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Can we become the healthiest state?

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By Helene Nelson and David Kindig

For The Times

Recently, the Wisconsin Population Health Institute issued its State Health Report Card, giving Wisconsin a B-minus for overall health and a D for health disparities. Didn't a federal agency only a month ago say our health care system was No. 1 in the country in terms of its quality? How can we have the best health care but medium to poor health outcomes?

Good medical care matters. Providing access to good medical care for everyone certainly is one key factor in keeping Wisconsin healthy. But other factors are at least equally important -- like good diet and regular exercise, avoiding smoking, providing a healthy environment, and providing people with education, income and good jobs.

How can Wisconsin raise our grades? We should continue to improve access to quality medical care and we must increase our emphasis on the other determinants of health. Reducing smoking rates, controlling obesity and reducing substance abuse are among the most important overall strategies.

Public health programs and policies can lead to healthier communities, enabling people to adopt healthier ways of living. For example, in a generation, the smoking rate has been reduced by half, heart disease has declined and the vast majority of us wear seat belts.

Changes in everyday behavior can prevent the onset of chronic and life-threatening diseases such

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as cancer, heart attack and stroke, diabetes and emphysema and reduce accidental injury and death in accidents. This will extend the length and quality of our lives -- and incidentally, reduce high medical costs by preventing avoidable illness, injury and disability.

Improving our health will require changes from individuals and from institutions -- government, schools and businesses. Think of the change in many people's diets to healthier food and then Kellogg Co.'s recent announcement to "reformulate" their cereal. Or the slow adoption of individual smoke-free environments and now most of the national population resides in areas with smoke free laws. These changes have a substantial positive improvement on the health of the entire public without use of health care.

The report gives the entire Wisconsin "class" a B-minus in health. However, the health of various groups within the class are so uneven that Wisconsin gets a "D" for health disparities. The state is not doing well to foster the health of groups such as African-Americans, Native Americans, rural residents and people with lower educational attainment.

Also, Wisconsin does relatively less well in keeping our youngest and our oldest people healthy, where we get a C grade compared to the efforts of other states.

In addition to promoting healthy lifestyles for everyone, Wisconsin should adopt more specific strategies to overcome health disparities. For example, to ensure our state's healthy future, we should emphasize healthy birth outcomes and excellent early childhood development.

During the coming year, the Wisconsin Population Health Institute will be assessing the relative importance of these and other ways to improve Wisconsin's health "grades." We will attempt to recommend policies and programs that "work" to help Wisconsin become the healthiest State with the least health disparities.

This will not happen quickly, but it is a goal worthy

of substantial and coordinated efforts of individuals, health care providers and organizations, public health, state social policy, communities, and businesses.

We hope that the State Health Report Card will be a guide for all of those working towards this result.

-- Helene Nelson is former Secretary of the Wisconsin Department of Health and Family Services. David Kindig is Emeritus Professor of Population Health Sciences at the University of Wisconsin School of Medicine and Public Health. For a copy of the Report Card contact jaknutso@wisc.edu.

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