆	◇◇
	Employment (1)	◇	
	Income (3)	◇◇	◇
	Family and Social Support (3)	◇	◇◇
	Community Safety (5)	◇◇◇	◇◇
Physical Environment	Air and Water Quality (2)	◇	◇
	Housing and Transit (5)	◇◆◆	◇◇

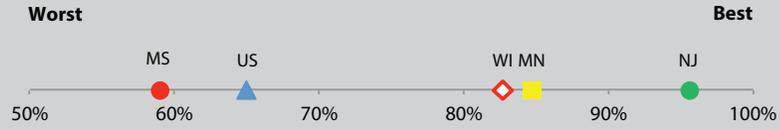
## Health Behaviors

Individual health behaviors – such as smoking, diet and nutrition, physical activity, and alcohol and drug use – are important determinants of health. Nearly half of all preventable deaths in Wisconsin each year can be attributed to a handful of health-compromising behaviors.



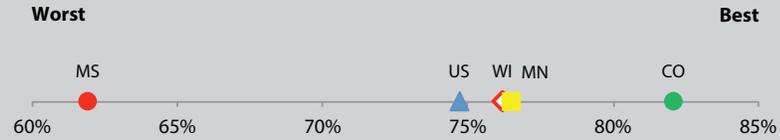
## Health Behaviors *(continued)*

### Diet and Exercise *(continued)*



#### Percent of population with adequate access to locations for physical activity

(Living less than 1/2 mile from a park, less than 1 mile from a recreational facility in urban areas, or less than 3 miles from a recreational facility in rural areas)



#### Percent of adults who participated in any physical activity in the past month



#### Percent of adults meeting recommended levels of physical activity

(150 minutes or more of moderate to vigorous physical activity weekly)



#### Percent of population that is food insecure

## Health Behaviors (continued)

### Diet and Exercise (continued)

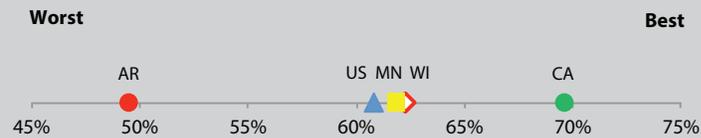


#### Percent of population with limited access to healthy foods

(Percent of population that is low-income and lives farther than 1 mile from a grocery store in urban areas or 10 miles in rural areas)



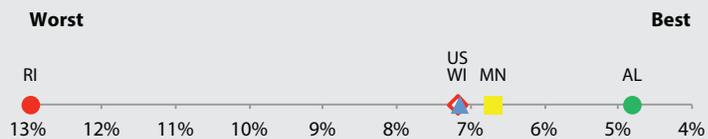
#### Percent of adults eating vegetables one or more times per day



#### Percent of adults eating fruits one or more times per day

### Alcohol and Drug Use

Heavy consumption of alcohol and illegal substances can lead to violence, injury, liver disease, cancer, and premature death.



#### Percent of adolescents (12-17) who use illicit drugs



#### Percent of adults that are excessive drinkers

## Health Behaviors *(continued)*

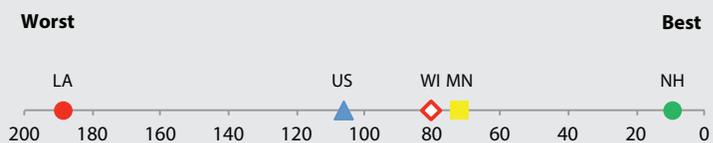
### Sexual Activity

High risk sexual practices (e.g., without the use of condoms) lead to increased risk for transmission of a number of sexually transmitted diseases (STDs). STDs can affect the health of men, women, and unborn children.

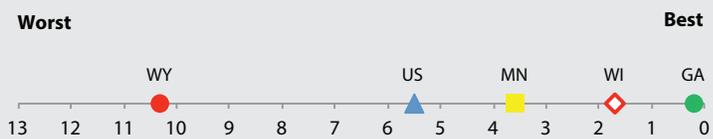
Risky sexual behavior can also lead to unwanted pregnancies. Births to teens are of particular concern because the impacts are long lasting. Fewer than 4 in 10 teen mothers get a high school diploma by age 22. And, children born to teen mothers score significantly lower on school readiness tests including math and reading. This can affect future educational attainment and economic well-being, as well as future health status.



