DANE COUNTY

Community Health Needs Assessment

2025-2027

Table of Contents

Land Acknowledgement..... 3
Message to the Community..... 4
Executive Summary..... 5
Look Back: Progress Since Last CHNA 6
Our Community..... 11
Our Process..... 24
Our Priorities..... 27
Priority: Reproductive Justice 30
Priority: Chronic Conditions 34
Priority: Mental Health and Substance Use..... 43
Priority: Injury and Safety..... 48
Special Populations: Children and Youth..... 52
Special Populations: Older Adults..... 59
Next Steps..... 61
Acknowledgements..... 62

Land Acknowledgement

The Healthy Dane Collaborative occupies ancestral Ho-Chunk land, a place their nation has called Teejop (day-JOPE) since time immemorial.

In an 1832 treaty, the Ho-Chunk were forced to cede this territory. Decades of ethnic cleansing followed when both the federal and state government repeatedly, but unsuccessfully, sought to forcibly remove the Ho-Chunk from Wisconsin.

We acknowledge the circumstances that led to the forced removal of the Ho-Chunk people and honor their legacy of resistance and resilience. This history of colonization informs our work and vision for a collaborative future.

We recognize and respect the inherent sovereignty of the Ho-Chunk Nation and the other 11 First Nations within the boundaries of the state of Wisconsin.

Together, the Healthy Dane Collaborative recognizes this place and more importantly, move beyond acknowledgment and pledge to continue learning more and taking action.

This map is an adaptation of the Native Nations Map from The Ways

Message to the Community

Greetings,

Dane County has a unique history of collaboration between local health care providers. For many years, our organizations have worked together to leverage our combined resources and address the health concerns of our community. In 2012, members of the Dane County Health Council came together to develop a joint health needs assessment under the name Healthy Dane Collaborative. Since the development of the 2012 Community Health Needs Assessment (CHNA), the Healthy Dane Collaborative continues to work together to pursue collaborative approaches aimed at improving the health of Dane County.

This 2025-2027 CHNA was collaboratively completed in 2024 by Healthy Dane partners: Group Health Cooperative, Public Health Madison & Dane County, SSM Health St. Mary's Hospital, Stoughton Health, UnityPoint Health - Meriter and UW Health. It combines population health data in addition to feedback gathered from the community through input sessions to present a big-picture view of the factors impacting the health of our community. Our aim was to evaluate the state of needs and opportunities identified by the last CHNA as well as to determine any new or emergent needs across Dane County. For this iteration of the CHNA, the Collaborative made concerted efforts to increase community engagement activities to reach additional partners and individuals from whom we did not receive formal input in the past. Our approach included a more intentional focus on children and youth as well as increased touchpoints with health equity-centered organizations and clinic-based staff. Our partners were generous in their sharing, highlighting critical topics such as access to care, mental health, housing, and the many local assets that help families maintain and strengthen health. While many indicators of health are positive overall, it is apparent that specific populations in Dane County, specifically Black, Latinx, Indigenous, and People of Color, experience significant inequities in terms of social and economic opportunities and health outcomes.

The Healthy Dane Collaborative recognizes the health needs of the community and the resources available are constantly evolving. The CHNA can serve as a valuable guidepost to establish shared priorities and as a benchmarking tool as we continue to create a healthier Dane County. The Healthy Dane Collaborative is proud to share this CHNA with the community.

Sincerely,

UW Health, SSM Health St. Mary’s Hospital, UnityPoint Health - Meriter, Stoughton Health, Group Health Cooperative SCW, and Public Health Madison & Dane County

Executive Summary

Healthy Dane Collaborative is a coalition made up of four hospitals in Dane County (UnityPoint Health – Meriter, SSM Health - St. Mary's Hospital, Stoughton Health, and UW Health), Group Health Cooperative – South Central Wisconsin, and Public Health Madison & Dane County. They work together to study the health needs of the community. The members of Healthy Dane have a history of teaming up, especially on issues that affect how people access health care.

Healthy Dane was created to show how hospitals and the local health department can work together to improve health for all people living in Dane County. They know that some health issues are too big for one group to handle. That's why they are committed to working together with other local groups and people who live, work, and play in Dane County to listen and find solutions to the community's health needs.

To understand these needs, they gathered input from the community and looked at public health data. They talked with people in person and online and held focus groups led by young people. They also spoke with doctors, nurses, and other health workers to learn about the challenges their patients face. They looked at data from many sources to better understand the health problems and barriers people face. Most of the data came from healthydane.org, which uses information from the National Cancer Institute, the Environmental Protection Agency, the U.S. Census Bureau, the U.S. Department of Education, and other important sources.

Look Back: Progress Since Last CHNA

The previous Dane County Community Health Needs Assessment (CHNA) was carried out from 2022 to 2024. A key part of this process is reviewing the progress made on the top health issues identified in the earlier CHNA and Community Health Implementation Strategy (CHIS). By looking at the steps taken to address these health issues and their impact, we can focus our resources better for the next assessment.

Priority Health Outcomes from Preceding CHNA

Reproductive Justice

Behavioral Health

Chronic Conditions

Injury

The next section shows highlights of what each health system has done to tackle the major health problems found in the 2022-2024 CHNA. See Appendix A for a more comprehensive list of efforts. While our Healthy Dane partners collectively identified these health outcomes, it should be noted that no one partner can address all the health needs identified in its community. Healthy Dane Partners are committed to serving the community by using their skills, expertise, and resources to make the most impact.

Community Feedback

The 2022-2024 Dane County CHNA report was shared with the public on the Healthy Dane website https://publichealthmdc/CHNA. Feedback was gathered from community meetings and a virtual event held three months after the report was approved by the hospital systems. Healthy Dane Collaborative Partners also hosted a virtual Community Health Update event, where they presented the CHNA findings and their plans for action. During this event, community partners were invited to ask questions and give feedback. Partners also provided an email option, and each made efforts to collect additional feedback.

Reproductive Justice

UW Health

- Health Promoters: Implemented health promoter program in collaboration with EOTO LLC to provide neighborhood-based health education in Dane County’s six high need ZIP codes.
- Trauma-Informed Care: Established trauma-informed culture learning collaborative.
- Lactation Support: Increased access to lactation support by training 27 participants in Outpatient Breastfeeding Champion Training. Participants included Community Health Workers, Medical Assistants, Nurses, and Residents.
- Diversify Perinatal Care Team: Hired a team of 7 Community Health Workers that are embedded within the perinatal care team of Black birthing patients in collaboration with the Dane County Health Council's Saving Our Babies Initiative.
- ConnectRx Wisconsin: 1,041 Program referrals and 311 healthy Black babies have reached their first birthday.
- Bright Futures 2.0: Successful launch of Social Determinants of Health (SDOH) screening and referrals for all Pediatric Well-Child Checks in primary care.
- Guarantee Income: Supported City of Madison Guaranteed Income pilot program to increase economic resources during pregnancy.
- Implemented health promoter program in collaboration with EOTO LLC to provide neighborhood-based health education in Dane County’s six high need ZIP codes.

UnityPoint Health - Meriter

- Lactation Support: Increased lactation support/staffing (currently 15 lactation consultants) and education to all birthing individuals in the hospital. Began offering donor milk at the hospital.
- Social Drivers of Health Screening: Began actively screening patients for SDOH needs and using the Connect Rx referral system to link individuals in the Perinatal Clinic to community resources and community health workers.
- Birthing Support: Expanded doula services to allow doulas hospital/OR access as part of the care/treatment team.

*Prioritized community giving dollars to non-profits that support and work on behalf of the priorities

SSM Health St. Mary’s Hospital

- Saving Our Babies and Connect Rx: SSM Health St. Mary’s Hospital – Madison is a proud member of the Dane County Health Council and is a co-contributor to the Council’s efforts to improve Dane County’s maternal and child health outcomes and achieve racial health equity. The DCHC is leading with enhanced care coordination through the Connect Rx project as part of the Saving Our Babies Initiative. In 2023, SSM Health referred 144 Black patients to the Connect Rx program and 320 patients were referred to the OB Nurse Navigator to support patients in identifying community resources and support.

Chronic Conditions

UW Health

- Cardiovascular Care: Collaborated with Mt. Zion Baptist Church and African American Health Network to provide evidence-based hypertension and diabetes education that included cooking demonstrations and fitness sessions in the African American community. Blood pressure and diabetes screenings were conducted at Mt. Zion Baptist Church and the annual Latino Health Fair.
- Mammography: Hired two ACO Coordinators to conduct outreach to patients that were either due or behind on their breast cancer screening. 638 patients have been scheduled since program launch. 68% of those patients have completed their mammogram.
- Policy Initiatives: Supported MMSD school board passing two specific drinking water access provisions in the district wellness policy as well as the statewide Double Dollars program to provide extra money for healthy food to families with low incomes.

UnityPoint Health - Meriter

- Increased “warm” appointment reminders: Implemented a 3-touchpoint system to remind at-risk patients of their appointments and answer questions they may have in advance of being seen.
- Food Insecurity: Partnered with Second Harvest Food Pantry to increase access to food for families.
- Immunizations: Partnered with Mount Zion Baptist Church to provide flu/COVID-19 immunizations.

*Prioritized community giving dollars to non-profits that support and work on behalf of the priorities

Stoughton Health

- Offered evidence-based Healthy Living with Diabetes six-week workshops to 60 people.
- Continued to expand and support educational offerings and exercise programs.
- Offered the Infinite Boundaries Retreat for breast cancer patients and survivors for free.

SSM Health St. Mary’s Hospital

- River Food Pantry Basket of Hope Program: In July 2023, River Food Pantry became our partner in providing emergency food to patients in Family Birth who indicated they had food insecurities in the last 12 months. During this time over 200 bags were provided to new families before leaving the hospital. In April 2024, the program expanded to supporting patients in the Behavioral Health unit with hopes to expand to other departments in 2025.

Behavioral Health

UW Health

- Substance Use Disorders: Expanded access to addiction medicine through Compass; exploring further expansion to meet need.
- Clinical Care: Successfully implemented behavioral health collaborative care in all adult and pediatric primary care clinics for depression and anxiety (adults), and depression, anxiety, and ADHD (pediatrics)
- Pediatrics: Launched behavioral health partnership with Madison Metropolitan School District, establishing UW Health Behavioral Health Clinicians in 4 high schools to provide therapy and other services on-campus.
- Collaborated with Safe Communities to provide support to implement youth-led mental wellness program Sources of Strength across Dane County.
- Community Partner Collaborations: Madison Metropolitan School District and Safe Communities.

UnityPoint Health - Meriter

- Suicide Prevention Training: Increased the number of physicians that are trained in Question, Persuade and Refer (QPR).
- Suicide Prevention Program: Updated hospital Zero Suicides Initiative charter in 2024 to be more inclusive of integration of suicide prevention on non-behavioral health units.
- Adult Behavioral Health Access: Integrated behavioral health into primary care clinics.
- Child and Adolescent Access: Increased inpatient access at Child and Adolescent Psychiatry and are expanding Intensive Outpatient Service (IOS) options.
- Recovery Coaches: Increased the number of referrals to Recovery Coaches through learnings from a pilot program, as well as by providing additional education and resources to Emergency Department and hospital staff (Hospital Inpatient, ED2Recovery and Pregnancy2Recovery).

*Prioritized community giving dollars to non-profits that support and work on behalf of the priorities

Stoughton Health

- Treated acute mental health disorders in adults 55 years and over through the Stoughton Hospital Geriatric Psychiatry Inpatient Program.
- Provided adolescent screening for mental health and substance misuse risk factors through the Resilient Response to the Effects of Stress (REST) program to 370 middle school students and provided the Cognitive Behavioral Intervention for Trauma (CBITS) program.
- Trained Emergency Department, Urgent Care Clinics, and Inpatient nursing team on Columbia Suicide Screenings and Safety Planning.

SSM Health St. Mary’s Hospital

- Jakob Swag Got Your Back App: The Jakob SWAG Foundation’s mission is to spread the message that “it is ok to not be ok.” It is normal to feel sad or lonely. It is appropriate to seek support and help when you are feeling unwell and unsafe. Originating out of Green County, Wisconsin in efforts to prevent youth suicide in our youth, SSM Health sponsored the “Got Your Back” app, a mental health and suicide prevention app equipped with support systems, resources and tools for monitoring and supporting youth in navigating their own mental health.

Injury

UW Health

- Trauma Informed Learning Collaborative: Trauma Informed Culture Steering Committee invited to meet with Organizational Development Leadership to discuss incorporating the Trauma Informed Care/Culture components into New Leader Onboarding.
- Screening: Implementation of Safety Center consults for clinics. This consult provides the opportunity to share best practices with patients and families.
- Prevention: Older Adult Falls Prevention has broad participation from providers (geriatricians, trauma surgeons, etc.), UW Health Adult Trauma leadership and staff, Falls clinic staff, Physical Therapy and Adult Fitness Programs, and Community Partners (EMS, Falls Prevention Program staff, etc.)
- Prevention: Gun locks have been provided to 20 different UW Health clinic locations.
- Car Seat Safety: Our community child passenger safety program conducted approximately 160 car seat checks each quarter in 2023, for a total of 635 car seats checked.
- Community Collaborations: Gun Violence Prevention Community Collaboration partnership with Focused Interruption is developing tools for assessing needs of individuals and families at-risk of gun violence, including social determinants of health, trauma histories, etc., establishing referral networks to address health disparities and the impact of trauma on the lives of clients..

Stoughton Health

- Awarded Gold Level status by training 177 students in 2023 on Safe Sitter and Safe@Home curriculums. to help decrease pediatric injuries.
- Partnered with local senior centers on evidence-based Stepping On Fall Prevention workshops.
- Offered Compression-Only CPR classes to the community.

SSM Health St. Mary's Hospital

- Fall Prevention in Seniors: It is important to note that geriatric falls make up the majority of the trauma patients seen at St. Mary's Hospital – Madison. SSM Health partners with Safe Communities to provide opportunities for fall prevention education across Dane County and serves as a member of the Falls Free Dane Coalition. Since Fall 2023, SSM Health has provided over 100 fall prevention kits to the community for the annual "Only Leaves Should Fall" event in Madison and SSM Health Community Health Workers and Trauma Coordinators have provided falls prevention education at area senior centers.

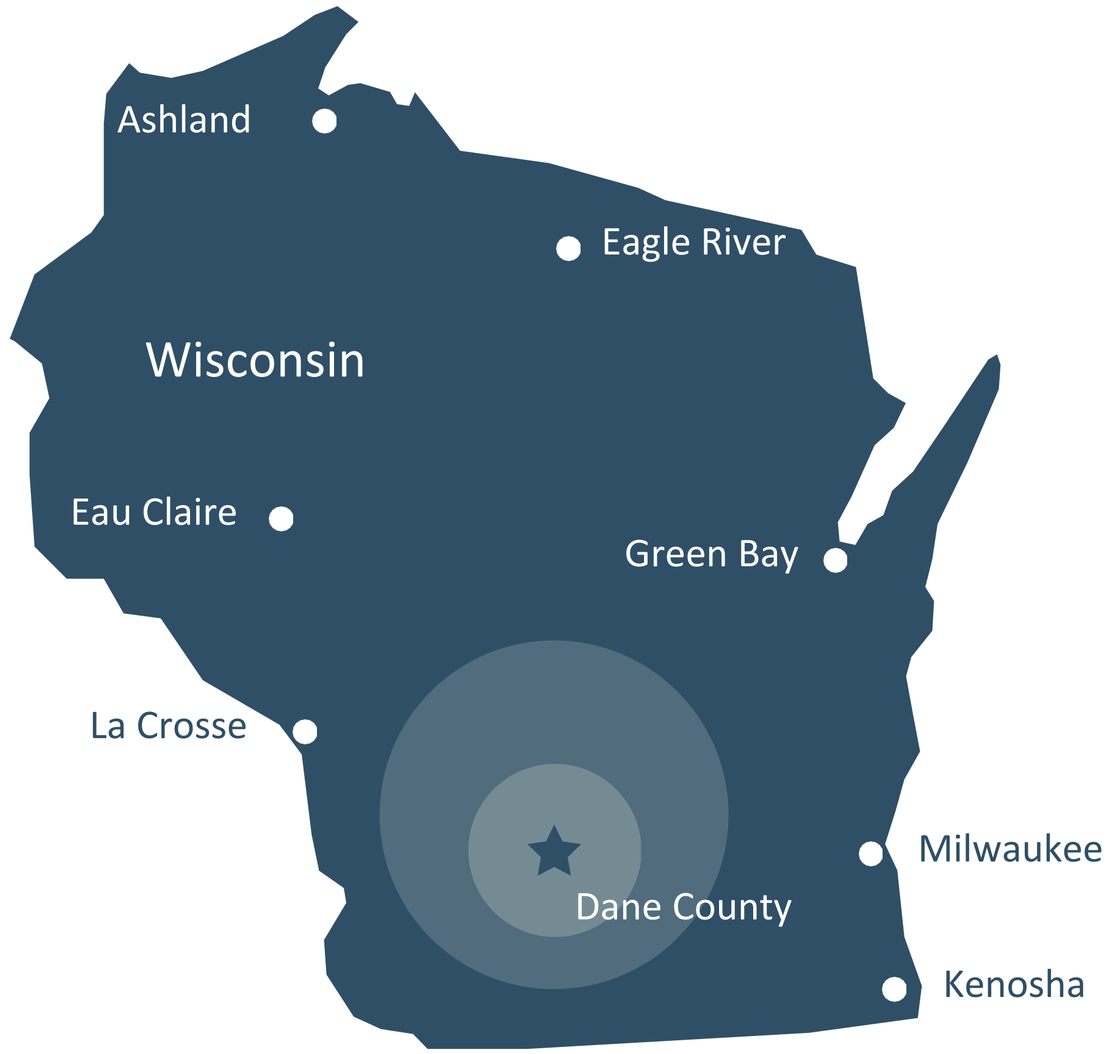
Our Community

Defining the community is an important part of the CHNA process because it sets the limits for the assessment and the strategies for action. For the Healthy Dane Collaborative, the community being assessed is Dane County. A community's demographics play a big role in its overall health. Different groups based on race, ethnicity, age, and income levels have unique needs and may require different approaches to improve their health. The next section gives an overview of Dane County's demographic profile.

Demographics

All demographic estimates are sourced from the U.S. Census Bureau's 2018-2022 American Community Survey (all ZIP code population estimates) and 2022 Population and Housing Unit Estimates (all county and state population estimates), unless otherwise indicated. Some data within this section is presented at the county level while other data is presented at the ZIP code level.

County level data can sometimes hide what could be going on at the ZIP code level in many communities. This allowed for a better understanding and an increased potential to address disparities that were showing up within a given ZIP code, but not at the broader county level.[1]

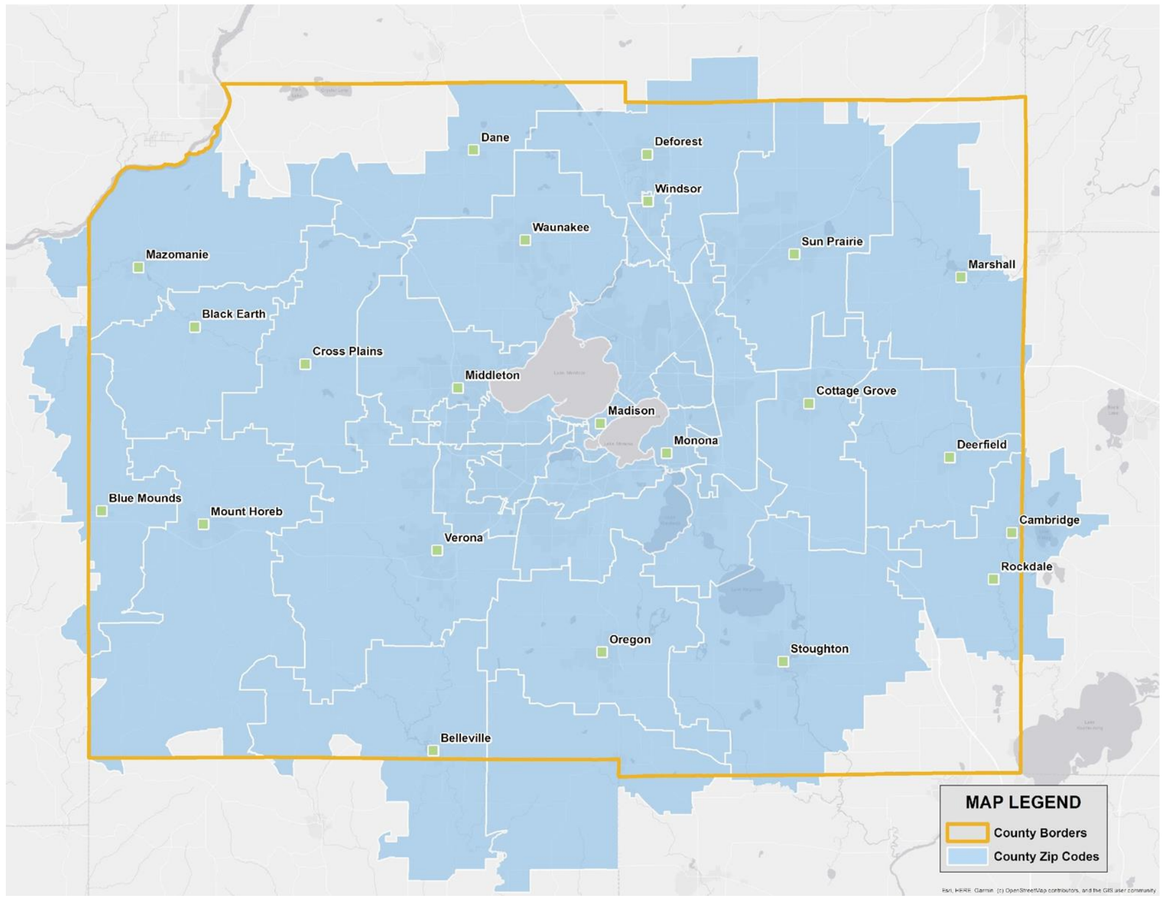


1. To view Population and Housing Unit Estimates for 2023, visit healthydane.org. This report includes Population and Housing Unit Estimates from 2022 to maintain consistency with American Community Survey data, whose most recent estimates at the time of publication are from the 2018- 2022 period of measurement.

Service Area

Healthy Dane Collaborative selected Dane County as the community of focus for this needs assessment. The community served by our health systems is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. This includes the 35 ZIP codes in Dane County, which range from urban (Madison) to suburban and rural.

Figure 1. DANE COUNTY SERVICE AREA



Population

The total population of Dane County is 567,758 persons and is trending upwards. Dane County is the fastest growing county in the state of Wisconsin. The population of the city of Madison alone is projected to grow by 115,269 people from 2020-2050.

Conduent's Health Equity Index (HEI) estimates areas of high socioeconomic need, which are correlated with poor health outcomes. ZIP codes are ranked based on their index value to identify relative levels of need. Table 1 lists the five highest need ZIP codes according to HEI.

Health Equity Index

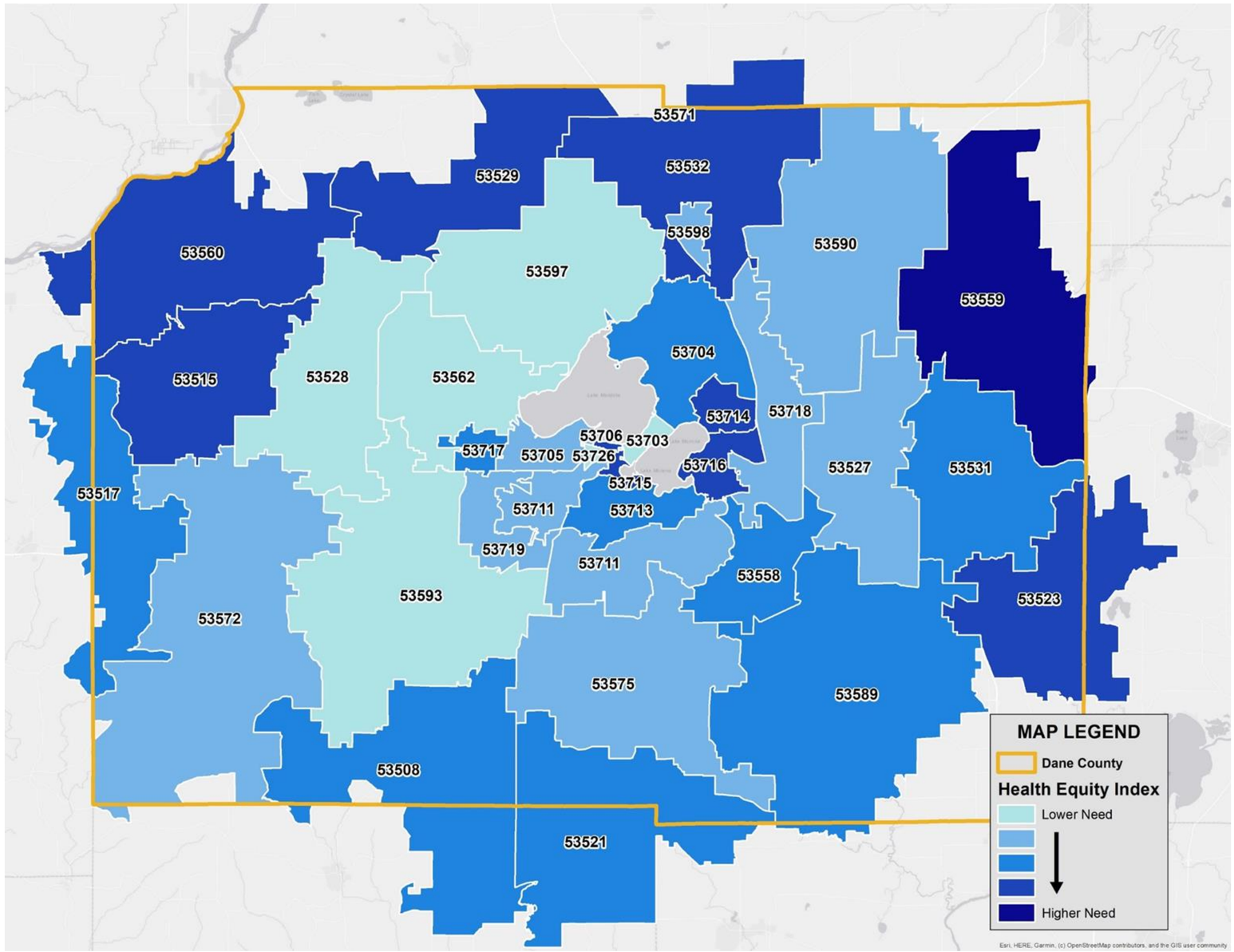
What high index values mean: Communities with the highest values are estimated to have the highest socioeconomic needs correlated with:

- preventable hospitalizations
- premature death
- self-reported poor health and well-being

Table 1. HEALTH EQUITY INDEX BY ZIP CODE

Highest Need ZIP Codes	Index Score 0 (lowest need) -100 (highest need)
53559: Marshall	56.4
53523: Cambridge	32.5
53714: East Madison	24.8
53560: Mazomanie	23.3
53706: Madison	22.9
53716: Monona	20.9

Figure 2. DANE COUNTY HEALTH EQUITY INDEX



Source: "City of Madison Population Projections Through 2050." https://www.cityofmadison.com/dpced/planning/documents/2023_Population_Projection.pdf

PEOPLE

567,758
POPULATION

65.3%
18-64 YEARS OLD

7.7%
HISPANIC/LATINO RESIDENTS

10.3%
LANGUAGE OTHER THAN ENGLISH

Figure 3. PERCENT POPULATION BY RACE: COUNTY

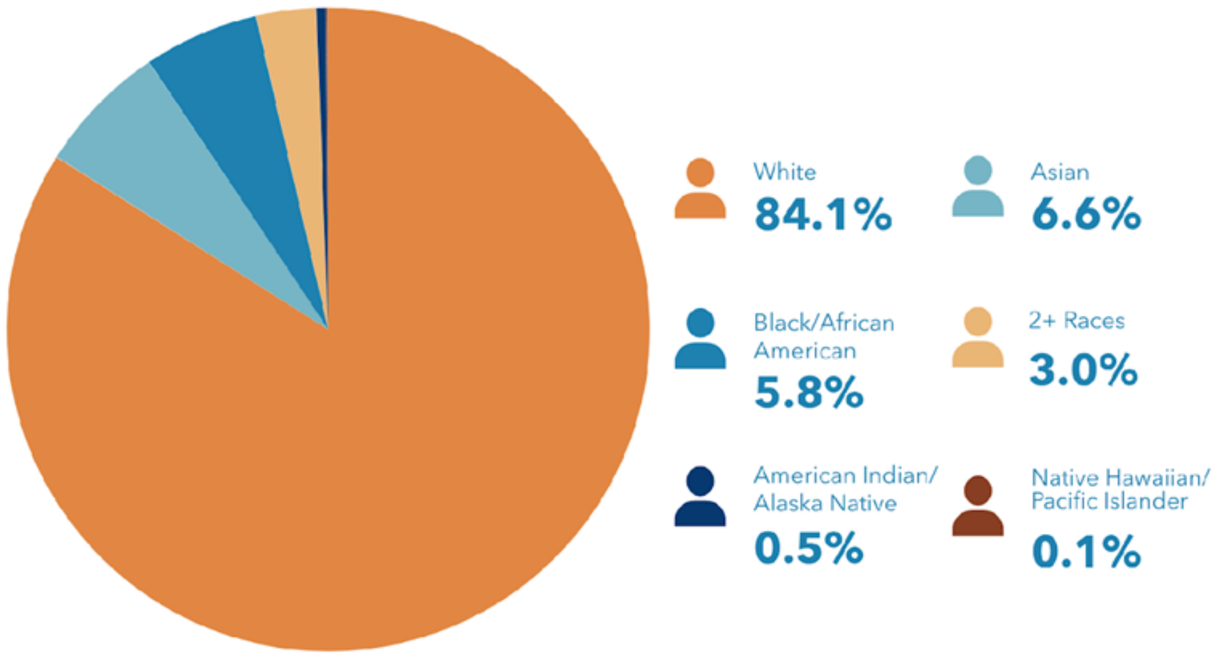


Figure 4. PERCENT POPULATION BY AGE: COUNTY, STATE

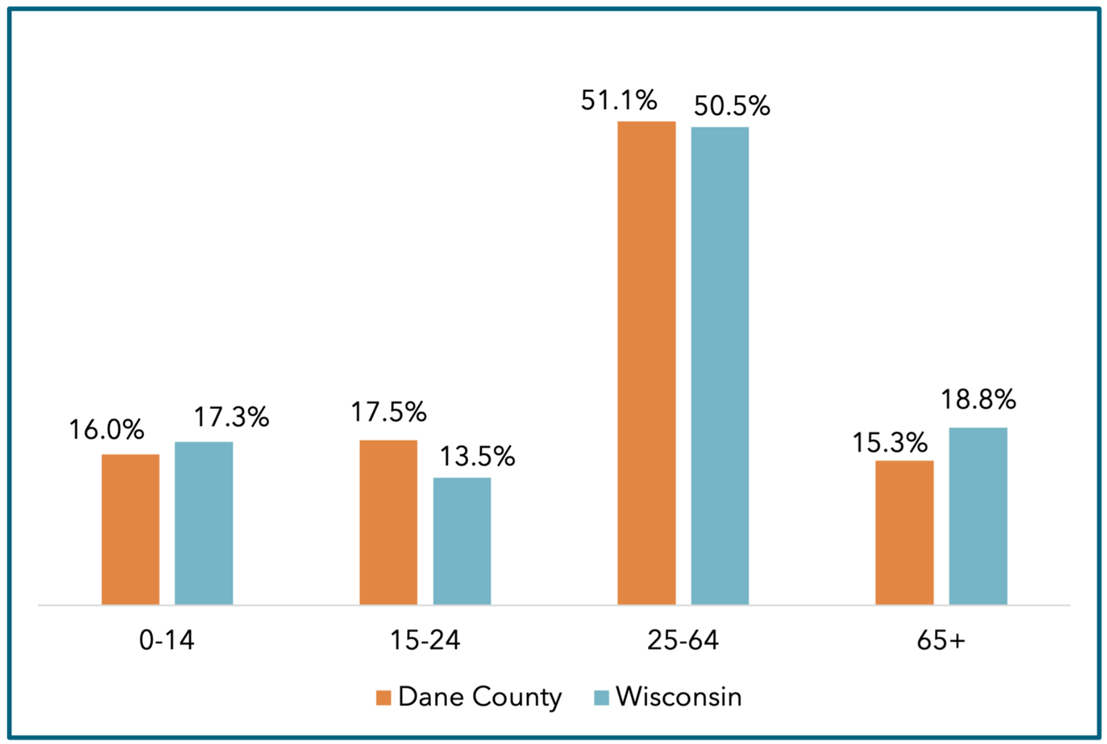
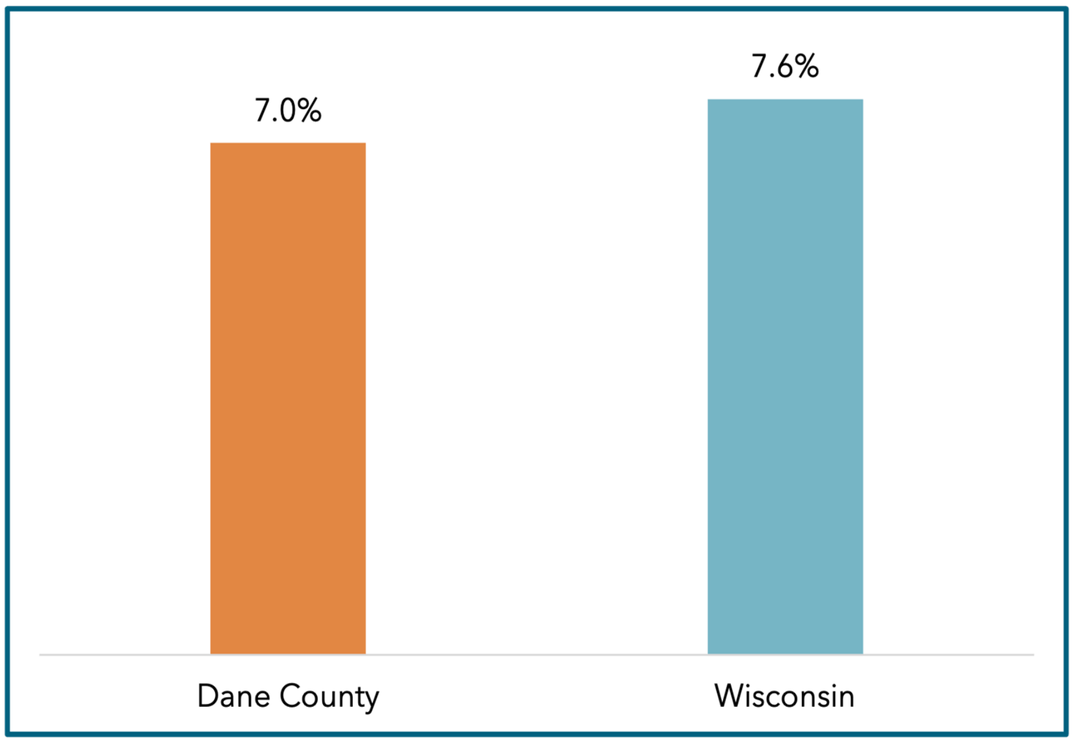


Figure 5. PERCENT POPULATION BY ETHNICITY – HISPANIC/LATINO: COUNTY, STATE



Social Determinants of Health

Poverty

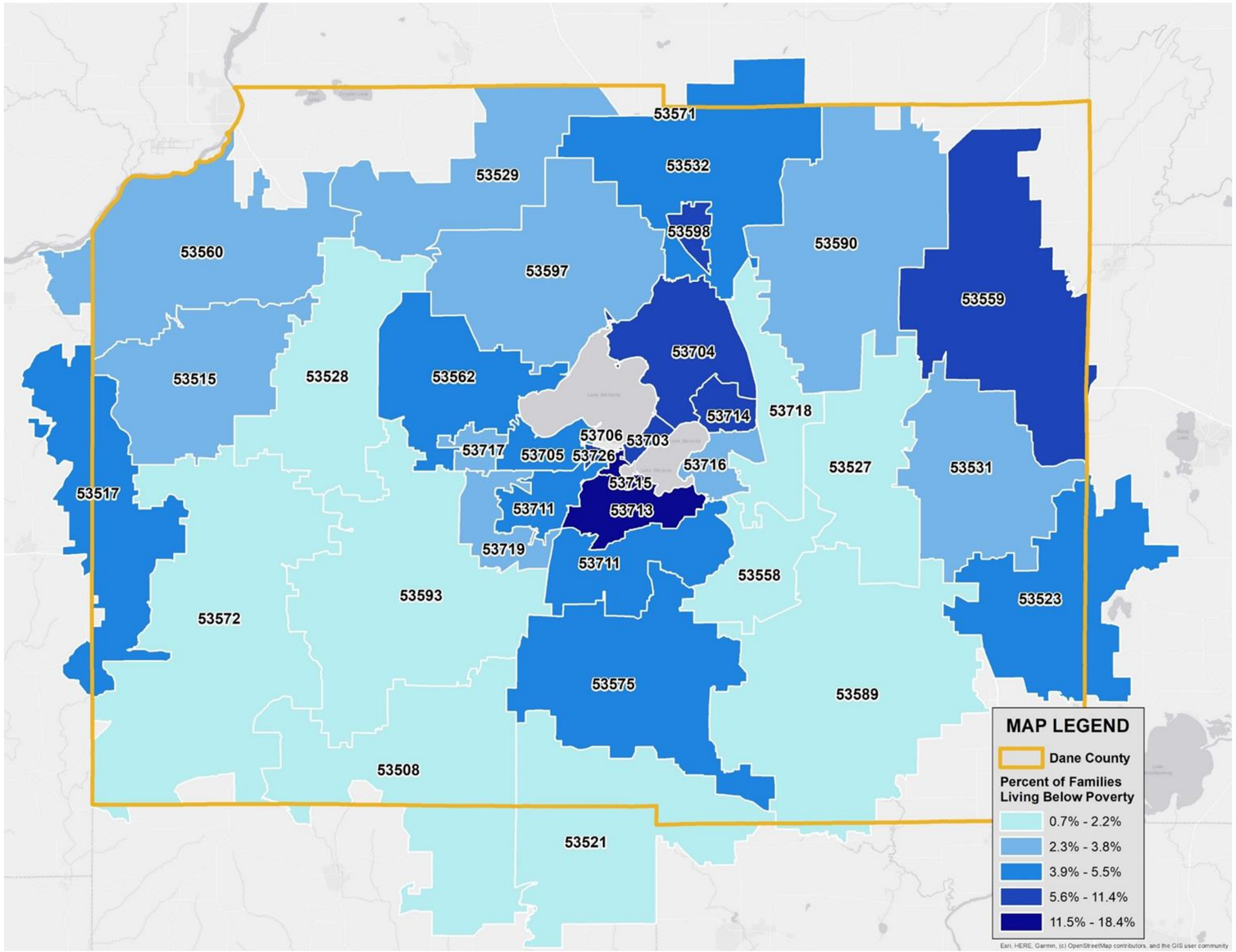
The U.S. Census Bureau sets federal poverty thresholds each year based on family size and the ages of family members. A high poverty rate can be both a cause and a result of poor economic conditions. It suggests that there aren't enough job opportunities in the area to support the local community. Poverty can lead to lower purchasing power, reduced tax revenues, and is often linked to lower-quality schools and struggling businesses.[2]

In Dane County, 4.9% of families live below the federal poverty level, which is lower than the rate in Wisconsin (6.6%). However, as shown in Figure 10, poverty levels vary by ZIP code within Dane County. The highest poverty rates are in ZIP codes 53715 (18.4% of families living below poverty), 53713 (18.2%), and 53559 (11.4%).

