

# Milwaukee Health Report 2013

## Health Disparities in Milwaukee By Socioeconomic Status

## Executive Summary

### What is the Milwaukee Health Report?

The Center for Urban Population Health and the City of Milwaukee Health Department are pleased to present the *Milwaukee Health Report 2013*. Now in its fifth year, this report continues to summarize the current health of the city, as well as the distribution of key factors that may have implications for future health.

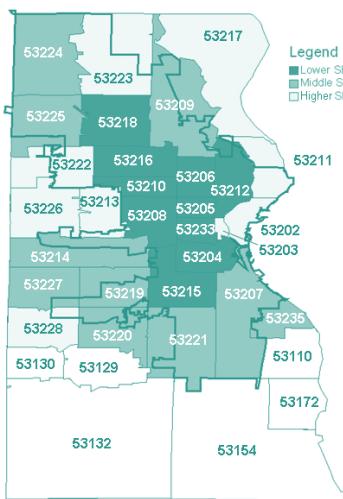
The *Milwaukee Health Report 2013* is based upon the population health framework and the foundational work of the University of Wisconsin Population Health Institute's Wisconsin County Health Rankings. In that framework, health outcomes are considered the result of a set of health determinants (e.g., healthcare access and quality, health behaviors, physical environment, and socioeconomic determinants such as income and education). Thus, the distribution of health outcomes and health disparities result from differences in the distribution of the determinants in the population.

The *Milwaukee Health Report 2013* provides information regarding health disparities among the SES groups within the city, and offers comparisons of health outcomes and health determinants between the City of Milwaukee, the State of Wisconsin and the United States.

The goal of this report is to provide policy makers and community organizations with meaningful information that can be used in addressing Milwaukee's health issues.

### What We Did

Figure 1. City of Milwaukee by ZIP Codes and SES

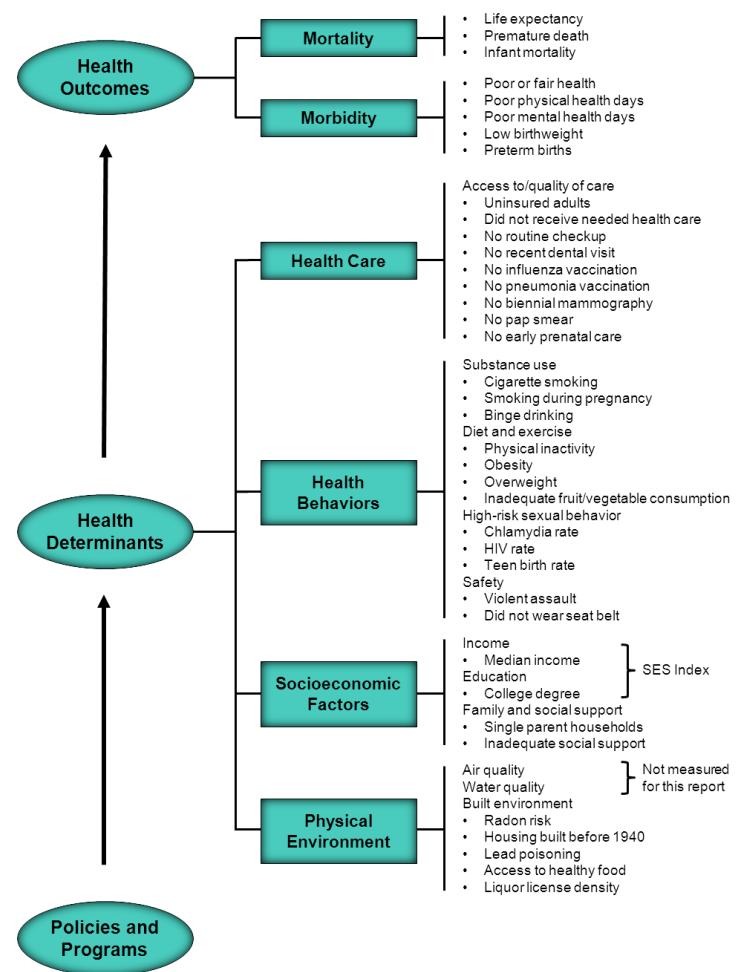


We obtained population-level measures of both socioeconomic status (SES) and health. To determine SES, we combined education and income indicators for each of Milwaukee's 29 ZIP codes. We calculated a socioeconomic status index number for each ZIP code, and then placed the ZIP codes into three groups indicating lower, middle and higher SES. (See Fig. 1. for the City of Milwaukee ZIP Codes and SES groups.)

