

**Wisconsin Public Health Council
State Health Plan Committee**

**Progress Report: *Healthiest Wisconsin 2010*
Health Priority: Access to Primary and Preventive Health Services**

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Progress Report: *Healthiest Wisconsin 2010* **Health Priority: Access to Primary and Preventive Health Services**

Part I: Introduction

According to *Healthiest Wisconsin 2010*, Wisconsin's state health plan:

“Access means that primary and preventive health care services are available and organized in a way that makes sense to individuals and families. Access means that people have the resources, financial and non-financial, needed to obtain and use available services. Accessible health care includes an infrastructure supporting a range of health services with the capacity to reach diverse people and adapt to the specific access issues that differ in communities.”

(See <http://dhs.wisconsin.gov/statehealthplan/implementation/pdf-files/summary.pdf>, p. 27.)

In this document, “Access to Primary and Preventive Health Services” was included as one of the eleven health priorities. In the Implementation Plan for this health priority, four objectives were identified to monitor the priority:

- Increasing the percentage of the population with health insurance
- Increasing the public health infrastructure capacity for prevention
- Reducing barriers to access
- Increasing access to oral health.

The analysis of progress in this report included available data that do not reflect recent changes in the economy. The impact of these changes will be documented in surveys and reports that include the latter part of 2008.

Increasing the percentage of the population with health insurance

There are clear links between access to care and health insurance coverage. Lack of insurance over an extended period of time increases the potential for early death, and death rates among hospitalized patients without health insurance are significantly higher than among patients with insurance (USDHHS, 2000). The reasons for lacking insurance are complex and are not adequately represented in the “uninsured rate.” People may choose not to be insured because they do not have access to employer sponsored insurance, the high costs associated with employer sponsored insurance or the high costs of COBRA (employer-based continuation insurance) after losing a job. People may only be insured for a part of the year. At a much lower cost, others may choose an insurance policy that provides coverage for only “catastrophic” or very serious/emergent health conditions. These types of policies leave individuals and families underinsured, lacking coverage for preventive medical care, dental, vision or other health services.

- The uninsured in Wisconsin include 66% of those who are employed in a company with less than 50 employees, and 8% of children who live with an employed adult (not covered in the year or covered only part of the year).

- Racial and ethnic minorities are more likely to be uninsured than are Whites. Among Hispanics, 30% percent were uninsured all year and another 8% were insured only part of the year. 20% of African Americans were uninsured all year and another 11% were insured only part of the year.
- 17% or about 350,000 younger adults (ages 18-44) were uninsured throughout the year and another 7% were insured only part of the year. (Family Health Survey, 2007)
- Public insurance covers a large number of Wisconsin residents either completely or in combination with private insurance carriers:
- Although 91% of adults 65 years and older are covered with Medicare, 12% have no supplementary coverage.
- 9% of residents have Medicaid coverage including BadgerCare, Healthy Start and other forms of Wisconsin Medicaid.
- 17% of Wisconsin children have Medicaid coverage. (Family Health Survey, 2007)

Increasing the public health infrastructure capacity for prevention

As a percentage of its Federal/State share, Wisconsin contributes less to its Medicaid program (42%) than the rest of the country (43%; Kaiser Family Foundation, 2008). The majority of this funding supports health care for the elderly (34%) and the disabled (43%). Only 11% of Wisconsin's Medicaid funding supports health care for Wisconsin children and about 12% of eligible adults. Although increasing, Wisconsin's uninsured rate is lower than most states, including 8.8% of adults (vs. 15.8% of adults in the U.S.) and 4.9% of children (vs. 11.7% of children in the U.S.; Trust for America's Health, 2009). The funding for public health in Wisconsin continues to decrease. For Fiscal Year 2007, Wisconsin ranked last of all fifty states in state funding for public health services at a per capita rate of \$9.16 (vs. \$33.26 per capita in the U.S.; Trust for America's Health, 2009) and ranking far below surrounding states in the Midwest.