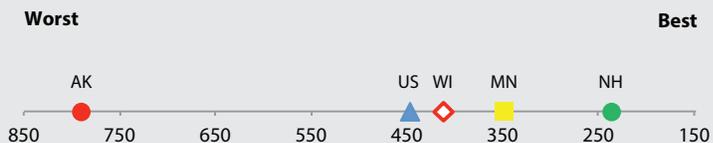
Teen birth rate (per 1,000 15-19 year olds)



Gonorrhea rate (per 100,000 population)



Syphilis rate (per 100,000 population)



Chlamydia rate (per 100,000 population)

## Clinical Care

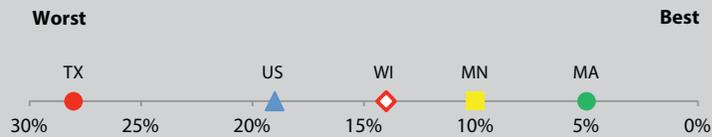
Health care can both save lives and improve quality of life. Governmental public health also plays an important role in promoting, protecting, and restoring health.

### Access to Care

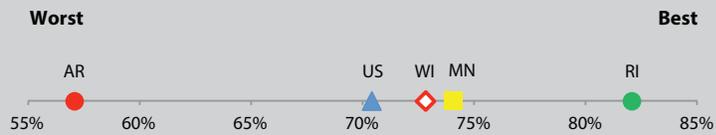
Having adequate coverage for preventive, acute, and chronic care has been demonstrated to increase the likelihood that health care services will be accessed timely, and in most cost effective and appropriate settings. In addition to tracking health insurance coverage, it is also important to assess the overall affordability of health care, as well as access to services where access barriers continue to exist even for those with health insurance coverage, including dental services and mental health services.



Percent of children (0-17) without health insurance



Percent of adults (18-64) without health insurance



Percent of children (19-35 months) who received recommended vaccines



Percent of adults not receiving care in the last year due to cost

## Clinical Care *(continued)*

### Access to Care *(continued)*

Note: For measures marked with a \*, evidence suggests that the highest and lowest values for these indicators may not necessarily represent the “best” and “worst” values for states.



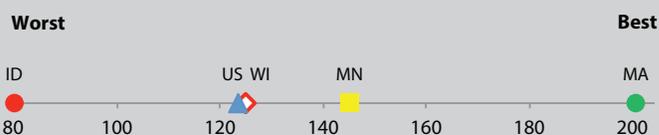
Percent of adults who had a dental visit in the last year



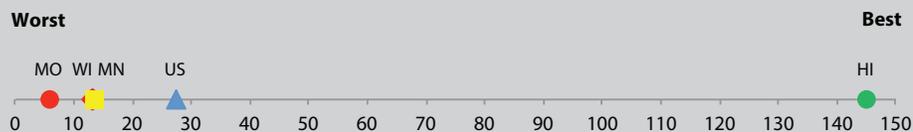
\*Dentists per 100,000 population



\*Mental health providers per 100,000 population



\*Primary care physicians per 100,000 population

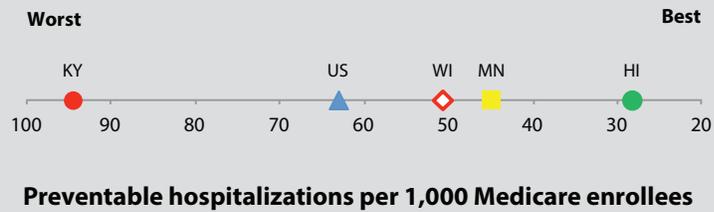
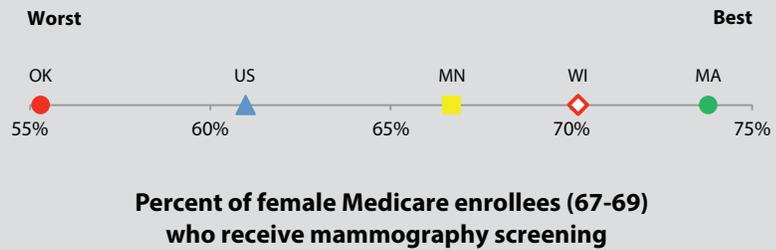


State level public health spending per person

## Clinical Care *(continued)*

### Quality of Care

Having access to health care will only improve health if the care provided is safe, effective, patient-centered, and timely.