Table 2. FAMILIES LIVING BELOW POVERTY BY ZIP CODE

Highest Poverty ZIP Codes	Percent of Families Living Below Poverty
53715: South Madison	18.4%
53713: South Madison and Fitchburg	18.2%
53559: Marshall	11.4%

Figure 10. FAMILIES LIVING BELOW POVERTY



2. U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment

ECONOMY

4.9%
FAMILIES BELOW POVERTY LEVEL

10.9%
PEOPLE LIVING BELOW POVERTY LEVEL

Figure 6. FAMILIES LIVING BELOW POVERTY LEVEL: DANE COUNTY

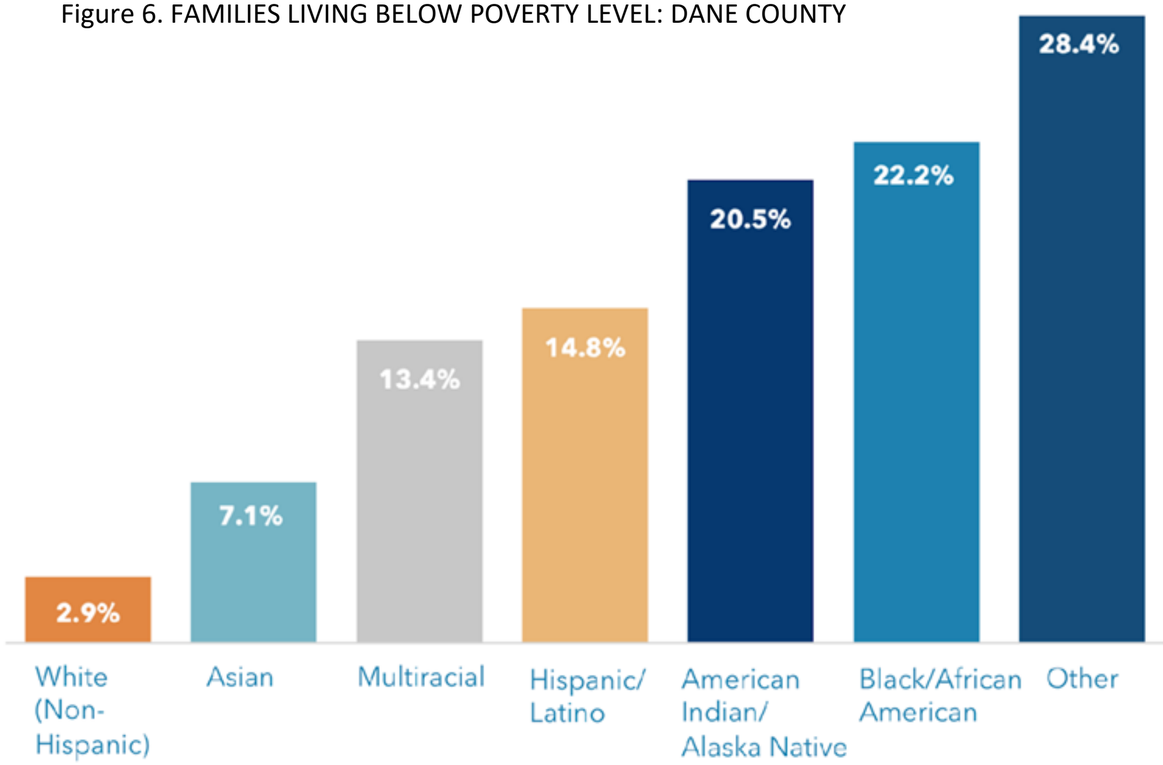
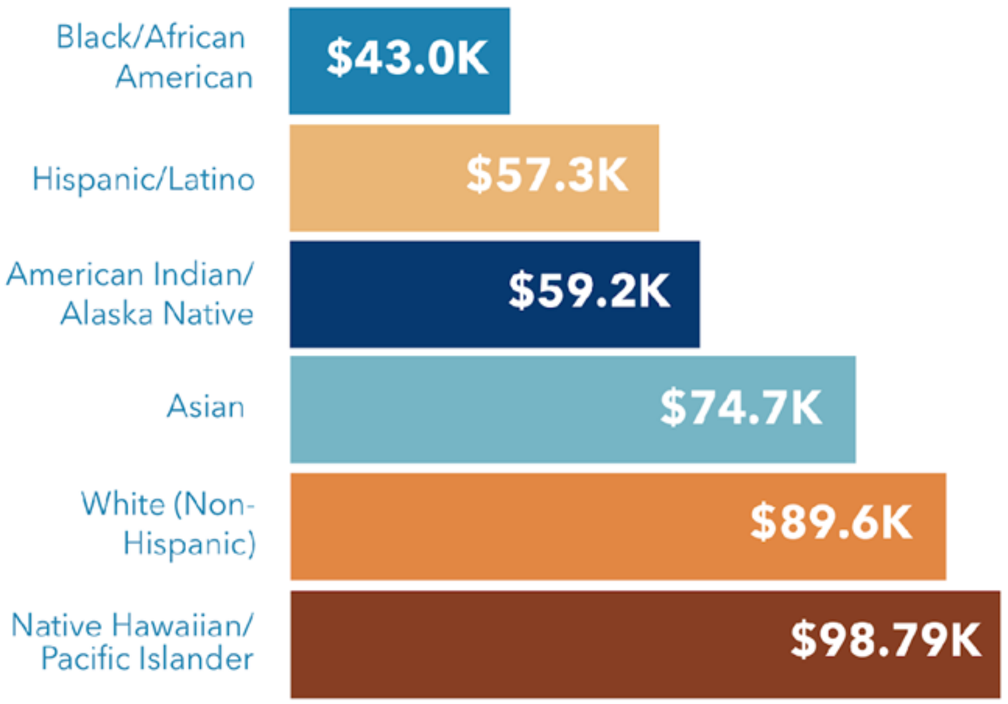


Figure 7. MEDIAN HOUSEHOLD INCOME: DANE COUNTY



240,799
HOUSEHOLDS

2.5%
UNEMPLOYMENT LEVEL

$84,297
MEDIAN HOUSEHOLD INCOME

Source: U.S. Bureau of Labor Statistics, May 2024

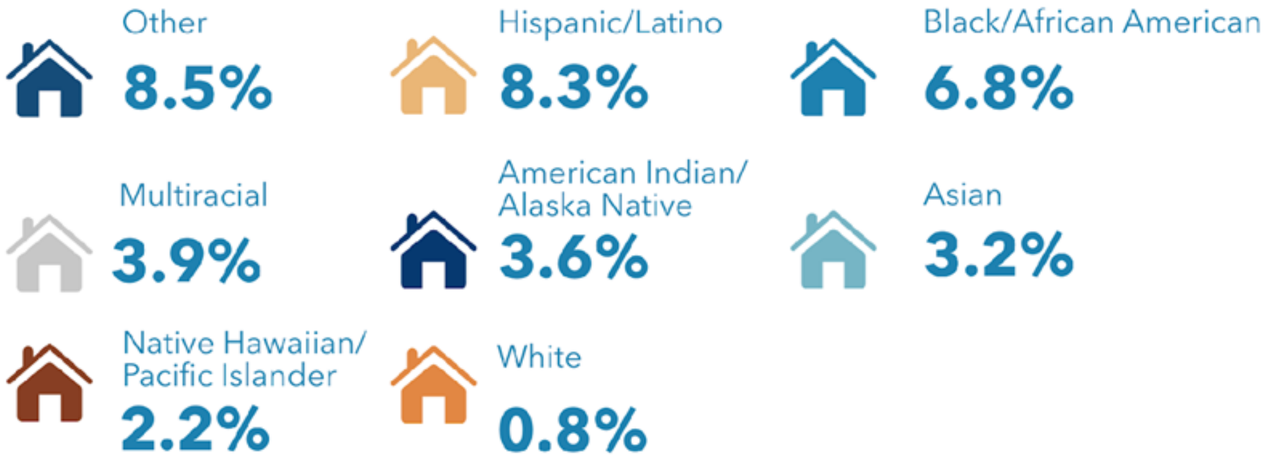
HOUSING

45.9%
SPENDING 30% OR MORE OF INCOME ON RENT

1.5%
OVERCROWDED HOUSEHOLDS

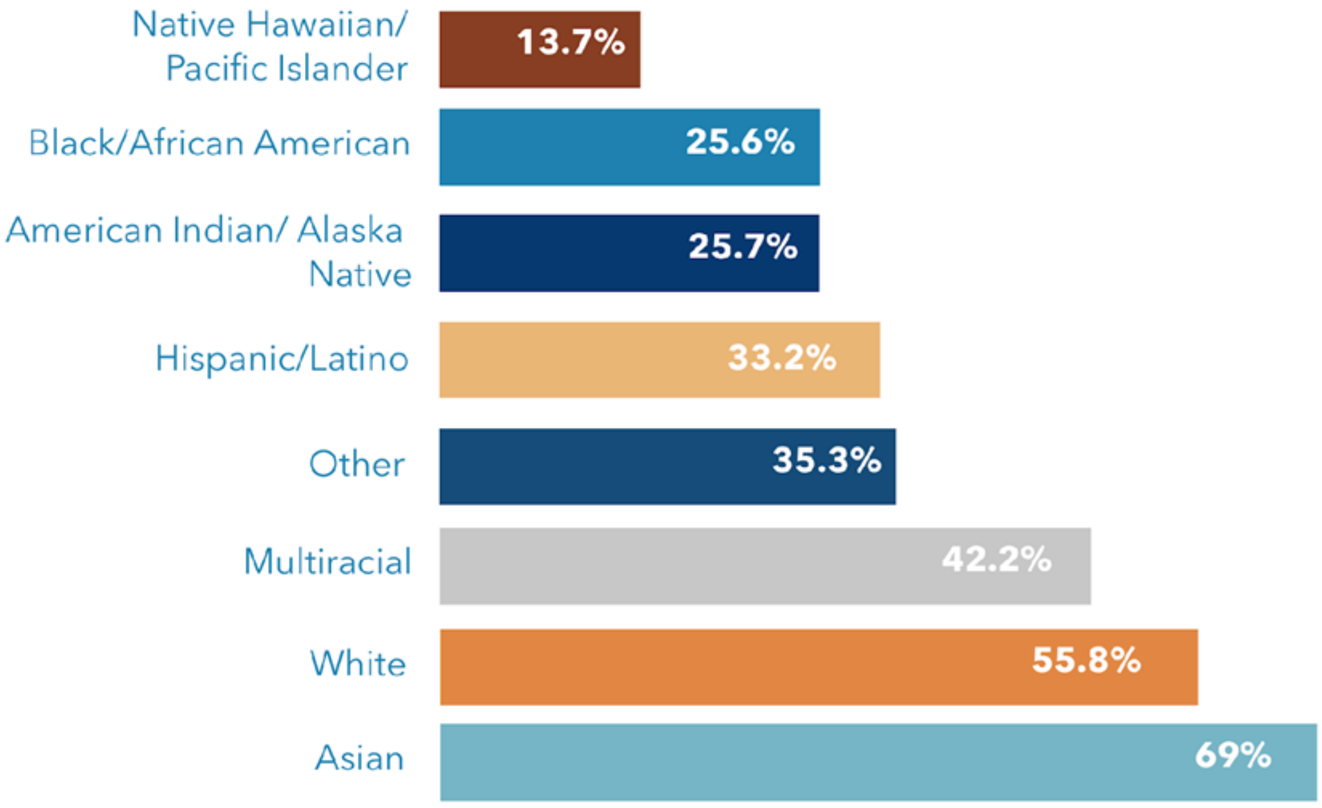
13.9%
SEVERE HOUSING PROBLEMS

Figure 8. HOUSEHOLDS WITH OVERCROWDING BY RACE: DANE COUNTY



EDUCATION

Figure 9. PEOPLE 25+ WITH BACHELOR'S DEGREE OR HIGHER: DANE COUNTY



54%
BACHELOR'S DEGREE

96%
PEOPLE 25+ WITH HIGH SCHOOL DEGREE OR HIGHER

Disparities and Health Equity

Identifying disparities by population groups and geographic areas helps guide priorities and strategies for improving health. Understanding these disparities also reveals the root causes of poor health in a community and helps in efforts toward health equity. Health equity means ensuring fair distribution of health resources, outcomes, and opportunities across different communities.[3] National trends show that systemic racism, poverty, and gender discrimination have led to worse health outcomes for groups such as Black/African Americans, Hispanic/Latino people, Indigenous communities, those living below the federal poverty level, and LGBTQ+ individuals.

Race, Ethnicity, Age and Gender Disparities: Secondary Data

In Dane County, community health disparities were analyzed using the Index of Disparity, which measures how far each subgroup (by race, ethnicity, or gender) is from the county's overall health outcomes.[4] For more details on the Index of Disparity, see Appendix.

Table 3 highlights the indicators where there are statistically significant disparities in Dane County by race, ethnicity, or gender, based on this analysis.

The Index of Disparity for Dane County shows that Black/African American populations are at a higher risk for several health issues, including respiratory disease, heart disease, diabetes, substance use, and suicide. Additionally, this group faces a higher risk of having babies with low birthweight. The analysis also found that American Indian/Alaska Native populations are at higher risk for hospitalizations related to diabetes and alcohol use. Among genders, males in Dane County face a higher risk of death by suicide, as well as hospitalizations related to unintentional poisonings and alcohol use.

Table 3. INDICATORS WITH SIGNIFICANT RACE, ETHNICITY OR GENDER DISPARITIES

Health Indicator	Group(s) Negatively Impacted
Age-adjusted Hospitalization Rate due to Asthma	Black/African American, Ages 0-9
Age-adjusted Hospitalization Rate due to COPD	Black/African American, Ages 65-84, 85+
Age-adjusted Hospitalization Rate due to Diabetes	Black/African American, American Indian/Alaska Native, Hispanic/Latino, Males, Ages 45-64, 65-84, 85+
Age-adjusted Hospitalization Rate due to Hypertension	Black/African American, Ages 65-84, 85+
Age-Adjusted Death Rate due to Suicide	Males
Age-Adjusted Death Rate due to Unintentional Poisonings	Black/African American, Males
Age-Adjusted Hospitalization Rate due to Adult Alcohol Use	American Indian/Alaska Native, Black/African American, Males, Ages 35-44, 45-64
Age-Adjusted Hospitalization Rate due to Opioid Use	Black/African American, Ages 25-34
Babies with Low Birthweight	Black/African American

3. Klein R, Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Center for Disease Control and Prevention. https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf
4. Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

Geographic Disparities

This assessment not only identified health disparities by race, ethnicity, age, and gender, but also found differences in health and social outcomes across specific ZIP codes and municipalities. Geographic disparities were identified using three key indices: the Health Equity Index (HEI), Food Insecurity Index (FII), and Mental Health Index (MHI). These indices were developed by Conduent Healthy Communities Institute to highlight areas with high socioeconomic need, food insecurity, and mental health challenges.

Food Insecurity Index

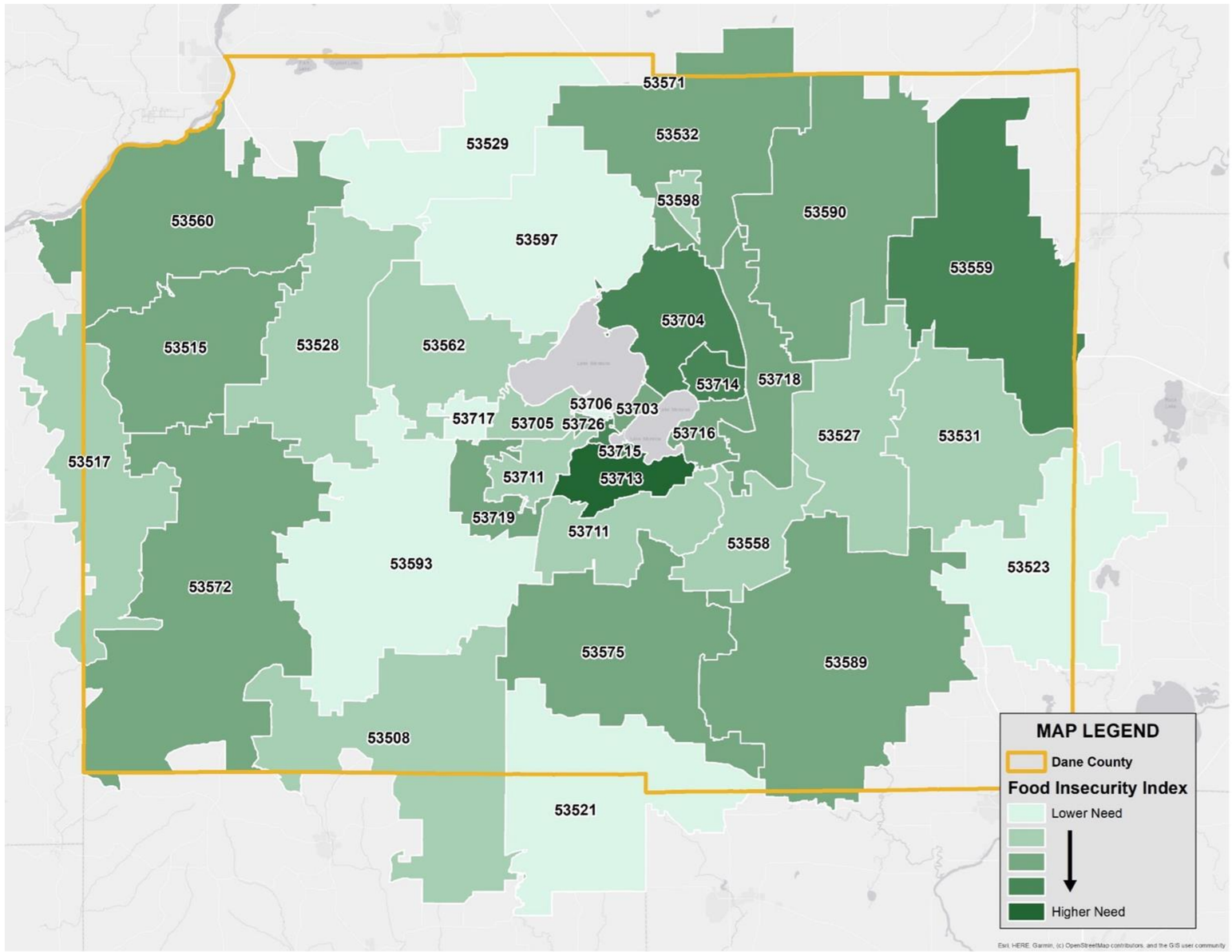
A measure of economic and household hardship correlated with food access

What high index values mean: Communities with the highest index values are estimated to have the highest food insecurity correlated with household and community measures of food-related financial stress such as Medicaid and SNAP enrollment.

Table 4. FOOD INSECURITY INDEX BY ZIP CODE

Highest Need ZIP Codes	Index Score 0 (lowest need) -100 (highest need)
53713: South Madison	89.5
53714: East Madison	64.8
53704: North Madison	61.8

Figure 11. DANE COUNTY FOOD INSECURITY INDEX



Mental Health Index

Conduent's Mental Health Index measures social, economic, and health factors that are linked to people reporting poor mental health. ZIP codes are ranked based on their index value to show areas with the worst mental health outcomes. The map in Figure 12 shows that ZIP code 53714 has the poorest mental health outcome in Dane County, with an index value of 51.5, marked by the darkest purple on the map.

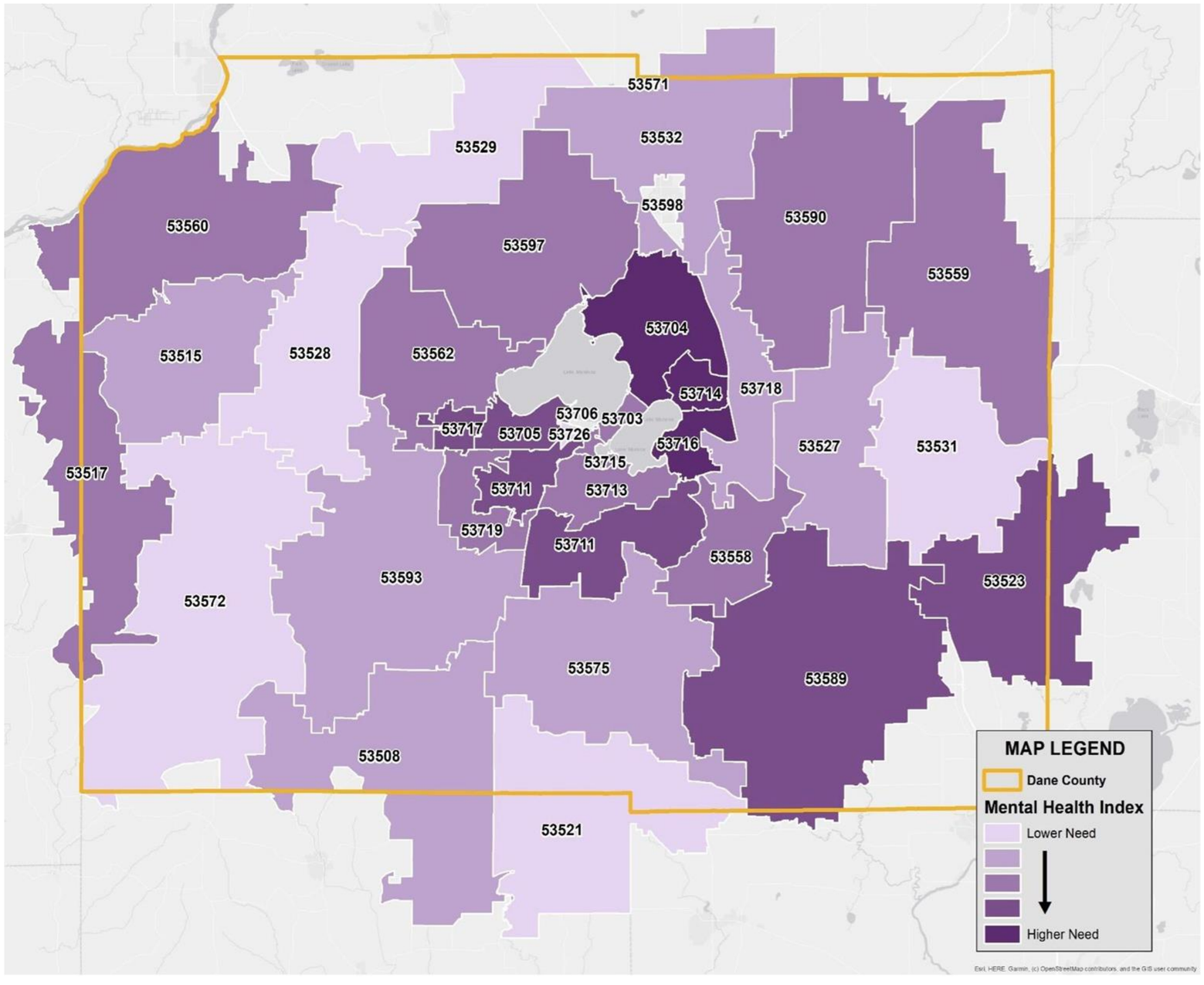
A measure of social determinants and health factors correlated with poor mental health.

What high index values mean: Communities with the highest index values are estimated to have the highest socioeconomic and health needs correlated with self-reported poor mental health.

Table 5. MENTAL HEALTH INDEX BY ZIP CODE

Highest Need ZIP Codes	Index Score 0 (lowest need) -100 (highest need)
53714: East Madison	51.5
53704: North Madison	35.2
53716: Monona	34.7

Figure 12. DANE COUNTY MENTAL HEALTH INDEX



Local Secondary Data

Throughout the CHNA process, Healthy Dane discussed the importance of highlighting data from local (secondary) sources. The Collaborative took this approach knowing that the overall picture of health in Dane County appears positive in comparison to other counties and localities according to national and state datasets. However, Healthy Dane and its partners are keenly aware that such data does not always reflect the health inequities and lived realities of many historically marginalized groups residing in Dane County. By including additional local secondary data points in our CHNA report, we aim to bring forward disparities and inequities that may not be evident in other sources. For a list of sources and citation information, visit Appendix G.

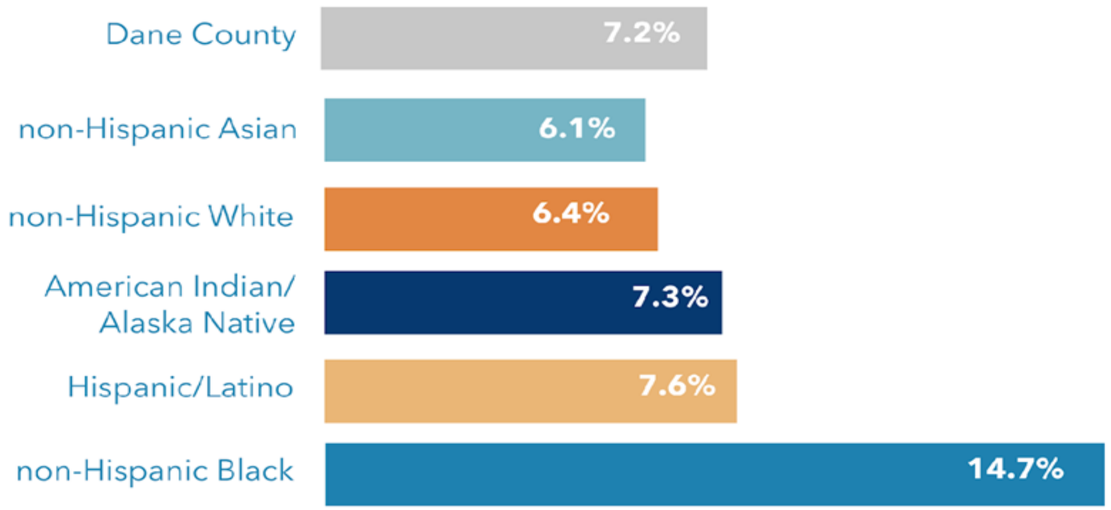
INFANT HEALTH

1,200
LOW BIRTH WEIGHT BABIES

1,500
PRETERM BIRTHS

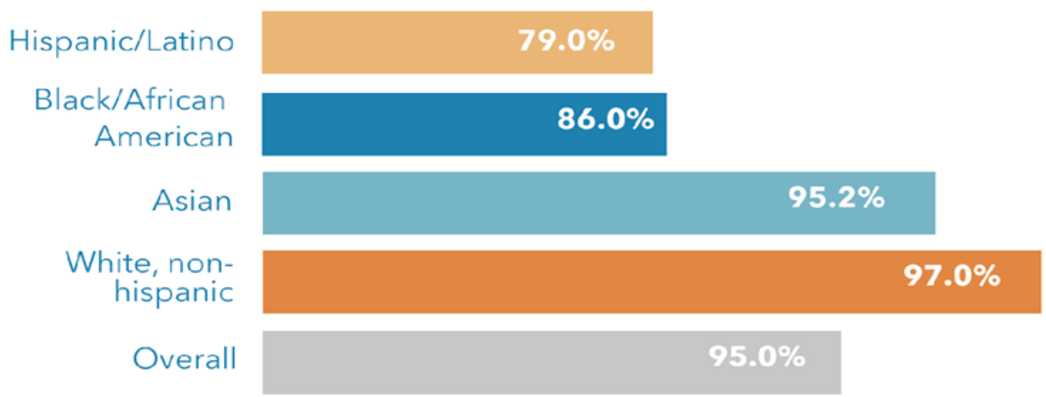
4.9
DEATHS PER 1,000 LIVE BIRTHS IN DANE COUNTY (INFANT MORTALITY RATE)

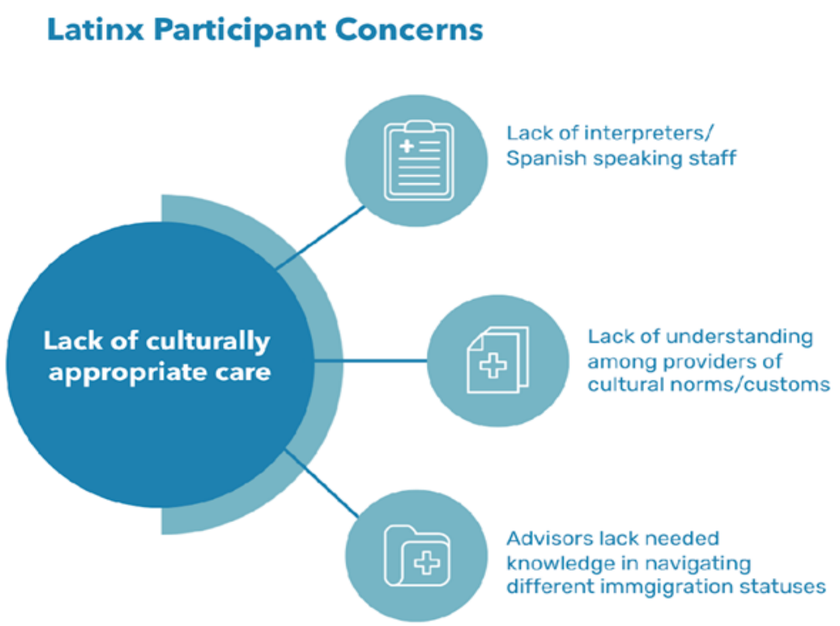
Figure 16. LOW BIRTH WEIGHT, 2021-2023: DANE COUNTY



ACCESS TO CARE

Figure 17. ADULTS WITH HEALTH INSURANCE BY RACE/ETHNICITY, 2019: DANE COUNTY



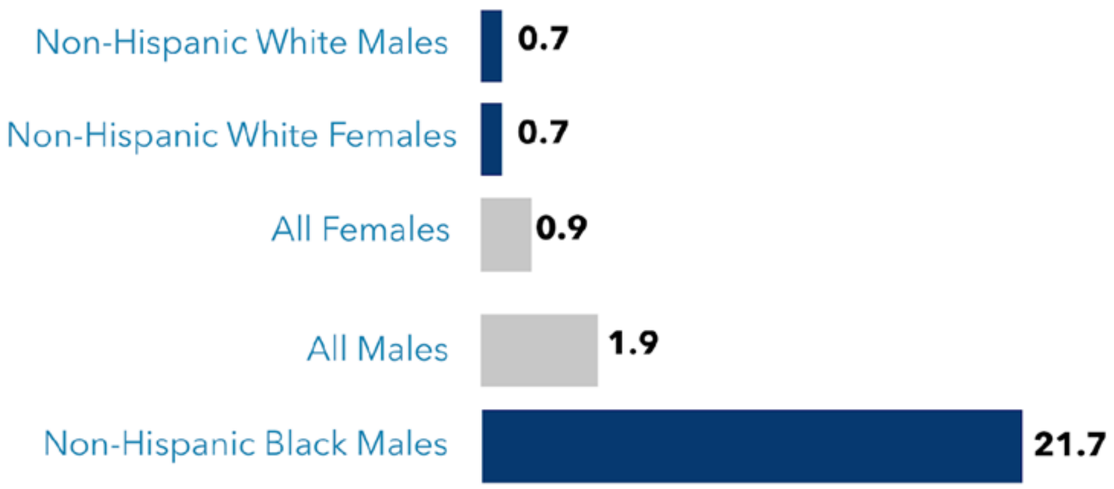


Sources: Public Health Madison & Dane County. *Infant Health Data Snapshot*. February 2024.
Public Health Madison & Dane County: *Community Health Assessment Dane County 2023.*

Local Secondary Data

GUN VIOLENCE

Figure 14. AGE-ADJUSTED HOMICIDE RATE WITH A FIREARM PER 100,000, 2016-2021: DANE COUNTY



80%

ANNUAL FIREARM DEATHS DUE TO SUICIDE

1 in 2

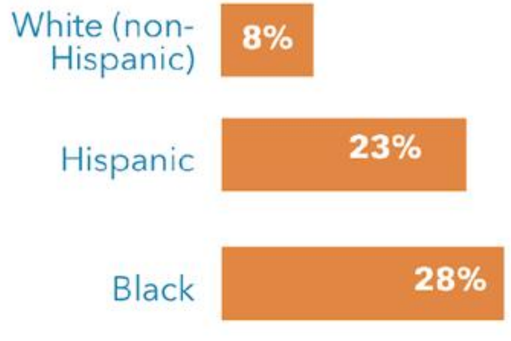
ADULTS REPORT BEING IMPACTED BY GUN VIOLENCE

FOOD INSECURITY

1 in 10

PEOPLE IN SOUTHWESTERN WI CONSIDERED FOOD INSECURE

Figure 15. SOUTHWESTERN WISCONSIN FOOD INSECURITY RATES



22,899,486 lbs

OF FOOD DISTRIBUTED IN 2023, A **29% INCREASE** FROM 2022

47%

INCREASE IN NUMBER OF PEOPLE CONSIDERED FOOD INSECURE (JULY 2022-JUNE 2023)

Sources: Public Health Madison & Dane County. *Gun Violence in Dane County.* September 2023.
Second Harvest Foodbank of Southern Wisconsin. *Hunger in Your Community*. 2024.

