III. State Overview
A. Overview
STATE HEALTH AGENCY'S CURRENT PRIORITIES

Wisconsin's State Health Plan, Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public was released in early 2002. All related documents are available on CD-ROM to include:

1. State Health Plan
2. State Health Plan Executive Summary
3. Wisconsin's Stakeholders Report
4. Minority Health Report
5. Implementation Plan (All Templates and Logic Models)
6. Mapping Project
7. Local Public Health Systems Partnership Database Introduction
8. Local Public Health Systems Database
9. Healthiest Wisconsin 2010 Annual Status Report 2004

The State Public Health Plan fulfills the legislative requirement to develop a state public health plan at least once every ten years as required in Wis. Stats. 250.07. Participation in implementing and monitoring progress, over the remaining five years continues to involve diverse partners including state and local government, nonprofit and private sector, and consumers. The DPH Administrator uses the State Public Health Plan as a major reference guide to determine the importance and magnitude of maternal and child health services when compared with other competing factors that impact health services delivery in Wisconsin. With finite funds, this planning is imperative.

The Healthiest Wisconsin 2010 defines "public health" and the 12 essential public health services. The document describes the five system (infrastructure) priorities and the 11 health priorities that will set the stage for public health programs. The system priorities are: 1) integrated electronic data and information systems, 2) community health improvement processes and plans, 3) coordination of state and local public health system partnerships, 4) sufficient and competent workforce, and 5) equitable, adequate, and stable financing.
Wisconsin's 11 health priorities, listed alphabetically, are:
• Access to primary and preventive health services,
• Adequate and appropriate nutrition,
• Alcohol and other substance use and addiction,
• Environmental and occupational health hazards,
• Existing, emerging and re-emerging communicable diseases,
• High-risk sexual behavior,
• Intentional and unintentional injuries and violence,
• Mental health and mental disorders,
• Overweight, obesity, and lack of physical activity,
• Social and economic factors that influence health, and
• Tobacco use and exposure.

Underlying Healthiest Wisconsin 2010 is the comprehensive view of health that we have long embraced in the MCH/CSHCN Program. This includes not only physical and mental health but also social, spiritual, and community well-being. This view of health affirms the essence of MCH, which lies not only in the prevention and reduction of morbidity, mortality, and risk but also in the fostering of the potential for children and families to become compassionate, productive, and dignified citizens.

In 2004, we prepared a navigational tool to help LHDs see the direct connection between Healthiest Wisconsin 2010 priorities and objectives with MCH/CSHCN Program as they consider

making application for Blue Cross/Blue Shield (BC/BS) resources and negotiating for performance based contracting. This tool was important because both of Wisconsin's medical schools require that BC/BS applications align with the state health plan's priorities. (A copy of the navigational tool is available upon request.)

Intense efforts to monitor progress and track accomplishments for each of Wisconsin's 11 health priorities began in 2005. The first DHFS Annual Status Report was completed this year with the purpose to improve communication between the Department and its partners related to the implementation of Healthiest Wisconsin 2010 and to describe new initiatives that are underway. Tracking the State Public Health Plan provides access to state-level data on indicators that track progress toward meeting many of the 2010 objectives. Indicators were developed to measure a given objective based on the availability of state-level data.

Finally, results from our 2005 (required) Title V needs assessment are closely linked to seven of the 11 State Public Health Plan priorities as follows: access to primary and preventive health services; high-risk sexual behavior (which includes pregnancy); intentional and unintentional injuries and violence; mental health and mental disorders; overweight, obesity, and lack of physical activity; social and economic factors that influence health; and tobacco use and exposure.

/2007/ No significant change. //2007//

/2008/ No significant change. //2008//

/2009/ The process for developing WI's state health plan, Healthiest WI 2020, has begun. The WI MCH Program and its statewide partners were provided an overview of the process at the March MCH Advisory Committee meeting and the Family Health Section meeting. They were invited to participate on planning committees to work on the revisions and additions to the present Healthiest WI 2010 state plan which will then become the 2020 plan. //2009//

PRINCIPAL CHARACTERISTICS OF WISCONSIN

The information is adapted from the following data sources: 1) 2000 U.S. Census; 2) the State of Wisconsin, 2003-2004 Blue Book, compiled by the Wisconsin Legislative Reference Bureau, 2003; 3) the Anne E. Casey Foundation Kids Count Online Data available at: www.aecf.org/kidscount/data.htm; 4) Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Infant Births and Deaths, 2003, Madison, Wisconsin, 2004; 5) Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Deaths 2003, Madison, Wisconsin, 2004; 6) 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. Madison, Wisconsin, 2004; 7) Council on Children and Families, Inc., 2003 WisKids Count Data Book, Madison, Wisconsin, 2003; 8) The Center on Wisconsin Strategy County Database available at: http://old.cows.org/toolkit/toolkit.asp; and 9) The Institute for Women's Policy Research, The Status of Women in Wisconsin, Washington, DC, 2004.

/2007/ No significant change. //2007//

/2008/ For the 2008 Title V Block Grant Application, the most current versions of the above data sources were used to update the principal characteristics of Wisconsin. These sources are: 1) U.S. Census Bureau, American Fact Finder, 2005 American Community Survey (http://factfinder.census.gov/), 2) the State of Wisconsin, 2005-2006 Blue Book, compiled by the Wisconsin Legislative Reference Bureau, 2005, 3) the Anne E. Casey Foundation Kids Count Online Data (www.aecf.org/kidscount/data.htm), 4) Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Infant

Births and Deaths, 2005 (PPH 5364-05). September 2006, 5) Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Deaths, 2005 (PPH 5368-05). September 2006, and 6) Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH) data query system, (http://dhfs.wisconsin.gov/wish/) //2008//

/2009/ No significant change. //2009//

Population and Distribution

On April 1, 2000, Wisconsin's population was 5,363,675, according to the U.S. Census. Compared to the U.S. as a whole, with an overall 13% growth rate during the 1990s, Wisconsin's rate of growth was 10%. Wisconsin (along with 8 other states) lost a seat in the Congress in the reapportionment of the House of Representatives based on the final census counts.

