# Healthiest Wisconsin 2020 Baseline and Health Disparities Report Executive Summary

The Healthiest Wisconsin 2020 Baseline and Health Disparities Report addresses two major purposes. It provides baseline data for Wisconsin's state health plan and highlights disparities experienced by selected populations in the state.

# Baseline data for Healthiest Wisconsin 2020: Everyone Living Better, Longer (http://www.dhs.wisconsin.gov/hw2020/)

- The report is organized by the 12 health focus areas outlined in the state health plan, and also addresses one infrastructure focus area, Access to Health Care.
- The report provides baseline data for indicators listed in the state health plan where data are available.
- The report addresses the two goals of the state health plan: 1) improve health across the life span; and 2) eliminate health disparities and achieve health equity.

### **Health disparities report**

- The report provides data about populations experiencing health disparities. Like previous Minority Health Reports, the report provides data about four racial/ethnic groups: Blacks/African Americans, American Indians, Asians, and Hispanics/Latinos.
- In addition, this report also addresses health disparities experienced by four other populations: people with disabilities; lesbian, gay, bisexual, and transgender (LGBT) populations; people with lower incomes or less education (lower socioeconomic status); and by level of urbanization (geography).

#### Report formats

This is a large report; it is not intended to be read cover to cover. Rather, readers are encouraged to select chapters of interest. The report is available in two formats.

- Each health focus or infrastructure area and each population is presented as an annotated PowerPoint slide set. The purpose of this format is to enable community leaders to present the data to decision-makers, service providers, and the public. The annotation (text for each slide) assists the presenter in capturing the important points presented in the figures.
- The report is also presented as a PDF document, which includes each of the chapters available
  as slide sets, as well as this Executive Summary, Technical Notes and List of Contributors. The
  PDF version is intended to serve as a reference document. Due to its length (more than 1,000
  pages), readers are advised not to print the document.

## Contents of each chapter

Each of the chapters includes the following:

- Chapter outline
- Overview of the report
- Key points of the chapter
- For health focus areas, data about health risks and outcomes
- For population chapters, demographic and socioeconomic data, and data about health risks and outcomes
- References
- Links to additional reports and resources

## Data analysis

- The report is based on more than 30 data sources, including census, survey, and mortality data. More than 60 staff at the Wisconsin Department of Health Services (DHS) contributed to its preparation.
- Multiple years of data from the Behavioral Risk Factor Survey (adults) and Youth Risk Behavior Survey (high school students) were combined to enable presentation, where feasible, of data for smaller populations, including Hispanics/Latinos, American Indians, Asians, people with disabilities and LGBT populations.

# **Important findings**

- Racial/ethnic minority populations, people with lower incomes and less education, people with disabilities, LGBT populations, residents of Milwaukee County and of rural areas experience disparities in socioeconomic status, health risk behaviors, and health outcomes.
- In order to better understand the extent to which health disparities exist in some of the state's relatively small populations, additional data are needed. These populations include: Hispanics/Latinos, American Indians, Asians, people with disabilities, LGBT populations, and foreign-born populations.

#### Feedback from users of the report

DHS is very interested in tracking use of the report and receiving comments to guide development of future reports. As a result, website visitors are encouraged to register their email addresses so they can be contacted later to assess the contexts in which they used the report and provide suggestions for future reports.



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