Local Secondary Data

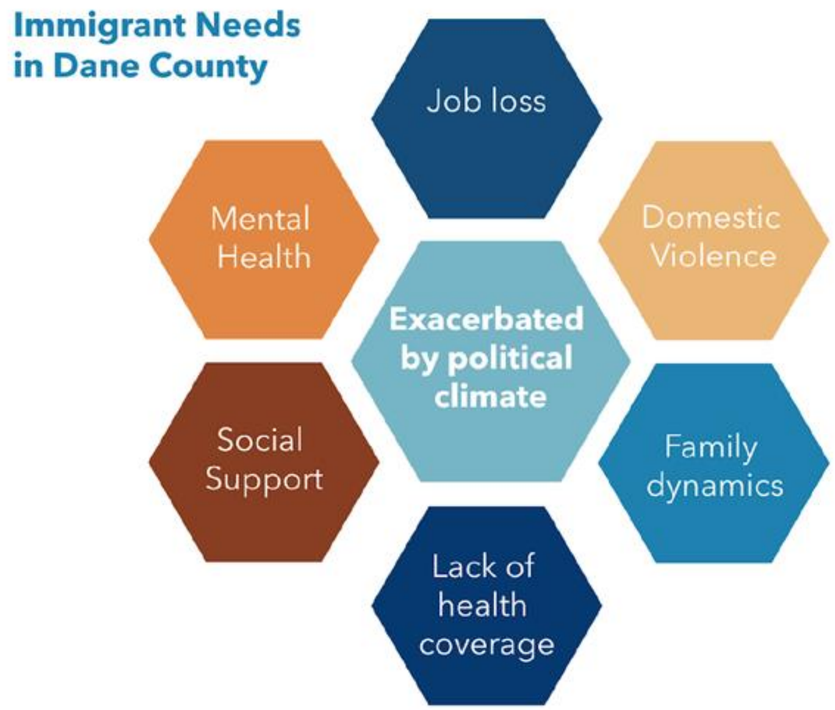
IMMIGRATION

MORE THAN
300,000
IMMIGRANTS IN WI

MORE THAN
48,000
IMMIGRANTS IN DANE COUNTY

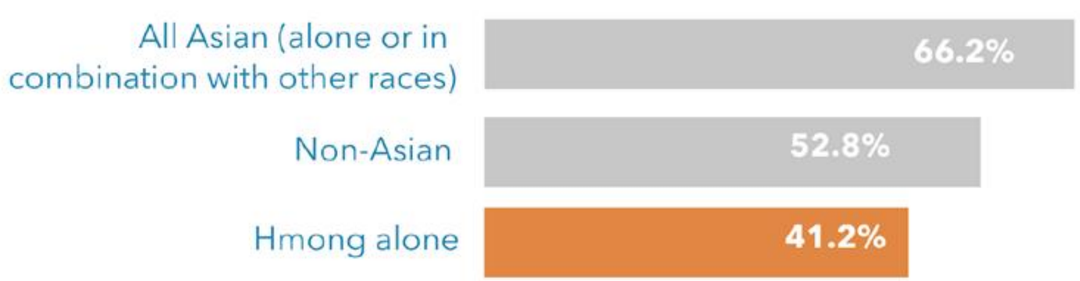
MORE THAN
75,000
UNDOCUMENTED IMMIGRANTS IN WI

6,540
ACTIVE DACA RECIPIENTS IN WI



HMONG YOUTH

Figure 13. PERCENT AGE 25+ WITH A BACHELOR'S DEGREE OR HIGHER: DANE COUNTY



46%
OF HMONG 18-25 YEAR OLDS ENROLLED IN UNDERGRAD OR GRADUATE SCHOOL

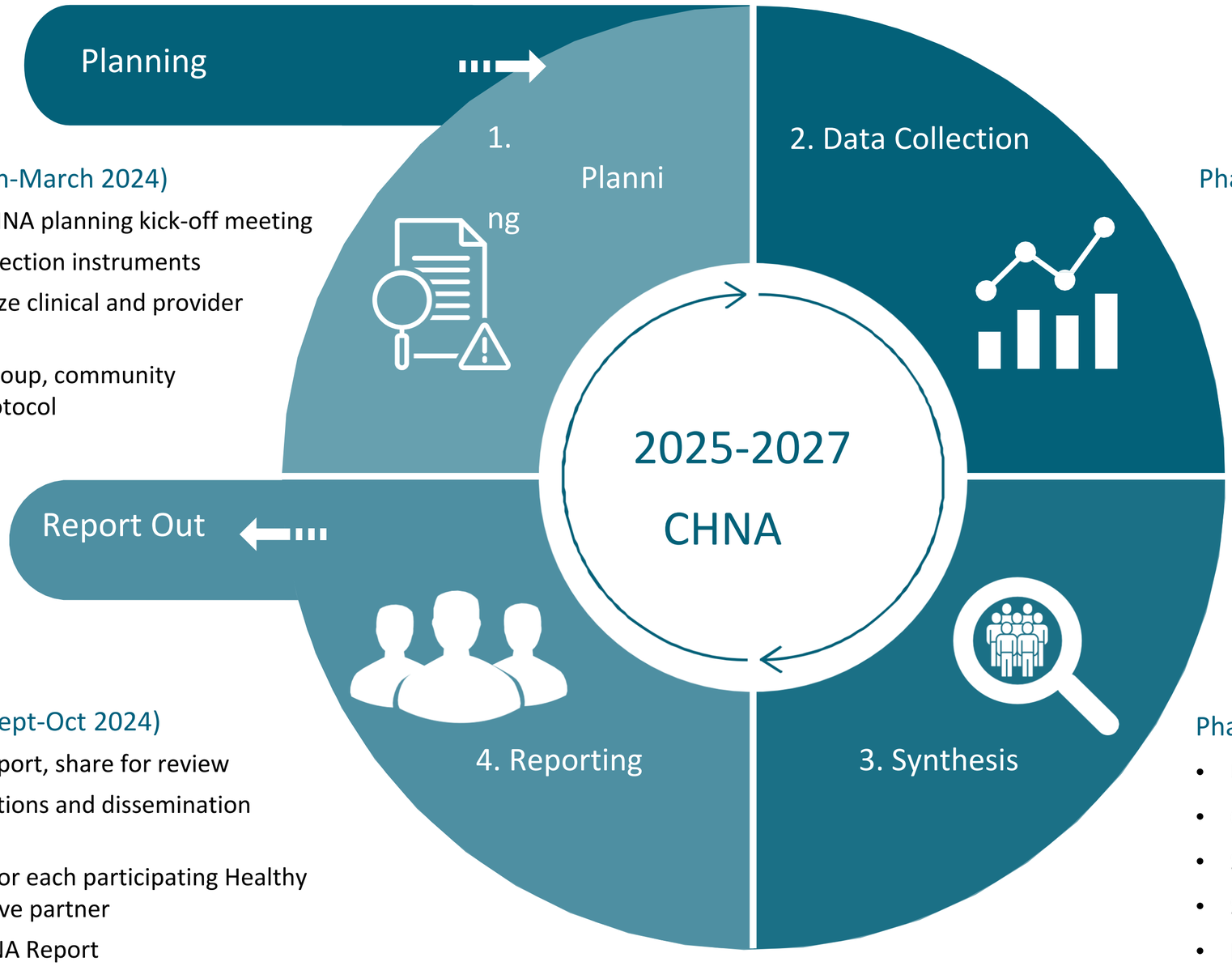
34%
OF HMONG STUDENTS FEEL LIKE THEY DON'T BELONG AT THEIR SCHOOL

Sources: Dane County Department of Human Services. *Immigration Affairs 2023 Annual Report.*
Public Health Madison & Dane County. *Bridging Perspectives: Unveiling the Experiences of Hmong American Youth in Dane County.* May 2024.

Our Process

CHNA Timeline

The 2025-2027 CHNA timeline included four phases which took place from January to October, 2024. The CHNA process is displayed below.



Phase 1: Planning (Jan-March 2024)

- Healthy Dane CHNA planning kick-off meeting
- Finalize data collection instruments
- Create and finalize clinical and provider survey
- Develop focus group, community conversation protocol

Phase 2: Data Collection (Apr-June 2024)

- Host focus groups, community conversations
- Disseminate clinical provider and staff survey
- Onboard Community Health Interns to support CHNA efforts
- Identify secondary data

Phase 4: Reporting (Sept-Oct 2024)

- Finalize CHNA report, share for review
- Plan communications and dissemination activities
- Board approval for each participating Healthy Dane Collaborative partner
- Disseminate CHNA Report

Phase 3: Synthesis (July-August 2024)

- Update, review secondary data
- Complete primary, secondary data analysis
- Synthesize secondary data and community input
- Select priority areas
- Present data analysis for shared understanding and decision-making

Data Collection Methodology

Two types of data were used in this assessment: Primary data and Secondary data. Primary data were collected directly from people in the community. This data came from community conversations, focus groups, and a clinical survey. Secondary data are health information collected by public sources, like government health departments. The secondary data used in this assessment are listed in the Appendix.

Primary Data

Primary data came directly from the individuals and leaders who form the backbone of our community. Input was gathered from a combination of “grassroots” (those working directly with community members) and “grasstops” (those leading community organizations or initiatives) partners via the four methods.

Clinical Survey

A survey was conducted among local healthcare providers and clinical staff to gather their perspective on the needs of their patients (427 total respondents including physicians, nurses, medical assistants, dietitians, APPs).

Youth-Led Focus Groups

Healthy Dane Collaborative partners collaborated with Goodman Center Youth Evaluators to facilitate focus groups with middle and high school-aged youth. Three sessions were youth-led, while one additional focus group session with youth was led by an adult facilitator (25 total participants).

Community Conversations and Focus Groups

Healthy Dane Collaborative partners conducted 5 community conversations and 12 focus groups with local partners and coalitions (132 total participants).

Provider/Clinical Staff Focus Groups

8 clinical provider + staff focus groups hosted across four major health systems: UW Health, UPH-Meriter, Group Health Cooperative, and Stoughton Health (36 total participants).

Environmental Scan

Relevant insights from local secondary sources about each of the identified health priority areas were analyzed and are included in the report to highlight experiences, opportunities, inequities, and disparities that may be missed by population-level data collected by other sources. See Appendix G for a list of sources used and citation information.

Secondary Data

Our main source of secondary data was www.healthydane.org. This website, managed by Healthy Communities Institute (HCI), includes over 200 community indicators covering at least 24 topics related to health, social determinants of health, and quality of life. Data primarily come from state and national public sources like the National Cancer Institute, the Environmental Protection Agency, the U.S. Census Bureau, and the U.S. Department of Education, as well as other sources to provide an overview of the community's health. This CHNA Final Report used Conduent HCI's Data Scoring Tool to assess and rank secondary data. Each indicator's value was compared to other communities, national targets, and past time periods.

HCI's Data Scoring Tool systematically summarizes multiple comparisons and ranks indicators based on the highest need. For each indicator, the Wisconsin County's value was compared to a distribution of state and U.S. counties, state and national values, Healthy People 2030 targets, and significant trends, as shown in Figure 18. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs.

Figure 18. SECONDARY DATA SCORING

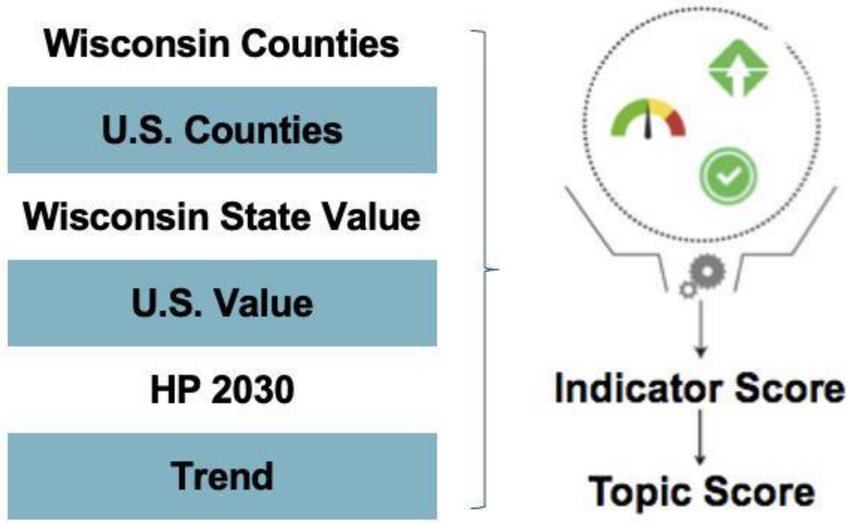


Figure 19 shows the results for Dane County's health and quality of life topics. Sexually Transmitted Infections had the highest score, with a topic score of 1.61, making it the most concerning area. Other concerning health topics included Prevention and Safety (1.43), Women's Health (1.41), and Alcohol and Drug Use (1.35). Topics with a score of **1.30** or higher were flagged as significant health needs. In total, 18 topics scored at or above this threshold. Topic areas with fewer than three indicators were considered data gaps. For a full list of health and quality of life topics and a breakdown of national and state indicators included in the secondary data analysis, refer to the Appendix, which also details the data scoring method used.

Secondary Data bar charts that follow are color-coded to show comparisons between overall values (in grey) and statistically significant differences for subgroups. A legend for colors is as follows:

green indicates significantly better than overall value

red indicates significantly worse than overall value

blue indicates no statistically significant difference than overall value

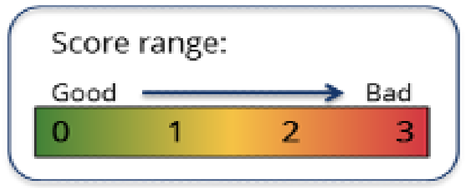


Figure 19. TOPIC SCORING RESULTS

Health & Quality of Life Topics	Score
Sexually Transmitted Infections	1.61
Prevention & Safety	1.43
Women's Health	1.41
Alcohol & Drug Use	1.35

Our Priorities

- **Reproductive Justice**
- **Mental Health and Substance Use**
- **Chronic Conditions**
- **Injury and Safety**

There was consensus across the group that data and community voice supported a continued focus on addressing inequities in these four areas. Healthy Dane members articulated strong interest to continue to advance existing work and collaboration in these four priority areas to deepen impact and achieve more equitable outcomes.





Our Prioritization Process

1

ANALYZE PRIMARY AND SECONDARY DATA

- Healthy Dane Collaborative members analyzed primary and secondary data in workgroup meetings during summer 2024: (1) Primary Data presentations to discuss findings and limitations; (2) HCI-led secondary data sourcing, collection and analysis.

2

SYNETHSIZE DATA AND SELECT PRIORITY HEALTH AREAS

- Collaborative held a meeting to synthesize data and select priority health areas for 2025-2027. Collaborative used prioritization criteria to evaluate existing priority areas from the 2022-2024 CHNA: Behavioral Health, Chronic Conditions, Injury, and Reproductive Justice.

3

UPDATE NAMES OF PRIORITY AREAS

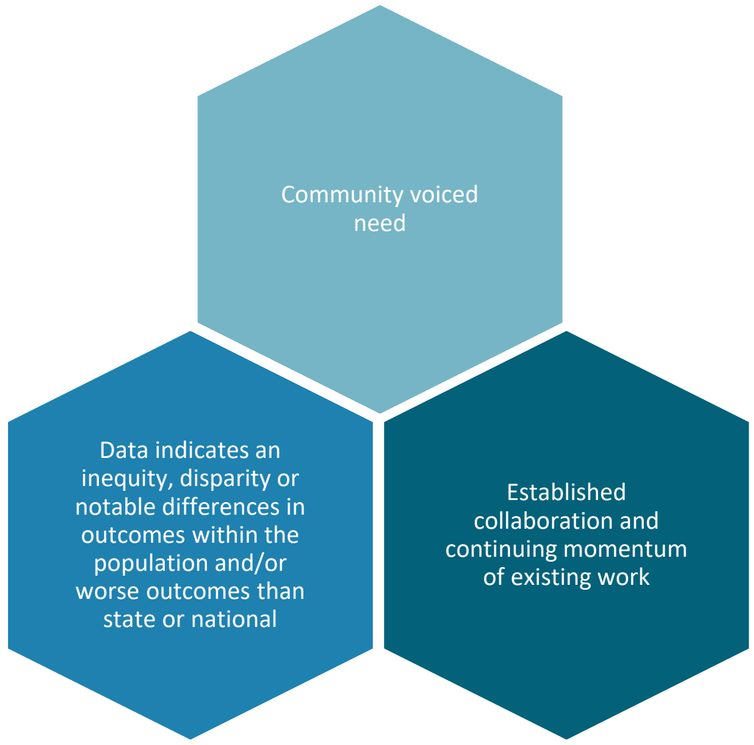
- Collaborative members updated the names of two priority areas: Behavioral Health → Mental Health and Substance Use; Injury → Injury and Safety.

4

DISCUSS ADDITIONAL HEALTH TOPICS AND THEMES

- Collaborative members discussed additional health topics and themes during the prioritization process but decided to continue their commitment to the existing four priority areas to focus institutional resources and maximize opportunities for impact.

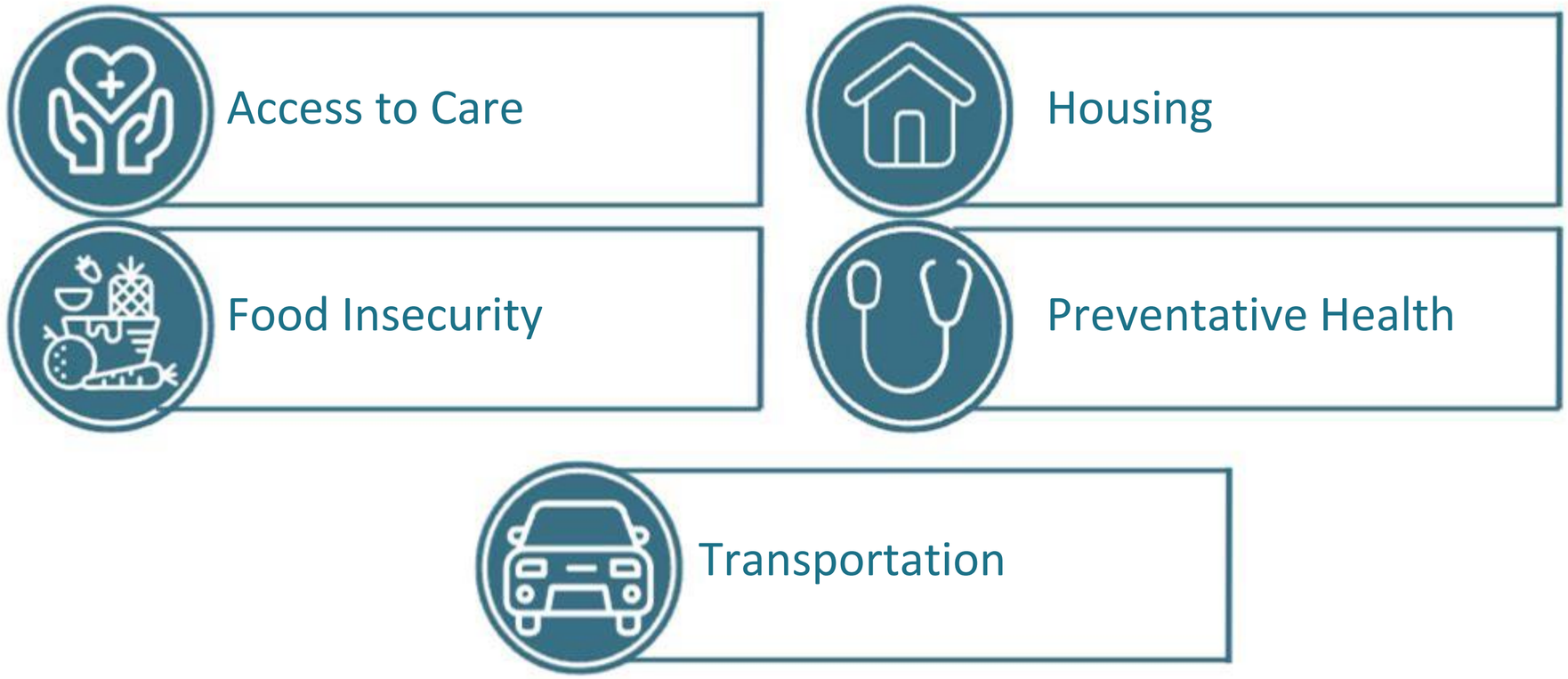
Figure 20. PRIORITIZATION CRITERIA



**Areas of identified inequities were weighted the most highly when prioritizing health needs.*

Cross-Cutting Themes

We learned about other topics of importance throughout our community input and data review processes including Access to Care, Food Insecurity, Housing, Preventative Health, and Transportation. We recognize these deeply impact our priority areas, and will be taken into account as our institutions continue strategy development and implementation planning. Moreover, we plan to address these initiatives by supporting community programs and further uplifting organizations working in this space.



A Note about COVID-19

Healthy Dane acknowledges the impact of COVID-19 on our community. Throughout the CHNA process, both Healthy Dane and community members participating in engagement sessions utilized the post-pandemic period as a reference point. While COVID-19 led to increased access to care through telehealth, and removed some stigma surrounding behavioral health including mental health and substance use disorders, overall, there were devastating effects on the community that will be discussed where relevant. Some key themes include:

- Worsening data trends and linkages to SDOH categories
- Gaps in understanding resources available as they have dramatically fluctuated over the last couple years
- How COVID-19 funding impacted resources, but now that funding is wrapping up, how this may impact SDOH further

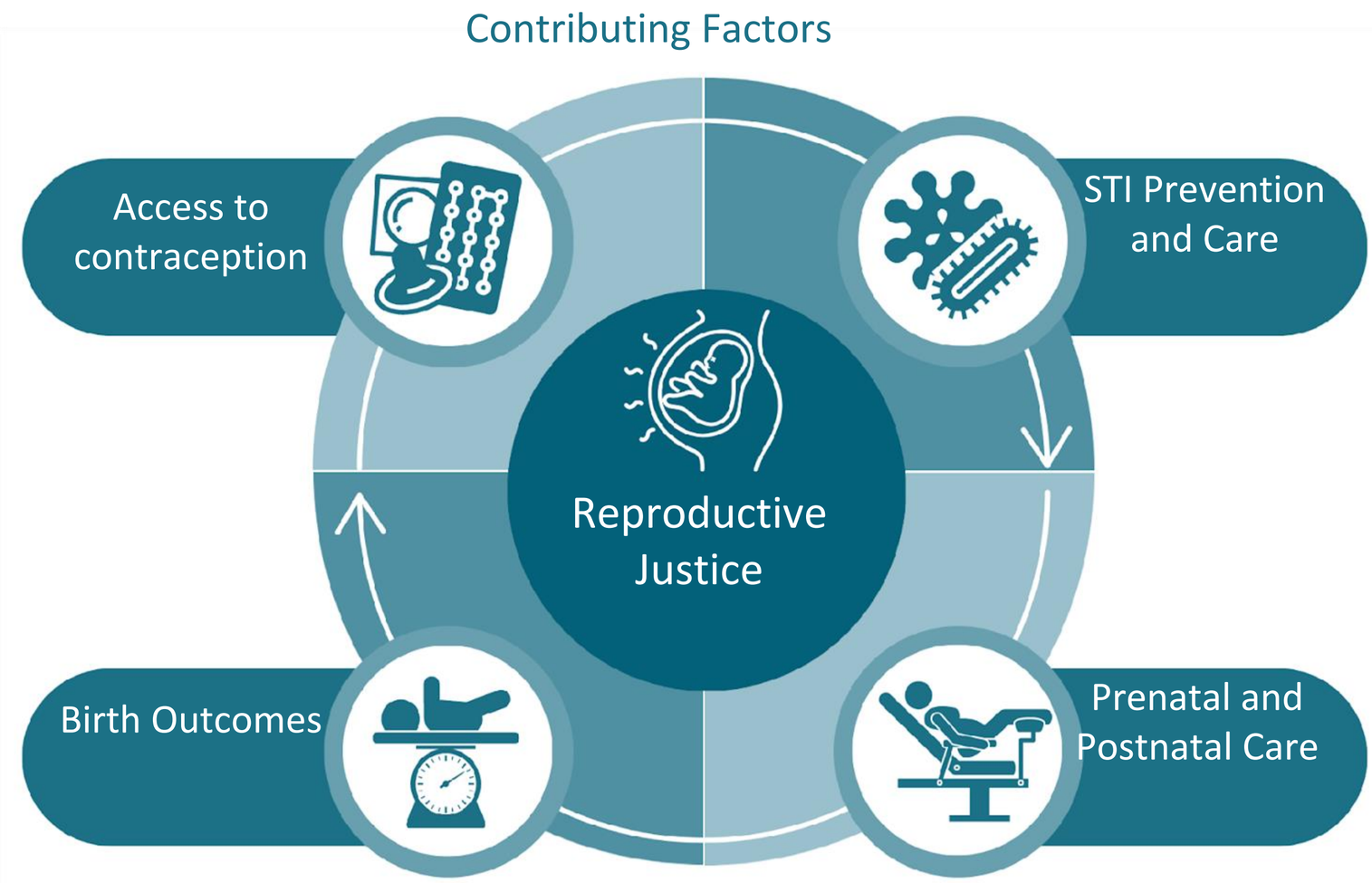
Priority: Reproductive Justice

Overview

The term Reproductive Justice was coined by Black women in June of 1994 who recognized the need to create a more inclusive, intersectional movement working to center and address the needs of the most marginalized communities including Indigenous women, women of color, and trans* people.[5]

Reproductive Justice recognizes the need to focus on access rather than choice. Many people lack access to full-spectrum sexual and reproductive healthcare including contraception, comprehensive sex education, STI prevention and care, alternative birth options, adequate prenatal and pregnancy care, etc.

It is important to acknowledge that the current political landscape has shaped policies restricting access to abortion care in Dane County. These policy choices working together with systems continue to drive inequities in sexual and reproductive healthcare access and outcomes alike.



Reproductive Justice is a health topic that is analyzed from **Maternal, Fetal and Infant Health, Sexually Transmitted Infections and Women's Health** of the secondary data health topics. Further analysis was done to identify specific indicators of concern and health disparities. Those indicators with high data scores (scoring at or above the threshold of 1.30) were categorized as indicators of concern and are discussed in the following section. See Appendix for the full list of indicators categorized within this topic.

5. SisterSong. Reproductive Justice. https://www.sistersong.net/reproductive-justice

Priority: Reproductive Justice

Community Insight

Reproductive Justice was discussed throughout focus groups and community conversations largely in the context of disparate health outcomes as a result of race-based discrimination and the effects of the Dobbs decision. Key themes, including disparate health outcomes and the effect of the Dobbs decision are described below. Survey respondents highlighted the urgency needed to work on disparities in racial demographics for birth outcomes, infant mortality, and reproductive health broadly. Everyone in Dane County deserves full access to safe, comprehensive reproductive healthcare. Inadequate access to these life-saving services can lead to poor health outcomes.

> *We know family planning services are needed. Birthing folks should be able to access to quality services without barriers."*
>
> *COMMUNITY CONVERSATION PARTICIPANT*

1

Disparate health outcomes

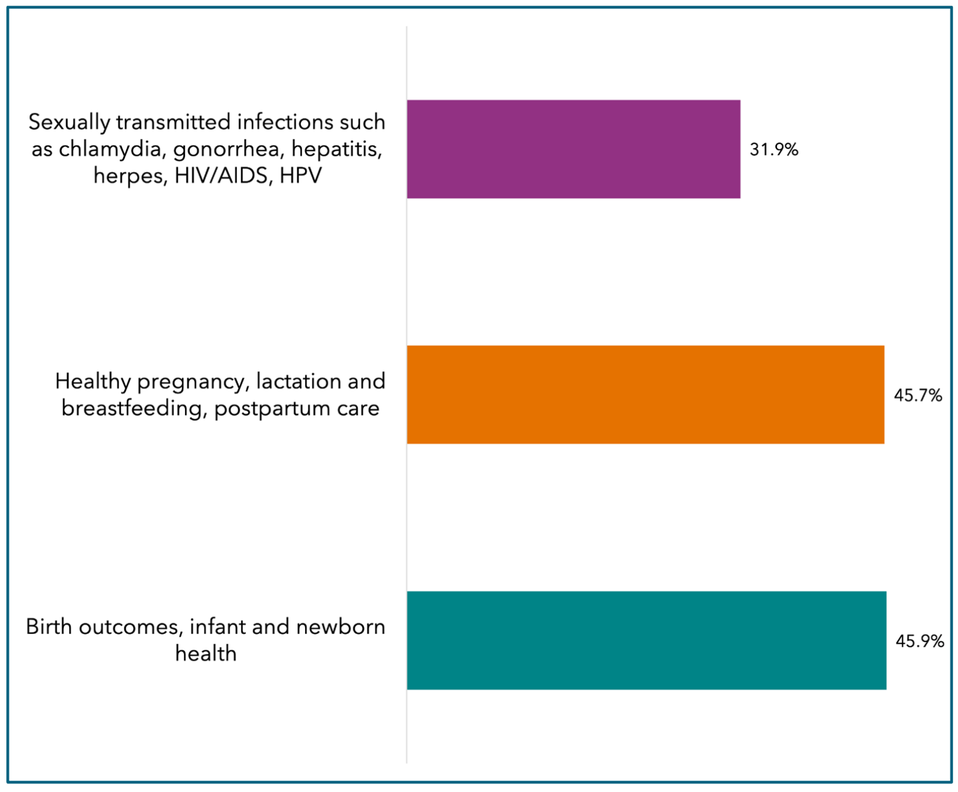
- Race and language-based discrimination leads to disparate health outcomes
- Black maternal mortality and infant mortality have been and continue to be more racially disparate in Dane County compared to state and counties
- Efforts such as Connect RX and doula services were mentioned as emergent assets for birthing people, particularly BIPOC individuals, but participants emphasized the need for increased provider training and community support to continue to combat this issue.

2

The Dobbs effect

- Birthing persons unable to access abortion so people had to travel out of state to access abortion care, miscarriage support, and overall basic healthcare related to pregnancy due to State banning abortion for over 400 days
- Transportation is a key barrier to accessing out of state abortion care and overall basic healthcare related to pregnancies
- Care related to pregnancy has been jeopardized/compromised by politics at play
- Impact on maternal mortality, infant mortality
- People not accessing abortion care who want/need an abortion
- Since restoration of abortion access at 4 clinics, providers seeing more people (as young as 8 years old to folks as old as 68) access abortion care

Figure 21. SIGNIFICANT ISSUES FOR ADULTS IN DANE COUNTY



(Definition of significant: respondents ranked as "quite a bit of a problem" or "a great deal of a problem")

Source: Healthy Dane CHNA Clinical Provider and Staff Survey, 2024

Priority: Reproductive Justice

Data Insights and Disparities

The secondary data analysis for **Maternal, Fetal & Infant Health, Sexually Transmitted Infections and Women's Health** resulted in a topic score of 0.90, 1.61 and 1.41, respectively. Scores range from 0 (Good) to 3 (Worse). Even though these topic scores are considered "Good", there are several indicators of concern as shown in Figure 22. Both the Breast Cancer Incidence Rate and the Syphilis Incidence Rate are increasing over time significantly, while the HIV Diagnosis Rate and the Chlamydia Incidence Rate are increasing not significantly. Some important takeaways regarding preventative health measures and health outcomes include:

- Black people who live, work, and play in Dane County appear to experience the greatest burden of STIs
- Data suggest Hispanic and Native American populations may also experience some increased STI risk
- HIV prevalence appears substantially higher among men than women
- While there is no county-level disparity data on breast cancer mortality, at the state level, Black women have a higher risk of breast cancer mortality than general population
- Hispanic women may be less likely to receive a mammogram
- Black women similar to general population regarding breast cancer incidence, but could face greater risk of mortality, based on state data and all-cancer mortality data
- Black population is at increased risk of low birthweight
- Laotian and Hmong population may have greater risk of infant mortality, but further investigation is warranted

Figure 22. REPRODUCTIVE JUSTICE WARNING INDICATORS

HCI Score	Indicator: Healthy Dane	Dane County	WI	Trend
1.97	**Breast Cancer Incidence Rate (2016-2020)** *Cases/ 100,000 females*	133.7	134.6	Worsening*
1.89	**HIV Diagnosis Rate (2022)** *Cases/ 100,000 population*	6.3	5.3	Worsening
1.86	**Mammography Screening: Medicare Population (2022)**	45.0%	52.0%	Improving
1.75	**Syphilis Incidence Rate (2022)** *Cases/ 100,000 population*	9.0	12.6	Worsening*
1.67	**Age-Adjusted Death Rate due to Breast Cancer (2016-2020)** *Deaths/ 100,000 females*	18.3	18.4	Improving*
1.61	**Age-Adjusted Hospitalization Rate due to Hepatitis (2020-2022)** *Hospitalizations/ 10,000 population 18+ years*	1.5	1.0	--
1.61	**Chlamydia Incidence Rate (2022)** *Cases/ 100,000 population*	455.0	439.0	Worsening

**Denotes trend over time is significant*

Source: HealthyDane.org

Priority: Reproductive Justice

Data Insights and Disparities

Figure 23. Babies with Low Birthweight by Race/Ethnicity, 2022

Source: Wisconsin Department of Health Services, Healthy Dane

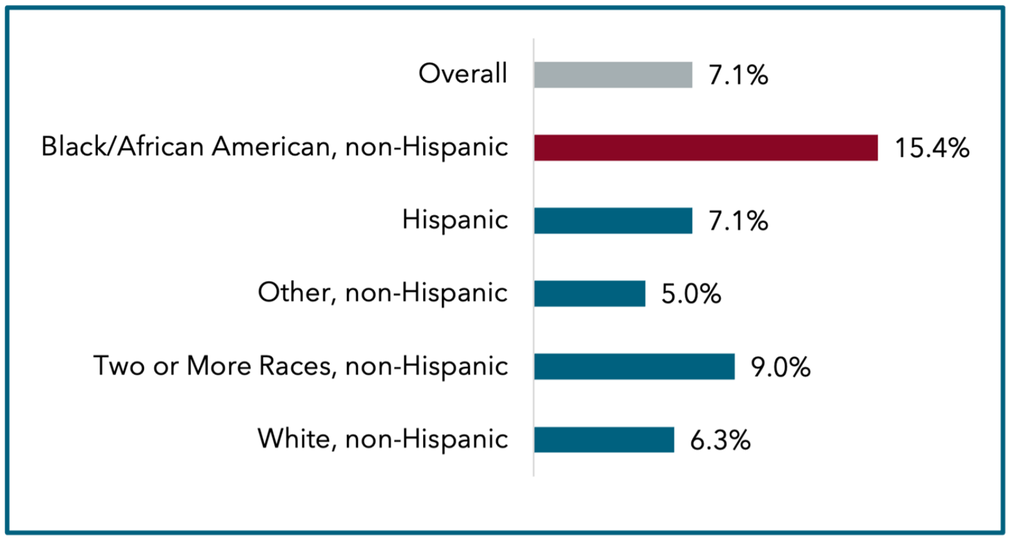
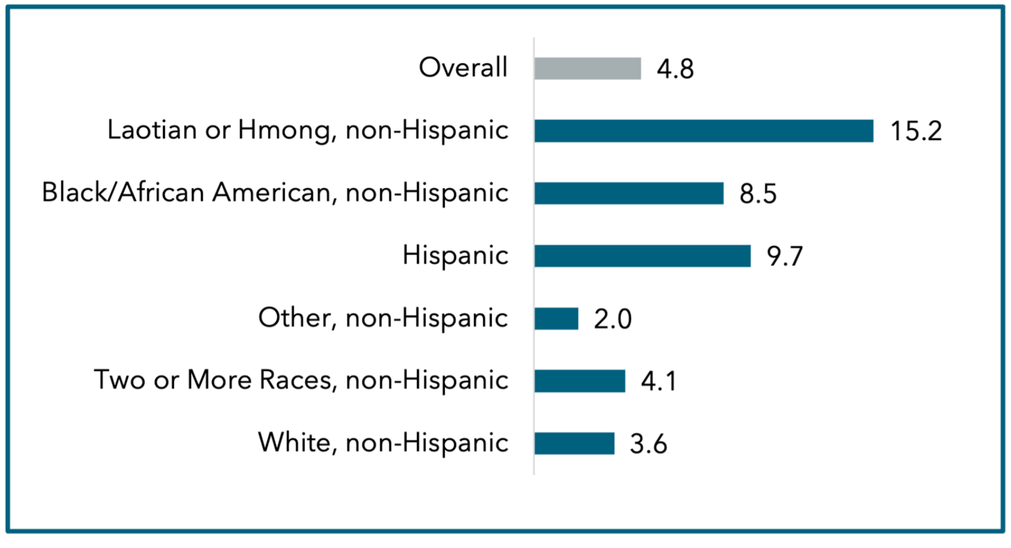


Figure 24. Infant Mortality Rate by Race/Ethnicity, 2020-2022

Source: Wisconsin Department of Health Services, Healthy Dane



Environmental Scan Insights

1. Dane County was given “very low” maternal vulnerability index rating
   - Fetal and infant mortality review (FIMR) notes that due to structural racism, pregnant mothers/people face challenges: economic injustice, food insecurity, unstable housing, overall toxic stress throughout their lives that contribute to poor birth outcomes.
2. March of Dimes grades Dane County’s Black preterm birth rate an F, and White preterm birth rate a B+.
3. Wisconsin had highest infant mortality rate for Black birthing mothers/people in the country at 14.28 per 1,000.
4. 24% of those in Dane County diagnosed with syphilis in 2021 were women, compared to 9-15% annually between 2017 and 2020. Untreated syphilis in pregnant people can cause miscarriage, stillbirth, or infant death shortly after birth.
5. Data from 2022 shows an increase in congenital syphilis cases in Wisconsin. The number of congenital syphilis cases increased from 2 cases in 2019 to 29 cases 2022.