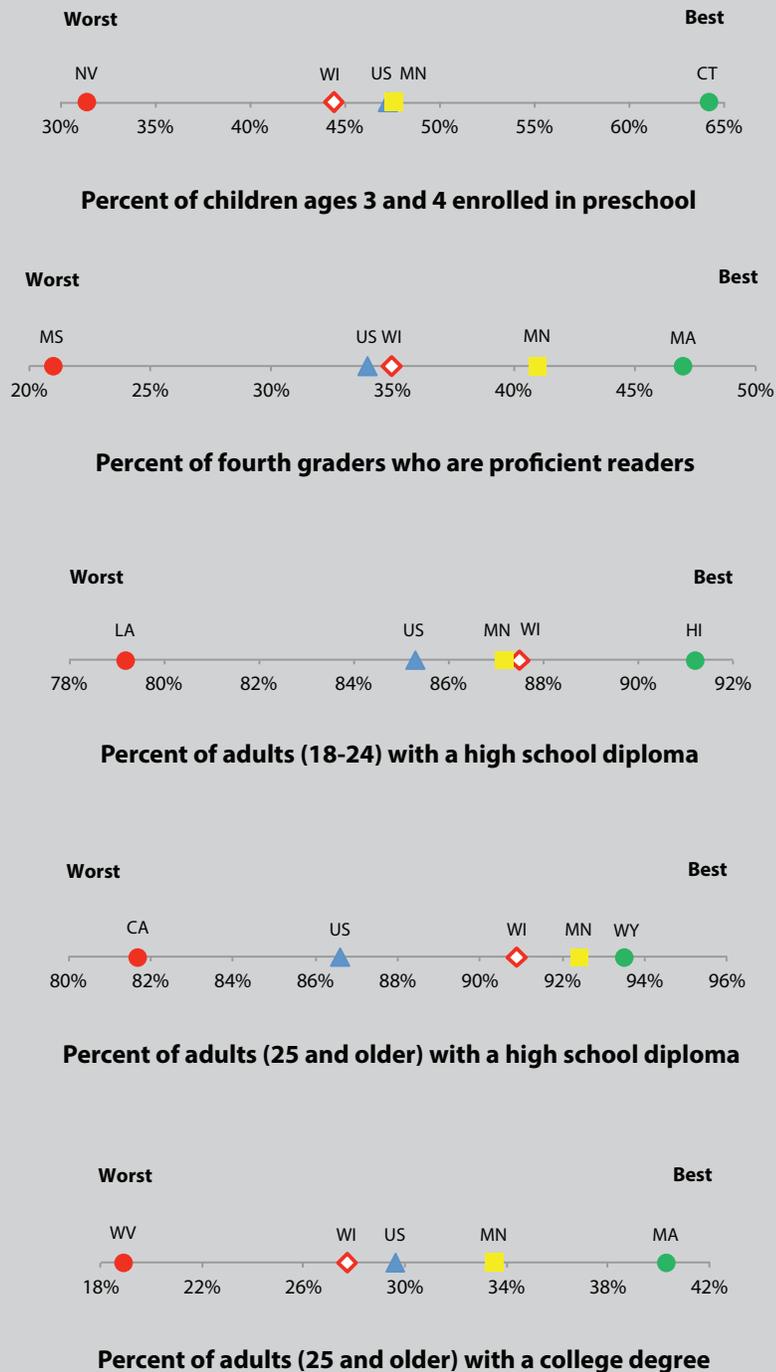


## Social and Economic Factors

Research regarding the many ways in which social and economic factors influence the health of individuals and at the community level continues to grow. Although the precise magnitude of these effects is unknown, these factors have greater influences on health than any other single category. Social and economic factors have a bidirectional relationship with health. For example, healthier individuals are able to work, and working individuals generally have better health outcomes due to increased income and access to health insurance.

