

Frequently Asked Questions

Why do we need a report card on health and health disparities in Wisconsin?

Public and private sector policy makers are making decisions every day regarding programs and policies that affect health in the state, from medical care to public health to socioeconomic status. Knowing how healthy the population is overall and for specific subpopulations can be useful in resource allocation decisions for health improvement. In addition, this information is intended to be useful in developing five year plans for the Wisconsin Partnership Program as well as the State Health Plan for 2020.

Why does Wisconsin receive two separate grades for health and health disparity instead of one overall grade?

This Report Card grades Wisconsin separately on health and health disparity in order to assess the state's progress towards achieving two of the goals outlined by the Healthiest Wisconsin 2020 state health plan: to protect and promote health for all, and eliminate health disparities. Wisconsin's health grade of B- is based on the average health of its residents and, therefore, is dominated by the health of the majority population. Even if Wisconsin were to receive a grade of A for health, it could still be performing poorly in terms of health disparities and have numerous population subgroups in need of improved health. For these reasons, health and health disparity were assessed separately in this report.

How does this report card relate to other recent reports on state health?

Every fall, the [United Health Foundation](#) publishes "America's Health Rankings", ranking the health of the 50 states. However, the focus of this report is almost entirely on health, not health disparities. Other recent rankings from the federal [Agency for Healthcare Research and Quality](#) and from the [Commonwealth Fund](#) report primarily on the quality of the State's health care systems (e.g., hospitals, doctors, home health care) and not on the overall health outcomes of the population and subpopulations.

How were the subgroups included in the report selected?

The population subgroups graded in the Report Card were selected to illustrate the variety of characteristics, or domains, across which health disparities exist. A total of four domains were selected for inclusion in the Report Card: gender, education, urbanization of county, and race/ethnicity. This list does not cover all of the disparity domains reflected in the Healthy People 2020 goal to eliminate health disparities, such as income, disability, and sexual orientation because comparable and reliable data on populations defined by those important characteristics were not readily available.

Gender: Although some differences in health between males and females may be due to biological differences between the sexes, other gender differences in health represent inequities – or differences in health that are unfair or unjust. For example, homicide rates are higher for men and depression is more common among women.

Education: The domain of education was included in the Report Card as an illustration of socioeconomic disparities in health. Educational attainment was examined for adults 25 years of age and older, but this same descriptor is not applicable for children who are currently in school. Therefore, the domain of education was not included for children and young adults. For infants, the education of the mother was used for this domain.

Urbanization: Where someone lives can have an impact on their health, so the domain of urbanization was included to illustrate differences in health based on the physical and social environment. Urbanization is a measure of the degree of urban, or city-like, character of the county in which a person lives.

Race/ethnicity: Health disparities between racial and ethnic groups exist in Wisconsin and across the entire United States. For this Report Card, health is assessed for five racial/ethnic groups, with all groups other than Hispanic/Latino representing non-Hispanic ethnicity.

How do the results in the 2016 Report Card differ from previous versions?

The overall health grade for the state of Wisconsin has remained a B- and the health disparity grade has remained a D indicating that while the state is above average for overall health, the state is not doing enough to reduce health disparity.

Most subgroup death rates or unhealthy days per month values differ from the 2013 Report Card. Many subgroups improved the health of their subgroup but did not improve rapidly enough to result in a grade change on the 2016 Report Card. To see a comparison of results and grades between 2016 and 2013 see the tables below.

- [Infants](#)
- [Child and Young Adults](#)
- [Working-age Adults](#)
- [Older Adults](#)

If you prepared the Report Card by population subgroup rather than by life stage, what would the reports look like?

The Health of Wisconsin Report Card is organized so that the disparities existing between subgroups within life stages can be examined. Therefore, we examine the different grades within each life stage and do not focus our analysis on the grades Wisconsin receives for each subgroup across its life course. However, for those interested, report cards organized by subgroup are below.

- [Gender](#)
- [Geography](#)
- [Educational Level](#)
- [Race/Ethnicity](#)