Sources: Kids Forward Race to Equity 10 Year Report: Dane County; Wisconsin Department of Health Services, Division of Public Health; Public Health Madison & Dane County

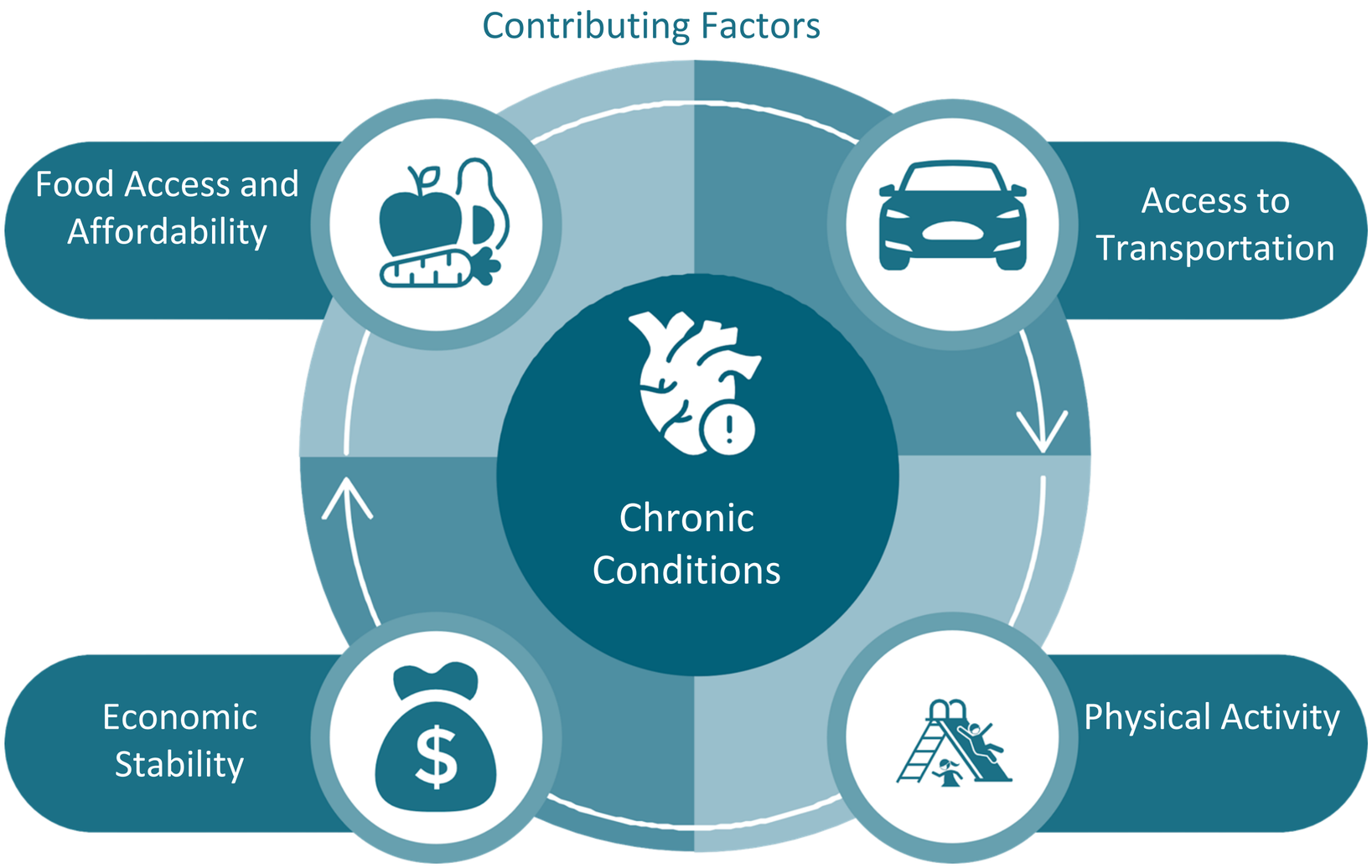
Priority: Chronic Conditions

Overview

Chronic conditions last a year or more and require ongoing medical attention and/or limit activities of daily living. They can usually be controlled but not cured. In adults, the most common chronic conditions include cancer, heart disease, stroke, and diabetes in adults, while obesity and asthma are two of the most common in children. Poor health outcomes linked to chronic conditions include disability, poor quality of life, increased healthcare costs, and death.

Across our community, Chronic Conditions remains a top issue and are affected by a variety of social and economic factors. These factors, Social Determinants of Health (SDOH), have a major impact on people's health, well-being, and quality of life. SDOH also contribute to wide health disparities and inequities. Examples of SDOH impacting chronic conditions include:

- Exercise opportunities: Including safe sidewalks, parks, green spaces to promote physical activity.
- Air Quality: Polluted air leads to increased asthma rates and even some cancers.
- Housing Quality: Poor housing conditions (i.e. lead paint and mold) is linked with respiratory diseases and cancer.
- Food Access & Affordability: Food insecurity and lack of access to affordable nutritious foods (grocery stores, farmers markets) leads to poor nutrition which raises risk of chronic conditions including heart disease, diabetes, obesity, cancer — and lowers life expectancy relative to people who do have access to healthy foods.[6]



Chronic Conditions is a health topic that is analyzed from **Cancer, Diabetes, Heart Disease and Stroke, Physical Activity and Respiratory Diseases** of the secondary data health topics. Further analysis was done to identify specific indicators of concern and health disparities. Those indicators with high data scores (scoring at or above the threshold of 1.30) were categorized as indicators of concern and are discussed in the following section. See Appendix or the full list of indicators categorized within this topic.

6. Healthy People 2030. Social Determinants of Health. https://health.gov/healthypeople/priority-areas/social-determinants-health

Priority: Chronic Conditions

Community Insight

Chronic Conditions were discussed extensively throughout focus groups, community conversations, and the provider and clinical staff survey. Key themes, including the intersection between SDOH and Chronic Conditions, the need for more prevention and better access to care, and health inequities and disparities are shown below. Moreover, Obesity and Diabetes and Heart disease and high blood pressure were top problems for adults in Dane County, ranking 2nd and 3rd, respectively in the Clinical Provider and Staff Survey.

1

Intersection between SDOH and Chronic Conditions

- Inflation post COVID-19 makes food less affordable
- Intersection w/ mental health and SDOH, medication management, housing, diabetes, asthma, health education/literacy
- Transportation barriers to doctor appointments (chemotherapy)

2

More prevention and better access to care needed

- More prevention needed (colorectal screenings, mammograms)
- Chronic conditions discussed in context of access to care
- Months-long wait times for routine screenings
- School setting staff expressed concerns about poor access to medications, especially inhalers for asthma treatment
- Better community engagement and education efforts for HPV vaccine

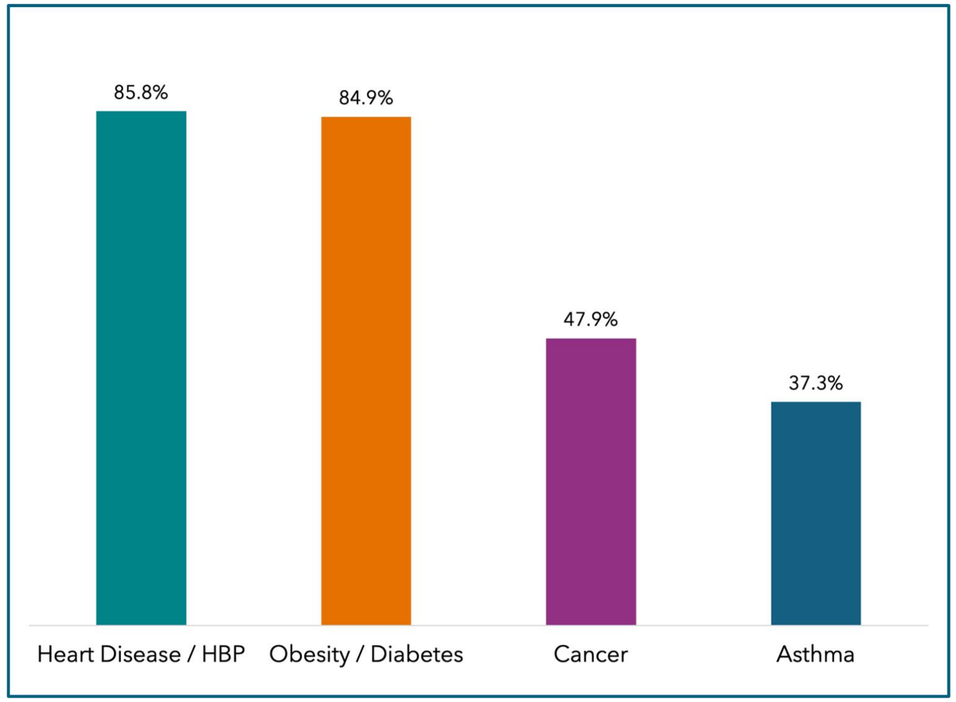
3

Health inequities and disparities

- Immigrant populations, those utilizing state insurance such as Badger Care, and individuals with low health literacy experience many barriers to chronic condition management
- Unhoused population struggles to manage health conditions (diabetes medicine frequently stolen or become unviable due to lack of refrigeration)

> *"The access problem has exploded in the past several years. Wait times for services like routine colon cancer screenings are unacceptable. I heard a story last week of a breast cancer patient who waited 4 months for a scan when metastases were expected (and eventually found). I would never have believed it could get this bad."*
>
> *CLINICAL PROVIDER AND STAFF SURVEY RESPONDENT*

Figure 25. SIGNIFICANT ISSUES FOR ADULTS IN DANE COUNTY



(Definition of significant: respondents ranked as "quite a bit of a problem" or "a great deal of a problem")

Source: Healthy Dane CHNA Clinical Provider and Staff Survey, 2024

Priority: Chronic Conditions

Data Insights and Disparities: Cancer

The secondary data analysis for Cancer resulted in a topic score of 1.09. Indicators of concern, or warning indicators, are shown in the table below. The age-adjusted death rate due to prostate cancer in Dane County (22.3) has been increasing over time – with rates higher than both Wisconsin (20.8) and U.S. (18.8). Similarly, Breast Cancer Incidence Rates have also been increasing in recent years for people who live, work, and play in Dane County. Several cancer indicators were also identified as having a high racial disparity. The Black/African American population have the highest age-adjusted death rate due to cancer. This disparity is statistically significant and is 60.1% higher than the overall value.

Access to nutritious foods like fruits and vegetables is an important part of cancer prevention. The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.[7] In Dane County, 40.4% of households with children receive SNAP benefits, compared to 43.5% of households in Wisconsin and 47.9% of households in the U.S. overall as shown in Figure 27.

Figure 27. Households with children receiving SNAP benefits

Source: American Community Survey 5-Year 2018-2022, Healthy Dane

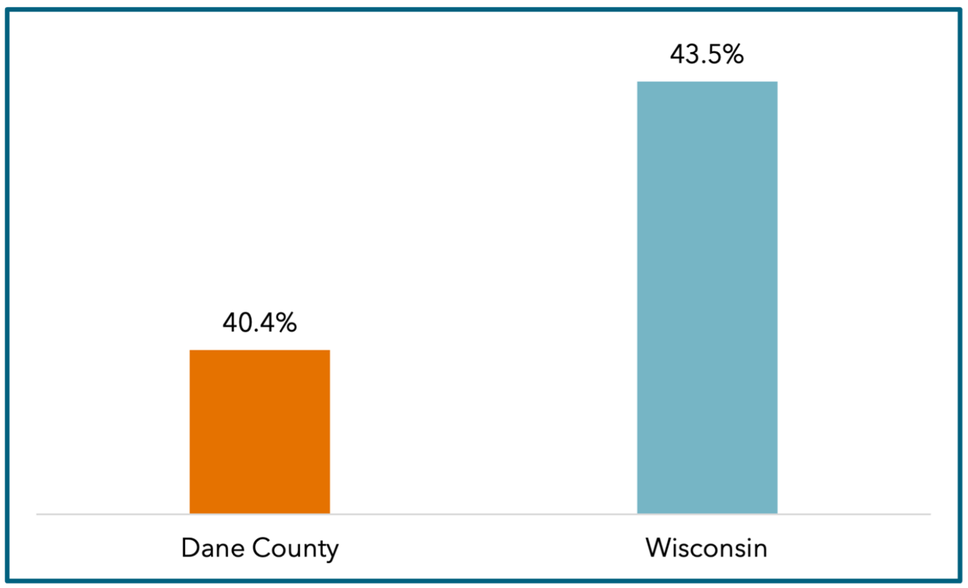


Figure 26. CANCER WARNING INDICATORS

HCI Score	Indicator: Healthy Dane	Dane County	WI	Trend
2.22	**Age-Adjusted Death Rate due to Prostate Cancer (2016-2020)** Deaths/100,000 males	22.3	20.8	Worsening
1.97	**Breast Cancer Incidence Rate (2016-2020)** Cases/100,000 females	133.7	134.6	Worsening*
1.86	**Mammography Screening: Medicare Population (2022)**	45.0%	52.0%	Improving
1.67	**Age-Adjusted Death Rate due to Breast Cancer (2016-2020)** Deaths/100,000 females	18.3	18.4	Improving*
1.31	**Oral Cavity and Pharynx Cancer Incidence Rate (2016-2020)** Cases/100,000 population	11.9	12.6	Improving*

**Denotes trend over time is significant*

Source: HealthyDane.org

7. USDA. "Supplemental Nutrition Assistance Program (SNAP) | USDA-FNS." Usda.gov, 2018, www.fns.usda.gov/snap/supplemental-nutrition-assistance-program.

Priority: Chronic Conditions

Data Insights and Disparities: Cancer

Figure 28. Age-Adjusted Death rate due to Cancer by Race/Ethnicity, 2016-2020

Source: National Cancer Institute, Healthy Dane

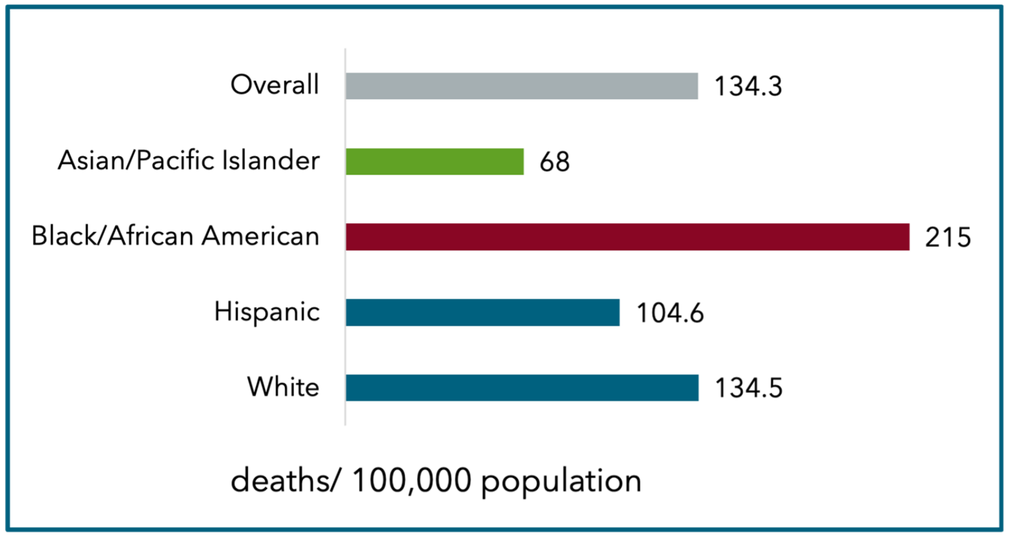
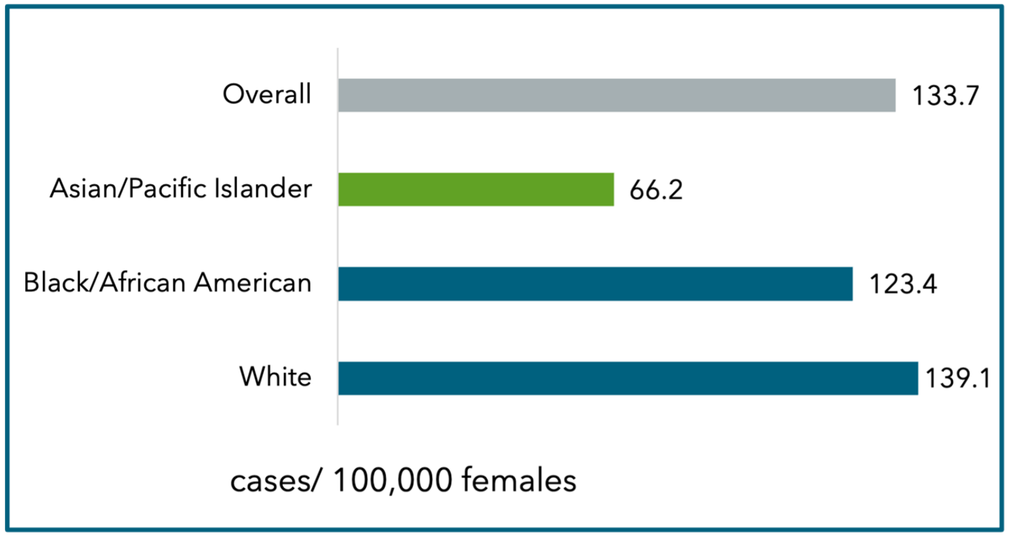


Figure 29. Breast Cancer Incidence Rate by Race/Ethnicity, 2016-2020

Source: National Cancer Institute, Healthy Dane



Environmental Scan Insights

1. Wisconsin has the overall highest cancer incidence rates and cancer death rates for Black residents in the country.

2. Overall cancer incidence rates were 1.3 times higher among Black residents of Dane County than among White residents (higher than statewide racial disparity, 1.2 times higher).

3. Black residents have the highest death rate and shortest survival time of any ethnic group for most cancers.

4. Black residents are more likely to be diagnosed with advanced-stage cancers which are more difficult and costly to treat.

Sources: Kids Forward Race to Equity 10 Year Report: Dane County

Priority: Chronic Conditions

Data Insights and Disparities: Diabetes

The secondary data analysis for Diabetes resulted in a topic score of 0.96. Indicators of concern, or warning indicators, are shown in the table below. The percentage of adults with Diabetes in Dane County (7.3%) has been increasing over time. Similarly, both the age-adjusted hospitalization rate due to Type 2 Diabetes and the age-adjusted hospitalization rate due to long-term complications of Diabetes have also been increasing in recent years for people who live, work, and play in Dane County significantly.

From 2020-2022, Black/African American people who live, work, and play in Dane County (67.6/10,000) were six times more likely to be hospitalized due to diabetes than the overall population (11.5/10,000). American Indian/Alaska Native (42.2/10,000) and Hispanic (21.5/10,000) people who live, work, and play in Dane County also experienced significant disparities in hospitalization rate due to Diabetes.

Figure 30. DIABETES WARNING INDICATORS

HCI Score	Indicator: Healthy Dane	Dane County	WI	Trend
1.58	**Adults with Diabetes (2020-2022)**	7.3%	8.3%	Worsening
1.47	**Age-Adjusted Hospitalization Rate due to Type 2 Diabetes (2020-2022)** Hospitalizations/ 10,000 population 18+ years	8.8	9.8	Worsening*
1.31	**Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes (2020-2022)** Hospitalizations/ 10,000 population 18+ years	5.7	6.6	Worsening*

**Denotes trend over time is significant*
Source: HealthyDane.org

Priority: Chronic Conditions

Data Insights and Disparities: Diabetes

Figure 31. Age-Adjusted Death rate due to Diabetes by Race/Ethnicity, 2020-2022

Source: Wisconsin Department of Health Services, Healthy Dane

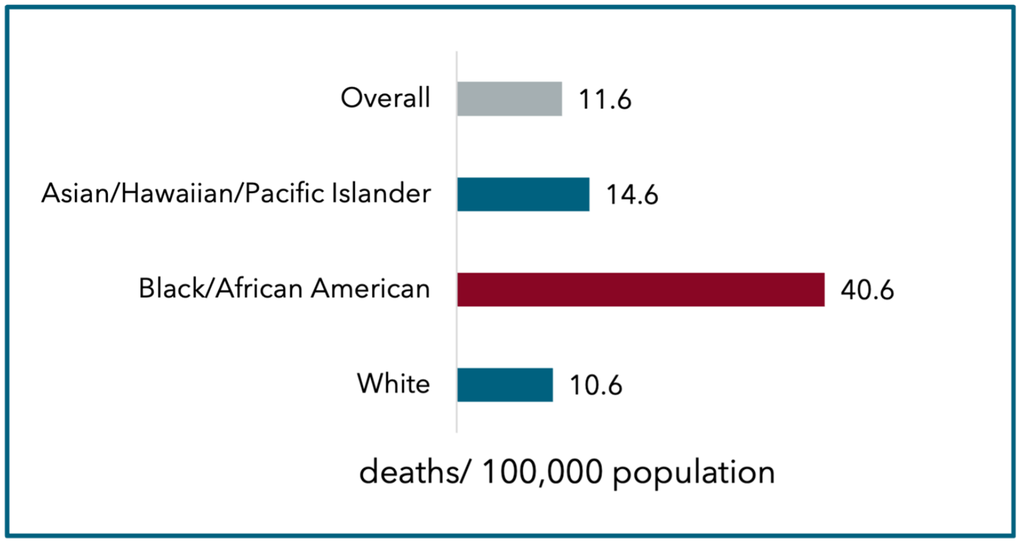
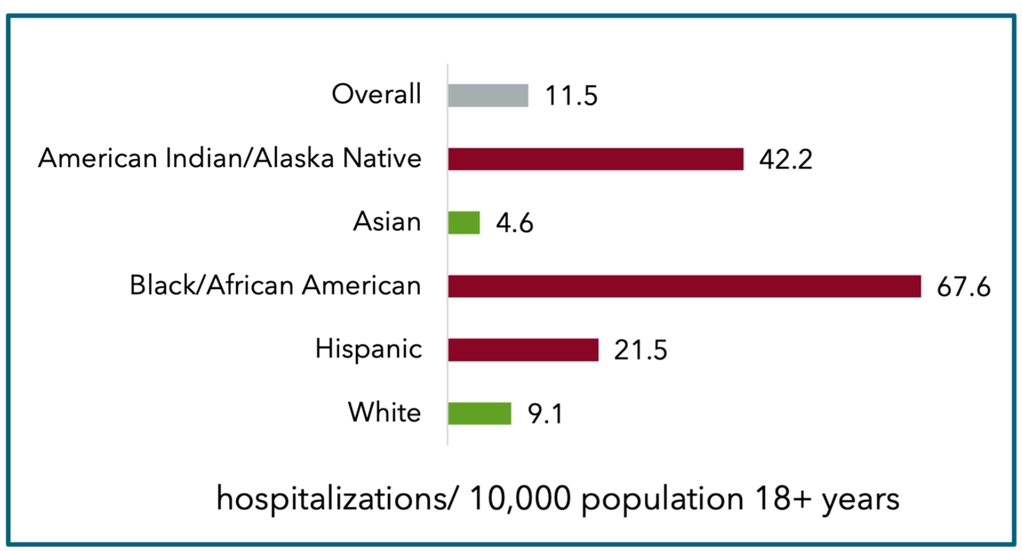


Figure 32. Age-Adjusted Hospitalizations rate due to Diabetes by Race/Ethnicity, 2020-2022

Source: WHA Information Center, Healthy Dane



Environmental Scan Insights

1. Risk factors for diabetes, hypertension, heart failure are a result of inequitable food system, economic inequity, and toxic stress caused by experiencing racism/discrimination.

2. From 2018-2020, Black residents were more likely than their white peers to be admitted to the hospital for Diabetes (8.1 times higher).

Sources: Kids Forward Race to Equity 10 Year Report: Dane County

Priority: Chronic Conditions

Data Insights and Disparities: Heart Disease and Stroke

The secondary data analysis for Heart Disease and Stroke resulted in a topic score of 0.96. Indicators of concern, or warning indicators, are shown in the table below. Approximately Seventy-Three (72.7) percent of adults have taken medications for High Blood Pressure in Dane County compared to Seventy-Eight (78.2) percent of adults nationwide. Interestingly, the age-adjusted hospitalization rate due to Hypertension has been decreasing significantly over time. Compared to date available from 44 Wisconsin Counties, Dane County has a value of 3.0 which is in the worst 25% of counties. Counties in the best 50% have a value lower than 2.3 while counties in the worst 25% have a value higher than 2.9.

Although the age-adjusted hospitalization rate due to Hypertension has been improving, there are significant racial/ethnic disparities. Black/African American people who live, work, and play in Dane County (23.6/10,000) have nearly 8 times the risk of hospitalization due to Hypertension than the overall population (3.0/10,000).

Figure 33. HEART DISEASE AND STROKE WARNING INDICATORS

HCI Score	Indicator: Healthy Dane	Dane County	WI	Trend
2.08	**Adults who Have Taken Medications for High Blood Pressure (2021)**	72.7%	--	--
2.08	**Cholesterol Test History (2021)**	79.9%	--	--
1.53	**Age-Adjusted Hospitalization Rate due to Hypertension (2020-2022)** Hospitalizations/ 10,000 population 18+ years	3.0	3.0	Improving*

**Denotes trend over time is significant*
Source: HealthyDane.org

Priority: Chronic Conditions

Data Insights and Disparities: Heart Disease and Stroke

Figure 34. Age-Adjusted Hospitalizations rate due to Hypertension by Race/Ethnicity, 2020-2022

Source: WHA Information Center, Healthy Dane

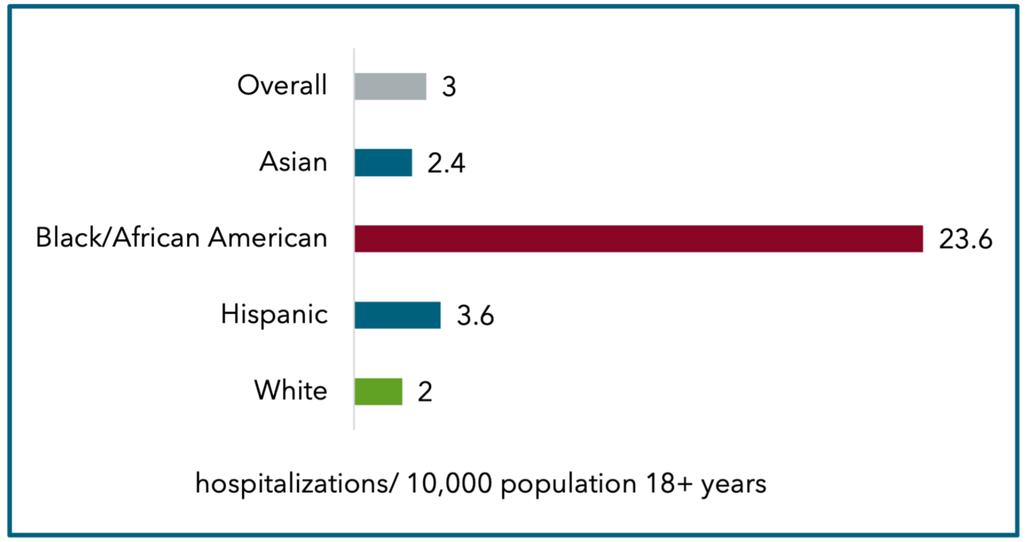
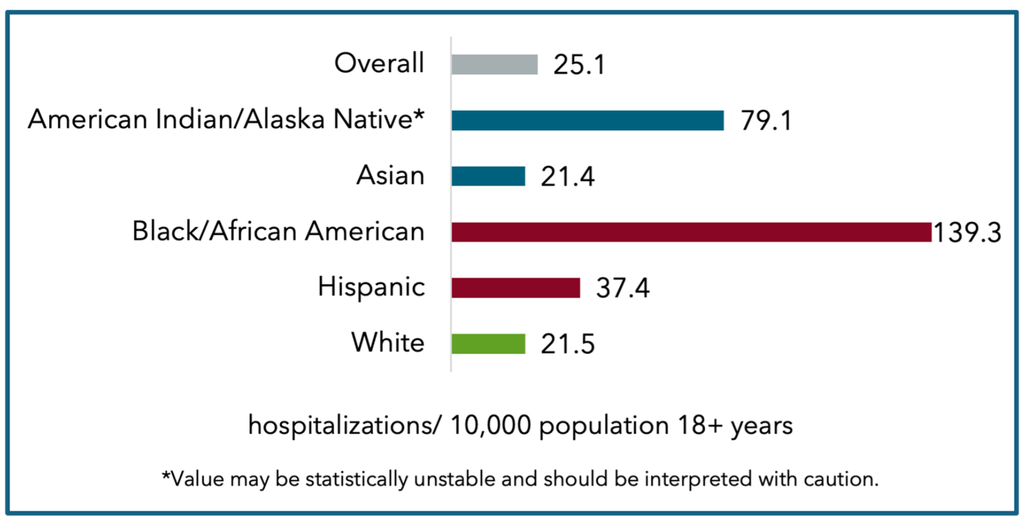


Figure 35. Age-Adjusted Hospitalization rate due to Heart Failure by Race/Ethnicity, 2020-2022

Source: WHA Information Center, Healthy Dane



Environmental Scan Insights

1. Heart disease is one of leading causes of death for Black Dane County residents.

2. From 2018-2020, Black residents were more likely than their white peers to be admitted to the hospital for Hypertension (11 times higher).

Sources: Kids Forward Race to Equity 10 Year Report: Dane County

Priority: Chronic Conditions

Data Insights and Disparities: Physical Activity and Respiratory Diseases

The secondary data analysis for Physical Activity resulted in a topic score of 0.83. The secondary data analysis for Respiratory Diseases resulted in a topic score of 0.83. Indicators of concern, or warning indicators, are shown in the table below. The percentage of adults who are overweight (32.1%) in Dane County has been increasing over time – with rates higher than Wisconsin (30.8%) but lower than the U.S. (34.1%). Black/African American children have the highest age-adjusted hospitalization rates due to Asthma. This disparity is statistically significant and is almost twice the rate of the overall population

Figure 37. Age-Adjusted Hospitalizations rate due to Pediatric Asthma by Race/Ethnicity, 2020-2022

Source: WHA Information Center, HealthyDane.org

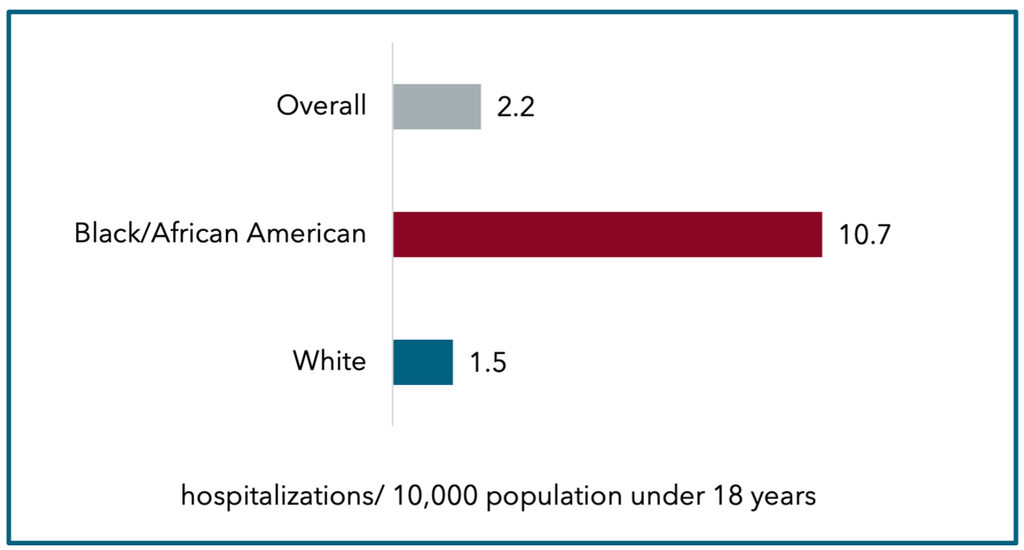


Figure 36. PHYSICAL ACTIVITY AND RESPIRATORY DISEASES WARNING INDICATORS

HCI Score	Indicator: Healthy Dane	Dane County	WI	Trend
2.25	**Proximity to Highways (2020)**	7.5%	4.5%	--
1.53	**Adults who are Overweight (2020-2022)**	32.1%	30.8%	Worsening
1.47	**Adults with Current Asthma (2020-2022)**	10.3%	10.7%	Worsening

**Source: HealthyDane.org*

Environmental Scan Insights

1. 25.9% of Dane County high school youth are active 1-2 times per week or less. 44.6% are active 5 days or more, and most of those students (79.5%) participate in sports.

2. Stories from Black people in Dane County underscore that racist systems are largely responsible for inequitable physical health outcomes.

3. Children in Madison's formerly redlined neighborhoods (South, East, Southeast and North sides, some parts of Downtown and the the Triangle) are significantly more likely to develop asthma.

Sources: Dane County Youth Assessment 2024, *Kids Forward Race to Equity 10 Year Report: Dane County,* Children in formerly redlined areas have increased asthma risk today (UW study) https://wiscnews.com/news/state-regional/asthma-uw-madison-redlining-racism/article_46ef31a5-a212-55f2-9190-2a628e011310.html

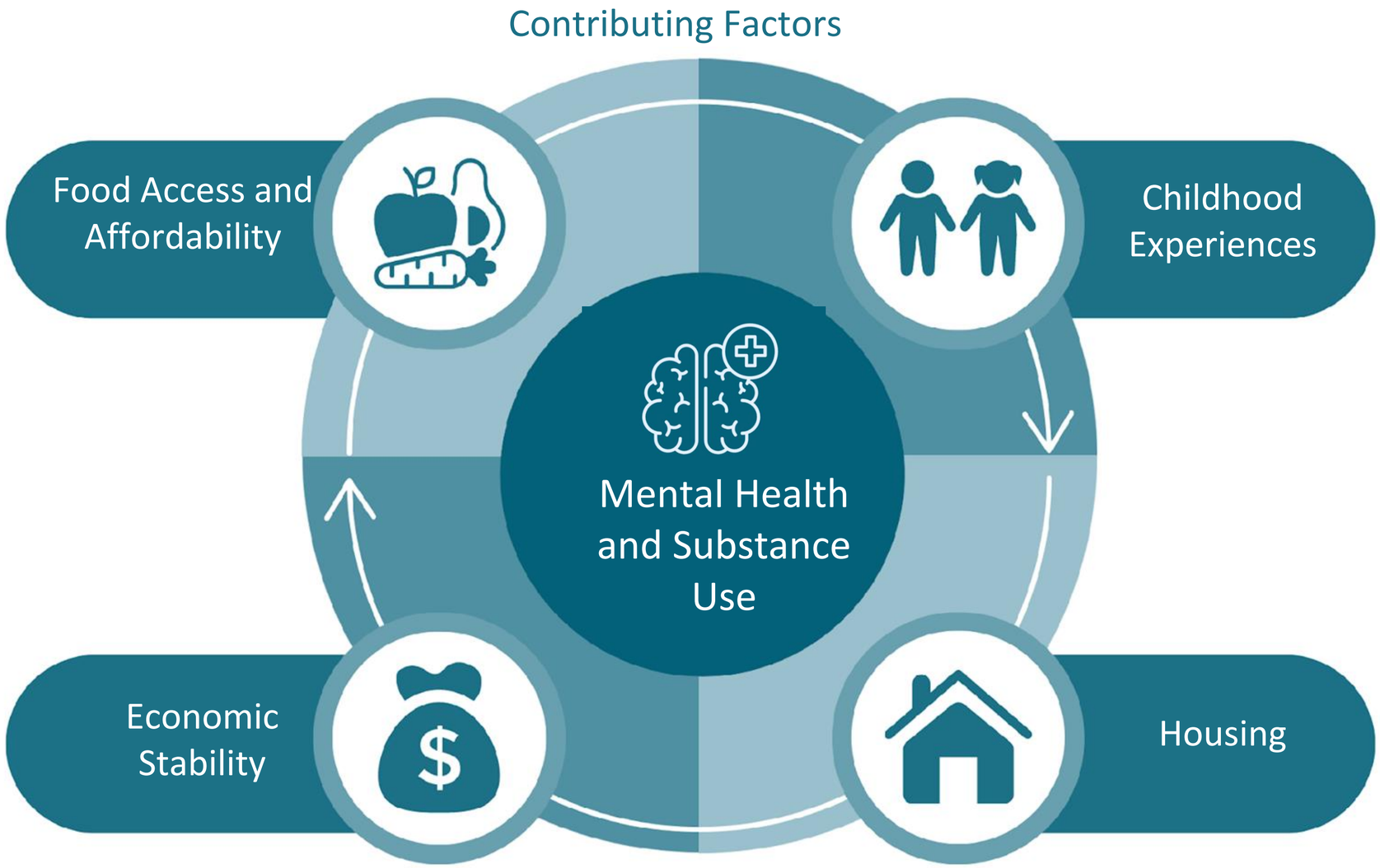
Priority: Mental Health and Substance Use

Overview

Mental Health and Substance Use are among the most pervasive health issues in Dane County. It is important to recognize the intersection between mental health and substance use, including the impact of delays in mental health treatment leading to self-medicating through substances.