One of the most significant changes in improving access to healthcare in Wisconsin has been the expansion of the BadgerCare program to include a wider group of eligible participants. This expansion provides increased access to low income individuals across the state and offers opportunities for including population groups who have previously not been eligible for Medicaid in this state. Funding for coverage for single adults without children has not yet been implemented, but plans are in place to begin the program in spring 2009.

While this expansion is a great improvement for low income residents of Wisconsin, it does not address the underinsured or the population above 200% of the Federal Poverty level, the rising cost of premiums for the insured population, including those adults over 64 years of age seeking physician coverage in coordination with their Medicare coverage. These issues will require monitoring and advocacy from the public health community in the state.

“Increasing the infrastructure capacity for prevention” can be measured in many ways. Over the past ten years, the indicators for tracking progress toward this objective related to tracking rates of unnecessary hospitalizations and rates of screening for cholesterol and breast, prostate, and colorectal cancers; and reducing the proportion of the population that reported difficulty accessing care. There was one objective for which there was no designated measure over the past

ten years: “Increasing provider exposure to U.S. Preventive Services Guidelines” and thus, a measure of the extent of providers using research-based preventive healthcare services was not tracked.

Reducing barriers to access

Insurance coverage is only one component of access to care. The availability of appropriate primary care practitioners and access to preventive health services also has an impact on improving health. Thus workforce issues, cultural competence, resources allocated to prevention rather than care, outreach, and other issues have an impact on access to health services. Wisconsin ranks 6th worst in the country for the availability of mental health services and is 23rd and 26th in availability of primary care and dental care services respectively. In many cases, the impact of racial/ethnic background on healthcare services was not adequately captured, and the necessary data to track progress toward this objective not available. This is particularly important when attempting to reduce the wide disparities in health outcomes noted in the state. Thus it is difficult to adequately assess whether progress toward removal of barriers to healthcare access is actually occurring.

Increasing access to oral health

As described, Wisconsin ranks 26th in the United States in the number of Health Professional Shortage Areas for dental providers. There is a wide disparity between those with commercial insurance coverage and those without. Even those with Medicaid find it very difficult to access dental health services. Further, there are disparities in available services depending on whether you live in an HMO saturated area of the state. The Legislative Audit Bureau reported in 2008 that statewide enrollment for Medicaid has increased by 15% over the previous five years, with almost 25% living in the four southeastern counties of the state.

The purpose of this report is to analyze progress toward the specific long-term objectives of the Access to Primary and Preventive Health Services health priority of the state health plan, Healthiest Wisconsin 2010, described in the following sections. In reviewing the specific objectives developed for Healthiest Wisconsin 2010, there has been little change overall in the progress toward the health priority of access to primary and preventive health services.

Part II: Progress in Achieving the Healthiest Wisconsin 2010 10-year Long-term Outcome Objectives

Health Insurance

Objective 1: By 2010, increase to 92 percent the proportion of the population with health insurance for all of the year.

Performance as of 2007: 91% (N = 6,523) of Wisconsin household residents had health insurance coverage during the past 12 months.

Baseline: In 2000, 88% of residents reported having health insurance during the past 12 months.

Performance Status: Improving.

Objective 2: System Infrastructure Capacity for Prevention

The second set of objectives was understood to be “developmental.” The data used as baselines for this objective related to preventable hospitalizations and rates of screening for cholesterol, breast, prostate and colorectal cancers.

Objective 2a: Increase provider screening for chronic diseases and other health risks including alcohol and drug abuse.

Cervical cancer screenings for women aged 18+ years

Performance: Data in 2006 shows that 86% of Wisconsin women 18+ were receiving Pap tests. (Wisconsin Behavioral Risk Factor Survey, Bureau of Health Information and Policy, Division of Public Health, Department of Health Services.)

Baseline: In 2000, 87% of Wisconsin women reported having had a Pap smear in the past three years.