/2008/ In 2004, Wisconsin's official population was 5,532,955. //2008//

/2009/ In 2006, Wisconsin's official population was 5,609,705. //2009//

Although Wisconsin is perceived as a predominantly rural state, it is becoming increasingly urbanized as reflected by the 2000 census. Sixty-eight percent of Wisconsin's population live in 20 (of 72) metropolitan counties (those counties with a city of 50,000 or more population plus those nearby counties where commuting to work is a link between the city and suburban counties); the remaining 32% of the population live in Wisconsin's 52 non-metropolitan counties. Wisconsin's population density varies greatly across the state. For example, the City of Milwaukee has 6,214 persons per square mile while Iron County, in the upper tier of northern Wisconsin has only eight people per square mile. Wisconsin's population is expected to grow with the largest amount of growth in the suburbs of metropolitan areas such as the Fox River Valley (Appleton, Green Bay, Menasha, Neenah, and Oshkosh), the counties surrounding the County of Milwaukee, and the western counties adjacent to the metropolitan area of Minneapolis/St. Paul. Despite this strong growth in major metropolitan areas, the City of Milwaukee, however, has experienced a loss of more than 31,000 residents during the 1990s, and Milwaukee County decreased by 19,000 persons.

/2008/ According to the 2005 Wisconsin Family Health Survey (Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, December, 2006), 29% of Wisconsin's household population lives in 47 nonmetropolitan counties, 11% lives in the city of Milwaukee, and 61% live in Milwaukee County and the other 25 metropolitan counties. //2008//

/2009/ No significant change. //2009//

Population characteristics: Females make up 51% of the state's population and 34% of women live outside the metropolitan areas. The 2003 population estimate for the number of children under the age of 18 was 1,339,690 or about one-fourth of the state's population. The largest percentage of children live in the southeastern portion of the state (38%) and the smallest percent of children (9%) live in Wisconsin's northern tier.

/2008/ According to the 2005 American Community Survey, females made up 51% of the household population and males 49%. The median age was 37.9 years and 24% of the population were under 18 years and 13% were 65 years and older. //2008//

/2009/ No significant change. //2009//

In 2000, non-family households (defined as one person living alone or multiple unrelated persons living together) comprised more than one-third of all households in Wisconsin and more than half of these households were headed by females; traditional families (married couples with own children) comprised 24% of Wisconsin households, compared to 30% in 1970. Like the rest of the country, the 1950s "Ozzie and Harriet" picture has changed to the "Friends" of the 21st century. Additionally, family size has decreased: the average household size in Wisconsin 50 years ago was 3.4 persons; in 2000, it was 2.5 persons.

/2007/ No significant change. //2007//

/2008/ No significant change. //2008//

/2009/ No significant change. //2009//

Vital statistics: Births to single mothers have increased slightly from 25% in 1991, 27% in 1993 and 1995, and 28% in 1996 and 1997 to 31% in 2003. The marriage rate in 2003 was 6.3 per 1,000 total population, lower than the U.S. 2003 provisional marriage rate of 7.6. The divorce rate per 1,000 residents has remained fairly static since 1993 hovering at 3.5 to 3.1 in 2003; this rate is consistently lower than the U.S. provisional divorce rate of 3.8 in 2003. Fifty-four percent of Wisconsin divorces in 2003 involved families with children under 18 years of age. In 2003, there were 42,040 deaths in Wisconsin for a rate of 8.4 per 1,000 population, slightly lower than recent years; this rate is similar to the U.S. rate.

/2007/ No significant change. //2007//

/2008/ In 2005, 33% of births were to unmarried women, a slight increase from 2004 when 32% of births were to unmarried women. The marriage rate in 2005 was 6.1 per 1,000 total population, lower than the 2004 rate of 6.2, and lower than the US 2005 provisional rate of 7.5 per 1,000 total population. The 2005 divorce rate in Wisconsin was 2.9 per 1,000 total population, lower than the 2004 rate of 3.0; the divorce rate in Wisconsin is lower than the U.S. provisional rate of 3.6. Fifty-three percent of all 2005 Wisconsin divorces involved families with children under 18 years of age. In 2005, there were 46,544 resident Wisconsin deaths for a rate of 8.3 per 1,000; this rate is similar to the U.S. death rate. In 2005, there were 15 maternal deaths, compared to six in 2004 and nine in 2003. //2008//

/2009/ No significant change. //2009//

Racial and ethnic characteristics: 2000 was the first year that census respondents were allowed to identify themselves as being of more than one race and about 1.2% of Wisconsin individuals selected multiple races. Therefore, comparisons of race/ethnic groups in Wisconsin are approached cautiously. From the 2000 census, single race and ethnic categories were the following: 88.9% White, 5.7% Black, 0.9% American Indian, 1.7% Asian (Hmong and Laotian are the two largest Asian groups), 1.6% other races, 1.2% two or more races, and 3.6% of Hispanic origin, any race. Wisconsin has 11 Indian reservations, and in 2000, the American Indian population was 47,228, a 21.1% increase from 1990.

/2007/ No significant change. //2007//

/2008/ According to the 2005 American Community Survey, for people reporting one race only, 89% were White, 6% Black, 1% American Indian, 2% Asian, less than 0.5% Native Hawaiian/Other Pacific Islander, 2% were some other race. One percent reported two or more races; 5% were Hispanic, and 86% were White non-Hispanic. //2008//

/2009/ Whites were the largest group at 90.5%, followed by blacks at 6.3%, American Indian at 1.0%, and Asian at 2.2%. Hispanics made up 4.7% of Wisconsin's population. //2009//

In 2000, almost 76% of Wisconsin's Blacks lived in Milwaukee County. Two counties, Milwaukee and Racine, have Black populations that are more than 10% of the population; Milwaukee (24.6%) and Racine (10.5%). Also, for the first time, more than half of Milwaukee County's population was non-White. Thirty-nine percent of Wisconsin's children live in the southeastern portion of the state which includes the county and city of Milwaukee.

Selected indicators of child well-being in Wisconsin

Since 1990, Wisconsin's percentage of children has decreased from 14.9 in 1990 to 11.2% in 2000. Although poverty rates in 2000 for all race and ethnic groups decreased since 1990, the following table shows that minorities carry the burden of poverty in Wisconsin.