Along with the other priority health areas discussed so far, both mental health and substance use are affected by a variety of social and economic factors, impacting people's ability to live fulfilling lives. These structural conditions people are exposed to across their life affect individual mental health outcomes and contribute to mental health disparities within and between populations. These factors or structural conditions include:

- Income, employment, socioeconomic status
- Food access
- Housing
- Discrimination
- Childhood experiences
- Ability to access acceptable and affordable health care



Mental Health and Substance Use is a health topic that is analyzed from **Mental Health and Mental Disorders and Alcohol and Drug Use** of the secondary data health topics. Further analysis was done to identify specific indicators of concern and health disparities. Those indicators with high data scores (scoring at or above the threshold of 1.30) were categorized as indicators of concern and are and are discussed in the following section. See Appendix for the full list of indicators categorized within this topic.

Priority: Mental Health and Substance Use

Community Insight

Mental Health and Substance Use was the number one topic identified by community members and clinical staff. Key themes, including the intersection between SDOH and mental health (MH), prevention versus crisis response, and siloing of mental health and substance use are shown below. Notably, anxiety, depression, stress, and trauma was ranked highest amongst current CHNA priority problems for adults in Dane County in the Clinical Provider and Staff Survey.

> *"The lack of behavioral health providers has triggered an almost triage-like response in providing appointments — addressing people with dire conditions first. Consequently, appointments are difficult to acquire for people with non-severe mental illnesses. This prevents people and their families from seeking therapy as a preventative tool for mental health concerns."*
>
> *FOCUS GROUP PARTICIPANT*

1

Intersection between SDOH and Mental Health

- Compounding effects of day-to-day living, housing, lack of self-care can be detrimental to a person/the people surrounding them
- Transportation is a key barrier that disrupts treatment: struggles in getting patients or family members to Rogers Institute since it is far away (Oconomowoc) and there is no available transport when a mental crisis occurs at midnight

2

Prevention vs. Crisis Response

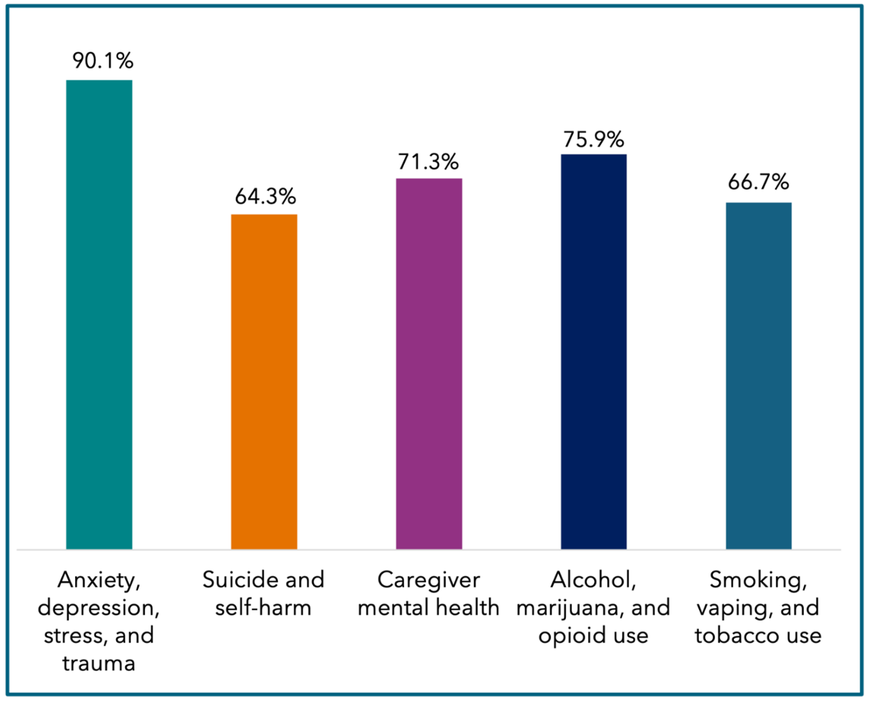
- Lack of providers to meet increased volume of people with mental health needs results in:
  - Long wait times affecting people's motivational window to address their mental health needs and/or substance use concerns
  - Untreated conditions might worsen
- Lack of providers: police respond to MH emergency not Community Alternative Response Emergency Services (CARES)

3

Siloing of Mental Health and Substance Use

- Providers mentioned that they do not touch substance use if their focus is mental health. This lack of intersectionality awareness is harmful for patients and potential patients seeking treatment

Figure 38. SIGNIFICANT ISSUES FOR ADULTS IN DANE COUNTY



(Definition of significant: respondents ranked as "quite a bit of a problem" or "a great deal of a problem")

Source: Healthy Dane CHNA Clinical Provider and Staff Survey, 2024

Priority: Mental Health and Substance Use

Data Insights and Disparities: Mental Health and Mental Disorders

The secondary data analysis for Mental Health and Mental Disorders resulted in a topic score of 1.14. Indicators of concern, or warning indicators, are shown in the table below. Men in Dane County are significantly more likely to die from suicide than women and disproportionately impacts white men.

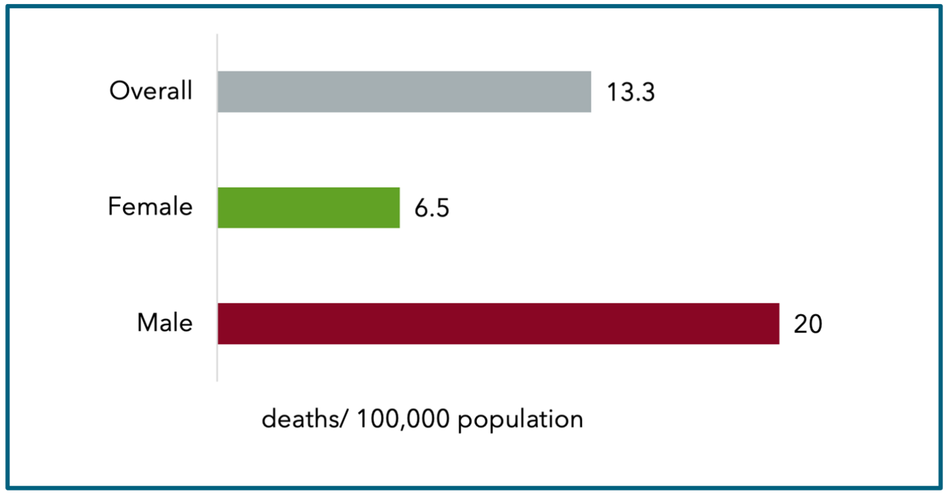
Figure 39. MENTAL HEALTH AND MENTAL DISORDERS WARNING INDICATORS

HCI Score	Indicator: Healthy Dane	Dane County	WI	Trend
2.08	**Adults Ever Diagnosed with Depression (2021)**	23.0% *20.2%*	--	--
1.83	**Depression: Medicare Population (2022)**	17.0% *16.0%*	16.0%	Improving
1.42	**Poor Mental Health: Average Number of Days (2021)** *Days*	4.7 *4.4*	4.8	Worsening*

Note: Dane County rates in italics represent the previous reporting period for comparison
**Denotes trend over time is significant*
Source: Healthy Dane

Figure 40. Age-Adjusted Death rate due to Suicide by gender, 2020-2022

Source: Wisconsin Department of Health Services, Healthy Dane



Priority: Mental Health and Substance Use

Data Insights and Disparities: Alcohol and Drug Use

The secondary data analysis for Alcohol and Drug Use resulted in a topic score of 1.35. Indicators of concern, or warning indicators, are shown in the table below. There are many demographic differences for the following indicators:

- Differences by Sex: Drug Overdose Mortality, Alcohol Hospitalization, Opioid Hospitalization
- Differences by Race: Drug Overdose Mortality, Alcohol Hospitalization, Opioid Hospitalization

Black/African American people who live, work, and play in Dane County are at increased risk of morbidity (state of illness) and mortality (number of deaths) related to substance use. American Indian/Alaska Native people who live, work, and play in Dane County are at increased risk of alcohol-related hospitalization. Finally, women are at lower risk of health issues related to substance use.

Figure 41. ALCOHOL AND DRUG USE WARNING INDICATORS

HCI Score	Indicator: Healthy Dane	Dane County	WI	Trend
2.31	**Alcohol-Impaired Driving Deaths (2017-2021)** *Percent of driving deaths with alcohol involvement*	37.9% *35.1%*	35.1%	Improving*
2.19	**Adults who Drink Excessively (2021)**	25.7% *26.7%*	25.3%	Improving
1.47	**Age-Adjusted Death Rate due to All Drug Overdose (2022)** *Deaths/ 100,000 population*	26.1 *30.0*	32.2	Worsening*
1.47	**Age-Adjusted Hospitalization Rate due to Adult Alcohol Use (2020-2022)** *Hospitalizations/ 10,000 population 18+ years*	21.8 *22.5*	24.8	Worsening*
1.31	**Age-Adjusted Death Rate due to Opioid Overdose (2022)** *Deaths/ 100,000 population*	21.8 *21.8*	26.3	Worsening*

Note: Dane County rates in italics represent the previous reporting period for comparison
**Denotes trend over time is significant*
Source: Healthy Dane

Environmental Scan Insights

1. Alcohol use among Dane County high school youth has trended downward over the last 10+ years. 25.6% report drinking alcohol in the past 12 months compared to 22.9% in 2021 (during COVID-19), 30.9% in 2018, 34.8% in 2015 and 43.1% in 2012.

2. 69.2% of high school youth with prescription drugs in their home say they can access them easily (bathroom cabinet, kitchen counter). This is higher than 2021 at 56.5% and somewhat higher than 2018 at 60.3%.

Source: Dane County Youth Assessment 2024

Priority: Mental Health and Substance Use

Data Insights and Disparities: Mental Health and Substance Use

Figure 42. Age-Adjusted Hospitalization rate due to Adult Alcohol Use by Race/Ethnicity, 2020-2022

Source: WHA Information Center, Healthy Dane

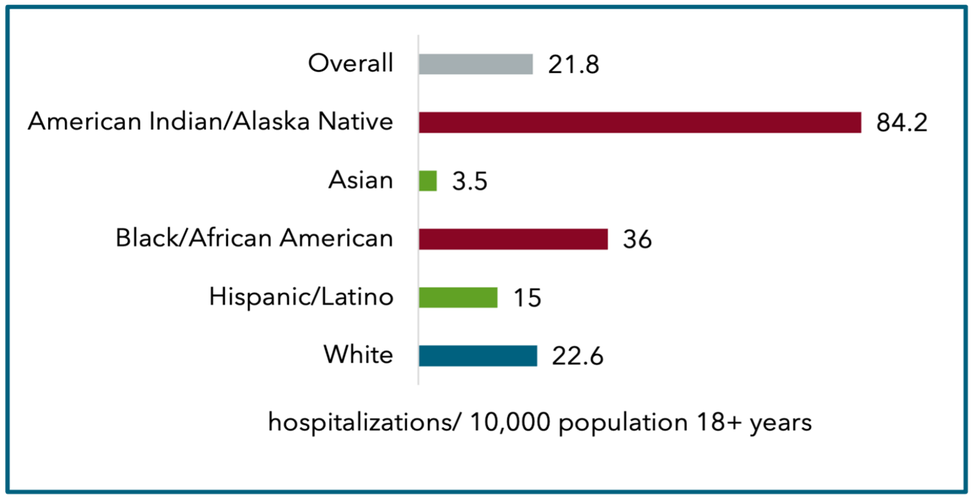
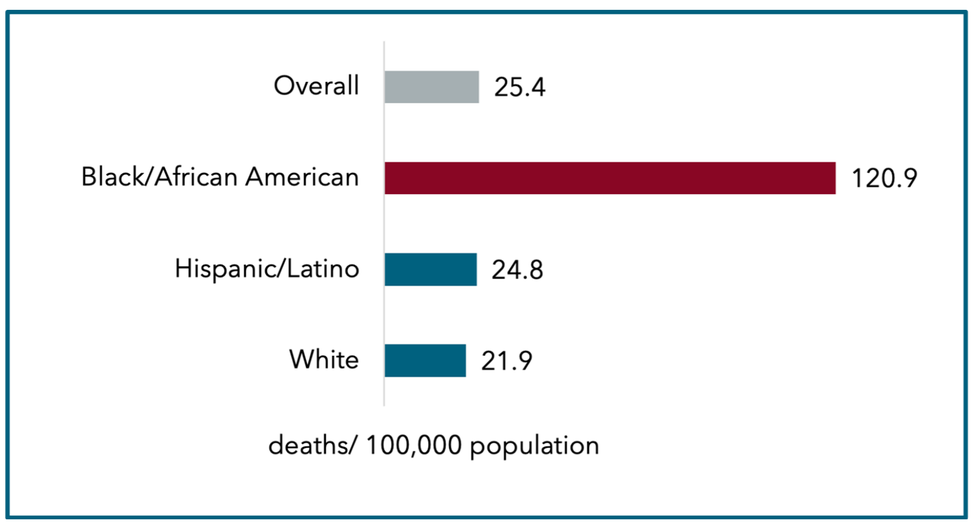


Figure 43. Age-Adjusted Death rate due to Unintentional Poisonings by Race/Ethnicity, 2020-2022

Source: Wisconsin Department of Health Services, Healthy Dane



Environmental Scan Insights

1. Among people experiencing homelessness in Dane County, Mental Illness was ranked as the second most important factor (36%) negatively affecting individuals' health.

2. Lower rates of Black residents reporting mental illness compared to White residents in 2021 doesn't fully encompass breadth of mental illness in the community:
   - Underreporting a result of barriers to accessing MH services.
   - "Paradox" of overwhelming options of providers yet little/no availability, logistical barriers, having to act as a "middleman" between insurance companies/health providers.
   - Lack of access to culturally relevant, affordable resources as well as the impact of their absence of destigmatizing services.

3. Anxiety, depression and suicide ideation in Dane County youth had been on the steady rise since 2009 but all declined in 2024 to at or near 2015 levels.

4. While anxiety and depression indicators for females, LGBQ+, and lower income students declined from 2021 to 2024, these groups are still affected at disproportionately higher rates.

5. There is a significant association between anti-LGBTQ+ victimization and the disproportionately high rates of suicide risk for young people:
   - 30.4% of LGBQ+ high school students in Dane County say they have been harassed about their sexual orientation or gender identity.
   - 47.5% of gender expansive students say they have been harassed about their sexual orientation or gender identity

Sources: Madison Street Medicine CHNA 2021, Kids Forward Race to Equity 10 Year Report: Dane County, Dane County Youth Assessment 2024

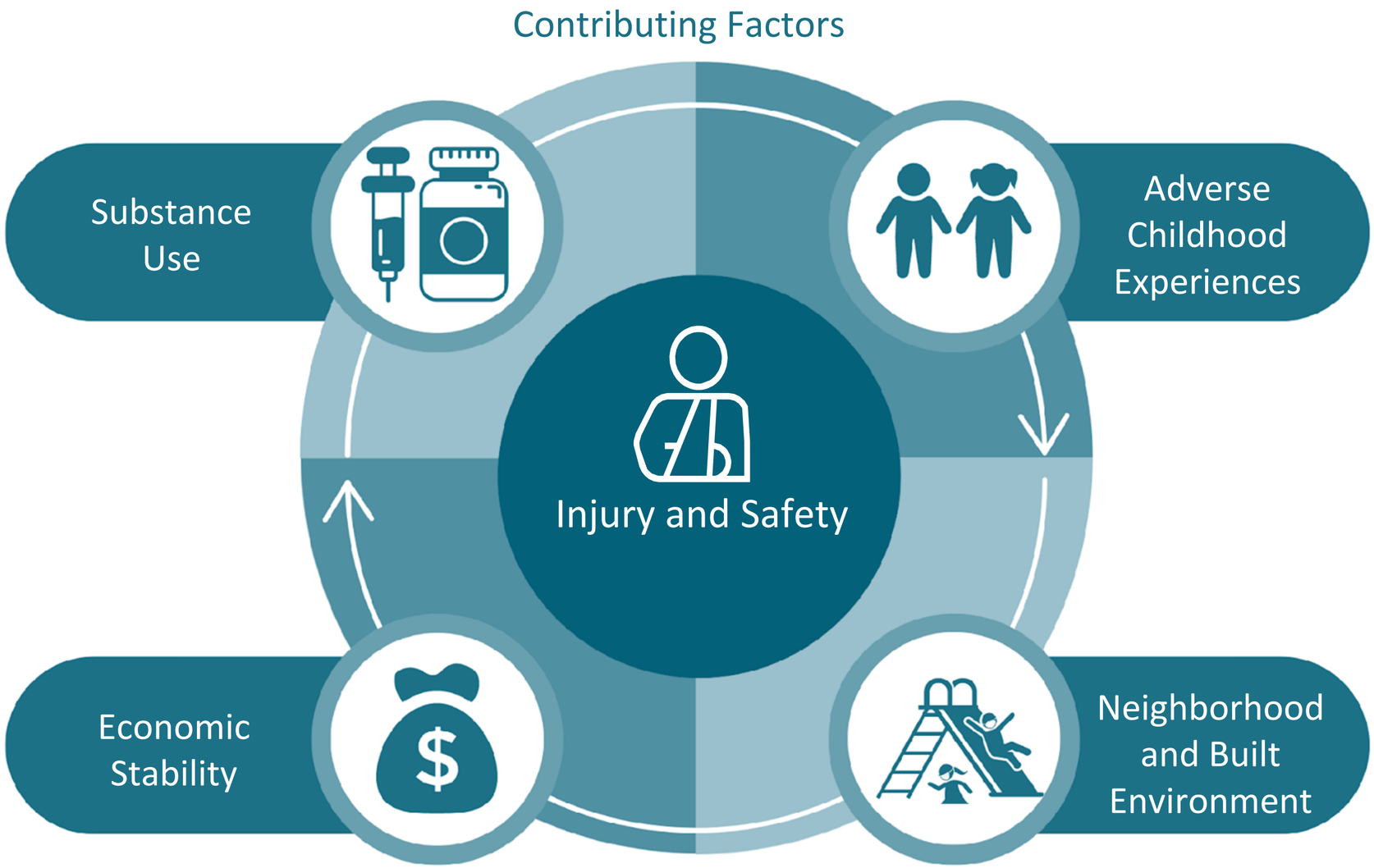
Priority: Injury and Safety

Overview

Injury and Safety encompass a variety of sub-topics including exposure to violence, and unintentional injuries like motor vehicle collisions, poisonings, and falls. Exposure to violence throughout the lifespan negatively impacts mental, emotional, physical, and social well-being. Living in a community experiencing violence is also associated with increased risk of developing chronic diseases.[8]

Injury and community safety are affected by a variety of social and economic factors. Examples of the intersection between SDOH and injury and safety include:

- Neighborhood and Built Environment: Safety concerns may prevent people from engaging in healthy behaviors like walking, bicycling, using parks.
- Adverse Childhood Experiences (ACEs): Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes, such as depression, anxiety, and post-traumatic stress disorder.



Injury and Safety is a health topic that is analyzed from the **Prevention and Safety** secondary data health topic. Further analysis was done to identify specific indicators of concern and health disparities. Those indicators with high data scores (scoring at or above the threshold of 1.30) were categorized as indicators of concern and are discussed in the following section. See Appendix for the full list of indicators categorized within this topic.

8. Community violence prevention. Violence prevention. Injury Center. CDC. Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/communityviolence/index.html.

Priority: Injury and Safety

Community Insight

Health prevention work in the areas of injury, violence, harm reduction, and traffic safety were highlighted throughout focus groups and community conversations. While there is robust work going on in these areas, focus group participants stressed the need to accelerate and strengthen these efforts. Key themes, including the need for more prevention and harm reduction, and traffic safety are shown below. Interestingly, firearm- related injuries ranked lowest amongst current CHNA priority problems for adults in Dane County in the Clinical Provider and Staff Survey.

1

Positive Resources

- Local proximity and access to healthcare systems with injury prevention specialists that connect community with gun locks, bike helmets, car seats
- Available supports: Narcan OAK Boxes, gun safety in homes/firearm safe storage efforts, and child passenger safety

2

Prevention and harm reduction is needed

- More funding for violence prevention as current violence prevention funding is reactionary
- More funding of upstream prevention work needed
- Need to embrace harm reduction principles to not further perpetuate harm

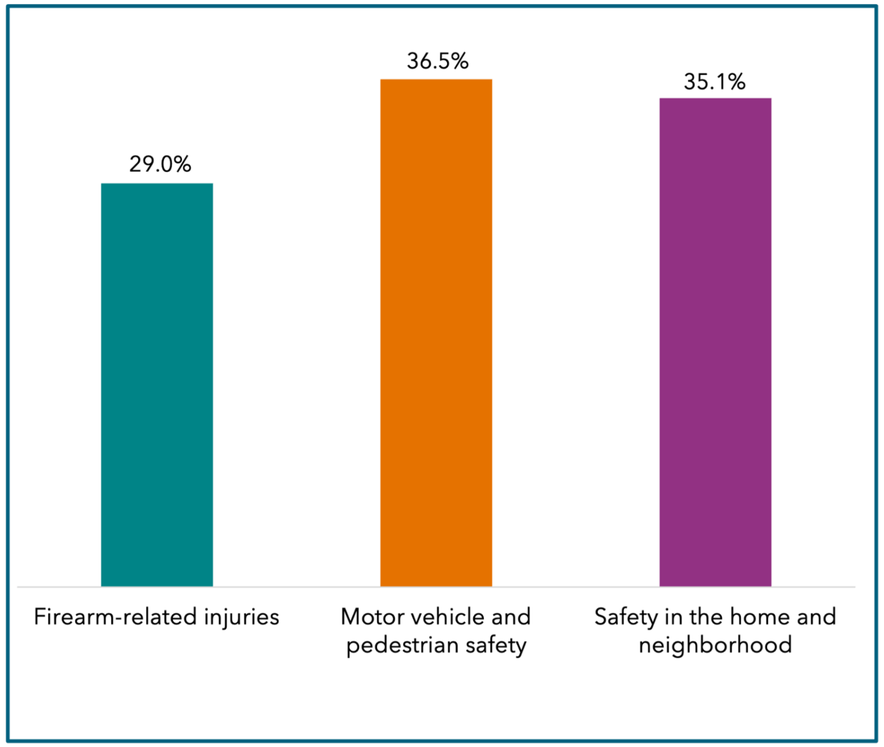
3

Traffic Safety

- Traffic safety regarding children and youth
- Number of unlicensed drivers that are unfamiliar with traffic safety law

> *"Access to basic needs remains an important first step towards injury prevention and safety, and some of the barriers mentioned previously, especially system navigation concerns, can impair prevention efforts."*
>
> *FOCUS GROUP PARTICIPANT*

Figure 44. SIGNIFICANT ISSUES FOR ADULTS IN DANE COUNTY



(Definition of significant: respondents ranked as "quite a bit of a problem" or "a great deal of a problem")

Source: Healthy Dane CHNA Clinical Provider and Staff Survey, 2024

Priority: Injury and Safety

Data Insights and Disparities: Prevention and Safety

The secondary data analysis for Prevention and Safety resulted in a topic score of 1.43. Indicators of concern, or warning indicators, are shown in the table below. The age-adjusted death rate due falls in Dane County (30.8) has been increasing over time – with rates higher than both Wisconsin (24.5) and U.S. (10.3). Similarly, age-adjusted death rate due to unintentional injuries have also been increasing in recent years for people who live, work, and play in Dane County.

While there are no disparities in unintentional falls, and no county-level disparity data available for firearms-related mortality, there are several demographic differences for the following indicators:

- Differences by Sex: Unintentional Injury Mortality, Unintentional Poisoning Mortality

- Differences by Race: Unintentional Injury Mortality, Unintentional Poisoning Mortality

Black/African American people who live, work, and play in Dane County and men experience a greater risk of unintentional injury, and poisonings. This is likely driven in part by drug overdoses. It is unclear if firearm injuries could also contribute to disparities in unintentional injury.

Figure 45. PREVENTION AND SAFETY WARNING INDICATORS

HCI Score	Indicator: Healthy Dane	Dane County	WI	Trend
2.14	**Age-Adjusted Death Rate due to Falls (2020-2022)** *Deaths/ 100,000 population*	30.8 *32*	24.5	Worsening*
1.75	**Age-Adjusted Death Rate due to Unintentional Poisonings (2020-2022)** *Deaths/ 100,000 population*	25.4 *25.0*	29.0	Worsening*
1.72	**Age-Adjusted Death Rate due to Unintentional Injuries (2020-2022)** *Deaths/ 100,000 population*	70.0 *71.9*	72.7	Worsening*
1.36	**Violent Crime Rate (2023)** *Crimes/ 100,000 population*	217.4 *223*	298.2	Improving

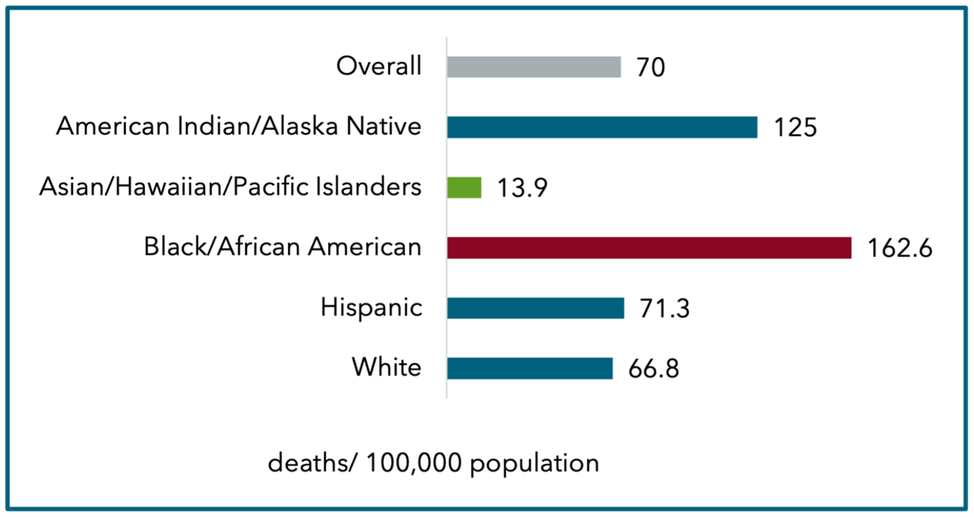
Note: Dane County rates in italics represent the previous reporting period for comparison
**Denotes trend over time is significant*
Source: Healthy Dane

Priority: Injury and Safety

Data Insights and Disparities: Prevention and Safety

Figure 46. Age-Adjusted Death rate due to Unintentional Injuries by Race/Ethnicity, 2020-2022

Source: Wisconsin Department of Health Services, Healthy Dane



Environmental Scan Insights

1. 2019 was safest year on Dane County Roads, 2021 was deadliest since 2007.
2. Impaired driving was a factor in 41% of fatal crashes in Dane County and 26% of crashes involving a serious injury.
3. Teen drivers make up 15% of drivers involved in a crash but only make up 4% of licensed drivers in Dane County.
4. The number of guns in Wisconsin and number/rate of firearm-related deaths have increased over the last decade. On average, 80% of annual firearm deaths in Dane County are due to suicide.
5. Since 2020, fall-related events have ranked second in the top reasons for EMS dispatch in Dane County. On average, fall-related incidents account for 15% of local EMS responses, with just over 7,600 events in 2023 alone.

Sources: 2022-2023 Annual Traffic Safety Report for Dane County, Gun Violence in Dane County 2023, Dane County Emergency Management EMS Division Falls Report 2024

Children and Youth

Overview

The following section provides a more focused exploration into the health issues and needs of two unique populations in Dane County: (1) Children and youth, and (2) Older adults.

Children and Youth: Demographic Profile

The children and youth population in Dane County is more racially diverse, more likely to be experiencing poverty, and more likely to speak a language other than English at home compared to the overall population of Dane County. All demographic estimates are sourced from the American Community Survey, (2018-2022) unless otherwise indicated.

Figure 48. Population by Age, 2022: Dane County

Source: American Community Survey 2018-2022

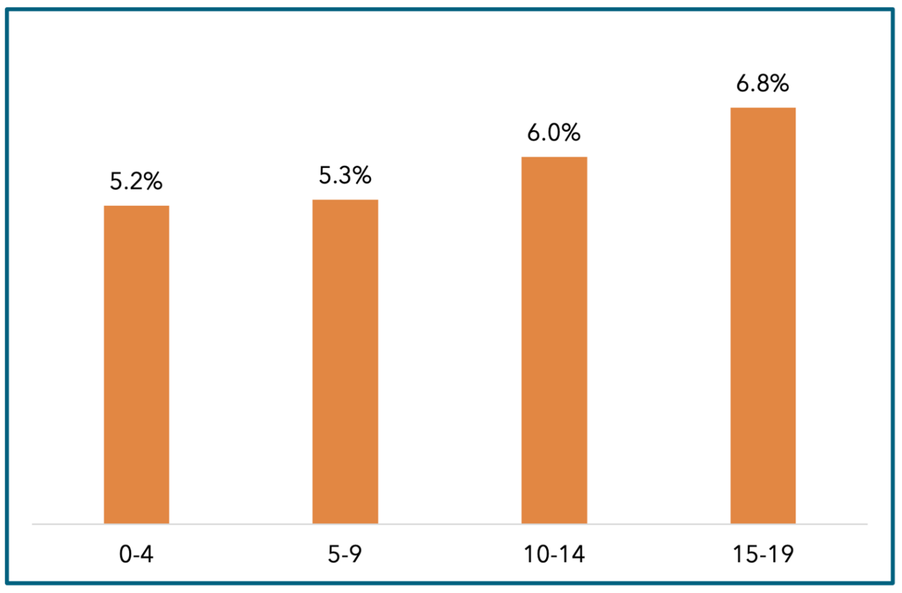
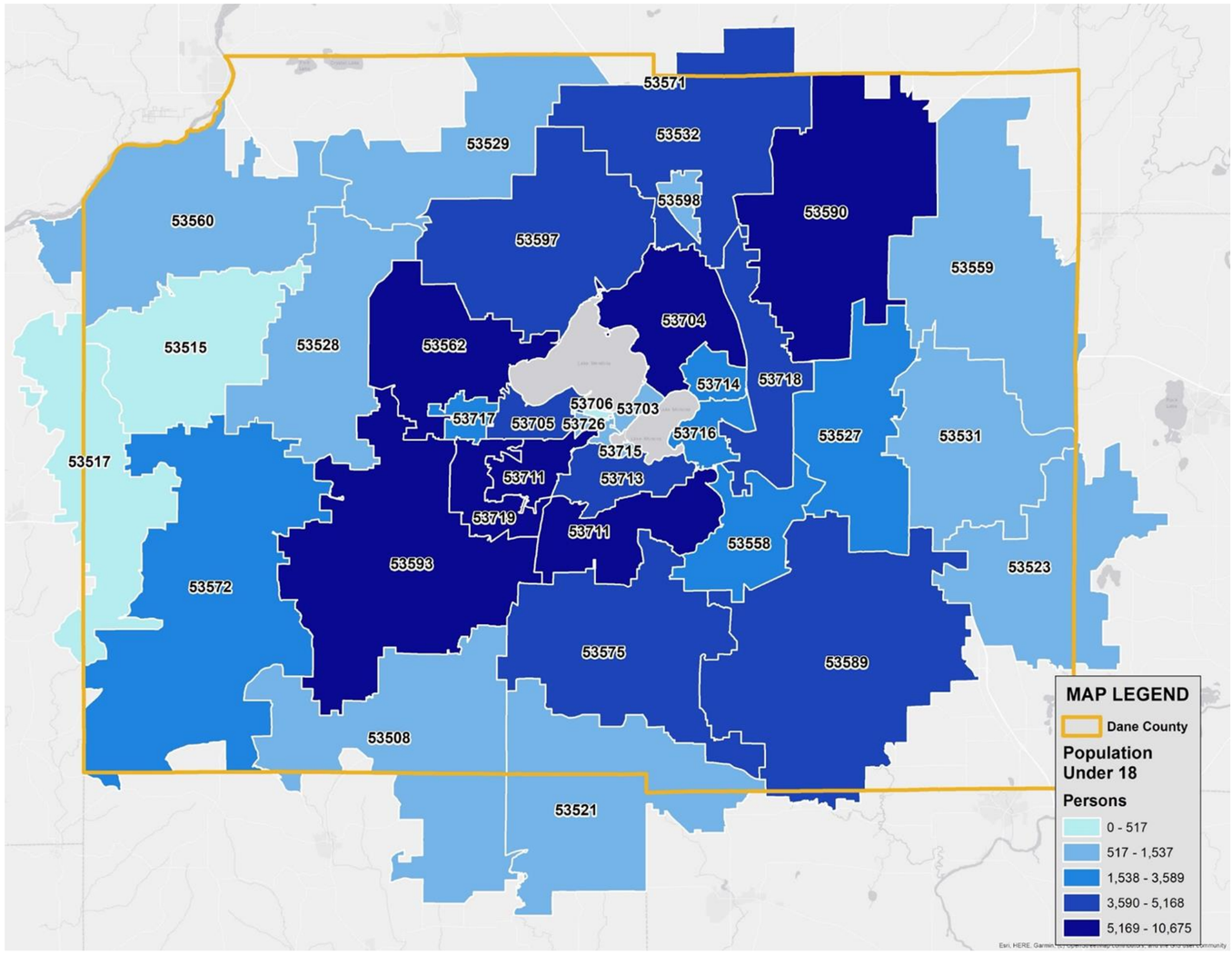