Performance Status: No Change

Mammograms for women 40+ years

Performance: Data shows that 78% of women in 2006 received mammograms. In 2002, 80% had mammograms and 2004 showed 75% of women receiving mammograms. (Wisconsin Behavioral Risk Factor Survey, Bureau of Health Information and Policy, Division of Public Health, Department of Health Services.)

Baseline: In 2000, 75% of Wisconsin women reported having had a mammogram in the past three years.

Performance Status: Slight improvement

Cholesterol screenings for adults 18+ years

Performance: Overall, screenings stayed the same or increased slightly with 77% of adults in 2007 reporting having been screened for cholesterol in the past five years. (Wisconsin Behavioral Risk Factor Survey, Bureau of Health Information and Policy, Division of Public Health, Department of Health Services.)

Screenings for women increased in 2007 with 79% versus 75% of women in 2001. Overall, there was a slight change in cholesterol screening for men. Men reported decreased screenings (68% of men in 2005) and increased their screenings in 2007 (74%).

Baseline: In 2001, 72% of adults over 18 years of age reported having been screened for cholesterol.

Performance Status: No change – slight increase

Colorectal screenings for adults 50+ years

Performance: 44% of adults in 2006 had blood stool tests versus 47% of adults in 2004. Women were tested more often (47%) than men (40%). (No data were available regarding the rate of individuals receiving colonoscopies.)

Performance Status: Worsening or no change

Baseline: In 2001, 50% of adults over 50 years of age reported having had a blood stool test for colorectal cancer (Behavioral Risk Factor Survey).

Objective 2b. Increase provider exposure to U.S. Preventive Services Guidelines (evidence-based practice guidelines for preventive care).

No data were available concerning this objective.

Difficulty Accessing Care

Objective 3: By 2010, reduce by 10 percent the proportion of the population that reports difficulties, delays, or the inability to receive ongoing primary and preventative health care (e.g., check-ups and management of acute and/or chronic care).

Performance as of 2007: 2% of Wisconsin household residents reported needing medical care during the past 12 months but did not receive it.

Performance Status: Slight improvement

Baseline: In 2001, 3% of Wisconsin household residents reported needing “medical care during the past 12 months but did not receive it” (Behavioral Risk Factor Survey).

Oral Health Services

Objective 4a: By 2010, 33% or more of Wisconsin’s Medicaid and BadgerCare Plus members will have received oral health services (preventive and/or restorative) from a dental provider in the past year.

Performance as of 2007: 23.5%. Overall, there was no improvement from 2000 to 2007. (Wisconsin Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Department of Health Services.)

Baseline: In 2000, 22.7% of Wisconsin residents reported receiving any dental care during the year.

Performance status: No improvement.

Objective 4b. By 2010, 46% or more of Wisconsin’s residents who were uninsured throughout the previous year will have received oral health services from a dental provider in the past year.

Performance as of 2007: 41%. Although the target was not met for this objective, there was slight improvement (including the reported error rate) in reporting of dental visits among those who were uninsured between 2000 and 2007 (Wisconsin Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Department of Health Services).

Baseline: In 2000, 36% of Wisconsin residents who were uninsured all of the previous year reported receiving any dental care.

Performance status: Slight improvement

Objective 4c. By 2010, 70% or more of Wisconsin’s residents who were uninsured for part of the previous year will have received oral health services from a dental provider in the past year.

Performance as of 2007: The target for this objective was not met. For the years 2004-2007, only 50% of Wisconsin residents who were uninsured for part of the year reported receiving any dental care during the year. In the years between 2000 and 2007, the rate of those uninsured for part of the year who received dental care continued to decline (Wisconsin Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Department of Health Services).

Baseline: In 2000, 57% of Wisconsin residents who were uninsured for part of the year reported receiving any dental care during the year.