Table 1 - Children Living in Poverty

Children Living in Poverty	*1990*	*2000*
Total	*14.9%*	*11.2%*
White	*9.9%*	*6.9%*
African American	*55.8%*	*41.7%*
Asian	*48.8%*	*23.0%*
Native American	*46.1%*	*27.0%*
Hispanic	*33.7%*	*24.6%*

Source: U.S. Census Bureau

/2007/ No significant change. //2007//

/2008/ No significant change. //2008//

/2009/ According to the 2006 Wisconsin Family Health Survey, Wisconsin's minority and race ethnic groups have higher poverty rates than the majority white non-Hispanic population. The percentage of "poor" (<100 FPL) among all children 0-17 in Wisconsin is 13%, African American is 61%, Hispanic is 47%, and White is 6%. //2009//

Income and Poverty

In 2004, Wisconsin's not seasonally adjusted unemployment rate was 4.9%, compared to the U.S. rate of 5.5%. Although seven percent of White women live in poverty in Wisconsin (one of the lowest percentages for White women in all but 7 states), 30% of Black women, 20% of American Indian women, 21% of Hispanic women, and 16% of Asian women live in poverty. The unemployment rate for Black women in Wisconsin is nearly twice as large as Black women nationally, and Black women here are three times as likely to live in poverty as White women. Children in Wisconsin are more likely to live in poor families; the disparity of the percentage of Black children living in poverty is six times greater than White children, is greater than any other state, and is exceeded only by the Black/White child poverty of Washington, D.C. The poverty rate for Black families in Wisconsin was 39%, the fourth highest in the country. Also, in 2000, nearly one-third of Blacks in metropolitan Milwaukee lived in poverty -- a rate seven times greater than for Whites in the same area. Overall, the percentage of children under 18 who live in poverty in Wisconsin is 11%. The range of the percentage of children who live in poverty by county is significant, from the counties with the highest poverty rates for children (Menominee at 39.6%, Milwaukee at 23.3.%, Vernon at 22.8%) to the counties with the lowest poverty rates for children (Ozaukee at 2.6%, Waukesha at 3%, and St. Croix at 3.9%). About 25% of American Indian and Asian American single-mother families in Wisconsin are poor, as is about one-third of Hispanic single--mother families.

/2007/ No significant change. //2007//

/2008/ No significant change. //2008//

/2009/ No significant change. //2009//

Wisconsin's Racial and Ethnic Composition and Health Disparity

It is expected that Wisconsin's population will continue to increase in racial and ethnic diversity to further enrich the state. The population of Wisconsin is primarily non-Hispanic White (89% in 2000). The racial and ethnic groups of Blacks, American Indians, Southeast Asians, and Hispanics report a youthful age structure with proportionately more women entering the childbearing ages.

In 2000, Blacks represented the largest racial minority group comprising about 5.7% of the total population. The Hispanic-origin population (of any race) constituted the second largest minority group in Wisconsin (3.6%). Although births to Hispanic women still constitute a small percentage (7.9%) of Wisconsin's total 2003 births, this percentage of Hispanic births has tripled in the last ten years. The American Indian population in Wisconsin includes several distinct nations: the Chippewa (Ojibwa), Oneida, Winnebago, Menominee, Stockbridge-Munsee, and the Potawatomi. The 2000 Census count was 47,228 American Indians in Wisconsin, an increase from 38,986 in 1990. The Southeast Asian population (includes people of diverse national origins to include Hmong, Laotian, Vietnamese, Thai, and Cambodian) has grown from 52,782 people in 1990 to 88,763 in 2000.

/2007/ No significant change. //2007//

/2008/ No significant change. //2008//

/2009/ In 2006, Blacks and Hispanics were the largest minorities at 6.3% and 4.7% respectively, followed by Asians (2.2%) and American Indians (1.0%). //2009//

The following table, from the Anne E. Casey Foundation, Kids Count 2004 Data Book Online, presents major indicators of child well-being in Wisconsin compared to the U.S. in 2001.

Table 2 - Child Well-Being Indicator

Child Well-Being Indicator	Wisconsin	United States
Percent low birth weight babies	6.6%	7.7%
Infant mortality rate (per 1,000 live births)	7.1	6.8
Child death rate (deaths per 100,000 children ages 1-14)	21.0	22.0
Rate of teen deaths rate by accident, homicide, and suicide (deaths per 100,000 teens ages 15-19)	47.0	59.0
Teen birth rate (births per 1,000 females ages 15-17)	18.0	25.0
Percent of teens who are high school dropouts (ages 16-19)	7.0%	9.0%
Percent of teens not attending school and not working (ages 16-19)	5.0%	8.0%
Percent of children living in families where no parent has full-time, year-round employment	21.0%	25.0%
Percent of children of children in poverty	11.0%	16.0%
Percent of families with children headed by a single parent	26.0%	28.0%

Source: The Annie E. Casey Foundation, Kids Count State-Level Data Online, www.kidscount.org

Compared to other states, using these indicators, Wisconsin's overall rank is 11. These indicators do not reflect the significant disparities by racial/ethnic group in the state; selected indicators are discussed below:

/2007/ The 2005 On-line Anne E. Casey's Foundation's Kids Count ranked Wisconsin #10. //2007//

/2008/ The 2006 On-line Anne E. Casey's Foundation's Kids Count rank overall for Wisconsin in 2003/2004 was #13. //2008//

/2009/ The 2007 On-line Anne E. Casey's Foundation's Kids Count rank overall for Wisconsin in 2004/2005 was 12. //2009//

• Infant mortality -- Often used as a measure of a society's overall well-being, is a significant issue in Wisconsin. The overall infant mortality in 2003 was 6.5 per 1,000 live births; the White rate was 5.3, a slight decrease from 5.5 in 2000, and a marked decrease from 7.0 in 1993. The Black infant mortality rate in 2003 was 15.3; in 1997 it was at its lowest for the past two decades at 13.4. Since then it increased steadily, to 18.7 in 2001, and aside from some fluctuations to the 1997 rate, it is essentially the same now as it was in 1980 at 18.2. In fact, because Black infant mortality has improved in other states, from 1999-2001 Wisconsin dropped to among the lowest, ranking 32 among 34 states. There are too few infant deaths in the other racial/ethnic groups to calculate annual rates. Therefore, the following three-year averages from 2001-2003 are American Indian: 12.9, Hispanic: 6.9, Asian (Laotian/Hmong): 7.6.