### Education

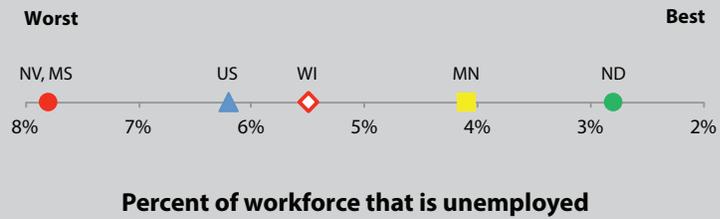
There is a well-known relationship between increased education and positive health outcomes. This occurs through several mechanisms, such as higher income, greater knowledge regarding health behaviors, higher health literacy, and increased access to health care.



## Social and Economic Factors *(continued)*

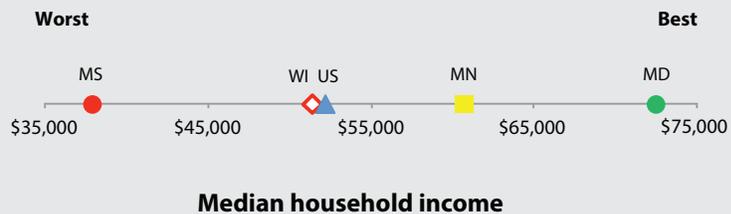
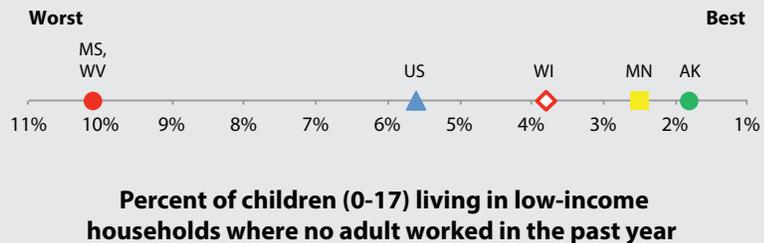
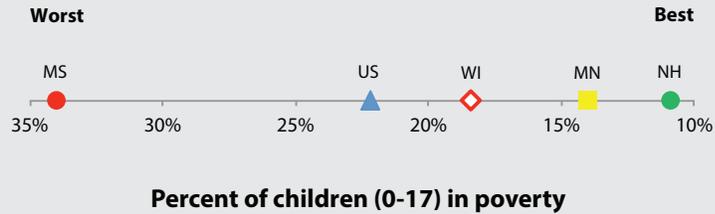
### Employment

Employment affects health through income, health benefits, pension plans, and other pathways to financial security. Higher levels of health are associated with increased job control and security, less stress, and safer work environments (e.g., lower exposures to danger or toxins).



