As goes Milwaukee’s health, so goes Wisconsin’s health

Tom Barrett, Mayor of Milwaukee

Milwaukee is, by far, Wisconsin’s largest urban center. In addition, Milwaukee has some of the state’s highest rates of disease and death. This combination of high rates and large population means that Milwaukee contributes disproportionately to Wisconsin’s overall health—or lack thereof.

In their 2007 “Health of Wisconsin Report Card,” researchers at UW-Madison gave Wisconsin—as a state—only a “B-minus” overall for health, a “C” for health in infants and the elderly, and a “D” for health disparities. They noted that infant mortality rates in Wisconsin were worse for women with less than a high school diploma, Native Americans, African Americans, and those living in Milwaukee County. A similar picture emerged for health outcomes in working-age adults and in older adults across the state: the less-well-educated, the poor, minorities, and those in the large urban areas of southeast Wisconsin generally suffer from poorer health.

Furthermore, the city of Milwaukee, which represents 11% of the state’s population, accounts for 28% of the state’s “excess deaths”—those deaths that occur at rates higher than that of the state’s healthiest county. (Figure 1 shows this dramatic disparity at the county level.)

These excess deaths are unacceptable. In addition, I am particularly concerned about Milwaukee’s challenges related specifically to infant mortality, immunization completion rates, sexually transmitted diseases and HIV, access to health care, cigarette smoking, teen pregnancy, and injuries and deaths due to violence.

Many of these issues are connected with poverty and with lower educational attainment, as my Chief Medical Officer, Geoffrey Swain, MD, MPH, and his colleagues have demonstrated very clearly in their article in this issue of the Wisconsin Medical Journal. Similar concerns about the connection between health and socioeconomic status will be true in just about every area of the state, yet in Milwaukee the issues are magnified by our large population and our high concentration of underserved and vulnerable populations.

Fortunately, Milwaukee has a number of strengths when trying to deal with these issues. Our nationally recognized health department, led by Health Commissioner Bevan Baker, is one example. Our Homicide Review Commission, also highlighted in this issue, is another example. A third example is our health department’s new Center for Health Equity, which is being initiated to work in collaboration with others to help improve some of the important social and economic determinants of health.

Another Milwaukee strength will be an accredited school of public health at UW-Milwaukee, which will perform the traditional academic roles of education for a qualified public health workforce and research into the causes and solutions to public health problems. It will also serve as a driving engine behind data collection, public health workforce development, and focusing public discourse and media...
attention on critical public health issues—all within the unique context of Milwaukee, which will provide an outstanding “learning laboratory” for current and future public health professionals.

Nonetheless, in order to best serve the state and all of its residents, Milwaukee needs appropriate additional investments of resources and policies to maximize the health of the city’s citizens and of the state overall. Such investments would range from a statewide smoking ban, to an expanded BadgerCare Plus program, to additional financial support for public health infrastructure.

I support a balanced portfolio of health investments, including policies and programs to address immediate health problems such as universal access to emergency and sick care, to more intermediate policies such as universal access to preventive and primary health services and the traditional roles of public health, all the way up to broad and long-term health solutions that address the socioeconomic determinants of health such as childhood poverty, educational attainment, job opportunities with a “living wage,” quality childcare, efficient transportation, and safe housing.

In all of these areas, Milwaukee needs the support of physicians and other health professionals from around the state. The well-known contemporary physician Michael Marmot likes to quote Rudolf Virchow, who noticed that “disease so often results from poverty” and that, as a consequence, physicians everywhere “need to be the natural attorneys of the disadvantaged.”

In the end, many of the policies, programs, and investments that would improve the health of Milwaukee residents—such as improving access to health care, improving public health infrastructure, and addressing socioeconomic determinants of health—will also improve the health of people across Wisconsin.

Moreover, by improving the health of Milwaukee residents, we can improve the long-term economic well-being of the state by increasing the health and productivity of the workforce and by reducing long-term health care expenditures.

Finally, an improved health report card in Milwaukee will mean an improved health report card for the state overall. Because as Milwaukee’s health goes, so goes the health of the state.

References
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