Performance status: Not improved

Part III: Recommendations

Data

- Identify useful ways to capture and measure access to primary and preventive services through use of e-health data.
- Use the Medicaid data set as well as survey data to expand available indicators regarding access to care.
- Include HEDIS indicators in measuring objectives and tracking progress toward access to care (e.g., childhood immunization status).
- Develop survey questions that address more qualitative issues of access such as satisfaction with, availability, and accessibility of health care services.
- Collect and analyze data regarding services for underrepresented groups common in Wisconsin: immigrants, non-English speakers, LGBT community, underrepresented religious groups (Amish, Jehovah's Witness), farmers.
- Utilize available Medicaid data and other State databases (e.g., Behavioral Risk Factor Surveillance Survey, BFRSS; Wisconsin Youth Oral Health Data) to develop evidence-based oral health policies that are measurable and have significant impact on primary care and oral health.
- Continue to monitor water fluoridation quality for 251 or more systems available and advocate for the maintenance and expansion of community water fluoridation programs.

Health Insurance

- Enact Badgercare Plus in the next biennial budget cycle including support for infrastructure for full implementation of the program.
- Advocate for elements in Medicaid pay-for-performance measures that address access to primary and preventive health services.

Workforce

- Implement the workforce report: Wisconsin Health Care Workforce: Grow Wisconsin Initiative (2007) to increase the number of health professionals and particularly to include more racial and ethnic minority providers.
- Increase primary care and dental workforce in urban and rural areas.
- Expand scholarships, loan forgiveness, and other funding support for students interested in providing care in inner cities and rural areas.
- Develop tax credits and grants for those practitioners practicing in inner cities and rural areas.
- Expand training in multi-cultural competence among primary care office staff and providers.
- Track retention of primary care providers in inner city and rural areas.
- Support language training for primary care providers.

- Review scope of practice for professions complementary to dentistry (e.g., hygienists, dental assistants) and utilize non-dental providers to provide non-technical preventive procedures to children and serve as referral source for children to dental providers.

Reduce Barriers to Access

- Increase outreach and advocates for Wisconsin residents seeking health care services.
- Ensure transportation services are accessible, timely, and affordable for those seeking health care services.
- Ensure all written health education materials and directions meet CLAS (Office of Minority Health Culturally and Linguistically Appropriate Services) standards and are culturally, physically, and cognitively accessible for all populations.
- Expand culturally competent and community-based services to improve screening rates for chronic disease and cancer.
- Initiate or expand oral health programs that increase capacity for dental services in federally qualified health centers and school-based clinics to be able to serve high-risk and/or underserved populations.

Preventive Services

- Using the U.S. Preventive Services Guidelines as a minimum, ensure that evidence-based screening practices are included in insurance coverage plans.
- Educate the public regarding the evidence for water fluoridation programs.

Finances

- Initiate programs that could be self-sustaining beyond public funding to provide health promotion information and prevention strategies/procedures for populations at risk.
- Increase funding for community-based organizations and programs that provide health promotion and screening services for underserved and/or at risk populations.

Appendix 1. Increasing Health Insurance Coverage

Objective 1: By 2010, increase to 92 percent the proportion of the population with health insurance for all of the year.

Indicator: [Health insurance during past 12 months](#)

Health insurance during past 12 months

Health Priority A: Access to Primary and Preventive Health Services

Objective A1: By 2010, increase to 92 percent the proportion of the population with health insurance for all of the year.

2010 Target: 92%

Federal 2010 Target: 100%

Performance Status: No change.

Performance as of 2006: 89% (N = 6,523) of Wisconsin household residents had health insurance coverage during the past 12 months.

Percent of Wisconsin Household Residents with Health Insurance Coverage during the Past 12 Months

Year (N)	Total		Males		Females	
	Percent	+/-	Percent	+/-	Percent	+/-
2000	88%	1%	87%	1%	88%	1%
(N)	(6,894)		(3,305)		(3,589)	
2001	88%	1%	87%	1%	88%	1%
(N)	(9,549)		(4,641)		(4,908)	
2002	89%	1%	89%	1%	89%	1%
(N)	(7,995)		(3,871)		(4,124)	
2003	90%	1%	89%	1%	92%	1%
(N)	(6,398)		(3,082)		(3,316)	
2004	89%	1%	88%	1%	91%	1%
(N)	(6,330)		(3,094)		(3,236)	
2005	89%	1%	87%	1%	91%	1%
(N)	(6,272)		(3,007)		(3,265)	
2006	89%	1%	88%	1%	90%	1%
(N)	(6,523)		(3,095)		(3,428)	
2007	91%	1%	90%	1%	91%	1%
(N)	(6,857)		(3,306)		(3,551)	

Appendix 2. Increasing the Public Health Infrastructure Capacity for Prevention

Objective 2: Increase provider screening for chronic diseases and other health risks.