### Income

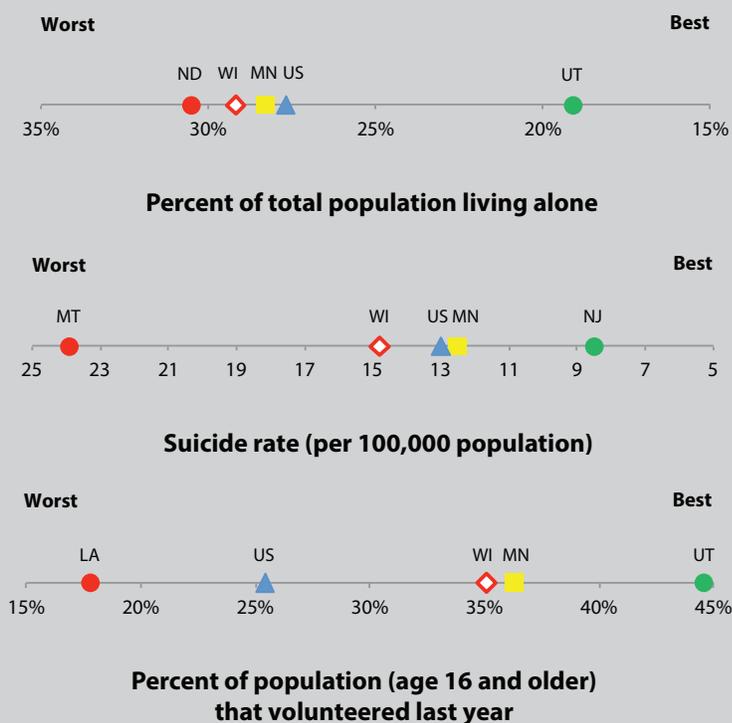
Income and health have a well-established reciprocal relationship; higher income leads to better health and better health leads to higher income. Children who grow up in poverty are more likely to suffer from injuries, physical inactivity, and chronic diseases such as asthma.



## Social and Economic Factors *(continued)*

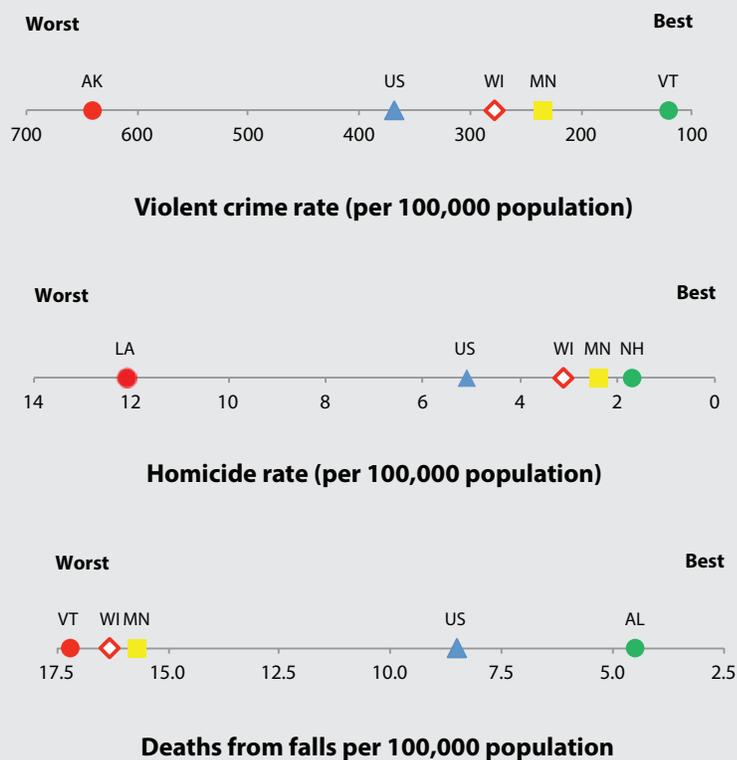
### Family and Social Support

Research shows that people who have greater social support, less isolation, and greater interpersonal trust live longer and healthier lives. Those who have greater social support experience lower levels of anxiety and depression and show reduced tendencies toward stress-related behaviors, such as overeating and smoking.



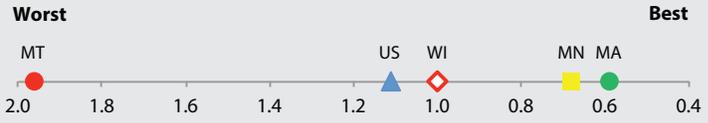
### Community Safety

Violence and abuse not only have a physical effect on health (with the injuries and fatalities that they cause), but they also have a significant psychological effect on victims and residents of high crime areas. "Deaths from falls" primarily measures injury rates in older adults, a leading cause of death. Other measures of safety are known to influence health outcomes. For example, motor vehicle accidents are a leading cause of injury and death, and seatbelt use is known to reduce fatality rates.