/2007/ Wisconsin's overall infant mortality in 2004 was 6.0 deaths per 1,000 live births; the White rate was 4.5 per 1,000, and the Black infant mortality rate was 19.2; the ratio of the Black infant mortality rate to the White rate was 4.3. For the other racial/ethnic groups in Wisconsin, we calculated three-year averages for 2002-2004; they are: American Indian at 9.0, Hispanic at 6.2, and Asian (Laotian/Hmong) at 8.3. //2007//

/2008/ Wisconsin's overall infant mortality rate in 2005 was 6.6 deaths per 1,000 live births; the White rate was 5.6 per 1,000, and the Black infant mortality rate was 15.0; the ratio of the Black infant mortality to the White rate was 2.7. For the other racial/ethnic groups in Wisconsin, we calculated three year averages for 2003-2005; they are: American Indian at 7.5, Hispanic at 6.2, and Asian (Laotian/Hmong) at 8.6. //2008//

/2009/ Wisconsin's overall infant mortality rate in 2006 was 6.4 per 1,000 live births (462 infants under the age of one year died); the White rate was 4.9 per 1,000 and the Black infant mortality rate was 17.2 per 1,000 live births. The ratio of the Black infant mortality rate to the White rate was 3.5. For the other racial/ethnic groups in Wisconsin, we calculated three year averages for 2004-2006; they are: American Indian at 8.1, Hispanic at 6.0, and Laotian/Hmong at 6.5. //2009//

• Low birth weight/preterm -- In 2003, in Wisconsin, 6.6% of all births were infants with low birth weight, Black infants (13.2%) were about 2 times as likely as White infants (5.8%) to be born low birth weight. Also in 2003, 11.0% of infants were born prematurely, with a gestation of less than 37 weeks; non-Hispanic Black women had the highest percentage of premature babies at 16.7%, followed by American Indian and Laotian/Hmong women at 11%, and White Hispanic women at 10%.

/2007/ In 2004, 7.0% of all births were infants with low birth weight; the rate for Black infants was 13.7%, the rate for White infants was 6.3%; the rates for American Indian, Hispanic, and Asian (Laotian/Hmong) infants were 5.9%, 6.6%, and 7.0% respectively. In 2004, 11.0% of all births were born prematurely (the same rate as 2003); non-Hispanic Black women had the highest percentage of premature babies at 17.1%, followed by American Indians at 13.8%, Asian (Laotian/Hmong) at 11.5%, and Hispanics at 10.6%. //2007//

/2008/ In 2005, 7.0% of all births were infants with low birth weight; the rate for Black infants was 13.7%, the rate for White infants was 6.3%, the rates for American Indian, Hispanic, and Asian (Laotian/Hmong) infants were 5.4%, 6.5%, and 6.8% respectively. In 2005, 11.3% of all births were premature; non-Hispanic Black women had the highest percentage of premature babies at 17.9%, followed by Asian (Laotian/Hmong) at 11.6'%, Hispanic at 11.5%, and American Indian at 11.4%. Teenagers, women who are unmarried, who smoked during pregnancy, and with less than a high school education are at the highest risk of having a premature baby. //2008//

/2009/ In 2007, 6.9% (4,994) of all births were infants with low birth weight; the rate for Black infants was 13.5%, the rate for White infants was 6.2%, the rates for American Indian, Hispanic, and Laotian/Hmong were 6.8%, 6.2%, and 6.1% respectively. In 2006, 11.2% (8,104) infants in Wisconsin were born prematurely (with a gestation of less than 37

weeks). Non-Hispanic Black women had the highest percentage of premature babies at 17.8%, followed by teenagers less than 18 years old at 15.3%, women who were unmarried (13.6%), women who smoked during pregnancy (13.0%), and women with less than a high school education (13.5%). //2009//

• First trimester prenatal care -- Overall, in 2003, 84.7% of pregnant women in Wisconsin received first trimester prenatal care. Among Black and American Indian women, 73.5% and 71.0% respectively, received prenatal care during the first trimester, compared to 88.3% for White women, followed by Hispanic women with 71.0%, and Laotian/Hmong with 54.2%.

/2007/ In 2004, 85% of pregnant women received first trimester prenatal care. Black, Hispanic, and American Indian women, had comparable rates of prenatal care at 76.5%, 71.9%, and 71.7% respectively. Asian (Laotian/Hmong) women had the lowest rate of first trimester prenatal care at 56.6%. //2007//

/2008/ In 2005, 85% of pregnant women received first trimester prenatal care. Black, Hispanic, and American Indian women had comparable rates of prenatal care at 75.7%, 72.7%, and 74.4% respectively. Asian (Laotian/Hmong) women had the lowest rate of first trimester prenatal care at 56.7%. //2008//

/2009/ In 2006, 83.8% of pregnant women received first trimester prenatal care. The race/ethnic group with the highest rate was white women at 87.4%, followed by African American women at 74.4%, Hispanic/Latino at 72.3%, American Indian at 71.8%, and Laotian and Hmong at 58.8%. From 1996 to 2006, the proportion of women receiving first-trimester prenatal care increased within each race/ethnicity group except whites. The increase was especially striking among African American and Laotian/Hmong women from 66% to 74% for blacks and 47% to 59% for Laotian and Hmong. //2009//

• Teen birth rate -- In 2003, for teens <20 years, there were 6,317 births (rate of 32.5 per 1,000); by race/ethnic groups, there are disparities with Hispanic teens at the highest rate at 104.9, followed by Black teens (99.9), American Indian teens (76.2), and White teens (20.3). In 2003, as a percentage of all births, 9% were to teens; 24% of Black births to teens, 21% of Laotian/Hmong births to teens, 19% of American Indian births to teens, 16% of Hispanic births to teens, and 6% of White births to teens. Of the 50 largest U.S. cities, Milwaukee had the second highest percent of total births to teens with 2,021 births; these Milwaukee teen births represented 31% of teen births statewide.