Objective A2b: Increase provider screening for chronic diseases and other health risks.

2010 Target: No target established

Indicator: Cervical cancer screening, women 18+

Federal 2010 Target: Mostly developmental with Behavioral Risk Factor Survey data for cholesterol screenings. Agency for Healthcare Research and Quality Healthcare Cost and Utilization Project data available for hospitalizations for uncontrolled diabetes, pediatric asthma, and immunization preventable pneumonia/influenza for adults over 64 years of age.

Cervical cancer screening, women 18+

Percent of Wisconsin Women Aged 18+ Who Had a Pap Smear in the Past Three Years

Year (N)	Total	
	Percent	+/-
2000	87%	2%
(N)	1,195	
2001	90%	1%
(N)	1,574	
2002	88%	1%
(N)	1,991	
2004	86%	2%
(N)	2,098	
2006	86%	2%
(N)	2,088	

Appendix 2. Increasing the Public Health Infrastructure Capacity for Prevention (continued)

Indicator 2c. [Cholesterol screening, adults 18+](#)

Cholesterol screening, adults 18+

Health Priority A: Access to Primary and Preventive Health Services

Objective A2b: Increase provider screening for chronic diseases and other health risks.

2010 Target: No target established

Indicator: Cholesterol screening, adults 18+

Percent of Wisconsin Adults Aged 18+ Screened for High Cholesterol in the Past Five Years

Year (N)	Total		Males		Females	
	Percent	+/-	Percent	+/-	Percent	+/-
2001	72%	1%	68%	2%	75%	2%
(N)	3,520		1,578		1,942	
2003	75%	1%	71%	2%	78%	2%
(N)	3,976		1,612		2,364	
2005	73%	1%	68%	3%	77%	2%
(N)	4,789		1,955		2,834	
2007	77%	1%	74%	2%	79%	2%
(N)	7,328		2,943		4,385	

Appendix 2. Increasing the Public Health Infrastructure Capacity for Prevention (continued)

Indicator 2. D. [Colorectal cancer screening, adults 50+](#)

Colorectal cancer screening, adults 50+

Health Priority A: Access to Primary and Preventive Health Services

Objective A2b: Increase provider screening for chronic diseases and other health risks.

2010 Target: No target established

Indicator: Colorectal cancer screening, adults 50+

Percent of Wisconsin Adults Aged 50+ Who Have Ever Had a Blood Stool Test

Year (N)	Total		Males		Females	
	Percent	+/-	Percent	+/-	Percent	+/-
2001	50%	3%	47%	4%	52%	4%
(N)	1,306		525		781	
2002	49%	2%	47%	4%	51%	3%
(N)	1,834		703		1,131	
2004	47%	3%	44%	4%	50%	4%
(N)	2,009		786		1,223	
2006	44%	2%	40%	4%	47%	3%
(N)	2,428		982		1,446	

Percent of Wisconsin Adults Aged 50+ Who Have Ever Had a Blood Stool Test, by Race/Ethnicity

Years (N)	Total		African American*		White*	
	Percent	+/-	Percent	+/-	Percent	+/-
2001-2002	50%	2%	40%	7%	50%	2%
(N)	3,140		170		2,777	
2002, 2004	48%	2%	36%	8%	48%	2%
(N)	3,844		251		3,456	
2004, 2006	45%	2%	31%	7%	46%	2%
(N)	4,467		297		3,988	

Percent of Wisconsin Adults Aged 50+ Who Have Ever Had a Sigmoidoscopy or Colonoscopy