Figure 47. Population < 18 years by ZIP Code: Dane County

Source: American Community Survey 2018-2022



Children and Youth

Figure 49. Children (under 18) by Race/Ethnicity: Dane County

Source: American Community Survey 2018-2022

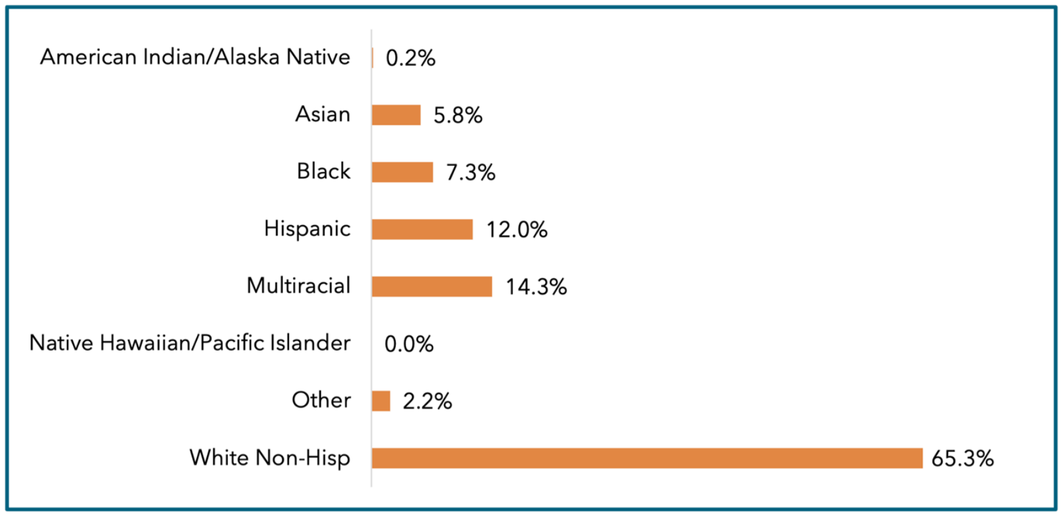


Figure 50. Children (under 18) living below poverty level: Dane County

Source: American Community Survey 2018-2022

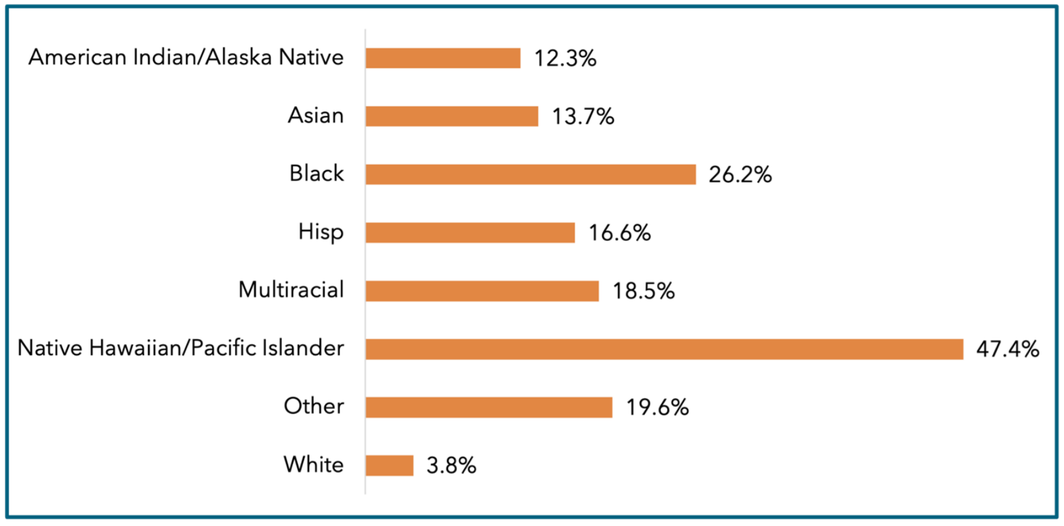
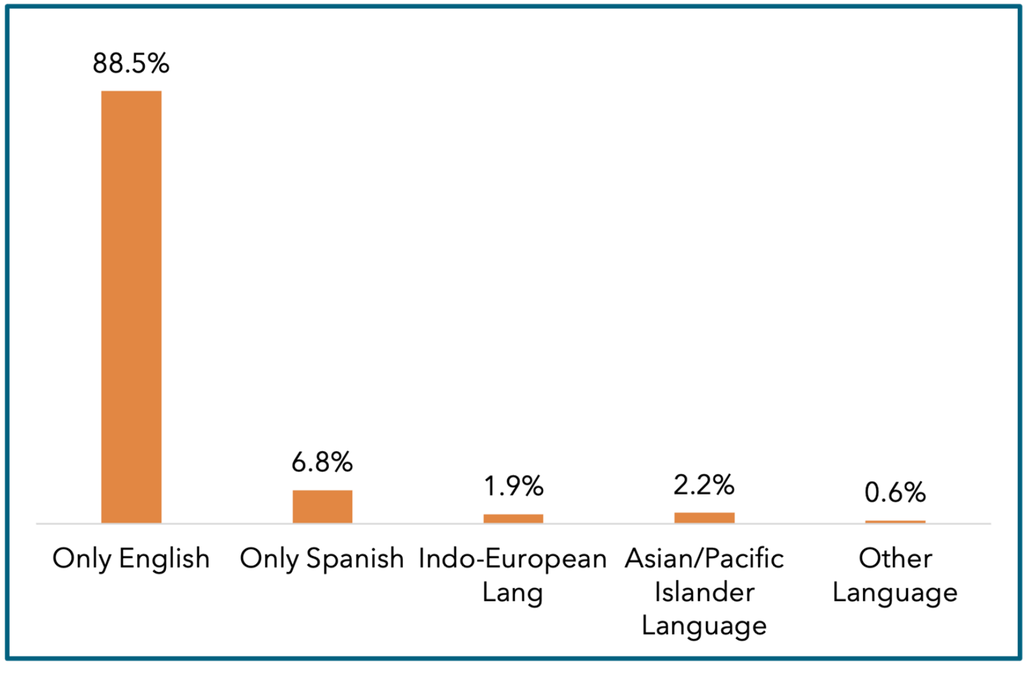


Figure 51. Population 5-17 by Language Spoken at Home: Dane County

Source: American Community Survey 2018-2022



Children and Youth

Secondary Data

Secondary data findings displayed here show relevant data points and indicators for children and their families. The most concerning warning indicator for children's health, Food Insecure Children Likely Ineligible for Assistance, is 42% for Dane County. This measures the percentage of food insecure children in households with incomes above 185% of the federal poverty level who are likely not income-eligible for federal nutrition assistance. Notably, this increased from 26% in 2021 to 42% in 2022.

19.4%

of Dane County population is under 18 years old

4.1%

of children less than 18 years old have a disability

12.6%

of children under 18 lived in households experiencing food insecurity at some point during the year

42%

of food insecure children living in households likely ineligible for federal nutrition assistance

$84,297

Median Household Income

4.9%

of families in Dane County live below the federal poverty level

40.4%

of Supplemental Nutrition Assistance Program (SNAP) participating households have children

89.5%

of students grade high school within 4 years

Children and Youth

Primary Data and Local Data Findings

Healthy Dane made an intentional effort to ground their CHNA planning and implementation process in engaging community partners with a specific focus on children/youth stakeholders. This section includes the results of primary data and local data findings. It should be noted that there are several limitations. Many focus groups involved school staff or were held in school settings, so their ideas may be overrepresented. Overlooked communities include populations that are not English speaking (focus groups were held in English); rural communities within Dane County (many of the focus groups were held in Madison itself). To see highlights of what youth and other community members shared with us in their own words, visit the Appendix: “What Community Members Shared”.

Strengths and Assets

- Local proximity and access to healthcare system: Dane County has many of the foundations in place for healthy community, including local proximity and access to the health care system.
- Green spaces and built environment support active living.
- Partnerships and institutions: School partnerships with health systems as well as acting as a hub for care coordination. Increased access to mental health providers in school setting was identified as an asset and an area of increased attention.

Access to Care and Social Determinants of Health (SDOH)

- "Tale of two counties" narrative: Despite being a resource-rich community, many populations are unable to access these assets. Many of the barriers to access identified intersected with the theme of “Inequities and Social Determinants of Health”.
- Barriers to Access: Lack of providers available to address more specialized concerns; Lack of diverse workforce available to access providers that are representative of the communities they serve; Training needed for providers to provide culturally sensitive and appropriate care; Concern about racial or language-based discrimination in healthcare setting specifically, institutional mistrust among communities.
- Post-pandemic difficulties (inflation, housing affordability): Compounding needs affect not only access to care but also mental and behavioral health differences across communities.

“Housing is a huge overarching issue that greatly impacts mental health. A lot of people within our program have parents that are so stressed out, and that filters back to the kids. That is something that I foresee getting worse—there’s the idea of a middle class that’s been squeezed and squeezed and squeezed for years and years. And then, it’s the haves and have nots within Dane County…and there are a lot more have nots.”

FOCUS GROUP PARTICIPANT

Children and Youth

Mental and Behavioral Health

- Increased frequency/severity of mental health diagnoses: ·Mental health concerns occurring in younger children.
- Post-pandemic normalization: Allows for better coping and self-care practices, yet mental health is overlooked or underprioritized, demonstrating that resource investment into mental health care is lagging compared to awareness.
- “Vicious cycle” of mental illness and intergenerational trauma: Common theme relating not only to caregiver mental health but also relating to SDOH including health literacy, access to transportation, etc. Many resources exist to support mental health needs, but can be difficult to access based on waitlists, limited insurance coverage, and challenges with system navigation related to lack of care coordination.
- Prevention vs. crisis response: Prevention of crisis mental health situations a major gap due to limited access. Providers don't know where to send patients whose mental health was not yet to the point of crisis/only able to access services such as inpatient care when patients are at risk of harming themselves or others.
- Substance Use: Shifting risk perception regarding vaping and marijuana use among youth / use of THC derivatives that are minimally regulated is a challenge considering the legalization of cannabis in neighboring states. Challenges for providers to connect their patients to timely appropriate level of care. Importance of parental modeling/influence.

> *“I feel like in my community, like social services and stuff like that have been a lot more normalized with our generation and our age group where like people that are older don’t necessarily always understand it all of the time. So that also can deter people from actually wanting to get help because they don’t know how it’s going to be received when they try to ask.”*
>
> *YOUTH FOCUS GROUP PARTICIPANT*

Other CHNA Priority Areas

- Injury Prevention and Safety: Traffic and automobile safety, especially teen driving. Desire for more funding of upstream prevention work and harm reduction work. Access to basic needs remains important first step towards injury prevention and safety, and some of the barriers mentioned previously, especially system navigation concerns, can impair prevention efforts.
- Chronic Conditions in the context of access to care. Immigrant populations, people utilizing Badger Care, and people with low health literacy experience.
- barriers to chronic condition management. School staff expressed poor access to medications, inhalers for asthma, caregiver engagement in treatment for complex conditions often challenging. Dental care was also a concern for kids without private insurance.
- Reproductive Justice: Disparate health outcomes for Black maternal and infant mortality rates. Need for more provider training and community support.

Children and Youth

Emergent Themes

- Tech and media use: Increase in screen time and exposure online has led to more isolation and impaired social-emotional skills. Use of technology as a "parenting tool" intersects with SDOH (i.e. difficulty providing for a child in single parent household). Use of telehealth following COVID-19 is an asset but leads to provider burnout.
- LGBTQ+ Health: Stigma and othering, coupled with structural barriers towards inclusivity (gendered bathrooms), need. for increased LGBTQ+ friendly primary care providers for youth to remove barriers associated with accessing specialty care. Solidarity in community is a strength.
- Immigrant and newcomer population needs: Barriers faced intersect with racial/language discrimination, lack of comfortability with navigating the healthcare system leads to reduction in preventive care, mental health challenges due to stigma and parental cultural norms, needs are greater than services currently available (added challenges for immigrants who are not Latino-Hmong population do not have same access to services).

What Youth Said

- Youth voice: Desire for greater voice and autonomy in communities, often not heard/supported by school staff, parents/caregivers, providers.
- Social acceptance and cohesion: Strong desire for increased social acceptance and cohesion across the overall community. Youth defined their community based on their identities, activities, and environments.
- Internet and social media and peer influence: Influence of internet/social media both positive and negative largely dependent on who youth choose to surround themself with. Social media is a challenge to authentic connection but also space to find community for marginalized communities (LGBTQ+ youth).
- Provider judgement: Feelings of being judged by healthcare providers, experiences invalidated due to age.

> *“It costs a lot of money to be healthy. Food with a lot of nutrients, it costs more than food without nutrients. I mean, doctors offices cost a fortune. I have a lot of friends right now who are really struggling to find medical care because they just can’t afford it…Obviously that makes it like really hard. And then also it’s just very hard to find a facility that will listen to you, especially for us. We’ve talked a lot in this group just about all the time everybody comes in like, ‘Well, doctor didn’t listen to me again.’”*

YOUTH FOCUS GROUP PARTICIPANT

Children and Youth

Clinical Provider and Staff Survey: Findings and Themes

- Meeting people where they are: Healthcare needs to meet people where they are by bringing health services to schools, neighborhoods, regardless of insurance coverage.
- Addressing SDOH: Social Determinants of Health including transportation, childcare, housing, food access all need to be address to improve overall health (i.e. transportation services must be more accountability for patients to make appointments).
- Lifespan perspective: Mental Health must be a priority for everyone across the lifespan – youth, guardians and aging adults.
- Collaboration: Dane County has wonderful community partners to support patients, but they need to be part of our strategies to improve the health in our communities.

Most Important Health Issues for Health Systems to Work On?

1. *Anxiety, Depression, Stress and Trauma:* 40%
2. *Impact on Technology:* 18%
3. *Guardian Mental Health:* 7%

Most Important Access to Care Issue to Work On?

1. *Mental/behavioral health providers:* 53%
2. *Primary care provider:* 17%
3. *Providers who reflect racial diversity of community:* 9%

Dane County Youth Assessment: Mental Health

1. 43.8% of Dane County high school females and 21.3% of high school males report having feelings of anxiety often or always.
2. 36.6% of BIPOC high school youth report anxiety always or often, compared to all other students at 34.0%. This rises to 45.3% for BIPOC females.
3. 46.6% of high school youth who identify as LGBQ report prolonged feelings of sadness and hopelessness (suggesting clinical depression) compared to 19.5% of youth who identify as straight or heterosexual.
4. Lower income high school youth report a higher rate of suicidal thoughts (37.9%) than their more affluent peers (9.9%).

Source: Dane County Youth Assessment 2024

Older Adults

Secondary Data

Secondary data findings show relevant data points and indicators for older adults. The most concerning warning indicator for older adults, Osteoporosis: Medicare Population, is increasing significantly. Compared to WI Counties, Dane has a value of 12.0% which is in the worst 25% of counties. Counties in the best 50% have a value lower than 8.5% while counties in the worst 25% have a value higher than 10.0%. The distribution is based on data from 72 Wisconsin counties.[9]

15.6%

Of Dane County population is 65+ years old

12%

Of Medicare beneficiaries were treated for Osteoporosis

23.9%

Of population 65+ years old have a disability

29.5%

People aged 65+ years old live alone

$84,297

Median Household Income

4,257

People 65+ years old living below the federal poverty level

5%

Of Medicare beneficiaries were treated for Alzheimer's disease or dementia

12%

Of Medicare beneficiaries were treated for atrial fibrillation

9. Healthy Dane. Osteoporosis: Medicare Population. http://healthydane.org/?hcn=CommunityDashboard

Older Adults

Primary Data and Local Data Findings

An emerging theme in focus groups was care for older populations. Certain older adult populations lack support systems or feel ashamed to bother their families to address their health needs. This lack of social interaction can lead to isolation and exacerbate mental and physical health conditions. This poses a greater issue for older adults who live in rural areas and lack the necessary transportation to address their health needs. Also, increasing housing costs have affected older adults' ability to pay rent with their benefits. Key social determinants of health in Dane County, such as transportation and housing, expose this vulnerable population to mental and physical health risks.

Dane County EMS Fall-Related Annual Report

1. Fall-related events have ranked second in the top reasons for EMS dispatch in Dane County since 2020.

2. On average, fall-related incidents account for 15% of local EMS responses, with just over 7,600 events in 2023 alone.

Source: Dane County EMS Fall-Related Annual Report

Next Steps

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators to measure the health and quality of life needs for Dane County. This assessment was also informed by input from knowledgeable and diverse individuals representing the broad interests of the community. We plan to share the CHNA findings with community partners, and the community at large by posting this report on all the system websites. Next, we plan to work on our individual system action plans to address CHNA priorities. It is our hope that the 2025-2027 Dane County Health Needs Assessment will be a launchpad for continued community conversations about health equity and health improvement.

Acknowledgements

Community Partner Gratitude

Healthy Dane thanks the many individuals, organizations, and community leaders who participated in community conversations, focus groups, and key informant interviews and provided their perspectives on the strengths, assets, needs, and opportunities related to the health of Dane County communities.

Bayview Foundation

Briarpatch Youth Services

Centro Hispano

CleanSlate Outpatient Addiction Centers

Dane County Human Services – Child Protective Services, Housing Access and Affordability, Immigration Affairs

Domestic Abuse Intervention Services (DAIS)

Eyes of Hope, Stoughton Inc.

Focused Interruption

Goodman Community Center

Goodman Community Center Youth Evaluation Team

Homeless Services Consortium - Lived Experience Council

Housing Advocacy Team of Stoughton

Madison Children's Museum

Madison Metropolitan School District (MMSD)

Madison Out of School Time Network (MOST)

Madison Street Medicine

Meadowood Health Partnership

Neighborhood Free Health Clinic

Oregon Area Food Pantry

Oregon Area Senior Center

Oregon Area Wellness Coalition

Oregon CARES

Oregon Public Library

Oregon School District

Porchlight - Safe Haven

Quartz

REACH Dane - Head Start

REACH Dane - Parent Council

Rebalanced Life Wellness Association

RISE Wisconsin

Safe Communities of Madison- Dane County

Safe Harbor

Safe Kids Coalition of South Central Wisconsin

Stoughton Area School District

Stoughton Senior Center

Stoughton Wellness Coalition

Sun Prairie Area School District

Sun Prairie Fire Department

The River Food Pantry

The Road Home

Urban Triage

Village of Oregon

Wisconsin Youth Company

Healthy Dane Collaborative commissioned Conduent Healthy Communities Institute (HCI) to support report preparation for its 2025-2027 CHNA. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. To learn more about Conduent Healthy Communities Institute, please visit https://www.conduent.com/community-population-health. The following HCI team members were involved in the development o$_5$f this report: Dari Goldman, MPH –Senior Project Specialist., Adrian Zongrone, MPH – Senior Professional Services Analyst.

Acknowledgements

The Healthy Dane Collaborative Team

This community health needs assessment is the result of reaching far into the community and tapping the resources of multiple organizations. Many thanks are owed to the members of the Healthy Dane Collaborative, especially to their representatives, who worked countless hours in the name of community health.

Healthy Dane Collaborative
www.healthydane.org

Name	Title	Organization
Adrian Jones	Director, Community Health Improvement	UW Health
Shawn Koval	Manager, Population Health	UW Health
Anupama Bhalla	Coordinator, Population Health	UW Health
Anthony Carreño	MPH APEX Intern	UW Health + UW Madison School of Medicine & Public Health
Brigid Hughes	Shapiro Scholar	UW Health + UW Madison School of Medicine & Public Health
Laura Houser, MD	Clinical Professor, Director of Advocacy	UW Health + UW Madison School of Medicine & Public Health - Department of Pediatrics
Kristi Kotleski	Research Specialist	UW Madison School of Medicine & Public Health - Department of Pediatrics
Megan Timm	Regional Director of Community Health	SSM Health St. Mary's Hospital
Sam Rohert	AHEC Intern	SSM Health St. Mary's Hospital
Corinda Rainey-Moore, PhD	Community Engagement Manager	UnityPoint Health – Meriter
Jessika Kasten	Regional Marketing Director	UnityPoint Health – Meriter
Jennifer Vohs	Manager of Ambulatory Population Health Programs	UnityPoint Health – Meriter
Jordan Overfelt	Population Health Manager	Group Health Cooperative – SCW
Laura Mays	Executive Marketing/Public Relations Director	Stoughton Health
Kelly Perna	Community Education Coordinator	Stoughton Health
Hannah Mae	Stoughton Health AHEC Intern	Stoughton Health AHEC Intern
Sandra Bogar	Supervisor	Public Health Madison & Dane County
Brittany Grogan	Epidemiologist	Public Health Madison & Dane County
Aurielle Smith	Director of Policy, Planning and Evaluation	Public Health Madison & Dane County
Justin Svingen	Planner	Public Health Madison & Dane County
Dari Goldman	Senior Project Specialist	Conduent Healthy Communities Institute
Adrian Zongrone	Senior Professional Services Analyst	Conduent Healthy Communities Institute

Dane County Community Health Needs Assessment 2025-2027: Appendices

Table of Contents

Appendix A. Progress Since Last CHNA 2
Appendix B. Primary Data Methodology 14
Appendix C: Focus Group and Community Conversation Guide 15
Appendix D. Youth Focus Group Guide 19
Appendix E. Clinical Provider and Staff Survey 23
Appendix F. What Community Members Shared 28
Appendix G. Local Secondary Data Sources 38
Appendix H. Secondary Data Methodology 39

Appendix A. Progress Since Last CHNA

UnityPoint Health Meriter

Priority Area: Achieve Healthy Birth Outcomes for Black Individuals

- Lactation Support: Increased lactation support/staffing (currently 15 lactation consultants) and education to all birthing individuals in the hospital. Began offering donor milk at the hospital to support anyone who wishes to provide human milk to their baby. Increased the percentage of black individuals breastfeeding exclusively at discharge from 83.5% in 2022 to 91% in 2024.
- Partnership: Proud member of the Dane County Health Council and active participant in efforts to improve Dane County's maternal and child health outcomes and achieve racial health equity. Partners closely with the Foundation for Black Women's Wellness through the Saving Our Babies project to more fully engage and advocate for Black women in the community.
- Staff Training: Provided focused DEI training to staff members in Perinatal Clinic, NICU and Birthing Center, as well as promotion/education on culturally inclusive care products offered to patients.
- Social Drivers of Health Screening: Actively screens patients for SDOH needs and uses the Connect Rx referral system to link individuals in the Perinatal Clinic to community resources and community health workers. Partnered with Ronald McDonald House to increase access to housing for families supporting birthing individuals.
- Birthing Support: Expanded doula services to allow doulas hospital/OR access as part of the care/treatment team. Continue to meet with doulas from both Roots 4 Change and Foundation for Black Women's Wellness to ensure access and needs are being met.
- Safe Sleep: Provided Pack and Plays to 231 (77 per year) underserved families to promote safe sleep for babies. Going forward, our Foundation plans to give away 100 Pack and Plays a year to underserved families.
- Safety: Implemented a system to help with screening /support for patients experiencing domestic violence.
- Awards: Received a redesignation as a Baby Friendly Hospital ensuring we maintain this international designation as best practice.
- Community Giving: Supported African-American Breastfeeding Alliance of Dane County, Harambee Village Doulas, Foundation for Black Women's Wellness, Pre-eclampsia Foundation, March of Dimes, Wisconsin Women's Health Foundation (First Breath Program), Ronald McDonald House and Roots for Change.

Priority Area: Provide Additional Mental/Behavioral Health Resources

- Suicide Prevention Training: Increased the number of physicians that are trained in Question, Persuade and Refer (QPR) - a suicide prevention training to recognize the warning signs of suicide and get patients help. Training is open to all staff.
- Suicide Prevention Program: Partner in the Safe Community's Zero Suicide Initiative (ZSI) program for health care systems and community organizations to reduce suicide through a development of a collaborative safety plan, means reduction and follow-up. The hospital-based ZSI committee has updated its charter in 2024 to be more inclusive of integration of suicide prevention on non-behavioral health units.
- Adult Behavioral Health Access: Integrated behavioral health into primary care clinics; accepting referrals from all seven clinics and are developing a Collaborative Care Model in cooperation with UW Health.

- Child & Adolescent Access: Increased inpatient access at Child & Adolescent Psychiatry and are expanding Intensive Outpatient Service (IOS) options, now providing two levels of intermediate child & adolescent outpatient care through a Partial Hospitalization Program and an Intensive Outpatient Program.
- Community Giving: Supported Zero Suicide Initiative (Safe Communities), NAMI Dane County, Anesis Family Therapy, Sankofa Behavioral Health, Each One Teach One (EOTO), Rise and Rainbow Project.

Priority Area: Prevent & Treat Opioid and Substance Use Disorders

- Recovery Coaches: Continued partnership with Safe Communities to increase access to Recovery Coaches for individuals with addiction. Increased the number of referrals to Recovery Coaches through learnings from a pilot program, as well as by providing additional education and resources to Emergency Department and hospital staff (Hospital Inpatient, ED2Recovery and Pregnancy2Recovery).
- Safe Medication Disposal: Installed a medication drop box at the Meriter hospital pharmacy to reduce likelihood that unneeded/expired medications would be abused or misused.
- Community Giving: Supported African-American Opioid Coalition, Safe Communities and other community partners working on overdose awareness and prevention.

Priority Area: Improve Chronic Health Conditions for BIPOC Communities

- Increased "warm" appointment reminders: Implemented a 3-touchpoint system to remind at-risk patients of their appointments and answer questions they may have in advance of being seen.
- Food Insecurity: Partnered with Second Harvest Food Pantry to increase access to food for families.
- Immunizations: Partnered with Mount Zion Baptist Church to provide flu/Covid immunizations to over 90 people.
- Blood Drives: Hosted several blood drives to help with blood shortage and support chronic conditions (e.g. Sickle Cell Anemia) that require blood transfusions.
- Partnerships: Exploring opportunities with Rebalanced Life to improve health outcomes for Black men through their barbershop clinic healthcare model.
- Community Giving: Supported Rebalanced Life, American Heart Association, Wisconsin Women's Health Foundation and Access Community Health.

SSM Health

Priority Area: Behavioral Health

Safe Communities Partnership

- SSM Health's St. Mary's Hospital – Madison joined with the Safe Communities Partnership to support mental health programming around substance use disorder recovery and suicide prevention.
- Recovery Coaching Road to Recovery Programs. The Emergency Department to Recovery ("ED2Recovery") project began as a pilot program in 2016 and continues strong today. When a person presents in the emergency room as experiencing an overdose, a recovery coach is called and responds to the hospital to provide peer level support for recovery.
- Suicide Prevention – The Zero Suicide partnership included health care systems and community organizations in suicide prevention. The initiative was modeled after Henry Ford Health Care System's program, which demonstrated an 80% reduction in suicide among health care plan members. In 2024, SSM Health began a new round of

internal review and assessment to strengthen our supports to patients and identify opportunities to expand this program regionally across the Wisconsin market.

Youth Mental Health Support

- Jakob Swag Got Your Back App: The Jakob SWAG Foundation's mission is to spread the message that "it is ok to not be ok." It is normal to feel sad or lonely. It is appropriate to seek support and help when you are feeling unwell and unsafe. Originating out of Green County, Wisconsin in efforts to prevent youth suicide in our youth, SSM Health sponsored the "Got Your Back" app, a mental health and suicide prevention app equipped with support systems, resources and tools for monitoring and supporting youth in navigating their own mental health.

Senior Isolation and Loneliness

- WI Coalition to End Senior Isolation and Loneliness: In 2022, SSM Health became the first healthcare partner to serve on the WI Coalition to End Senior Isolation and Loneliness, specifically serving the Access and Detection team in screening seniors for isolation and then providing community resources for increased inclusion and belonging in community.

Improving Access to Mental Health Support:

- Madison Gospel 5K: The mission of the Madison Gospel 5K Run/Walk is to unite the Madison community in exercising our faith, fellowship, and building a healthier city through the promotion of healthy lifestyles in all its aspects. St. Mary's Hospital - Madison is a proud sponsor of this event since 2019 and in 2023 SSM health expanded the financial sponsorship to support Mental Health access to Black families across Dane County.

Priority Area: Chronic Conditions

Chronic Conditions Screening, Prevention and Black Men's Health

- Rebalanced-Life Wellness Association (RLWA) and Community Advisory Board (CAB). St. Mary's Hospital provided and continues to provide multi-year support to the RWLA for health screening, education and health promotion services tailored to the needs and interests of Black Men through a barber shop health clinic environment. In addition, to ensure SSM Health continued to work toward improving culturally appropriate access to Black Men, SSM Health partnered with RLWA, who created and currently sustains a Black Men's Health Community Advisory Board (CAB). This board provides much valued input on culturally competent health care, appropriate access to health care and the health care needs of Black Men in Madison and broader Dane County, WI area.

Chronic Conditions Prevention for Uninsured and Under-Insured Patients:

- In-Kind Labs and Imaging: St. Mary's Hospital provided and continues to provide multi-year support to the Specialty Free Clinic, Access Community Health, Perry Family Free Clinic, and Our Lady of Hope clinic for in-kind medical imaging and preventative labs to support patients. In 2023, that amount totaled over $1.2 million of support for uninsured and under-insured patients.

Chronic Conditions Prevention/Healthy Food Access

- River Food Pantry Basket of Hope Program: In July 2023, River Food Pantry became our partner in providing emergency food to patients in Family Birth who indicated they had food insecurities in the last 12 months. During this time over 200 bags were

provided to new families before leaving the hospital. In April 2024, the program expanded to supporting patients in the Behavioral Health unit with hopes to expand to other departments in 2025.

Chronic Conditions Prevention Exercise Access

- SSM health has provided over $100K to Foundation for Dane County Parks (Healthy Parks, Healthy You) over past four years (2021-2024); with funding dedicated to purchase of a 15-passenger van for youth program transportation and an all-terrain wheelchair for trail access for individuals with mobility concerns.

Advocacy for Increasing Access to Healthy Food and Drinking Water

- Double Dollars: SSM Health partnered with Madison and Dane County organizations who advocate for food security. Together, we worked to secure local-level grant dollars to support increased SNAP incentives specifically for healthy foods by meeting with County Board members, testifying publicly, and worked directly with the County Executive's office.
- Water Stations at MMSD: SSM Health partnered with a number of local-level stakeholders focused on childhood health to advocate for MMSD to change their wellness policy to include a requirement that all schools include a water bottle filling station in their construction or renovation plans.

Mobile Vaccine Unit:

- To respond to the Covid-19 pandemic, our care team worked toward building a collaborative mobile vaccine program with partner health systems to maximize reach and reduce barriers to vaccinations overall. Since September 2022, local organizations across Dane County have partnered to host 44 clinics with 5,333 vaccines administered including: 1,418 Covid-19, 1,491 influenza, and 2,424 childhood vaccines. 81% of recipients were uninsured or supported through Badgercare and 76% were BIPOC community members. Our partners include area churches and schools, the Urban League, Rebalanced Life Wellness Association, and the Autism Society where we held sensory friendly clinics.

Priority Area: Reproductive Justice

Saving Our Babies and Connect Rx

- SSM Health St. Mary's Hospital – Madison is a proud member of the Dane County Health Council and is a co-contributor to the Council's efforts to improve Dane County's maternal and child health outcomes and achieve racial health equity. The DCHC is leading with enhanced care coordination through the Connect Rx project as part of the Saving Our Babies Initiative. In 2023, SSM Health referred 144 Black patients to the Connect Rx program and 320 patients were referred to the OB Nurse Navigator to support patients in identifying community resources and support.

Doulas Projects with Harambee Village Doulas

- St. Mary's Hospital- Madison and SSM Health's Dean Health Plan by Medica are partnering with organizations in the Dane County area to expand access to Doulas and Doulas services. Specifically, we have partnered with Harambee Village Doulas to enroll Black women with receiving support throughout their entire pregnancy and labor process.

Healing our Hearts Community Advisory Board (CAB)

- In coordination with the Healing Our Hearts organization, St. Mary's Hospital worked with Black women to organize a community advisory board to advise hospital leadership on culturally competent maternal and child health (MCH) services. The CAB provides a safe vehicle for engaging in strategic dialogue, listening to concerns,

uncovering racism and providing input on specific projects. In 2023, SSM Health and Healing Our Hearts collaborated to plant 12 trees at the "Tree Dedication and Remembrance Ceremony" to provide a meaningful space to honor the loss of Dane County infants.

Access Community Health

- St. Mary's Hospital – Madison contributes to Pre-Natal Support Specialist services through the Access Community Health Centers, a Federally Qualified Healthcare Center (FQHC) in the Dane County community. The Pre-Natal Support Specialists provide care coordination and other "wrap around" services for pregnant women receiving Access' care. The women are typically among the most vulnerable populations in the community and these important services are not currently reimbursable through medical assistance programs.

Advocating for Families: Postpartum Expansion

- In spring 2023, SSM Health lobbied the State Legislature to pass a 12-month extension to postpartum coverage for Medicaid recipients in the state of Wisconsin. Though it is well known the importance of this coverage for both mom and baby, Wisconsin is one of the few states in the country that does not currently provide this one-year coverage. As part of SSM Health's effort, we met with every office in our delegation, testified at a public hearing on the bill, and collaborated with a large group of stakeholders on this issue.

Priority Area: Reproductive Injury

Fall Prevention in Seniors

- It is important to note that geriatric falls make up the majority of the trauma patients seen at St. Mary's Hospital – Madison. SSM Health partners with Safe Communities to provide opportunities for fall prevention education across Dane County and serves as a member of the Falls Free Dane Coalition. Since Fall 2023, SSM Health has provided over 100 fall prevention kits to the community for the annual "Only Leaves Should Fall" event in Madison and SSM Health Community Health Workers and Trauma Coordinators have provided falls prevention education at area senior centers.

Violence Prevention

- In 2021 a formal partnership with Focused Interruption (FIC) was established through the St. Mary's Hospital Trauma program. The mission of FIC is to facilitate the comprehensive healing of people at highest risk of gun violence, victimization, and perpetration. Focused Interruption has helped more than 500 victims of gun violence in the Madison area by providing support, guidance, and assistance to the victims and their families. By refocusing these individuals, they empower them to see their value in our community.

Advocating for Violence Prevention

- Gun Violence: In support for an amendment to the 2022 City of Madison operating budget, SSM Health lobbied key local elected officials and submitted a written testimony to the Madison City Council in the support for gun violence prevention funding via our community partner – Focused Interruption.
- Protecting Healthcare Workers: The "Protect the Frontline" Act was created to both prevent future threats of violence against healthcare workers and provide additional tools that would hopefully stop such threats in becoming acts of violence. In February 2022, SSM Health submitted written testimony in support for Senate Bill 970 and in March 2022, Governor Evers signed it into law.