/2007/ In 2003, for teens <20 years, there were 6,087 births (rate of 30.5/1000: by race/ethnic groups, there are disparities with Hispanic teens at the highest rate of 97.2, followed by Black teens (94.3), American Indians (60.5), and White teens (19.0). In 2004, as a percentage of all births, 8.7% were to teens; 23% of Black births to teens, 21% of Laotian/Hmong births to teen, 19% of American Indian births to teens, 16% of Hispanic births to teens, and 6% of White births to teens. //2007//

/2008/ In 2005, for teens <20 years, there were 6,093 births (rate of 30.5/1000, the same as 2004), or 8.5% of all births in Wisconsin. The following shows the overall decline in teen birth rates by race/ethnicity during the past decade.

Teen birth rates, for 15-19, by race/ethnicity in Wisconsin, 1995 compared to 2005:

Race/ethnicity					
Total for 1995	=	38.8,	for 2005	=	30.5
White for 1995	=	26.3,	for 2005	=	19.2
Black for 1995	=	141.8,	for 2005	=	94.5
Hispanic for 1995	=	103.4,	for 2005	=	89.8

//2008//

/2009/ In 2006, for teens <20 years, there were 6,100 births (rate of 30.6 per 1,000), or 8.4% of all births in Wisconsin. Teen birth rates for 15-19 by race/ethnicity in Wisconsin, 1996 to 2006:

Race/ethnicity
Total for 1996 = 30.1, for 2006 = 30.6
White for 1996 = 24.9, for 2006 = 19.1
Black for 1995 = 133.3, for 2006 = 93.8
Amer Indian for 1995 = 73.2, for 2006 = 74.4
Hispanic for 1996 = 97.4, for 2006 = 94.6 ***//2009//***

• Leading causes of death -- The following tables show the five leading, underlying causes of death in Wisconsin, compared to race groups, all ages, 2003.*

Table 3a - Percent of Leading Underlying Causes of Death by Race, Wisconsin, 2003.

Total	White	Black	Amer Indian	Asian
Heart disease (27.1)	Heart disease (27.4)	Cancer (21.9)	Heart disease (23.6)	Cancer (19.9)
Cancer (23.0)	Cancer (23.1)	Heart disease (20.3)	Cancer (16.3)	Heart disease (18.6)
Stroke (7.0)	Stroke (7.0)	Stroke (5.3)	Accidents (10.0)	Accidents (10.6)
Accidents (5.0)	Chronic lung disease (5.1)	Accidents (5.0)	Diabetes (5.9)	Stroke (9.7)
Chronic lung disease (5.0)	Accidents (5.0)	Assault (Homicide) (4.8)	Influenza & pneumonia (4.5)	Cert condi perinatal pd (5.5)

* In Wisconsin, Hispanic ethnicity is not reported separately on the Wisconsin death certificate.

Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. Wisconsin Deaths, 2003 (PPH 5368-03). October 2004.

In 2003, the two leading causes of death statewide and for Whites were cancer and heart disease at more than 50%; 42% of all Blacks deaths were from heart disease or cancer, and the percentage of American Indians and Asians dying from heart disease and cancer were similar at 39.9% and 38.5% respectively. Chronic health conditions represented a smaller proportion of overall deaths for minorities because of the higher proportions of deaths in younger age groups such as injury or accidents, which occur more frequently. The third leading cause of deaths for American Indians and Asians was accidents at 10%, compared to 5% overall for Whites and Blacks. Violence (homicide) was the fifth leading cause of death among Blacks at 5% and was not a leading cause of death among other groups or statewide. About 6% of all American Indian deaths were from diabetes, but is not among the five leading causes of deaths for other groups or statewide; most of these American Indian deaths from diabetes were between the ages of 45-74.

/2007/ No significant change. //2007//

/2008/ In 2005, the three underlying causes of death were diseases of the heart, malignant neoplasms (cancer) and cerebrovascular diseases (stroke), accounting for 55% of Wisconsin resident deaths.

(Table 3b - Percent of Top 5 Leading Underlying Causes of Death by Race, Wisconsin, 2005)

Total	White	Black	Amer Indian	Asian

Heart disease (25.3)	Heart disease (25.6)	Cancer (23.0)	Cancer (22.2)	Heart disease (22.7)
Cancer (23.4)	Cancer (23.5)	Heart disease (20.2)	Heart disease (19.3)	Cancer (20.0)
CVD (6.3)	CVD (6.4)	Accidents (7.1)	Accidents (10.7)	CVD (8.0)
Accidents (5.3)	Chronic LRD (5.4)	Assault (Homicide) (5.7)	Diabetes (5.5)	Accidents (6.2)
Chronic LRD (5.2)	Accidents (5.2)	CVD (4.7)	Suicide (5.2)	Infl/pneumonia (4.9)

* In Wisconsin, Hispanic ethnicity is not reported separately on the Wisconsin death certificate.

Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. Wisconsin Deaths, 2005 (PPH 5368-05). September 2006. //2008//

/2009/ No significant change. //2009//

FACTORS IMPACTING UPON THE HEALTH SERVICES DELIVERY ENVIRONMENT

Medicaid is the single most important government program to provide access to health care for low and middle income children and families. Today, about 1 in 7 Wisconsin residents rely on Medicaid for comprehensive health care coverage they would not otherwise be able to afford. Four major groups received medical services through Medicaid: the aged, the blind/disabled, the Healthy Start population, and recipients who qualified under the former Aid to Families with Dependent Children (AFDC) standards. Of the total Medicaid-eligible recipients, well over half were eligible through AFDC or Healthy Start, accounting for 19% of Medicaid expenditures. The aged/blind/disabled make up approximately 35% of the eligible population and account for 81% of the program expenditures.

The Wisconsin Medicaid budget continued to increase in 2004, in concert with national budget trends for Medicaid. Total expenditures for the program, rose by 9% in the 2003-04 state fiscal years, compared with the previous state fiscal year. Total expenditures were at $4.4 billion in all funding sources. These budget figures include Medicaid, Badger Care, Family Care, and Senior Care drug benefits. Governor Doyle's administration has preserved the health care safety net for vulnerable populations and has not cut Medicaid services or eligibility.