Year (N)	Total		Males		Females	
	Percent	+/-	Percent	+/-	Percent	+/-
2001	57%	3%	57%	4%	58%	3%
(N)	1,302		521		781	
2002	56%	2%	58%	4%	55%	3%
(N)	1,826		698		1,128	
2004	59%	3%	58%	4%	61%	3%
(N)	2,002		486		1,216	
2006	64%	2%	64%	4%	64%	3%
(N)	2,428		979		1,449	

Appendix 2. Increasing the Public Health Infrastructure Capacity for Prevention (continued)

Percent of Wisconsin Adults Aged 50+ Who Have Ever Had a Sigmoidoscopy or Colonoscopy, by Race/Ethnicity

Years (N)	Total		African American*		White*	
	Percent	+/-	Percent	+/-	Percent	+/-
2001-2002 (N)	57%	2%	49%	8%	57%	2%
	3,128		165		2,771	
2002, 2004 (N)	58%		56%	10%	58%	2%
	3,829		239		3,421	
2004, 2006 (N)	62%	2%	54%	8%	62%	2%
	4,459		294		3,986	

Appendix 3. Reducing Barriers to Health Care Access

Objective 3. Reduce the proportion of the population that reports difficulties, delays, or the inability to receive ongoing primary and preventive health care (e.g., check-ups and management of acute and/or chronic illnesses).

Indicator 2. D. [Needed to see doctor but could not](#)

Federal 2010 Target: Developmental.

Health Priority A: Access to Primary and Preventive Health Services

2010 Target: No target established

Percent of Wisconsin Household Residents Who Needed Medical Care during the Past 12 Months but Did not Receive It

Year (N)	Total		Males		Females	
	Percent	+/-	Percent	+/-	Percent	+/-
2000	3%	<1%	2%	<1%	3%	1%
(N)	(6,894)		(3,305)		(3,589)	
2001	3%	<1%	2%	<1%	4%	1%
(N)	(9,549)		(4,641)		(4,908)	
2002	2%	<1%	2%	<1%	2%	<1%
(N)	(7,995)		(3,871)		(4,124)	
2003	1%	<1%	1%	<1%	2%	<1%
(N)	(6,398)		(3,082)		(3,316)	
2004	2%	<1%	2%	<1%	2%	<1%
(N)	(6,330)		(3,094)		(3,236)	
2005	2%	<1%	2%	<1%	2%	<1%
(N)	(6,272)		(3,007)		(3,265)	
2006	2%	<1%	2%	<1%	3%	1%
(N)	(6,523)		(3,095)		(3,428)	
2007	2%	<1%	1%	<1%	2%	<1%
(N)	(6,857)		(3,306)		(3,551)	

Appendix 3. Reducing Barriers to Health Care Access (continued)

Percent of Wisconsin Household Residents Who Needed Medical Care during the Past 12 Months but Did Not Receive It, By Age

Year (N)	Total		Ages 0-17		Ages 18-44		Ages 45-64		Ages 65+	
	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-
2000	3%	<1%	2%	1%	3%	1%	3%	1%	1%	1%
(N)	(6,894)		(1,902)		(2,648)		(1,567)		(777)	
2001	3%	<1%	2%	1%	4%	1%	3%	1%	1%	1%
(N)	(9,549)		(2,665)		(3,537)		(2,267)		(1,080)	
2002	2%	<1%	1%	<1%	3%	1%	3%	1%	1%	1%
(N)	(7,995)		(2,124)		(2,890)		(1,960)		(1,021)	
2003	1%	<1%	<1%	<1%	2%	1%	2%	1%	1%	1%
(N)	(6,398)		(1,750)		(2,256)		(1,656)		(736)	
2004	2%	<1%	1%	<1%	3%	1%	2%	1%	<1%	<1%
(N)	(6,330)		(1,606)		(2,075)		(1,782)		(867)	
2005	2%	<1%	1%	<1%	4%	1%	2%	1%	1%	1%
(N)	(6,272)		(1,636)		(2,035)		(1,695)		(904)	
2006	2%	<1%	1%	<1%	3%	1%	3%	1%	1%	1%
(N)	(6,523)		(1,823)		(1,978)		(1,860)		(862)	
2007	2%	<1%	1%	<1%	3%	1%	2%	1%	2%	1%
(N)	(6,857)		(1,691)		(1,972)		(2,165)		(1,029)	