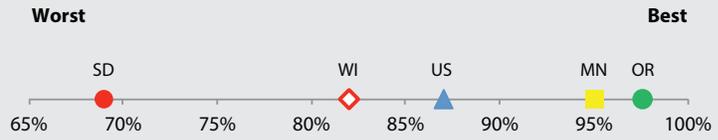


## Social and Economic Factors *(continued)*

### Community Safety *(continued)*



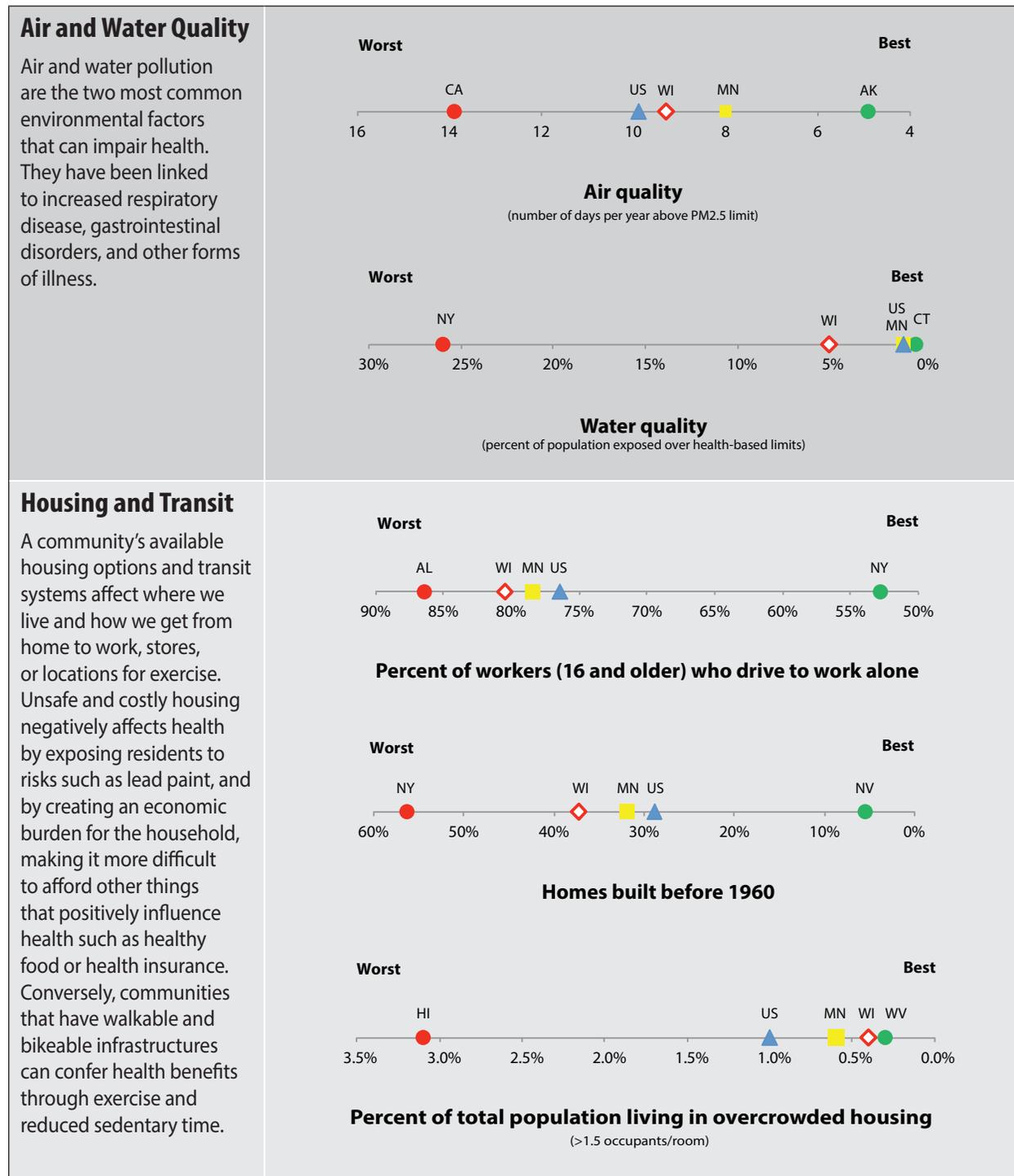
Traffic fatalities per 100 million miles driven