/2007/ No significant change. //2007//

/2008/ BadgerCare Plus Legislative Proposal
In announcing his "Affordability Agenda" in January 2006, Governor Jim Doyle stated that "no child should ever be without health insurance." The policy solution to ensure that all of Wisconsin's children have access to health care is creation of a single health care safety net--BadgerCare Plus. The detailed proposal, being considered in the 2007 state legislative session for implementation starting January 2008, describes Wisconsin's strategies for achieving the four strategic goals of the initiative.
1. Cover all children
2. Provide coverage and enhanced benefits for pregnant women
3. Simplify the program
4. Promote prevention and healthy behaviors

BadgerCare Plus will merge Family Medicaid, BadgerCare, and Healthy Start to form a comprehensive health insurance program for low income children and families. Coverage will be expanded to seven new populations.
1. All children (birth to age 19) with incomes above 185 percent of the federal poverty level (FPL)
2. Pregnant women with incomes between 185 and 300 percent of the FPL

3. Parents and caretaker relatives with incomes between 185 and 200 percent of the FPL
4. Caretaker relatives with incomes between 44 and 200 percent of the FPL
5. Parents with children in foster care with incomes up to 200 percent of the FPL
6. Youth (ages 18 through 20) aging out of foster care
7. Farmers and other self-employed parents with incomes up to 200 percent of the FPL, contingent on depreciation calculations

In addition, Wisconsin will streamline eligibility; assist employees in purchasing quality, employer-sponsored coverage; and provide incentives for healthy behaviors. This proposal represents the most sweeping reform of the low-income, family portion of the Medicaid program in Wisconsin since its inception in 1967. The state is also seeking federal approval for the changes, which, like the BadgerCare Plus legislative and budget process, has an uncertain timeframe.

ACCESS Summary and Update

ACCESS is a set of online tools for public assistance programs that allows customers and prospective customers to assess eligibility for programs, check case benefits and report case changes. Significantly, in mid-2006, an upgrade allowed for limited online program application. For many, this is an appealing alternative to office visits and phone calls. Although they may not own a personal computer, a growing number of customers do have access to computers -- through friends or family, at work, at school or at the library. Others use online tools with the help of staff/volunteers at food pantries, clinics, HeadStart programs, Community Action Agencies, WIC clinics, Job Centers, etc.

The goals of the ACCESS project are to:
• Increase participation in FoodShare, Medicaid, and other programs
• Improve customer service and satisfaction
• Improve FoodShare payment accuracy
• Ease workload for local agencies

Some of the key features of ACCESS are:
• Design was based on direct input from customers. More than 15 focus groups and design review sessions were undertaken with low-income residents of Wisconsin
• Friendly, encouraging text written at a 4th grade reading level
• Personalized pages, results and next steps
• Quick, simple, intuitive navigation
• For some people, ACCESS is the first website they've ever used
• Assurance about privacy. Some are nervous about giving personal information online

The major components of ACCESS are:
• Am I Eligible? -- A 15-minute self-assessment tool (launched 8/16/04) for:
*FoodShare
*All subprograms of Medicaid
*SeniorCare and Medicare Part D
*Women, Infants and Children (WIC)
*The Emergency Food Assistance Program
*School meals and summer food assistance
*Tax credits (EITC, Homestead and Child Credit)
*Home Energy Assistance

• Check My Benefits -- An up-to-date information segment (begun 9/30/05) that includes:
*Displays information about Medicaid, FoodShare, SeniorCare, and SSI Caretaker Supplement benefits
*Information displayed is based on why customers call their workers
*Provides data directly from CARES (automated eligibility system)
*Data is "translated" to make it more understandable

*Data is furnished real time at account set-up, and is then updated nightly

• Apply For Benefits -- An online application for FoodShare, Medicaid and the Family Planning Waiver program (launched 6/2/06)

Medicaid Enrollment Update

Enrollments continued to grow for the Wisconsin Medicaid program, following a trend nearly a decade old. For state fiscal year 2005-2006, enrollments grew by 3.3% from the previous year in the "family Medicaid" segment of the program -- Medicaid, Healthy Start for pregnant women, infants and children, and the SCHIP program known as BadgerCare. For 2005-2006, the total of family Medicaid enrollees grew to 414,809 from 401,622. Overall, the average number of Medicaid enrollees increased to 651,768 -- a 3.6% increase from the previous year.

Total Medicaid expenditures for the most recent completed state fiscal year of 2005-2006 were at $4.5 billion. Governor Doyle's BadgerCare Plus proposal, currently being considered in the Legislature, carries with it the central goal of covering all Wisconsin children with its broad array of services. //2008//

/2009/ In February, 2008, the BadgerCare Plus program began implementation statewide. The program provides a Standard Plan that covers usual Medicaid services and a Benchmark Plan for members with incomes greater than 200% FPL that is more restrictive with higher co-pays. By the end of February, more than 71,000 additional children and families have received comprehensive health insurance coverage. Of that total, 13,500 parents and children reside in Milwaukee County, the state's most populous and highest need urban area. The overall increase far exceeds the state's budget projections for the program's first 12 to 18 months.

Due to the expansion and consolidation of family Medicaid programs into BadgerCare Plus, the "family Medicaid enrollment" category continues to grow. In the most recently available figures, the total family Medicaid program enrollees now under "BadgerCare Plus" was 555,373, as of February 29. This total is up from about 484,000 on February 11. //2009//

Wisconsin Works (W-2)

Wisconsin's Temporary Assistance to Needy Families program is referred to as the Wisconsin Works program. It replaced the Aid to Families with Dependent Children program, and it requires recipients to work. As of December 2004, total enrollment in the Wisconsin Works (W-2) program was about 10,800. The 2004 average monthly enrollment was 12,060.