Appendix 3. Reducing Barriers to Health Care Access (continued)

Percent of Wisconsin Household Residents Who Needed Medical Care during the Past 12 Months but Did Not Receive It, by Race/Ethnicity

Year (N)	Total		African American*		American Indian*		Asian*	
	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-
2000	3%	<1%	4%	1%	1%	2%	--	--
(N)	(6,894)		(695)		(100)		(81)	
2001	3%	<1%	3%	1%	1%	2%	4%	3%
(N)	(9,549)		(867)		(121)		(144)	
2002	2%	<1%	4%	2%	--	--	--	--
(N)	(7,995)		(550)		(89)		(84)	
2003	1%	<1%	2%	1%	--	--	--	--
(N)	(6,398)		(438)		(82)		(89)	
2004	2%	<1%	5%	2%	--	--	--	--
(N)	(6,330)		(557)		(97)		(53)	
2005	2%	<1%	5%	2%	5%	4%	--	--
(N)	(6,272)		(526)		(123)		(66)	
2006	2%	<1%	4%	2%	2%	2%	--	--
(N)	(6,523)		(571)		(187)		(68)	
2007	2%	<1%	4%	2%	2%	2%	--	--
(N)	(6,857)		(502)		(172)		(57)	

Percent of Wisconsin Household Residents Who Needed Medical Care during the Past 12 Months but Did Not Receive It, by Race/Ethnicity (continued)

Year	Hispanic		White*		Multiple Races*	
	Percent	+/-	Percent	+/-	Percent	+/-
2000	10%	5%	2%	<1%	--	--
(N)	(158)		(5,668)		(79)	
2001	11%	4%	3%	<1%	3%	3%
(N)	(227)		(7,884)		(149)	
2002	2%	2%	2%	<1%	--	--
(N)	(262)		(6,768)		(95)	
2003	3%	2%	1%	<1%	--	--
(N)	(197)		(5,383)		(99)	
2004	2%	2%	2%	<1%	--	--
(N)	(186)		(5,279)		(88)	
2005	1%	1%	2%	<1%	--	--
(N)	(193)		(5,196)		(99)	
2006	1%	1%	2%	<1%	--	--
(N)	(267)		(5,250)		(94)	
2007	2%	2%	2%	<1%	6%	5%
(N)	(221)		(5,699)		(107)	

Appendix 4. Increasing Access to Oral Health

Objective 4a. By 2010, 33% or more of Wisconsin’s Medicaid and BadgerCare recipients will have received oral health services (preventive and/or restorative) from a dental provider in the past year.

2010 Target: Developmental. 20% of children and adolescents under age 19 within 200% of the Federal Poverty level received any preventive dental service in 1996.

Indicator 4. [Dental visit in past year, Medicaid / BadgerCare recipients](#)

Table 1: Wisconsin Medicaid and BadgerCare Fee-for-Service Recipients and HMO Enrollees Who Received Any Dental Service During the Year

Fiscal Year	Percent Who Received Any Dental Service	Number Who Received Any Dental Service	Unduplicated Number of Recipients
2000	22.7	109,647	483,350
2001	22.5	115,595	513,603
2002	Data not available		
2003	22.6	130,142	576,495
2004	24.1	195,724	810,980
2005	23.9	201,156	839,329
2006	22.6	194,524	859,274
2007	23.5	204,411	870,990

Source: Wisconsin Medicaid Dental Facts, Division of Health Care Financing, Department of Health Services.

Appendix 4. Increasing Access to Oral Health (continued)

Objective 4b. By 2010, 46% or more of Wisconsin’s residents who were uninsured throughout the previous year will have received oral health services from a dental provider in the past year.