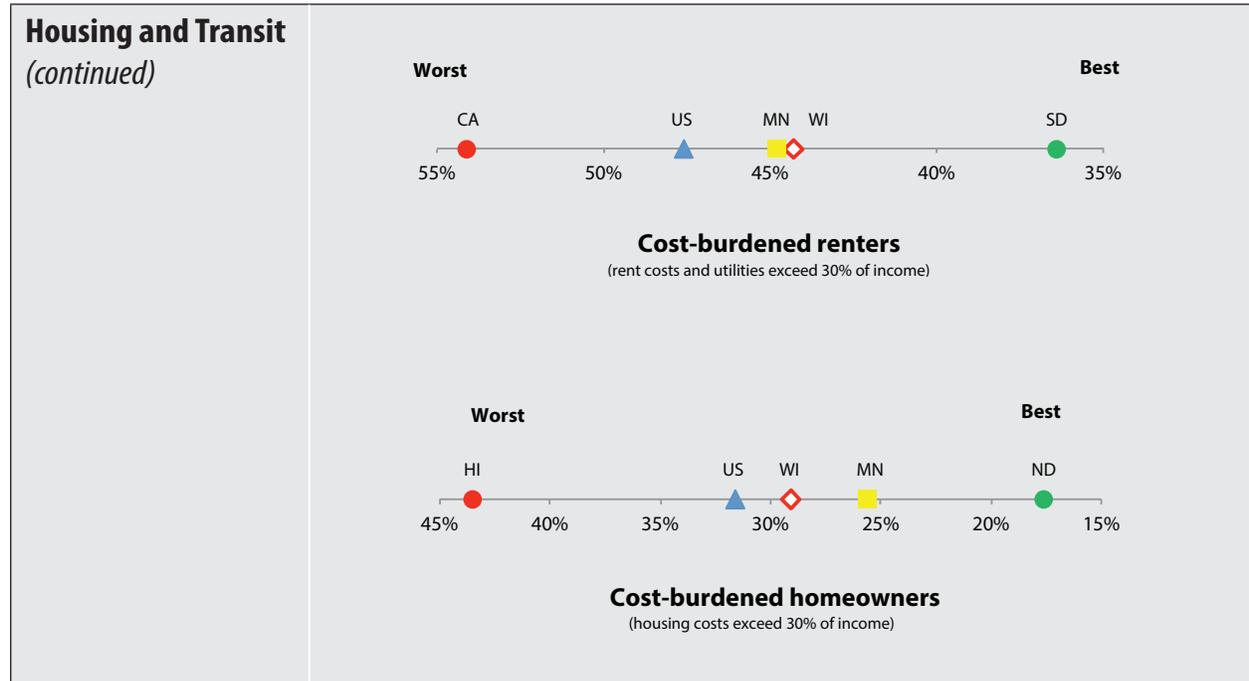
Percent of total population that uses seatbelts

## Physical Environment

Where we live is important to our health throughout our lives. Many aspects of the physical environment can act as facilitators or as barriers to health. For example, affordable housing can make it possible to spend income on health insurance, healthy food, or education. Additionally, health can be seriously negatively affected when known toxins – such as lead, bacteria, and ozone – exceed recommended levels in individuals’ homes, and air and water supplies.