/2007/ No significant change. //2007//

/2008/ A Doyle administration proposal in the 2007 Wisconsin Legislature would extend the amount of time a mother or other custodial parent of an infant could receive a W-2 grant from 12 weeks to 26 weeks. Mothers would be eligible to receive the $673 monthly cash benefit and would not be required to participate in W-2 employment until their infant is 26 weeks old, allowing for additional time to bond and care for their newborns during this critical attachment period.

In addition, beginning in January 2008 high risk pregnant women would be eligible for cash benefits of $673 per month, during the third trimester. This cash benefit would be limited to women who do not have children and are unmarried. //2008//

/2009/ No significant change; the above proposal was not enacted into law. //2009//

Blue Cross Blue Shield Grants

Blue Cross Blue Shield asset conversion is an endowed fund that will fund public health projects "in perpetuity". Therefore, we will continue to provide overall project and grant-writing assistance to interested agencies into the future. The first grant cycle began in 2004.

Maternal and child health proposals were well-represented among grant award winners in the first award cycle of Wisconsin's Blue Cross Blue Shield public health initiative. In the implementation (large-grant) category for the University of Wisconsin - Wisconsin Partnership Fund, for example, 10 of 13 funded projects had at least partial focus on maternal issues, children, or families. The funded value of these grants is approximately $4.5 million over three years. These funded projects are:
1. Madison Community Health Center (Adolescents)
2. DHFS (Oral Health)
3. Dane Co. Dept. of Human Services (Home Visiting)
4. WI Women's Health Foundation (First Breath)
5. Aurora Medical Center in Washington County (Fit Kids)
6. Milwaukee Birthing Project (Infant Mortality)
7. Wisconsin Association for Perinatal Care (Peridata)
8. Aurora/Sinai (Safe Mom/Baby -- Domestic Violence)
9. LaCrosse Schools (Healthy Lives for Kids with Disabilities)
10. Great Lakes Inter-Tribal Cooperative (Healthy Children/Strong Families)

The DHFS oral health project deserves particular mention in this context. Title V block grant funded staff had lead responsibility to write one of the only Department-sponsored projects because of the high priority the Department places on oral health. Under the Department's directive, however, virtually all of the $450,000 in the oral health project award is being passed through to community entities, including mini-grants to local health departments in the state's Northern Region. These health departments will implement several preventive strategies with a pediatric focus, including a fluoride varnish initiative.

/2007/ No significant change. //2007//

/2008/ In the 2007 round of funding, six maternal and child-oriented Wisconsin Partnership Program (WPP) proposals were awarded by both medical schools in this continuing public health initiative. MCH proposals have been well-represented among awardees in the early years of these programs, so we will continue to provide overall project and grant-writing assistance to agencies in the future.

Large-grant funded implementation projects (up to $450,000) in 2007 were:
1. Covering Kids and Families (University of Wisconsin)
2. Covering Kids and Families (Medical College of Wisconsin)
3. Fight Asthma Milwaukee Allies
4. Milwaukee Kids: Drive Me Safely
5. Milwaukee Nurse Family Partnership Program
6. HealthWatch Wisconsin

The Blue Cross Blue Shield asset conversion endowment, controlled by the state's two medical schools, amounts to nearly $700 million in total. As such, it is one of the largest such Blue Cross/Blue Shield endowments in the country. The first grant cycle began in 2004; grant funding will continue "in perpetuity." //2008//

/2009/ Children and families continue to receive a significant number of awards from the Blue Cross/Blue Shield asset conversion endowment made in 2007 for a 2008 start date. Of the 10 major awards worth roughly $5 million awarded by the University of Wisconsin program, seven had a major focus affecting children and families.

Those seven grant proposals are:
1. Keeping Kids Alive in Wisconsin;
2. Eco-cultural Family Interview Project;
3. Expanding and Sustaining the 'Safe Mom/Safe Baby' Project;
4. Allied Drive Early Childhood Initiative;
5. Underage Drinking -- A Parent Solution;
6. It Takes a Community to Help a Smoker;
7. Expanded Community Role in the Milwaukee Homicide Review Commission.

At the Medical College of Wisconsin, the second medical school to receive Blue Cross/Blue Shield funding, the Healthier Wisconsin Partnership Program awarded 13 large-grant proposals worth about $5.8 million in early 2008. Of those 13 winning grants, 3 were substantially oriented to children and families:

1. Healthy Youth: Strong and Connected,
2. Making Milwaukee Smile,
3. Salud de la Mujer: Community Developed Materials to Increase Health Literacy in a Latino Community. //2009//

/2008/ Licensed Midwives

New legislation became effective May 1, 2007 licensing midwives without a nursing degree. In Wisconsin, in 2005, about 1,100 Wisconsin infants were born outside a hospital. This law also frees certified nurse midwives from having a written agreement with a health care authority and allows them to mentor and train lay midwives. Wisconsin's MCH Program is supportive of the lay midwives, and organizes meetings about twice a year, in part, to facilitate communication between the state and the midwives who serve populations, e.g., the Amish, who may seek care from non-traditional health care providers. //2008//

/2009/ Certified midwives partnered with the UW Waisman Center to apply for and received a March of Dimes grant for educational materials for Wisconsin's Amish and Mennonite communities to promote prenatal, postpartum and infant care including newborn screening for metabolic disease and newborn hearing screening. //2009//

/2008/ Tobacco Funding

The current Wisconsin Tobacco Prevention and Control Program is a funded $10 million dollar program, focusing on providing funding to local tobacco coalitions throughout the state, youth program designed to reduce and prevent smoking among youth, cessation services, media and counter marketing, surveillance and evaluation of tobacco related data, and programs focused on reducing tobacco use among disparity populations. Governor Doyle has proposed an increase in tobacco program funding from $10 million to $30 million dollars, and has proposed a statewide smoking ban. He has also proposed an increase to the current cigarette tax of $0.77 to a $1.25 tax per pack. //2008//

/2009/ The current Wisconsin Tobacco Prevention and Control Program is a $15 million dollar program, focusing on providing funding to local tobacco coalitions throughout the state, youth programs designed to reduce and prevent smoking among youth, treating tobacco dependence services, eliminating the exposure to secondhand smoke through policy development, media and counter marketing campaigns, surveillance and evaluation of tobacco related data, and programs focused on reducing tobacco use among disparity populations. //2009//