Stoughton Health

Priority Area #1: Behavioral Health—Mental Health

Collaborations

- Aging and Disability Resource Center
- Alzheimer's Association Wisconsin Chapter
- Dane County Behavioral Health Services
- Journey Mental Health
- Libraries
- LGBTQ+ Community
- Local Churches
- Local Police Departments
- Local EMS
- Neighborhood Free Health Clinic
- Ocean Hawk Counseling
- Oregon Area Wellness Coalition
- Oregon CARES
- Oregon Mental Health Services, L.L.C.
- Safe Communities
- START
- Stoughton Wellness Coalition
- Tellurian
- National Alliance of Mental Health Dane

Education, Advocacy, Media, Community & Evidence-Based Practices:

- Continued virtual mental health visits at Stoughton Health ER with Integrated Telehealth Partners (ITP)
- Expanded and supported programs for older adults that offer educational, social, or physical group activities
- Treated acute mental health disorders in adults 55 years and over through the Stoughton Hospital Geriatric Psychiatry Inpatient Program
- Hosted memory café for individuals with Alzheimer's and their families, Alzheimer Association educational sessions, and free memory screenings in partnership with the ADRC
- Provided adolescent screening for mental health and substance misuse risk factors through the Resilient Response to the Effects of Stress (REST) program to 370 middle school students and provided the Cognitive Behavioral Intervention for Trauma (CBITS) program
- Continued support of the Safe School Ambassadors to prevent and stop bullying and mistreatment, utilizing the train-the-trainer model to allow for continued implementation
- Offered numerous free classes to manage improved well-being: Learn to Breathe class, Freedom Through Forgiveness series, yoga classes, and more
- Continued work internally as the Caring for Everyone committee to encompass LGBTQ+ efforts and continue with the city-wide Stoughton IDEA committee whose focus is to provide safe and inclusive healthcare for all
- Maintained support of local police departments by providing training, fidgets, and other de-escalation items
- Financial support provided to NAMI

- Trained Emergency Department, Urgent Care Clinics, and Inpatient nursing team on Columbia Suicide Screenings and Safety Planning
- Provided Zero Suicide training for nurses during competency days

Priority Area #1: Behavioral Health—Substance Misuse

Collaborations

- Catholic Charities
- CleanSlate
- Local Schools
- Local Churches
- Local EMS
- Local Businesses
- Local Police
- Neighborhood Free Health Clinic
- Ocean Hawk Counseling
- Oregon Area Wellness Coalition
- Oregon Mental Health
- START
- Stoughton Wellness Coalition
- SAFE communities
- Tellurian

Education, Advocacy, Media, Community & Evidence-Based Practices:

- Promoted and supported alcohol-free community and family events such as proms, movie nights, and more
- Supported advocacy work of coalitions for policy, systems, and environmental changes
- Continued distribution of over 1200 medication lock boxes, Deterra bags, Rx mail-back envelopes, and refrigerator locks at community events
- Conducted multi-media campaigns including billboards, radio, digital, advertising, and print for medication drop boxes
- Continued use of case managers/patient navigators with patients as they are discharged from the hospital
- Maintained pain management resource tools and follow-up protocols
- Continued to work with SAFE Communities on the Recovery Coach Program
- Continued work and support with Stoughton Wellness Coalition, Oregon Area Wellness Coalition, Oregon CARES, and BASE in Evansville
- Protocols implemented to increase alternatives to opioid prescriptions
- Offered holistic pain management options like Comfort Care Menu
- Provided AODA/Detox to patients by partnering with an Ocean Hawk Counseling Certified Counselor
- Maintained partnership with Cleanslate, a provider of drug and alcohol treatment services
- Coordinated educational opportunities including Opioid Overdose Awareness, Identification and Naloxone Administration, Rx Drug Safety in the Home, Adolescent Brain Development and the Dangers of Vaping, reaching over 180 youth and 450 adults
- Provided Overdose Aid Kits (OAK) at Stoughton Health, library, and schools

- Supported Stoughton police officers to attend Impaired Driving and Safety National Conference

Priority Area #2: Chronic Disease

Collaborations

- Civic Organizations
- Local Businesses
- Local EMS
- Local Senior Centers
- Local Schools
- Local Youth Centers
- Neighborhood Free Health Clinic
- Oregon Area Wellness Coalition
- Parish Nurses
- Skaalen Retirement Services
- Stoughton Hospital Foundation
- Stoughton Wellness Coalition

Education, Advocacy, Media, Community & Evidence-Based Practices:

- Continued to expand and support offerings of exercise programs for older adults like Strong Bodies
- Continued to offer multiple free educational trainings like Healthy Grilling class, Budget Friendly Meals, Grocery Store Tours, Cardiology 101, Pain and Neuroscience
- Offered multiple Healthy Living with Diabetes six-week workshops
- Offered foot care through Stoughton Health foot clinic including care for those with diabetes
- Continued offering free nutrition and exercise presentations with physicians, dietitians and rehabilitation department staff
- Building educational library with Health Talk – podcasts added to website from interviews with physicians, hospital experts and other professionals to address healthy behaviors
- Provided well-being screenings at the Community Health and Wellness Center to staff, businesses, and community members
- Continued to offer Cardiac Rehabilitation and educational classes regarding nutrition and stress management for heart disease patients
- Continued the use of case managers/patient navigators with patients as they are discharged from the hospital
- Offered yoga for individuals with breast cancer
- Offered financial assistance for the Infinite Boundaries Retreat for breast cancer

Priority Area #3: Injuries

Collaborations

- Area Senior Centers
- Greater Wisconsin Agency on Aging Resources, Inc.
- Impact Life

- Local EMS
- Local Fire Departments
- Local Nursing Homes and Assisted Livings
- Local Police
- Local Youth Centers
- Neighborhood Free Health Clinic
- Oregon Area Wellness Coalition
- SAFE Communities
- Stoughton Wellness Coalition
- Wisconsin Institute of Healthy Aging

Education, Advocacy, Media, Community & Evidence-Based Practices:

- Addressed falls prevention by partnering with SAFE Communities including an *Only Leaves Should Fall* event
- Continued to offer community classes led by Stoughton Health therapists focused on improving balance
- Offer Parkinson's Disease LSVT BIG exercise classes, Poling in the Parks classes, and monthly support group meetings
- Awarded Gold Level status by training 177 students in 2023 on Safe Sitter and Safe@Home curriculums to help decrease pediatric injuries
- Explored offering car seat safety training and installation in partnership with EMS
- Offered social media safety and a variety of other injury prevention classes and education
- Partnered with local senior centers on *Stepping On* Fall Prevention workshop series
- Implemented Virtual Sitter program to enhance hospitalized patient safety
- Continued to promote Wisconsin Elder Abuse Hotline in our clinics and hospital
- Provided training opportunities for staff on Mental Health First Aid Training
- Continued to offer Compression-Only CPR classes to the community
- Offered Physical Therapy for Pickleball Players class to prevent injury in this popular, growing sport
- Continued partnership with Impact Life to host 6 community blood drives and 2 employee blood drives each year

UW Health

Priority Area: Reproductive Justice

- Collaboration: Continued commitment to the foundational principle of "Nothing about us without us." It is partnering with the Foundation for Black Women's Wellness through the Saving Our Babies project to more fully engage with Black women in the community and drive change.
- Health Promoters: Implemented health promoter program in collaboration with EOTO LLC to provide neighborhood-based health education in Dane County's six high need zip codes.
- Trauma Informed Care: Established trauma-informed culture learning collaborative

- Human Milk Lactation Support: Increased access to lactation support by training 27 participants in Outpatient Breastfeeding Champion Training. Participants included Community Health Workers, Medical Assistants, Nurses, and Residents.
- Postpartum Care: Launched Healthy Women Community Talk in collaboration with Department of ObGyn
- Diversify Perinatal Care Team: Hired a team of 7 Community Health Workers that are embedded within the perinatal care team of Black birthing patients.
- Social Determinants of Health Screening & Referrals:
    1. ConnectRx Wisconsin: 1,041 Program referrals and 311 healthy Black babies have reached their first birthday.
    2. Bright Futures 2.0: Successful launch of SDoH screening and referrals for all Pediatric Well-Child Checks in primary care.

Priority Area: Chronic Conditions

- Collaboration: Mt. Zion Baptist Church, African American Health Network, Latino Health Council, American Heart Association – Wisconsin, Latino Academy for Workforce Development, SSM Health
- Cardiovascular Care + Community Partnerships: Collaborated with Mt. Zion Baptist Church and African American Health Network to provide evidence-based hypertension and diabetes education that included cooking demonstrations and fitness sessions in the African American community. Participants with uncontrolled hypertension, and/or diabetes received a referral to Wingra Clinic. Blood pressure and diabetes screenings were conducted at Mt. Zion Baptist Church and the annual Latino Health Fair.
- Mammography/Breast Cancer Screening: Hired two ACO Coordinators to conduct outreach to patients that were either due or behind on their breast cancer screening. 638 patients have been scheduled since program launch. 68% of those patients have completed their mammogram.
- Support access to increased physical activity and healthy food for kids: UW Health's Healthy Kids Collaborative formed and coordinated a coalition with other organizations to advocate for equitable drinking water access in Madison Metropolitan School District (MMSD) schools. The initiative culminated with the MMSD school board passing two specific drinking water access provisions in the district wellness policy as recommended by the coalition. The policy ensures that drinking water is readily accessible to MMSD's 25,000+ students on all school campuses via water bottles and touchless water bottle filling stations to promote healthy hydration and reduce consumption of sugar-sweetened beverages. Additional efforts included support for the statewide Double Dollars program to provide extra money for healthy food to families with low incomes and collaboration with Madison Parks and other partners to open the Leopold Park Pump Track, an all-ages bike playground located on Madison's south side.

Priority Area: Adult Behavioral Health

- Collaboration: Safe Communities
- Behavioral Health Strategic Plan: In progress. Expected completion is early 2025.
- Hub & Spoke/Improve Access to Addiction Medicine: Expanded access through Compass; exploring further expansion to meet need. Significantly reduced staff and provider turnover.

- Expand Access to Behavioral Health – Successfully implemented behavioral health collaborative care in all adult primary care clinics
- Expand Zero Suicide: Attended American Foundation for Suicide Prevention Day at State Capitol. Conducted training for inpatient secondary suicide assessment. Shared resources on safe storage of firearms, medication disposal, and overdose aid kits.
- Culturally Responsive Care: Continue to focus on the recruitment of diverse workforce and building relationships with BIPOC-run community agencies. Sponsors of Anesis Multicultural Mental Health Conference and Dane County NAMI Walk.

Priority Area: Pediatric Behavioral Health

- Collaboration: Madison Metropolitan School District and Safe Communities
- School-Community Partnerships: Launched behavioral health partnership with MMSD, establishing UW Health Behavioral Health Clinicians in 4 high schools to provide therapy and other services on-campus.
- Expansion of Pediatric/Adolescent Services Across Care Continuum: Successfully integrated behavioral health collaborative care in all pediatric primary care clinics.
- Youth Community-based Mental Health Support–Collaborated with Safe Communities to provide support to implement youth-led mental wellness program Sources of Strength across Dane County.
- Expand Zero Suicide: Attended American Foundation for Suicide Prevention Day at State Capitol. Conducted training for inpatient secondary suicide assessment. Shared resources on safe storage of firearms, medication disposal, and overdose aid kits.

Priority Area: Injury Prevention

- Collaboration: Focused Interruption and Safe Communities
- Trauma Informed Culture Learning Collaborative: Trauma Informed Culture Steering Committee has been invited to meet with Organizational Development Leadership to discuss incorporating the Trauma Informed Care/Culture components into the next iteration of New Leader Onboarding.
- Screening & Referrals to UW Health Kids Safety Center: Implementation of Safety Center consults for the clinics. This consult provides the opportunity to share best practice injury prevention education.
- Screening & Referrals for Falls: Older Adult Falls Prevention has broad participation from providers (geriatricians, trauma surgeons, etc.), UW Health Adult Trauma leadership and staff, Falls clinic staff, Physical Therapy and Adult Fitness Programs, and Community Partners (EMS, Falls Prevention Program staff, etc.) Two subgroups were formed (Clinical and Non-Clinical/Program Development) to better focus on wide-ranging needs for improving falls prevention efforts across UW Health and the community.
- Adult & Peds Firearm Prevention & Prior Injury Screening: Gun locks have been provided to 20 different UW Health clinic locations.
- Child Passenger Safety Community Program: Our community child passenger safety program conducted approximately 160 car seat checks each quarter in 2023, for a total of 635 car seats checked.

- Gun Violence Prevention Community Collaboration: A collaborative partnership with Focused Interruption is developing its infrastructure for reducing violence for individuals and families at-risk of gun violence: The Gun Violence Prevention Aftercare and Recovery Program. Focused Interruption's CEO, Aftercare and Recovery Program Manager, and Data Analyst are adopting and refining tools for assessing needs of individuals and families at-risk of gun violence, including social determinants of health, trauma histories, etc., establishing referral networks to address health disparities and the impact of trauma in the lives of clients as well as addressing immediate and long-term needs.

Appendix B. Primary Data Methodology

The following appendices share the primary data collection techniques and tools used for the 2025-2027 Dane County CHNA. Healthy Dane Collaborative's primary data approach involved 5 arms including community focus groups, community conversations, youth focus groups, clinic and provider focus groups, and a provider and clinical staff survey. In total, 29 conversations were conducted in which participants were asked about existing CHNA priorities as well as additional health topics. The youth focus group protocol and question list (see appendix C) was co-created with the Goodman Community Center Youth Evaluation team and distinct from the process used for adult focus group and community conversation sessions (see appendix B).

For groups that agreed to be audio recorded, transcriptions were created and then utilized to develop an iterative codebook. For 4 of the focus groups, the summary reports consisting of notes taken by Healthy Dane facilitators were used for thematic analysis in the absence of a transcript. Following the development of an initial codebook through collaboration across 5 coders, each of the conversations were re-coded in a phase 1 coding process that involved modification of the codebook as well as identification of initial themes and important quotes. Once all of the conversations were initially coded, the codebook was finalized. Next, a team workbook was created in which each conversation was broken into constituent parts based on the appropriate codes and then stored for thematic analysis. The coding group reconnoitered twice to discuss themes and takeaways across the conversations after review of the completed workbook. When conducting the analysis, a separate workbook section was developed for youth-specific health concerns that seemed independent of those discussed by the adults in other focus groups.

Themes identified through this qualitative coding process informed the creation of two summary reports – one for the adult population and another for children and youth.

Summary reports featuring quantitative and qualitative analyses of the clinical provider and staff survey results were prepared following the administration of the survey via Qualtrics.

Healthy Dane Collaborative partners reviewed these reports and utilized their findings in the CHNA data synthesis and prioritization processes.

Appendix C: Focus Group and Community Conversation Guide

1. **Welcome and Introductions (5 minutes)**

Hello, my name is [insert name] from [hospital/health system name]. [Introduce other participants, if needed]. Thanks for having us.

We are here today to get your input on the community health needs of Dane County. It is required of all nonprofit hospitals in the US to conduct a community health needs assessment (CHNA) every three years. The hospitals who serve Dane County are working together to complete the assessment again this year. The goals of the CHNA include:

- *Identifying and prioritizing significant health needs in the community.*
- *Identifying strengths and gaps in health services and assets in the community.*
- *Collecting knowledge and insight on how to improve the health of the community.*

We're scheduled for one hour. Does that still work for you?

Before we start, I want to share with you what we'll do with the information you tell us today.

- *We shared this information to you through the online RSVP form, but we are going to review it quickly here.*
- *If you didn't complete the RSVP form, we ask that you do so now or shortly after we're done. Here is the link in the chat.*
- *Your participation is voluntary. You can leave the session at any time.*
- *We would like to record our session so that we can get the most accurate information possible.*
- *When we are finished with all of the sessions, we will look at the transcripts and summarize the things we learn.*
- *We will not share the audio or video recording itself. The notes and transcripts from today's session will only be shared with members of the project teams at the hospitals. After the transcription process is completed, we will destroy the recording.*
- *Your comments will be kept anonymous. Any names used in the recording will be removed from the transcripts.*
- *We do plan to use some quotes to include in the assessment report so that the hospitals and community members can hear your own words, but we will not use your names when we provide the quotes.*
- *Again, in the report that will be made available to the public we will not name or attribute comments made in interviews and focus groups to any individual.*

- *Thank you again to those who completed the consent form giving us permission to record ahead of time. giving us permission to record.*
- *We want to do one final confirmation to be sure. If that sounds ok, please confirm that we have your permission to record by typing "Yes" into the chat or verbally confirming now.*
- *As facilitator, it is my job to move us along to stay on time. I may interrupt; I don't mean any disrespect, but it is important to make sure everyone's voice is heard in the group and ensure we get to all of the questions and get you out on time.*
- *(Virtual) Feel free to use the "Raise Hand" function as you wish.*
- *Are there any other questions before we begin?*
    - *If interviewer does not have the answer, commit to finding it and sending it later via e-mail.*

Thank you. We'll being and start recording now.

(TURN ON RECORDING)

For the purpose of this recording, this is [interview/focus group x on date/time].

2. **Main Question Protocol (Up to 45 minutes)**

SCENARIO A: TOP NEEDS IDENTIFIED IN ONLINE PRE-SESSION SURVEY

- *Thank you for completing the pre-session RSVP form about the current CHNA priority areas and top health needs. Part of our task today is to learn more from you about the concerns and opportunities related to the current priority areas. We'll shift to discussing other health needs and issues you see as critical to Dane County Communities during the latter half of the session.*
- *Before we dive into the needs, let's discuss and celebrate the positive: We know that there are a lot of strengths and assets here in Dane County when it comes to health. What do you see as the greatest strengths and assets in Dane County related to health and supporting healthy communities?*
- *Informant Interview: I see you selected (list top two selected in pre-session survey). Is that correct?*
- *Focus Group: (list top two selected in pre-session survey)* were the top areas selected by those in the group.
- PROCEED TO QUESTION LIST (see above)

SCENARIO B: TOP NEEDS NOT IDENTIFIED PRIOR TO SESSION

- *Part of our task today is to learn more from you about the concerns and opportunities related to the current CHNA priority areas. During the latter half of the session, we'll*

hear from you about other health needs or issues you feel are most pressing among the people and communities you serve in Dane County.

- *We'll start by prioritizing which of the current/2022-2024 CHNA priority areas to discuss together. Here are the current priority areas. (List verbally and show visually – virtually, in chat/screen share; in-person on whiteboard or chart paper)*
- *Which 2 of these areas do you consider a top area of concern or opportunity for your community's health? Again, we'll be spending the first part of our session time focusing on the areas receiving the most votes amongst the group.*
    - *VIRTUAL FOCUS GROUP: Please enter into the chat up to top two needs areas you believe should be prioritized. After everyone has voted, we will add the totals for each and see the results.*
    - *IN-PERSON FOCUS GROUP: We are now going to hand out three dot stickers to each of you. Please use these three dot stickers to vote for the needs areas you believe should be prioritized. After everyone has used their dots, we will add the totals and see the results.*
    - *(Tally the number of votes/dots per needs area and identify the three receiving the most votes/dots. Announce the results to the group.)*
- *Thank you. Again, we'll be spending time later in the session hearing your input on other health needs or issues that are most pressing among the people and communities you serve in Dane County.*
- PROCEED TO QUESTION LIST (see above)

3. **Closing (5 minutes)**

- *We thank you so much for your time and participation in the process. In the few minutes we have left, is there anything else you would like us to add regarding community health needs?*
- *OK, if anything occurs to you later that you would like to add to this interview, please just let us know.*
- *We're continuing to hold input sessions and reviewing information from other sources this spring and summer. The hospitals will then finalize a prioritized list of important health needs before writing and drafting the CHNA report. We expect the finalized CHNA report to be publicly available in late 2024 and will notify you as soon as it is ready.*

(TURN OFF RECORDING)

Dane County Community Health Needs Assessment (CHNA) 2025-2027

Adult Focus Group and Community Conversation Question List

Note: Some questions may be skipped due to time constraints. Follow-up questions not listed here may also be asked of the group depending on the direction of the discussion.

Part 1: Strengths and Assets

1. What are the greatest strengths and assets in Dane County related to health and supporting healthy communities?

Part 2: Priority Areas

Note: Specific needs discussed during this part will be determined by group via RSVP form prior to the session.

2. How do you see [this need] playing out in the community?

3.Who do you see this impacting? What outcomes or behaviors come to mind?

4. How has [this need] changed in the past few years; how was it before or during the pandemic, and how is it now?

5. What is working well or currently in place in your community that is helping to meet [this need]?

6. What needs to change to better address [this need]?

Part 3: Group-Identified Topics + Expertise Areas

7. Which other health needs or issues not yet discussed today do you feel are most pressing among the people and communities you serve in Dane County?

8. When you think about [this need/issue], what are people struggling with?

9. What barriers exist to seeing better health in this area?

10. What is working well or currently in place in your community that is helping to meet [this need]?

Appendix D. Youth Focus Group Guide

Roles

Facilitators: 2 Goodman Youth Evaluators	Notetakers: 1-2 Healthy Dane Collaborative members	Other adults: Partner staff, Goodman staff

• Ask the questions and facilitate the group in discussion.
• Ask follow-up questions to dig deeper
  ○ "Tell me more about that."
  ○ "I see a lot of heads nodding, do others feel that same way?"
  ○ "Is there anyone who that doesn't ring true for?"
• Read the room, and make sure everyone has a chance to speak
	• Print physical copies of focus group questions, participation + assent forms; bring pens.
	• Write notes on interpretation of what is going on, key moments in the conversation
	• Support youth facilitators with timekeeping if needed (signals for 30/15/5 minutes left)
	• Put a time stamp in the notes if there are particularly interesting comments
	• If participants not responding or understanding, Youth Evaluators can invite to jump in to provide an example response
	• Will not jump in to prompt or ask follow up except in extreme circumstances (limit to once or less per session)
	• Work w/ partner staff and participants to ensure assent form collection
	• (If virtual) Manage the chat and paste the questions into the chat.
		• Discuss before session if partner staff would like to be present in room for safety/supervision
		• If present in room, play passive role similar to notetakers and avoid intervening
		• Goodman staff will remain outside room if/when accompanying Youth Evaluators

Arrival and Set Up

1. Arrive 30 minutes before in-person session
2. Room set up: Up to ~12 chairs in a circle for facilitators and youth, recording device in center, chairs for adults on outside of circle. Tables on outside ideal for food/eating. Physical copies of participation + assent form, focus group questions ready.
3. 15 minutes for planning huddle: facilitators, notetakers, adult staff from partner org
4. 15 minutes for eating: facilitators, focus group participants, adult staff eat together

Introductions and Warm Up (10 minutes)

1. Facilitators introduce themselves yourself
    a. "Hello! I'm _____ and I'm _____."
2. "We are on the Eastside Youth Evaluation (EYE) team at Goodman Community Center and are helping with a Community Health Needs Assessment, to ask youth in the Madison area about their feelings and needs around health and wellness. Basically, we want to know:
    a. What is supporting your health?
    b. What you and your communities need to be healthy? and
    c. What you want to change or fix that could make you and your communities healthier?"
3. "Thank you for taking part in the focus group, it is a very important way for us to get a full picture of needs people have when it comes to health and wellness.
4. "Your feedback will be shared with local health leaders and really can make a difference. Ideas from focus groups like this have helped with efforts to improve parks, create mental health programs for teens, and change school wellness policies in the last five years."
5. "Before we explain the plan for the day and get into the questions, let's do a quick round of introductions and a warm up."
    a. Youth facilitator chooses question or game (limit to 5 minutes or less)
    b. Share name and pronouns
    c. Options:
        i. "What are you most looking forward to this summer?"
        ii. "If you could choose one skill to master overnight, what would it be and why?"

iii. "What is your dream job?"

iv. Human Rock-Paper-Scissors (game)

Explaining the Format and Plan (5 minutes)

- "Now we'll tell you about the focus group today."
- "You may have seen the information and assent form that explains your rights and what the focus group is about. It also asks for your permission to be recorded. We're going to a go over a few parts of that now. Please feel free to follow along and if you haven't yet please sign the form at the end if you agree to participating."
    - (Note takers will hand out and/or collect assent forms while facilitators are speaking)
- "Your participation is totally voluntary or optional. Nothing you say will be connected to your name and we will keep your identity private. Please respect each others' confidentiality and not share specific comments made outside of this group."
- "This focus group is an informal conversation about your experiences and perspectives. We have a list of guiding questions."
- "Please do not feel like you need to raise hands to speak, but also be aware that there are many here who may want a chance to talk.
- "As facilitators, part of our jobs is to help everyone to participate. We are going to encourage at least a few people to share for each question we ask. If we haven't heard much from you, we may ask you to step up to share."
- "We have copies of the questions for you to use if you would like. You are welcome to write a response to any of the questions we ask in the white space after the question if you prefer to share your ideas that way. Just leave your paper with us before you go if you want us to read what you wrote."
- "We would like to audio record the focus group to help us accurately collect what you all say. The recording will be deleted after we write up the summary report."
- "The adults in the room will be writing notes as a back up to the recording and are here to support but will only get involved in the focus group if the group is unsure about a question we are asking."
- "We expect this focus group to last 35 minutes ."
- "Are there any questions? OK, let's begin."

Dane County Community Health Needs Assessment (CHNA) 2025-2027

Youth Focus Group Question List

These are the questions we plan to ask during the session today. Other follow-up questions may come up.

Please use this sheet to write your ideas or feedback if you would like. Remember to leave this with the facilitators if you would like share your responses as input for the project.

1. What are words you think of when you hear the word “community”?
2. What communities do you belong to?
3. What are some strengths in your communities? How do these strengths help your communities when it comes to health?
4. What would you change about your communities?
5. What makes healthy choices (or being healthy) easy or hard in your communities? Is it easier for some people to be healthy?
6. Now, we’d like to ask specifically about mental health. What does mental health and well-being mean to you?
7. What things in your life are supporting you and your friends’ mental health? If you were looking for mental health support, where would you go?
8. What changes, positive or negative, have you seen in your community recently? How do you think those changes are impacting health?
9. If you could design your own community, what would make sure to include it would be a positive, healthy place to live?
10. Are there any other things you would tell adults who are trying to make the community healthier and safer for youth?

Appendix E. Clinical Provider and Staff Survey

Survey Instructions

1. We want to hear your thoughts on health in Dane County communities. This survey is designed for clinical providers and care team members serving patients in Dane County. This survey will take 10-15 minutes to complete. This first question is about your patient population. Which of the following best describes your patient population?
    a. Only adults
    b. Only children
    c. Both adults and children
2. In the most recent Dane County community Health Needs Assessment, the following health needs stood out as important for Dane County adults. In your opinion, how much of a problem are the following health issues for adults in Dane County?

	Not a problem	A little bit of a problem	Somewhat of a problem	Quite a bit of a problem	A great deal of a problem
Obesity and diabetes	o	o	o	o	o
Anxiety, depression, stress, and trauma	o	o	o	o	o
Suicide and self-harm	o	o	o	o	o
Caregiver mental health	o	o	o	o	o
Sexually transmitted infections such as chlamydia, gonorrhea, hepatitis, herpes, HIV/AIDS, HPV	o	o	o	o	o
Alcohol, marijuana, and opioid use	o	o	o	o	o
Smoking, vaping, and tobacco use	o	o	o	o	o
Heart disease and high blood pressure	o	o	o	o	o
Asthma	o	o	o	o	o
Cancer	o	o	o	o	o
Falls in older adults and seniors	o	o	o	o	o

Firearm-related injuries	o	o	o	o	o
Motor vehicle and pedestrian safety	o	o	o	o	o
Safety in the home and neighborhood	o	o	o	o	o
Healthy pregnancy, lactation and breastfeeding, postpartum care	o	o	o	o	o

3. In the most recent Dane County community Health Needs Assessment, the following health needs stood out as important for Dane County children. In your opinion, how much of a problem are the following health issues for children in Dane County

	Not a problem	A little bit of a problem	Somewhat of a problem	Quite a bit of a problem	A great deal of a problem
Asthma	o	o	o	o	o
Safety in the home and neighborhood	o	o	o	o	o
Healthy pregnancy, lactation and breastfeeding, postpartum care	o	o	o	o	o
Birth outcomes, infant and newborn health	o	o	o	o	o
Anxiety, depression, stress, and trauma	o	o	o	o	o
Suicide and self-harm	o	o	o	o	o
Parent and caregiver mental health	o	o	o	o	o
Eating disorders such as anorexia or bulimia	o	o	o	o	o
Sexually transmitted infections such as chlamydia, gonorrhea,	o	o	o	o	o

hepatitis, herpes, HIV/AIDS, HPV					
Alcohol, marijuana, and opioid use	o	o	o	o	o
Smoking, vaping, and tobacco use	o	o	o	o	o
Dental and oral health	o	o	o	o	o
Impact of technology on health habits and well-being					
Epilepsy	o	o	o	o	o
Obesity and diabetes					
Cerebral palsy, developmental disabilities, technology assistance	o	o	o	o	o
School absenteeism					
Child abuse and neglect	o	o	o	o	o
Firearm-related injuries	o	o	o	o	o
Motor vehicle and pedestrian safety	o	o	o	o	o
Safety in the home and neighborhood	o	o	o	o	o

4. Which of these issues impacting adults do you feel is the most important for Dane County health systems to work on?
    - Obesity and diabetes
    - Heart disease and high blood pressure
    - Anxiety, depression, stress, and trauma
    - Suicide and self-harm
    - Caregiver mental health
    - Sexually transmitted infections such as chlamydia, gonorrhea, hepatitis, herpes, HIV/AIDS, HPV
    - Alcohol, marijuana, and opioid use
    - Smoking, vaping, and tobacco use
    - Asthma

- Cancer
- Falls in older adults and seniors
- Firearm-related injuries
- Motor vehicle and pedestrian safety
- Safety in the home and neighborhood
- Healthy pregnancy, lactation and breastfeeding, postpartum care

5. Which of these issues impacting children do you feel is the most important for Dane County health systems to work on?
    - Obesity and diabetes
    - Impact of technology on health habits and well-being
    - Anxiety, depression, stress, and trauma
    - Suicide and self-harm
    - Parent and caregiver mental health
    - Sexually transmitted infections such as chlamydia, gonorrhea, hepatitis, herpes, HIV/AIDS, HPV
    - Alcohol, marijuana, and opioid use
    - Smoking, vaping, and tobacco use
    - Dental and oral health
    - Asthma
    - Epilepsy
    - Cerebral palsy, developmental disabilities, technology assistance
    - School absenteeism
    - Child abuse and neglect
    - Eating disorders such as anorexia or bulimia
    - Firearm-related injuries
    - Motor vehicle and pedestrian safety
    - Safety in the home and neighborhood
    - Healthy pregnancy, lactation and breastfeeding, postpartum care
    - Birth outcomes, infant and newborn health

6. Next we'd like to hear from you about access to care for your patient population. How much of a problem is access to the following services for residents in Dane County?

	Not a problem	A little bit of a problem	Somewhat of a problem	Quite a bit of a problem	A great deal of a problem
Primary care provider	o	o	o	o	o
Specialist	o	o	o	o	o
Dentist	o	o	o	o	o
Providers accepting Medicaid/Medical Assistance	o	o	o	o	o

Providers who reflect the racial diversity of our community	o	o	o	o	o
Providers who reflect the linguistic diversity of our community	o	o	o	o	o
Mental/behavioral health providers	o	o	o	o	o
Transportation for medical appointments	o	o	o	o	o

7. Which of these access issues do you feel is the most important for health systems to work on?
    - Primary care provider
    - Specialist
    - Dentist
    - Providers accepting Medicaid/Medical Assistance
    - Providers who reflect the racial diversity of our community
    - Providers who reflect the linguistic diversity of our community
    - Mental/behavioral health providers
    - Transportation for medical appointments

8. Lastly, we'd like to hear your ideas about actions we should consider to address health inequities. Who should health systems in Dane County partner with to improve health equity?

9. What is your role?

10. What is your clinical specialty?

11. Which health system is your primary employer? (optional)

12. Race and Ethnicity—Please select all that apply: (optional)

13. Gender Identity—Please select all that apply: (optional)

Appendix F. What Community Members Shared

The Healthy Dane Collaborative thanks the many individuals and organizations who participated in the 2025-2027 CHNA. This section of the appendix highlights some of the perspectives and themes shared during the engagement sessions that informed this report.

Strengths and Assets

"For community health, for us, a medium sized city, we have dense resources both for physical health and mental health in terms of the number of systems that we have in the robustness of them is pretty impressive. A city of not quite 300,000 and shout out to Madison public schools too - I feel like they provide an enormous amount of kind of baseline health, especially with employing like nurse practitioners and nurses and coverage and all of their schools kind of elevates the care and the partnerships with mental health in schools. It's a slow start, but it's getting more integrated."

"When we look at some of the grassroot organizations that try to focus on the health of black and brown people even with the little dollars that they get, even with the little dollars that I get from my little non-profit, little organizations that I help with, with baby supplies and safe sleep and things like that…Those are some of the successes that I see in Dane County that we have…When I look at those entities that really try to protect, enhance, focus, change the medical model and make the system that wasn't created for us change in a way. Then I think that we're doing a little bit of something here in Dane County."

"I've come to really appreciate the Behavioral Health Resource Center as a place to send folks who are looking just to get started with resources. They've been very helpful. Their lists are probably the more up-to-date list of available for providers for insured, uninsured, whoever you're insured by. Their follow up with people who are seeking services has been really welcomed."

"Dane County does have a child advocacy center and there's only 15 of them in the state of Wisconsin. There's many rural areas that draw—drive hours in order to access a child advocacy center…What we can do in terms of systems coordination around child abuse, trauma informed responses to child abuse, attempts to help access the mental health care that we were talking about, at least in a more guided and informed, supported way."

"The fact that our schools are prioritizing mental health, our governor is promoting resources dedicated to adolescent mental health is really important. I think the fact that this is a community that supports the LGBTQ community is really important to our safety and to the health of our young people."

"Madison in particular has a lot of public park spaces - lots of really clean, well-maintained green spaces where kids can just play and be active. I think that's unique to our community. I haven't seen that in a lot of communities outside of Dane County. I think it definitely contributes to both physical and mental health for people."

“The Tale of Two Counties”- Disparities across Dane County

“Dane County does have a lot of strengths as it relates to health, but it feels like middle class, upper class white communities in Madison really reap the benefits of those strengths and that it plays very little role in benefiting like people who don't fit that.”

“We have to acknowledge that the difference between white students and black students is not who is smoking weed, it's who's getting arrested for it and and then the long-term impact of of that. So, I I think that there is a significant amount of work to do and I think we have had some really sincere blind spots in terms of making the better parts of this community accessible to all people. So just having bike paths doesn't mean everybody has a bike, just having lakes doesn't mean everybody has a kayak, right. So how do we actually make the parts of the city that really are there to be experienced from a space of you know access and opportunity - how do we extend that to our entire population with intentionality?”

“Madison is a city where this is a deeply racialized dynamic. This is a city that over and over again, people say is one of the best places in the country to live if you are white, one of the worst places to live if you are black.”

“In Madison, racism is enforced systemically, quietly through hiring, housing, through schools, through every way you can find to put your foot on someone’s neck.”

“There's no better example of A Tale of Two Cities than the mental health worlds… just very different for people of color to receive services, mental health services than it is for, you know, for white community members.”

“The disparities that are out there, whether they’re economic or racial or any identity based, type of disparity, it’s just going to make all of the other issues more difficult or more challenging. So just having that lens when we look at mental health, eating disorders, substance use is super important.”

Access to Care

“Students that I work with recently that have had such significant mental health needs that we, the parents, want to get a psych eval done on them, are now two years out to get a psych eval for a kid who isn't just like a kid who has mild depression or is anxious. We’re talking like significant mental health issue and we're two years out on a psych eval and like assessing their needs and it needs to be done. So what are we going to do in the meantime?”

“What's been tricky is just that there are resources and really connecting with those resources seems to be a barrier. Long waitlists, especially around significant substance use or more like externalizing mental health struggles. Providers are almost unwilling to see students or young people. So then it falls back on us [schools].”

“To me, it's totally unacceptable that like we have 4 to 7 month wait lists for general therapy for children, right. You know, it feels like we are doing a lot of crisis management, which is not the best way to. It it's not a great use of resources… It isn't for healing and, and long-term outcomes. We really can't do a ton in terms of preventive care, primary care…You don't get a seat at the table in a timely manner unless you are acutely suicidal, have had an attempt. Cannot commit to safety, otherwise you hit the ER and you get turned back around. It's pretty grim and that's with people who are even connected.”

"It also requires such a familiarity with and comfort with navigating the medical system. So I think for a lot of families who don't feel as medically literate or as comfortable with… the system, it involves calling therapists and calling programs...doing a lot of advocacy on behalf of their kids that sometimes we can't do from the PCP side, so I think there can be some disparities in that if people don't feel like they have the general support or the backing of the system or that comfort with it. It's even harder to go about finding those resources."

Lack of a Diverse Workforce in Healthcare

"There's a…challenge of representation…If I have families let's say like, "I want to see a Black mental health provider" the representation in our workforce is very small. It's also true in many aspects of medicine, that gets back to maternal/ child health."

"A lot of the places that we reach out to in the community that are… run by people of color or have, staff of color just in their organization, their waitlists are so long. So it's like… the urgency usually takes over. We usually have to just get folks whatever they need immediately unless you know somebody that knows somebody that can connect you with somebody that's already in their system. But a lot of times that's not what our families are experiencing."

"I have a few patients whose children were born here but parents speak primarily Spanish and to try to give them a Spanish speaking provider is…difficult."

Social Determinants of Health

"The disparities that are out there, whether they're economic or racial or any identity based, type of disparity, it's just going to make all of the other issues more difficult or more challenging. So just having that lens when we look at mental health, eating disorders, substance use is super important."

"The basic need, I would say that I've seen skyrocket is food. During the pandemic there was extra support for that in the EBT program and SNAP and, and that has disappeared. We can tell in the schools we have a lot more folks that are hungry, that then feeds into mental health stuff and behavior."

"We have tons of resources in Madison, but transportation to get those people to those resources is a huge, huge barrier."

"When we were doing the surveys for the new men's shelter from individuals around health needs… a handful of folks were talking about chronic health conditions that they had or surgeries that they needed, etc. Procedures that they needed that… their medical provider was not moving forward with because of what their living situation was and not performing… let's say a back surgery that they needed or starting a treatment that was more intensive because they did not have a permanent residence."

"One of the things that I think really impacts mental health is that we don't have rent control in this community that so many people face housing insecurity regularly that there are so many children - there's over 1000 children in our district - who leave at the end of the day and don't know where they're going. I think like that is a major factor and that has intensified since the pandemic in the face of inflation."

“We can take every effort on earth to provide people with safer use supplies with education, with strategies to reduce infection due to injection, get them Narcan, we can open an overdose prevention center. We can expand our harm reduction services. None of that is changing the fact that someone may not have a place to live.”

Reproductive Justice

“There's just such a discrepancy between what birthing outcomes, whether it's maternal mortality or prematurity or infant mortality, white versus black birthing people and I think that’s true throughout the state and very much here too, and the country. But we're worse and I think it's important to say that we’re worse than a lot of places in a lot of those measures.”