We obtained health data from a variety of national, statewide and local sources that provide ZIP code level data. We categorized

the health data into two main groups of "health measures" - *health determinants* (including health care access, health behaviors, socioeconomic factors and physical environment) and *health outcomes* (including morbidity and mortality). (See Figure 2 for the measures identified.) We then examined each health measure by the three SES ZIP code groups to determine if a difference by SES exists for the health measure. For comparison purposes, data were also presented for the city as a whole, Wisconsin and the United States.

Figure 2. Health Outcome and Health Determinant Measures Assessed in the Report



Adapted from: University of Wisconsin Population Health Institute. (2013). County Health Rankings.

### Changes from 2012

This year Life Expectancy was added as a health outcome. In this 2013 report, for health measures based on weighted sample data (i.e., from BRFSS, ACHS, and FHS data sources), methods used to compute confidence intervals were revised to better estimate dispersion in a survey-sampled population. Consequently, intervals are wider than in previous reports, and results from tests of differences in risk between SES groups are no longer statistically significant for some health measures as they were in the past.

Nonetheless, for 22 of 36 measures, computed values are worse in the lower than higher SES groups and worse in the middle than higher SES group. This same gradient was evident for 19 of the 35 measures included in the Milwaukee Health Report 2012.

## Conclusions

Dramatic health disparities by socioeconomic status exist – and persist – within Wisconsin’s largest city. These findings continue to support that socioeconomic status is one of the most powerful drivers of population-level health outcomes. As we noted in our 2007 report (Vila et al., 2007), “widely disparate environmental and socioeconomic contexts mean that not every individual has the same opportunity to initiate or sustain healthy choices.”

Furthermore, it is becoming more clear since then that the chronic stress of living with poverty, racism, low educational attainment, and social disruption can affect people’s physiology directly through chronic elevations of stress hormones such as cortisol and adrenaline, which, through their effects on blood pressure, glucose metabolism, and immune system functioning, can predispose individuals to heart disease, stroke, diabetes, cancer, and other chronic diseases (Conroy, Sandel & Zuckerman, 2010).

Our current report continues to call upon all health professionals, elected officials, community stakeholders and policy-makers to “work together to help change public policy so that individuals are more likely to live, work, and interact in environments that facilitate and support healthy behaviors” and healthier outcomes.

There are many ways in which to present and interpret the data in this report. The figure to the left summarizes how the health measures in each SES group performed against the same measures in both the state of Wisconsin and the U.S.

Better than WI and US

### Lower SES

- % of respondents reporting that they didn’t have a routine health checkup within the past 2 years
- % of people who are overweight

### Middle SES

- % of people 65 and above reporting they have not had an influenza vaccination in the past year

Worse than WI and US

- Life expectancy
- Premature Death (Years of Potential Life Lost)
- Infant Mortality
- % of people reporting that they feel they are in poor or fair health
- average number of days people reported that their physical health was not good.
- average number of days people reported that their mental health was not good.
- % of live births for which the infant weighed less than 2,500 grams
- % of live births born less than 37 completed weeks of gestation.
- % of adults (<65) reporting not having health insurance coverage
- % of people 65 and above reporting they have not had an influenza vaccination in the past year
- % of 65 years or older respondents reporting that they have never had a pneumonia vaccination
- % of women 40 years and older reporting that they did not have a mammogram within the past 2 years
- % of people reporting that they currently smoke.
- % of reporting binge drinking
- % of people who are obese
- Chlamydia Rate
- HIV Infection Rate
- Teen Birth Rate (15-19 years)
- % of people reporting they always or nearly always do not wear a seat belt while driving or riding in a motor vehicle.
- % of households run by a single parent
- % of adults reporting that they “never,” “rarely,” or “sometimes” get the support they need.
- % of houses that were built before the year 1940
- % of reported cases of childhood lead poisoning
- % of non-healthy food outlets

### Higher SES

- % of people reporting that they feel they are in poor or fair health
- average number of days people reported that their physical health was not good.
- average number of days people reported that their mental health was not good.
- % of the adults (< 65 years) reporting not having health insurance coverage
- % of respondents reporting that they didn’t have a routine health checkup within the past 2 years
- % of people 65 and above reporting they have not had an influenza vaccination in the past year
- % of 65 years or older respondents reporting that they have never had a pneumonia vaccination
- % of women 40 years and older reporting that they did not have a mammogram within the past 2 years
- % of women reporting they haven’t had a Pap test in the past 3 years
- % of people reporting levels of activity that do not meet the recommended levels of moderate or vigorous physical activity
- % of people who are obese
- % of people who are overweight
- Teen Birth Rate (15-19 years)
- % of households run by a single parent
- % of adults reporting that they “never,” “rarely,” or “sometimes” get the support they need.
- % of non-healthy food outlets

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For more information on this report or to download a copy, please contact:

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