## Physical Environment *(continued)*



## Data Sources and References

Measure	Year	Source
AHRQ Meter Score of Overall Quality of Care	2013	Agency for Healthcare Research and Quality
Air quality - number of days per year about PM2.5 limit	2014	America's Health Rankings
Chlamydia rate (per 100,000 population)	2013	STD Surveillance, CDC
Cost-burdened homeowners (housing costs more than 30% of income)	2013	American Community Survey
Cost-burdened renters (rent costs more than 30% of income)	2013	American Community Survey
Deaths from falls per 100,000 population	2013	CDC Wonder
Dentists per 100,000 population	2014	America's Health Rankings
Gonorrhea rate (per 100,000 population)	2013	STD Surveillance, CDC
Homes built before 1960	2013	American Community Survey
Homicide rate (per 100,000 population)	2013	CDC WONDER
Median household income	2013	American Community Survey
Mental health providers per 100,000 population	2014	National Provider Identification File
Percent of adolescents (12-17) who use illicit drugs	2013	Kids Count Data Center, Annie E. Casey Foundation
Percent of adults (18-24) with a high school diploma	2013	American Community Survey
Percent of adults (18-64) without health insurance	2013	Kaiser Family Foundation
Percent of adults (25 and older) with a college degree	2013	American Community Survey
Percent of adults (25 and older) with a high school diploma	2013	American Community Survey
Percent of adults eating fruits one or more times per day	2013	Behavioral Risk Factor Surveillance System
Percent of adults eating vegetables one or more times per day	2013	Behavioral Risk Factor Surveillance System
Percent of adults meeting recommended levels of physical activity	2014	Division of Nutrition, Physical Activity and Obesity, CDC
Percent of adults not receiving care in the last year due to cost	2013	Behavioral Risk Factor Surveillance System
Percent of adults who are heavy drinkers	2013	Behavioral Risk Factor Surveillance System
Percent of adults who are obese or overweight	2013	Behavioral Risk Factor Surveillance System
Percent of adults who currently smoke	2013	Behavioral Risk Factor Surveillance System
Percent of adults who had a dental visit in the last year	2014	America's Health Rankings
Percent of adults who participated in any physical activity in the past month	2013	Behavioral Risk Factor Surveillance System
Percent of children (0-17) in poverty	2013	Small Area Income and Poverty Estimates
Percent of children (0-17) living in low-income households where no adult worked in the past year	2013	Kids Count Data Center, Annie E. Casey Foundation
Percent of children (0-17) without health insurance	2012	County Health Rankings
Percent of children 19-35 months receiving recommended vaccines	2014	America's Health Rankings
Percent of children ages 3 and 4 enrolled in preschool	2013	"Education Counts." Editorial Projects in Education. Edcounts.org
Percent of children who are breastfed	2014	CDC: Division of Nutrition, Physical Activity and Obesity
Percent of children who are obese or overweight	2011-2012	National Survey of Children's Health
Percent of female Medicare enrollees (67-69) that receive mammography screening	2012	Dartmouth Atlas of Health Care
Percent of fourth graders who are proficient readers	2013	Kids Count Data Center, Annie E. Casey Foundation
Percent of homes with a smoking ban	2009-2010	Preventing Chronic Disease, CDC
Percent of population (age 16 and older) that volunteered last year	2013	Corporation for National and Community Service
Percent of population that are food insecure	2012	County Health Rankings
Percent of population with adequate access to locations for physical activity	2015	County Health Rankings
Percent of the population with limited access to healthy foods	2010	USDA Food Atlas
Percent of total population living alone	2013	American Community Survey
Percent of total population living in overcrowded housing	2013	American Community Survey
Percent of total population that uses seatbelts	2013	NHTSA's National Center for Statistics and Analysis
Percent of workers (16 and older) who drive to alone to work	2013	American Community Survey
Percent of workforce that is unemployed	2014	Bureau of Labor Statistics
Preventable Hospitalizations per 1,000 medicare enrollees	2013	America's Health Rankings
Primary care physicians per 100,000 population	2014	America's Health Rankings
State level public health spending per person	2012-2013	Trust for America's Health
Suicide rate (per 100,000)	2013	CDC Wonder
Syphilis rate (per 100,000 population)	2013	STD Surveillance, CDC
Teen birth rate (per 1,000 15-19 year olds)	2013	Kaiser Family Foundation
Traffic fatalities per 100,000 miles	2013	Insurance Institute for Highway Safety: Highway Loss Data Institute
Violent crime rate (per 100,000 population)	2013	The Federal Bureau of Investigation
Water quality - percent of population exposed over health-based limits	2013-2014	County Health Rankings



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