



**Michael J. Murphy**  
*City of Milwaukee Common Council*

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August 26, 2014

Karen McKeown  
State Health Officer and Administrator  
Wisconsin Division of Public Health  
PO Box 2659  
Madison, WI 53701-2659

**Re: Disparities in Health Outcomes in WI and the City of Milwaukee**

Dear Officer McKeown,

Racial and socioeconomic disparities in health outcomes are pronounced in Wisconsin, and particularly in the City of Milwaukee. Recent research illustrated that despite overall improvements in race-specific state trends at a national level, Wisconsin's performance in the black-white life expectancy gap lagged or was dramatically worse than other states between 1990 and 2009.<sup>1</sup> Notably, Wisconsin was the sole state where the black-white female life expectancy gap widened. Wisconsin was also reported to have one of the poorest improvements in the black-white gap for males. This health indicator is distressing as it is a measure of compromised health, and one that is prominent among a particular proportion of our population—minorities and low-income residents.

Additional disparities highlight the cumulative effects of disadvantages resulting in poverty being correlated with poor health. In February of this year the City of Milwaukee Health Department released a Fetal Infant Mortality Review Report, which the Journal Sentinel reported on, showing that the racial gap in infant mortality rates widened between black and white babies, with black infants dying at three times the rate of white infants.<sup>2</sup> This is the fourth year in a row that this rate has increased. As your agency stated, "The magnitude of infant mortality also reflects broader social and economic conditions that affect maternal and infant health, including factors such as access to high-quality health care, education, poverty, and racism."<sup>3</sup>

In June we learned that hospitals and family doctors are leaving poor city neighborhoods while simultaneously opening hospitals in wealthier, generally suburban areas.<sup>4</sup> This trend is resulting in physician shortages precisely where the sickest populations live as well as where the highest incidence of disabilities is located. Not surprisingly, the

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<sup>1</sup> <http://content.healthaffairs.org/content/33/8/1375>

<http://www.jsonline.com/news/health/life-expectancy-gap-between-blacks-and-whites-improves--but-not-in-wisconsin-b99324230z1-269883861.html>

<sup>2</sup> Ngui E, Michalski K, Mark E, Paine L, Stanley M, Gathirimu J, and Swain GR. 2013 Milwaukee Fetal Infant Mortality Review Report. City of Milwaukee Health Department, February 2014.

<http://www.jsonline.com/news/milwaukee/milwaukee-infant-mortality-rates-heading-in-wrong-direction-b99282687z1-261616401.html>

<sup>3</sup> <http://www.dhs.wisconsin.gov/publications/P0/p00144-2012.pdf>

<sup>4</sup> <http://www.jsonline.com/news/health/hospitals-doctors-moving-out-of-poor-city-neighborhoods-to-more-affluent-areas-b99284882z1-262899701.html>

<http://www.jsonline.com/news/health/in-milwaukee-and-us-hospitals-follow-money-to-suburbs-b99282952z1-262901951.html>



recently released 2014 county health rankings by the University of Wisconsin Population Health Institute ranked Milwaukee County 71 of 72 in overall health outcomes in WI.<sup>5</sup>

Collectively, these statistics provide a dismal picture of public health in our state. In reality; however, they particularly highlight the precarious condition of residents in the City of Milwaukee. The City of Milwaukee's demographic makeup is markedly different from the rest of the state. According to a Community Health Needs Assessment<sup>6</sup> conducted by Children's Hospital of Wisconsin in 2013:

- 40% of Milwaukee residents identify themselves as black/African American, whereas only 6.3% do in WI.
- Only 37% of Milwaukee residents identify themselves as white, whereas 83% do in WI.
- The median income in the City of Milwaukee is \$35,851, whereas it's \$52,374 in WI.
- The poverty rate in the City of Milwaukee is 29.4% (the highest rate of poverty of any city in WI), whereas it's 10.7% in WI.

Further inequities are seen when socioeconomic indicators are disaggregated by race within the City of Milwaukee. Thus, when we speak of disparate health impacts based on race, ethnicity and socioeconomic factors, the largest impacts are felt where the majority of those groups are located. With the City of Milwaukee having the largest proportion of black/African Americans, a median income significantly lower than that of the state, and the highest poverty rate in WI, our community is necessarily absorbing the majority of the burden.

The City's response to these crises is imperative; leadership at the state level is essential. According to the Wisconsin Department of Health Services (DHS), the *Healthiest Wisconsin 2020: Everyone Living Better, Longer* initiative represents the "third decade of statewide community health improvement planning designed to benefit the health of everyone in Wisconsin..."<sup>7</sup> Considering the above, the plan is not working: Moreover, perhaps coincidentally, Wisconsin continues to rank dismally in terms of state financial support for public health, ranking 46<sup>th</sup> worst nationally just above North Carolina, Mississippi, Nevada, Arizona and Missouri.<sup>8</sup> Whereas the median per capita health expenditure during FY 12-13 was \$27.49 nationally, Wisconsin only budgeted \$13.10.

Moving forward, better communication and collaboration is needed between the City of Milwaukee Health Department and Wisconsin's DHS. Specifically, we must work together to address the root causes driving overall health and health disparities including,

- **Healthcare** (access and quality)
- **Individual Health Behaviors** (e.g. diet, exercise, smoking, etc.)
- **Physical Environment** (e.g. clean air and water, housing, transit, lead poisoning, etc.)
- **Socioeconomic Factors** (e.g. employment, income, educational attainment, social support, childhood poverty, etc.)

Improving health and reducing health disparities in Wisconsin requires addressing all four factors simultaneously and in concrete ways. Both short-term and long-term policy initiatives must be articulated. Surely, the DHS is working in

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<sup>5</sup> <http://www.countyhealthrankings.org/app/wisconsin/2014/rankings/outcomes/overall>

<sup>6</sup> <http://www.chw.org/~media/Files/Childrens%20And%20Community/MilwaukeeAssessment2013.pdf>

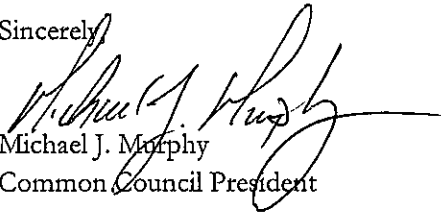
<sup>7</sup> <http://www.dhs.wisconsin.gov/hw2020/>

<sup>8</sup> <http://tfah.org/states/?stateid=WI#section=3,year=2013,code=undefined>

an expedient manner to address this blight in our community. In response to this letter I respectfully request, 1] a written correspondence from the DHS detailing the state's response to the urgent healthcare disparities in our state, including information on expected 2015 budget allocations for public health and whether the state will further investigate age-specific mortality rates and primary causes of death as recommended by the authors of the race-specific life expectancy gap report, and 2] a meeting between City officials and key DHS officials to discuss potential points of collaboration between the City and the state.

I appreciate your cooperation and collaboration on this matter and am eagerly awaiting a response.

Sincerely,



Michael J. Murphy  
Common Council President

Cc: Governor Scott Walker  
Secretary Kitty Rhodes  
Mayor Tom Barrett  
Milwaukee Common Council Members  
Commissioner Bevan Baker  
Dr. Patricia McManus  
Milwaukee Community Journal  
Milwaukee Journal Sentinel