Indicator 4b. [Dental visit in past year, people uninsured all year](#)

2010 Target: Greater than or equal to 46%

Indicator: Dental visit in past year, people uninsured all year

Percent of Wisconsin Household Residents Age 1 and Older, Uninsured All of the Past Year, Who Had a Dental Care Visit during the Year

Year (N)	Total (Age 1+)		Males		Females	
	Percent	+/-	Percent	+/-	Percent	+/-
2000	36%	5%	34%	7%	39%	8%
(N)	(315)		(168)		(147)	
2001	44%	5%	40%	6%	49%	7%
(N)	(427)		(247)		(180)	
2002	44%	6%	37%	7%	53%	9%
(N)	(300)		(170)		(130)	
2003	42%	6%	44%	8%	38%	9%
(N)	(250)		(142)		(108)	
2004	36%	5%	32%	7%	42%	8%
(N)	(319)		(168)		(151)	
2005	34%	5%	32%	7%	37%	8%
(N)	(302)		(176)		(126)	
2006	35%	5%	33%	7%	37%	7%
(N)	(339)		(175)		(164)	
2007	41%	5%	36%	7%	47%	8%
(N)	(315)		(174)		(141)	

Appendix 4. Increasing Access to Oral Health (continued)

Percent of Wisconsin Household Residents Age 1 and Older, Uninsured All of the Past Year, Who Had a Dental Care Visit during the Year, By Age

Years (N)	Total (Age 1+)		Ages 1-17		Ages 18-44		Ages 45-64		Ages 65+	
	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-
2000- 2002	41%	3%	50%	8%	42%	4%	34%	6%	--	--
(N)	(1,042)		(170)		(575)		(274)		(23)	
2001- 2003	43%	3%	56%	8%	41%	4%	40%	6%	--	--
(N)	(977)		(147)		(563)		(249)		(18)	
2002- 2004	40%	3%	47%	9%	40%	4%	38%	6%	--	--
(N)	(869)		(117)		(516)		(225)		(11)	
2003- 2005	37%	3%	40%	9%	35%	4%	42%	6%	--	--
(N)	(871)		(120)		(518)		(224)		(9)	
2004- 2006	35%	3%	36%	8%	33%	4%	41%	6%	--	--
(N)	(960)		(157)		(514)		(274)		(15)	
2005- 2007	37%	3%	45%	8%	34%	4%	41%	6%	--	--
(N)	(956)		(156)		(483)		(306)		(11)	

Appendix 4. Increasing Access to Oral Health (continued)

Objective 4c. By 2010, 70% or more of Wisconsin's residents who were uninsured for part of the previous year will have received oral health services from a dental provider in the past year.

Percent of Wisconsin Household Residents Age 1 and Older, Uninsured Part of the Past Year, Who Had a Dental Care Visit during the Year, by Race/Ethnicity

Years (N)	Total (Age 1+)		African American*		Hispanic		White*	
	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-
2000-2003	57%	2%	47%	6%	55%	9%	58%	2%
(N)	(2,021)		(262)		(112)		(1,522)	
2001-2004	55%	2%	39%	6%	--	--	57%	3%
(N)	(1,837)		(227)		(95)		(1,390)	
2002-2005	52%	3%	39%	7%	--	--	54%	3%
(N)	(1,483)		(200)		(69)		(1,110)	
2003-2006	51%	3%	48%	7%	--	--	51%	3%
(N)	(1,272)		(210)		(59)		(902)	
2004-2007	50%	3%	48%	6%	--	--	50%	3%
(N)	(1,222)		(230)		(66)		(832)	

References

Tracking the State Health Plan 2010: State-Level Data (Web site). Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health Services. <http://dhs.wisconsin.gov/statehealthplan/track2010/index.asp>

Trust for America's Health (2009) Wisconsin's Public Health Data. <http://healthyamericans.org/states/?stateide=WI>, retrieved 3-05-09.

Wisconsin Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health Services.