/2008/ Oral Health Funding

The Wisconsin Department of Health and Family Services initiated a one-time grant program to create or improve local community efforts to increase access to oral health services. The purpose of the project is to improve access to preventive and restorative oral health services for children - including those who are eligible for Medicaid or BadgerCare, and those who are uninsured or underinsured. In addition, specific target populations were pregnant women and persons with disabilities. Grants in the amount of $4.1 million were awarded to various organizations and agencies throughout the state for this Dental Access initiative. Grant awards ranged between $25,000 and $500,000. //2008//

/2009/ This was a one-time Dental Access grant program. There were 16 projects that received funding. Some of the projects expended all of their funds by the end of 2007 or early 2008. There are a few projects that requested and were granted extensions. All of these contracts end on September 31, 2008. There will be no funding or projects from this source in 2009. //2009//

Reproductive Health and Family Planning Services, Waiver and Outreach Efforts

According to the latest report prepared by the Alan Guttmacher Institute, 634,250 (among the 1,235,190 women in Wisconsin ages 13-44) are estimated to be at risk of unintended pregnancy and in need of contraceptive services and supplies. Of this number, 230,060 are estimated to be at risk of unintended pregnancy and in need of publicly supported contraceptive services: this includes 95,350 under age 20, and 134,710 between the ages of 20-44 and under 250% of poverty. This group is at high risk for unintended pregnancies, and the health, financial, and social consequences to women, children, and families. Low income women are particularly vulnerable to the consequences.

/2007/ No significant change. //2007//

/2008/ According to the latest report prepared by the Alan Guttmacher Institute, 640,450 (among the 1,239,470 women in Wisconsin ages 13-44) are estimated to be at risk of unintended pregnancy and in need of contraceptive services and supplies. Of this number, 235,120 are estimated to be at risk of unintended pregnancy and in need of publicly supported contraceptive services: this includes 95,330 under age 20, and 139,790 between the ages of 20-44 and under 250% of poverty. This group is at high risk for unintended pregnancies, and the health, financial, and social consequences to women, children, and families. Low income women are particularly vulnerable to the consequences. //2008//

/2009/ No significant change. //2009//

The Wisconsin Medicaid Family Planning Waiver was approved and implemented January 1, 2003, to increase access to family planning services and supplies for low income women (below 185% poverty) ages 15-44. Through the outreach efforts of family planning providers under contract with the MCH-Family Planning Program, over 58,000 women were enrolled in the Waiver Program as of March 31, 2005. This represents approximately 18% of the estimated need for publicly supported services and supplies.

/2007/ Over 64,000 women were enrolled in the Waiver Program as of March 31, 2006, representing approximately 22.7% of the estimated need. //2007//

/2008/ The Wisconsin Medicaid Family Planning Waiver was approved and implemented January 1, 2003, to increase access to family planning services and supplies for low income women (below 185% poverty) ages 15-44. Through the outreach efforts of family planning providers under contract with the MCH-Family Planning Program, approximately 63,000 women were enrolled in the Waiver Program as of December 31, 2006. This represents approximately 22% of the estimated need for publicly supported services and supplies. The FPW will be submitted to include males. //2008//

/2009/ The Wisconsin Medicaid Family Planning Waiver was renewed as of January 1, 2008. Income eligibility was increased from 185% to 200% for women ages 15-44. Approximately 59,799 women were enrolled in the FPW as of December 31, 2007. This represented 21% of the estimated eligibility for the FPW. Enrollment decreased from 2006 to 2007. Additional enrollment process necessitated by the Deficit Reduction Act requirements probably resulted in decreased enrollment. //2009//

Increasing awareness about the Medicaid Family Planning Waiver, how to enroll, and how to obtain services is a high priority within the MCH-Family Planning Program. The goal is to provide information that will allow women to make informed decisions regarding enrollment. Providers will be encouraged to further collaborate with other community health providers in 2005 and 2006 to increase awareness and to increase access to services. A related priority will be to make contraceptive and related reproductive services more convenient: to reduce office protocols and other administrative barriers to services. Making services more convenient has considerable potential to enhance outreach success.

/2007/ In January 2006 Wisconsin implemented a five year program plan to increase early intervention and detection of pregnancy. The goals of the program are to increase enrollment into the Family Planning Waiver, increase access to emergency contraception, increase use of dual protection, and make reproductive services more convenient. //2007//

/2008/ In 2007, Wisconsin will launch a new adolescent pregnancy prevention and Medicaid Family Planning Waiver initiative in Milwaukee to reach adolescents and young adults at high risk of unintended pregnancy. //2008//

/2009/ The Milwaukee Adolescent Pregnancy Prevention Partnership (MAPPP) which encompasses two clinics, a large local health department and a local community-based organization continues to make progress toward the following goals: 1) develop a Milwaukee driven, community-based partnership focused on adolescent pregnancy prevention for African Americans, ages 15-19; 2) increase the Medicaid Family Waiver enrollment in Milwaukee; and 3) successfully implement the evidenced-based, dual strategy for addressing adolescent pregnancy prevention. A key challenge for this initiative is to find innovative ways to directly engage African American youth from non-traditional and ethnically diverse communities to deliver evidenced-based teen pregnancy and STD prevention messages.

The MAPPP will make significant numerical and qualitative inroads to increase participation in the Medicaid Family Planning Waiver and will establish clear communication and coordination mechanisms with Milwaukee organizations charged with teen pregnancy, teen parenting, adolescent reproductive health services, and advocacy. MAPPP will be forming a Teen Advisory Committee to help them increase the outreach and efficacy of the Family Planning Waiver to African American youth. This may take the shape of teen-to-teen teaching moments based on the train-the-trainer concept and create a more user-friendly name for the Waiver. //2009//

Wisconsin is in the midst of dealing with a budget deficit, a declining health care work force, people in need, and negative health outcomes associated with racial disparities. Given the state of Wisconsin's health care delivery environment, some could argue that Title V dollars are needed more today than ever before in order to fill the gaps and meet the needs where no other safety net exists.

/2007/ No significant change. //2007//

/2008/ No significant change. //2008//

/2009/ No significant change. //2009//