“We know that Black babies and moms are dying at a very high rate than white, even our Hispanic brothers and sisters and brothers and also birthing people. We know that racism and discrimination plays a huge part in that, and it still does today. We know that stress plays a huge part in that. And though we have programs to try to change that trajectory, we've had 400 years of this economic and power this and white privilege that has occurred…That's going to take a long time to move that needle to really change.”

“If every kid would be in an enriching environment from birth to 4k, school would be a level playing field, for them health wise, nutrition wise, background of all the learning experience or literacy or how we play, or all of that, and for a population of our families, those kids are going from one job to another job with their parents. They don't have access to those early experiences.”

Chronic Conditions

“You would be shocked at the number of kids who are diagnosed with asthma that we are aware of that do not have an inhaler in the health office. A lot of times it is our newcomers who are like literally waiting for an appointment for a US doctor to prescribe them an inhaler.”

“When we're talking about the lakes and bike paths and all those sorts of things that you know, certainly not everyone has equal access to that. A lot of my kids who are in neighborhoods where they feel less safe have limited options for being active. So when we talk about they have insulin resistance or type 2 diabetes or obesity and those sorts of things, it is I think, increasing the ways that kids can find places to be active…There's very limited sports and things available to kids within the public school system that that's a definite need where I kind of run into a roadblock of being like we know they need to be active every day - but how are we going to do that when you don't feel safe going outside and taking a walk or playing at the park?”

“The amount of insulin resistance and prediabetes I have seen in the last year or so has just been astronomical compared to pre COVID. I think we had those couple of lost years of time spent in the school setting like moving between classrooms, going to specials, doing those things and then being instead being at home on a screen, or even if they weren't, if kids weren't on a screen. They were not moving in the same way. And then the access to food was different then. I think the amount of insulin resistance we are seeing as a result is shocking.”

“Hypertension, that's the number one thing. Sometimes I would say diabetes, but also I do get clients that do have diabetes and they can't get their cure. They can't afford or they can't get the cure. They don't know where to go. They always say every time we check into the hospital they release me.”

Mental Health

“You have this like... ripple effect of like the mental health system being very overwhelmed as well. Like it’s long wait times for providers… people who, like—by the time people finally get to see a therapist, like their problems are so ballooned…Mental health providers are overwhelmed because some of their easiest patients post-pandemic are, were like some of their most difficult patients pre-pandemic... I just have a lot of concerns about the sustainability of the system.”

“The whole family is really being impacted. Depending on if the mental health concerns are with the child or if they're with the adult. We see it play out in both aspects or all aspects here. So a student or a child has significant mental health needs that is impacting their attendance, that is impacting their behavior, that is causing significant more meetings for parents, um, puts additional stress on the parent to then get them into appointments outside of school and many more meetings, which then impacts their their own work, work life.”

“People are also just talking about mental health a lot more since COVID. Kids and families in general are starting to have more awareness of what some of these… signs and symptoms might look like.”

“There's almost something like contributing to the mental health crisis about like the fact that there's more and more understanding of the need, but not an increase in resources or supports.”

“That door is so narrow to access that then you can't do good preventative work, right? Like, so it has to get either so, so, so profound and so terrible to get something on an emergency basis. Where does that leave people in the meantime? … and I see too, we have like, I think they call it the “churn” of like going from like inpatient hospitalization on an emergency basis to being like, oh, you're fine, you can leave, and then releasing somebody to nothing, right?”

“I've seen a huge spike in the young suicidality going younger and younger and younger and younger. I've done a dozen risk assessments on second and third graders this year.”

“A need that I see within our community as a whole is family therapy kind of stuff…Just as an adult or a caregiver at home is suffering through that, the children are as well and everybody else is. Even the most like “healthiest” quote unquote families. Being able to attend to that seems to be a big gap.”

“The whole family is really being impacted. Depending on if the mental health concerns are with the child or if they're with the adult. We see it play out in both aspects or all aspects here: a student or a child has significant mental health needs that is impacting their attendance, that is impacting their behavior, that is causing significant more meetings for parents, puts additional stress on the parent to then get them into appointments outside of school and many more meetings, which then impacts their own work, work life.”

"The families that I work with at least do live with an element of chaos pretty consistently, which does make it hard should they get through a wait list and get connected to a provider. In terms of like keeping appointments, they often get fired because they have such significant barriers to getting to an office, to attend appointments. Even people getting fired from in-home services because their world's too chaotic. So looking at the flexibility of the mental health services we're offering to ensure that they actually meet the delivery needs of the people they're serving is one thing."

"Then lets her diabetes got out of control. So they don't take their meds because they're too sad or they won't get out of bed. So you have these health concerns that feed into it more. So you can't even fix the health concerns until you fix the mental health concerns. So we don't have access to that or we can't get them in or they can't connect. Nothing works until they solve this problem first."

"We can work through schools and things if we can't get into outpatient counseling that we often have some access for behavioral health through the schools. But if we can't help the parents, it's very hard to make real change for the kid."

Substance Use

"The number one drug of abuse, obviously in Dane County as it is in the rest of Wisconsin is alcohol and the impact of that is really like unaddressed for the most part…As a county we have the highest amount of binge drinking and heavy use of alcohol and the negative effects that are downstream from that for the most part are completely unaddressed or even acknowledged as a problem."

"A big thing that's changed is the drug supply. The drug supply has way more adulterants and things being added to it all the time. I definitely feel like from what I've seen behaviors or use patterns that may not have been very risky for someone in the past over the last few years have become very risky. I think we've seen a change in what drugs are present so we spent all this time I think focused on opioids and and we're definitely seeing more stimulants being involved in overdoses, especially fatal overdoses."

"We aren't doing enough. We need to do more. Let's embrace principles of harm reduction. understanding that prevention and harm reduction are not as disentangled from each other as I think maybe traditional models have taught us in public health. I think there's a much better way forward with those 2 being just part of a continuum of care that we provide… Some of the traditional models just focus on don't use anything and stop using everything, and I think that that also does harm and that in some ways we're perpetuating harm if we try to only have our work focus there."

"The biggest struggle I've found is connecting them with the appropriate level of therapy, which we know is one of the mainstays of treatment. There's only so much I can do with medication, but it's really been a struggle to be able to connect teens with substance use-focused therapy**…**In my Adolescent Medicine clinic it can be a month before I can see a patient. and we know for teens with substance use disorders, if they're expressing motivation, right, to make a change, the sooner you can link them up with treatment, um, the better. Because that motivation can be fleeting, and if they have to wait a… a month, they may have lost their, kind of, the window of, of feeling motivated to make a change."

"One of the interesting things that I've seen is kids who especially for marijuana, whether it's edibles or vaping, don't see it as an issue. They see it as something that's safer than smoking, and… it's getting legalized, and there's medical options for it."

Injury and Safety

"The most unsafe thing I see my students do is get into a car...It's really hard to get around Madison, especially this part of Madison [north side] without a car. So then there's also like a lot of students driving without like the legal documentation, which puts them in more harm's way."

"It is really nice housing that's built but there is no green space and the roads around it are too dangerous for the kids to cross by themselves to get to the park areas. They miss the bus even to walk to school. So I think that's a big concern, especially in our community, as it grows. It's going to happen more and more often that they're putting housing in not ideal locations that aren't the safest for families and kids. and really being forward thinking about how do we how do we put safe spaces for kids in these places?"

Impact of Technology and Media Use on Children's Health

"I think about this year's 4th graders who were in 1st grade when we came back for hybrid learning and I notice, especially among that cohort, like a huge addiction to screens. Because I think screen time was just like way out of control while everyone was at home. Because that's how you learned, that's also how you spent your leisure time because you literally couldn't go anywhere. I also notice kids doing like a lot more solitary play. I even notice things like kids not holding the door for each other because they're just not used to like having—like in, in those like crucial early years, they were not used to having to like consider peers in that way."

"Teen and preteen use of smartphones over the last five to 10 years has been a huge contributor to isolation and depression and anxiety. These kids are on these devices and they're hearing stuff 24/7…They don't have a break from it."

"The amount of screen time in general - whether it's older youth or maybe this is more younger youth - but youth like maybe three to four hours on a school night and five to seven hours on a weekend and it gets worse during summertime…I think it contributes to mental health, but it also contributes to bodies not moving as much, which I think ties into the mental health piece as well."

LGBTQ+ Health

"I think on the list of places to grow up like Madison is… often in a pretty good spot for LGBTQ+ kids. I think actually within the healthcare system is some of the like biggest growth areas in terms of helping… to create affirming and supportive environments and continue to normalize what is normal, like that gender diversity is normal…There's a lot of work to do with medical system in particular around… affirming and supportive care and having that be as accessible as it can be."

"For the queer and the disabled communities, we have a strong emphasis on emotional wellbeing and acceptance which helps us with our mental health."

Resources for Immigrants and Newcomers

"We've also seen a significant influx of newcomer immigrants…The news is out that Madison is resource rich…Community wide we need to communicate what are health options…Seeing what we can do to support those uninsured and communicating about what options exist, helping to alleviate the fear before something is significantly worse down the road."

"The students that we serve, especially in the last 2 years in this community in general, a lot of them are new arrivals to this country or to this city. They don't speak the language and they're going through a lot of changes and culture shock and having to deal with all of that and not having mental support…that then affects the way that they experience school, that affects the way that they experience Madison in general."

"Access especially for our unaccompanied youth…trying to work together to figure out how we can give those students access to just basic health care when we literally cannot find their parents or have no access to their legal guardian is a huge like barrier… A lot of families who are just coming and have significant trauma histories and need a lot of support. Just bridging that gap to of first language and then understanding our systems."

Schools and Health

"Mental health services in schools are really, really helpful. We definitely don't have enough in our providers that we do have in schools do not have enough capacity for the amount of students that we need to refer to them."

"When resources in the community and access to available resources diminish and funding is lost, we still have the kids for eight hours every day. So we still have to meet all those needs. So then the role of the school becomes like our nurses provide medical care even if they're, you know, not technically nurses. We're providing mental health services and we're providing food and we're providing parenting resources, and we're providing mental health supports for parents. So as community resources diminish, we still have to meet the families where they're at because we don't have a choice and they're still going to come into our door every day."

"The schools are having to navigate on a daily basis through a year and a half or till diagnosis…A lot of times the level our universals kids are not being met…Their basic needs are not being met. Their mental health is not being met. We're not even addressing sometimes barriers to education because their mental health and basic needs are so severe we can't even do school. We are in a sense not a crisis center, but we feel like that of like we are just trying to manage your safety and stability mentally and well-being that like barriers to education. We're just trying to get you in a safe place mentally to just do life."

"Post-Covid lockdown, student and family connections to institutions is at an all-time low. As a school system, we probably have hundreds of unidentified students who just aren't enrolled in any school…We have tons of kids we know are in our system and are coming to school and trying to navigate that is really hard and give them support. and then we have another subset of kids that we don't even know are out there like we know are out there, but we don't know who they are or we don't know where they exist."

"The school avoidance stuff, I think is huge. I often wonder if providers who are working with our young people understand the magnitude of your student that you're working with. Your client is not only missing like a day here or there, but it's like five days in a row or 3 to 4 days a week or, I don't know, but just very significant.…Some of them aren't in the building, but a lot of this is kids are in the building…They're just smoking in the bathroom, which is a huge shift in, you know, ten years ago, kids who were absent were absent. Now they're everywhere but class in the building, social time."

Youth Perspectives

"Inclusion, and like making sure people know about that inclusion aspect. I know some people, teachers will put up in the school like "trans kids belong," hotline numbers, stuff like that, stuff that makes you feel like you have a safe place here. And you have resources like your teachers who will be accepting of you regardless of who you are or what you're going through. I think that's definitely ideal within a community."

"There's still like racial profiling and racial discrimination and I feel like that's just not good for a community because it'll bring down the awareness that we have and that can also bring down like your health. It can get you into depression cause people's words are very strong."

"We're just also on screens a lot more than we used to be, even at school. Like in elementary school, there was like one computer a room… But now we do all the work on computers, so we're just like always on screens. Everyone tells us to get off of them, but then at school we're like… told to get on them."

"I don't want like my kids growing up… inside the technology world. I don't want them to be like addicted to their phone 24/7. It's just not healthy for you or your body."

"Know that we have opinions too, and we shouldn't just be like kept to the side just because we're young or just because like our brains haven't fully developed or something like that. That we have opinions too and we live in this community too, and we should be respected even though we're not fully adults."

"Treat us like we have like opinions. Like, don't just like put words in our mouth and say like oh, this might be better for you. No, like we feel like this might be better for us because it's our opinion. So, I feel like... um, we need like, we need more space like, in general, and like for our minds to like be free. Like we want to speak, what we need to speak. Please let us speak.

Older Adults

"Old people don't want to stress out their kid. They don't want to bother them. They know they have their family. I don't bother my friend. 'Oh, I asked that person last week'... and so they'll give up, you know, they won't go to chemo or that, you know, important things because they don't have a ride, they don't want to bother anyone, or they don't pay $30 to A, B, or C or whoever to get the ride. They can't afford a taxi, and they'd rather suffer quietly than bother people or be a burden to people. It's huge with the older community."

"The older community, they they're not on Facebook. They're not on the social media. There's not much of a newspaper anymore…So where do how do they get their information?...Where do they find phone numbers? They don't Google it like the rest of us

do. So, they're just kind of sitting back going, "Hmm, now what?" unless they have a family member involved…They get depressed, do not take their meds, not care about life, not follow up."

"Older adults, people with need a lot of in between visit support…People, especially people who struggle with their cognition and their caregivers, can't expect them to manage their own health care. Sometimes family members are able to step into that role, but there's a lot of complexity there. So in the community, I think the senior center is a strength for patients who are more local in terms of transportation and helping to find resources. But there's just shortage of care givers, especially when people are looking for that sort of gap of like they need more care in their home."

Health Improvement Ideas

"I know that we have these health systems here, and we're technically you know like competitors...But I think for certain issues like our mental health and our substance abuse problems, for those things I feel like we just need to be one big happy family because the crisis is so big…For this stuff, we just need to be a unified force. If we could do that, maybe it would make a difference."

"We know that people are more likely to get into housing if they have a case manager. We know they're more likely to continue to take their medication and go to appointments if they have a case manager so increased. So seeing more of that expand."

"Better paternal or parental leave, both parents, and access to daycare support and subsidy. I have so many families that like one parent works a day shift and one parent works a night shift, and they don't qualify for anything. So they just don't sleep for years and don't see each other."

"I think after school spaces where you know the young people can go report that they have more adults that they can trust. We know that that is an incredible protective factor…All the evidence and stuff that shows that when kids say that, which they do when they go to after school, they have better health outcomes."

"There is a definite need to expand the options of having therapy in schools because there are so many barriers for various different reasons as to why students can't get therapy outside of school. So we need additional options for that."

"We need to flip the script and focus on prevention. Foresight is common, and if we wanted to reduce the likelihood of violence, we wouldn't have to fight for funds. If all the different budgets came together to focus on prevention, an actual change of structures wouldn't lead to the fighting of organizations to support people that have been hurt by the systems."

"I think we have a reactive community and so we wait until things get bad. A kid once said I was working at a group home when I was 19. and he said, you know, "I think part of the problem for me as a kid was that everybody wanted to help me, but nobody wanted to play with me." I think we need to be proactive in getting people what they need."

"Taking the voices of the people that have never been accounted for and amplifying their voices is very important. How can we support them, listen to people, and stand behind them?"

Appendix G. Local Secondary Data Sources

Conduent HCI and the Healthy Dane Collaborative reviewed and utilized the following local secondary data sources as a part of the 2025-2027 CHNA.

Dane County Department of Human Services. *2024 Dane County Youth Assessment.* Dane County Department of Human Services – Prevention and Early Intervention; 2024. https://www.dcdhs.com/documents/pdf/Youth/YouthCommission/Youth-Assessment/DCYA-2024-09252024.pdf

Dane County Department of Human Services. *Immigration Affairs 2023 Annual Report.* Dane County Department of Human Services – Prevention and Early Intervention; 2024. https://danecountyhumanservices.org/documents/pdf/Immigration-Affairs/Immigration-Affairs-2023-Annual-Report-.pdf

Dane County Emergency Management *Fall-Related Emergency Report - January 1, 2018-June 30 2024.* Dane County Emergency Management – EMS Division; 2024.Greater Madison MPO. *2022-23 Annual Traffic Safety Report for Dane County*. Madison, WI: Greater Madison MPO, 2023.

Kids Forward. *Race to Equity 10-Year Report: Dane County – Health.* Kids Forward, 2023. https://kidsforward.org/assets/Race-to-Equity-10-Year_Health.pdf

Madison Street Medicine (formerly MACH OneHealth). *Community Health Needs Assessment 2021.* MACH OneHealth, 2022. https://madisonstreetmedicine.org/wp-content/uploads/2022/12/MACH-OneHealth-Community-Health-Needs-Assessment-2021-1.pdf

Public Health Madison & Dane County. *Bridging Perspectives: Unveiling the Experiences of Hmong American Youth in Dane County.* Public Health Madison & Dane County, May 2024. https://publichealthmdc.com/documents/Hmong_Youth_Report.pdf

Public Health Madison & Dane County. *Community Health Assessment – Dane County 2023.* Public Health Madison & Dane County, 2023. https://publichealthmdc.com/documents/CHA_2023.pdf

Public Health Madison & Dane County. *Gun Violence in Dane County*. Public Health Madison & Dane County, September 2023. https://publichealthmdc.com/documents/Gun_Violence_Snapshot_2023.pdf

Public Health Madison & Dane County. *Infant Health Data Snapshot*. Public Health Madison & Dane County, February 2024. *https://publichealthmdc.com/documents/Infant_Health_Data_Snapshot_English.pdf*

Second Harvest Foodbank of Southern Wisconsin. *Hunger in Your Community*. Second Harvest Foodbank of Southern Wisconsin, 2024.

Appendix H. Secondary Data Methodology

Secondary Data Sources

The following table provides a list of data sources used in the secondary data analysis of Dane County.

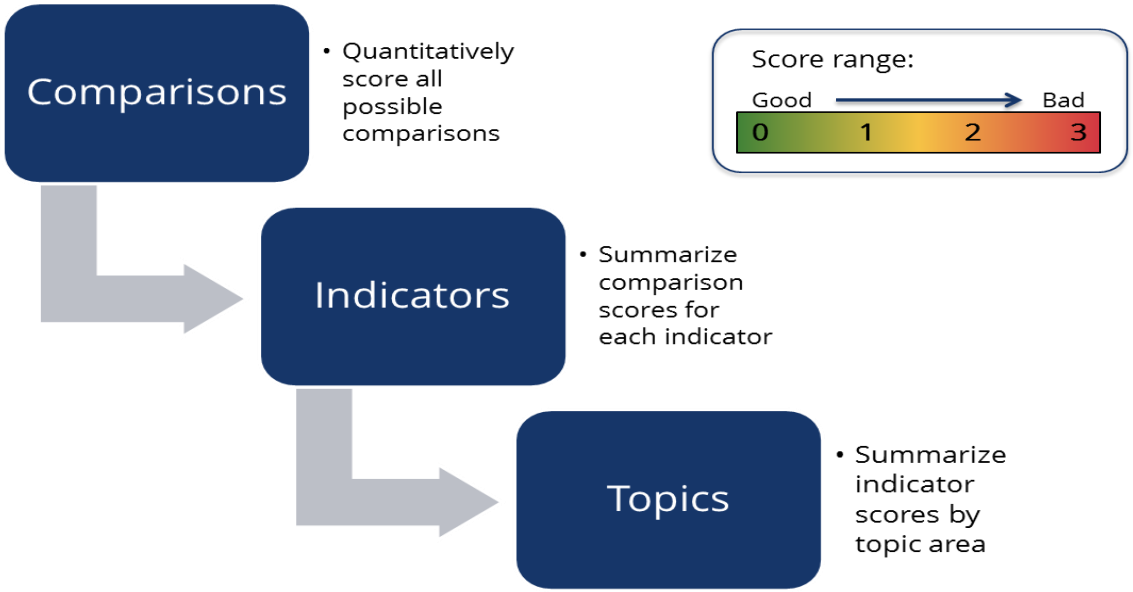
Key	Data Source
1	American Community Survey 1-Year
2	American Community Survey 5-Year
3	American Lung Association
4	CDC - PLACES
5	Centers for Disease Control and Prevention
6	Centers for Medicare & Medicaid Services
7	County Health Rankings
8	Feeding America
9	National Cancer Institute
10	National Center for Education Statistics
11	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
12	National Environmental Public Health Tracking Network
13	Public Health Madison and Dane County
14	U.S. Bureau of Labor Statistics
15	U.S. Census - County Business Patterns
16	U.S. Census Bureau - Small Area Health Insurance Estimates
17	U.S. Environmental Protection Agency
18	United For ALICE
19	WHA Information Center
20	Wisconsin Department of Children and Families
21	Wisconsin Department of Health Services

22	Wisconsin Department of Justice
23	Wisconsin Department of Natural Resources
24	Wisconsin Department of Public Instruction
25	Wisconsin Environmental Public Health Tracking

Secondary Data Scoring

Secondary Data Scoring Detailed Methodology

Data Scoring is done in three stages:



For each indicator, each county is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time.

Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic.

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons ("in the red") scored high, whereas indicators with good comparisons ("in the green") scored low.

Comparison to Values: State, National, and Targets

The county is compared to the state value, the national value, and target values. Target values include the nation-wide Healthy People 2030 (HP2030) goals. Healthy People 2030 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

Trend Over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Dane County Data Scoring Results

Health and Quality of Life Topics	Score
Sexually Transmitted Infections	**1.61**
Prevention & Safety	**1.43**
Women's Health	**1.41**
Alcohol & Drug Use	**1.35**
Environmental Health	**1.25**
Mental Health & Mental Disorders	**1.14**
Immunizations & Infectious Diseases	**1.11**
Cancer	**1.09**

Mortality Data	**1.08**
Economy	**1.07**
Older Adults	**1.06**
Community	**1.05**
Education	**1.01**
Children's Health	**0.99**
Diabetes	**0.96**
Heart Disease & Stroke	**0.96**
Other Conditions	**0.93**
Maternal, Fetal & Infant Health	**0.90**
Oral Health	**0.90**
Respiratory Diseases	**0.83**
Physical Activity	**0.83**
Tobacco Use	**0.79**
Health Care Access & Quality	**0.78**
Wellness & Lifestyle	**0.70**

SCORE	**ALCOHOL & DRUG USE**	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD	Source
2.31	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	37.9		35.1	26.3	*2017-2021*	7
2.19	Adults who Drink Excessively	*percent*	25.7		25.3	18.1	*2021*	7
1.75	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	26.0	20.7	25.7	27.2	*2019-2021*	7
1.47	Age-Adjusted Death Rate due to All Drug Overdose	*deaths/ 100,000 population*	26.1		32.2		*2022*	21
1.47	Age-Adjusted Hospitalization Rate due to Adult Alcohol Use	*hospitalizations/ 10,000 population 18+ years*	21.8		24.8		*2020-2022*	19
1.31	Age-Adjusted Death Rate due to Opioid Overdose	*deaths/ 100,000 population*	21.8		26.3		*2022*	21
1.25	Age-Adjusted Death Rate due to Prescription Opioid Overdose	*Rate per 100,000 residents*	4.0		5.1		*2022*	21
1.25	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	22.1		22.6	23.5	*2018-2020*	5
1.19	Adults who Binge Drink	*percent*	22.4		23.4		*2020-2022*	21
1.19	Age-Adjusted Death Rate due to Heroin Overdose	*deaths/ 100,000 population*	2.3	4.2	2.3		*2022*	21
1.14	Age-Adjusted Hospitalization Rate due to Opioid Use	*hospitalizations/ 10,000 population 18+ years*	1.5		3.9		*2020-2022*	19
0.83	Liquor Store Density	*stores/ 100,000 population*	7.8		7.3	10.7	*2021*	15
0.25	Mothers who Smoked During Pregnancy	*percent*	2.4	4.3	5.4	3.7	*2022*	21

SCORE	**CANCER**	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD	Source
2.22	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	22.3	16.9	20.8	18.8	*2016-2020*	9

1.97	Breast Cancer Incidence Rate	*cases/ 100,000 females*	133.7		134.6	127.0	*2016-2020*	9
1.86	Mammography Screening: Medicare Population	*percent*	45.0		52.0	47.0	*2022*	6
1.67	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	18.3	15.3	18.4	19.6	*2016-2020*	9
1.42	Colon Cancer Screening: USPSTF Recommendation	*percent*	68.0			72.4	*2020*	4
1.36	Radon Test Results â‰¥4pCi/L	*percent*	44.2				*2020*	13
1.31	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	11.9		12.6	11.9	*2016-2020*	9
1.25	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	101.5		118.9	110.5	*2016-2020*	9
1.19	All Cancer Incidence Rate	*cases/ 100,000 population*	443.5		465.5	442.3	*2016-2020*	9
1.11	Mammogram in Past 2 Years: 50-74	*percent*	74.3	80.3		78.2	*2020*	4
0.97	Cancer: Medicare Population	*percent*	10.0		11.0	12.0	*2022*	6
0.94	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	6.5		6.1	7.5	*2016-2020*	9
0.92	Adults with Cancer	*percent*	6.5			7.0	*2021*	4
0.92	Cervical Cancer Screening: 21-65	*Percent*	84.0			82.8	*2020*	4
0.39	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	134.3	122.7	152.5	149.4	*2016-2020*	9
0.39	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	9.0	8.9	12.1	13.1	*2016-2020*	9
0.39	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	27.4	25.1	35.6	35.0	*2016-2020*	9
0.36	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	29.2		35.1	36.5	*2016-2020*	9
0.08	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	46.8		57.1	54.0	*2016-2020*	9

SCORE	CHILDREN'S HEALTH	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD	Source
2.03	Food Insecure Children Likely Ineligible for Assistance	*percent*	26.0		22.0	25.0	*2021*	8
1.33	Children with Health Insurance	*percent*	97.1		95.9		*2021*	16
1.08	Children Reported as Lead Poisoned	*percent*	0.5				*2020*	21
1.00	Age-Adjusted Hospitalization Rate due to Pediatric Asthma	*hospitalizations/ 10,000 population under 18 years*	2.2		2.3		*2020-2022*	19
0.86	Blood Lead Levels in Children (>=5 micrograms per deciliter)	*percent*	0.6		277.0		*2021*	25
0.83	Substantiated Child Abuse Rate	*cases/ 1,000 children*	1.9	8.7	3.2	7.7	*2022*	20
0.75	Child Care Centers	*per 1,000 population under age 5*	10.7		6.5	7.0	*2022*	7
0.67	Child Mortality Rate: Under 20	*deaths/ 100,000 population under 20*	39.9		49.1	50.6	*2018-2021*	7
0.36	Child Food Insecurity Rate	*percent*	7.5		11.1	12.8	*2021*	8

SCORE	COMMUNITY	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD	Source
2.67	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	848		624	584	*2018-2022*	2
2.39	Mortgaged Owners Median Monthly Household Costs	*dollars*	2045		1602	1828	*2018-2022*	2
2.33	Median Household Gross Rent	*dollars*	1268		992	1268	*2018-2022*	2
2.31	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	37.9		35.1	26.3	*2017-2021*	7
2.14	People 65+ Living Alone	*percent*	29.5		29.3	26.4	*2018-2022*	2
2.08	Total Employment Change	*percent*	-4.0		-3.1	-4.3	*2020-2021*	15
1.92	People 65+ Living Alone (Count)	*people*	23895				*2018-2022*	2

1.42	Social Associations	*membership associations/ 10,000 population*	11.8		11.0	9.1	*2021*	7
1.36	Compliance for Nicotine and Tobacco Sales	*percent compliant*	86.0				*2019*	13
1.36	Violent Crime Rate	*crimes/ 100,000 population*	223.0		298.2		*2022*	22
1.33	Workers Commuting by Public Transportation	*percent*	3.5	5.3	1.2	3.8	*2018-2022*	2
1.28	People Living Below Poverty Level	*percent*	10.9	8.0	10.7	12.5	*2018-2022*	2
1.14	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	7.3		10.9		*2020-2022*	21
1.08	Female Population 16+ in Civilian Labor Force	*percent*	67.2		62.0	58.5	*2018-2022*	2
1.08	Population 16+ in Civilian Labor Force	*percent*	69.0		63.4	59.6	*2018-2022*	2
1.00	Children in Single-Parent Households	*percent*	19.3		22.3	24.9	*2018-2022*	2
0.83	People 25+ with a High School Diploma or Higher	*percent*	96.0		93.1	89.1	*2018-2022*	2
0.83	Substantiated Child Abuse Rate	*cases/ 1,000 children*	1.9	8.7	3.2	7.7	*2022*	20
0.78	Age-Adjusted Death Rate due to Homicide	*deaths/ 100,000 population*	1.8	5.5	4.7	6.6	*2018-2020*	5
0.75	Persons with Health Insurance	*percent*	95.2	92.4	93.5		*2021*	16
0.69	Mean Travel Time to Work	*minutes*	20.9		22.2	26.7	*2018-2022*	2
0.69	Solo Drivers with a Long Commute	*percent*	24.2		27.8	36.4	*2018-2022*	7
0.67	Youth not in School or Working	*percent*	0.3		1.3	1.8	*2018-2022*	2
0.64	Children Living Below Poverty Level	*percent*	8.7		13.3	16.7	*2018-2022*	2

0.53	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	6.1	10.7	10.4	12.0	*2018-2020*	5
0.42	Households with an Internet Subscription	*percent*	92.1		88.1	88.5	*2018-2022*	2
0.42	Households with One or More Types of Computing Devices	*percent*	96.5		92.9	94.0	*2018-2022*	2
0.42	Persons with an Internet Subscription	*percent*	94.0		91.0	91.0	*2018-2022*	2
0.36	Young Children Living Below Poverty Level	*percent*	8.9		14.9	18.1	*2018-2022*	2
0.33	Median Housing Unit Value	*dollars*	342900		231400	281900	*2018-2022*	2
0.25	Workers who Drive Alone to Work	*percent*	67.1		77.0	71.7	*2018-2022*	2
0.08	Median Household Income	*dollars*	84297		72458	75149	*2018-2022*	2
0.08	People 25+ with a Bachelor's Degree or Higher	*percent*	54.0		32.0	34.3	*2018-2022*	2
0.08	Per Capita Income	*dollars*	49280		40130	41261	*2018-2022*	2

SCORE	**DIABETES**	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD	Source
1.58	Adults with Diabetes	*percent*	7.3		8.3		*2020-2022*	21
1.47	Age-Adjusted Hospitalization Rate due to Type 2 Diabetes	*hospitalizations/ 10,000 population 18+ years*	8.8		9.8		*2020-2022*	19
1.31	Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes	*hospitalizations/ 10,000 population 18+ years*	5.7		6.6		*2020-2022*	19
0.92	Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes	*hospitalizations/ 10,000 population 18+ years*	1.6		1.7		*2020-2022*	19

0.75	Age-Adjusted Hospitalization Rate due to Diabetes	*hospitalizations/ 10,000 population 18+ years*	11.5		15.0		*2020-2022*	19
0.58	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	11.6		21.0		*2020-2022*	21
0.58	Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes	*hospitalizations/ 10,000 population 18+ years*	4.2		6.7		*2020-2022*	19
0.50	Diabetes: Medicare Population	*percent*	18.0		22.0	24.0	*2022*	6

SCORE	**ECONOMY**	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD	Source
2.67	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	848		624	584	*2018-2022*	2
2.39	Mortgaged Owners Median Monthly Household Costs	*dollars*	2045		1602	1828	*2018-2022*	2
2.33	Median Household Gross Rent	*dollars*	1268		992	1268	*2018-2022*	2
2.08	Total Employment Change	*percent*	-4.0		-3.1	-4.3	*2020-2021*	15
2.03	Food Insecure Children Likely Ineligible for Assistance	*percent*	26.0		22.0	25.0	*2021*	8
1.97	Income Inequality		0.5		0.4	0.5	*2018-2022*	2
1.78	Renters Spending 30% or More of Household Income on Rent	*percent*	45.9	25.5	43.1	49.9	*2018-2022*	2
1.67	Households Living Below Poverty Level	*percent*	11.5		11.0		*2021*	18
1.64	People 65+ Living Below Poverty Level (Count)	*people*	4257				*2018-2022*	2
1.36	Compliance for Nicotine and Tobacco Sales	*percent compliant*	86.0				*2019*	13

1.36	Mortgaged Owners Spending 30% or More of Household Income on Housing	*percent*	24.0	25.5	23.4	27.8	*2022*	1
1.33	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	*percent*	68.3		66.0		*2021*	18
1.28	People Living Below Poverty Level	*percent*	10.9	8.0	10.7	12.5	*2018-2022*	2
1.25	Severe Housing Problems	*percent*	13.9		12.9	16.7	*2016-2020*	7
1.11	Overcrowded Households	*percent*	1.5		1.6	3.4	*2018-2022*	2
1.08	Female Population 16+ in Civilian Labor Force	*percent*	67.2		62.0	58.5	*2018-2022*	2
1.08	Population 16+ in Civilian Labor Force	*percent*	69.0		63.4	59.6	*2018-2022*	2
1.00	Households that are Asset Limited, Income Constrained, Employed (ALICE)	*percent*	20.1		23.0		*2021*	18
1.00	Unemployed Veterans	*percent*	2.1		2.4	3.2	*2018-2022*	2
0.86	Adults with Disability Living in Poverty	*percent*	22.0		23.9	24.9	*2018-2022*	2
0.67	Youth not in School or Working	*percent*	0.3		1.3	1.8	*2018-2022*	2
0.64	Children Living Below Poverty Level	*percent*	8.7		13.3	16.7	*2018-2022*	2
0.64	Families Living Below Poverty Level	*percent*	4.9		6.6	8.8	*2018-2022*	2
0.64	Households with Cash Public Assistance Income	*percent*	1.5		2.0	2.7	*2018-2022*	2
0.64	People 65+ Living Below Poverty Level	*percent*	5.3		8.1	10.0	*2018-2022*	2
0.64	Unemployed Workers in Civilian Labor Force	*percent*	2.5		3.5	3.9	*March 2024*	14

0.50	Students Eligible for the Free Lunch Program	*percent*	26.7		36.0	42.8	*2022-2023*	10
0.36	Child Food Insecurity Rate	*percent*	7.5		11.1	12.8	*2021*	8
0.36	Food Insecurity Rate	*percent*	6.1		7.2	10.4	*2021*	8
0.36	Young Children Living Below Poverty Level	*percent*	8.9		14.9	18.1	*2018-2022*	2
0.33	Median Housing Unit Value	*dollars*	342900		231400	281900	*2018-2022*	2
0.08	Homeowner Vacancy Rate	*percent*	0.5		0.7	1.1	*2018-2022*	2
0.08	Median Household Income	*dollars*	84297		72458	75149	*2018-2022*	2
0.08	Per Capita Income	*dollars*	49280		40130	41261	*2018-2022*	2
0.08	Veterans Living Below Poverty Level	*percent*	4.2		5.9	7.0	*2018-2022*	2

SCORE	**EDUCATION**	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD	Source
1.61	High School Graduation	*percent*	89.5	90.7	89.5	86.2	*2020-2021*	7
1.42	Forward Exam Proficiency: Mathematics	*percent of students*	44.9		41.1		*2022-2023*	24
1.42	Forward Exam Proficiency: Science	*percent of students*	52.9		49.2		*2022-2023*	24
1.42	Forward Exam Proficiency: Social Studies	*percent of students*	54.6		52.2		*2022-2023*	24
1.25	Forward Exam Proficiency: English Language Arts	*percent of students*	43.7		39.2		*2022-2023*	24
1.03	Student-to-Teacher Ratio	*students/ teacher*	13.2		13.7	15.4	*2022-2023*	10
0.86	Infants Born to Mothers with <12 Years Education	*percent*	4.8		9.5		*2022*	21
0.83	People 25+ with a High School Diploma or Higher	*percent*	96.0		93.1	89.1	*2018-2022*	2

0.75	Child Care Centers	*per 1,000 population under age 5*	10.7		6.5	7.0	*2022*	7
0.42	Veterans with a High School Diploma or Higher	*percent*	97.4		94.9	95.0	*2018-2022*	2
0.08	People 25+ with a Bachelor's Degree or Higher	*percent*	54.0		32.0	34.3	*2018-2022*	2

SCORE	**ENVIRONMENTAL HEALTH**	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD	Source
2.33	Air Pollution due to Particulate Matter	*micrograms per cubic meter*	8.8		7.8	7.4	*2019*	7
2.25	Proximity to Highways	*percent*	7.5		4.5		*2020*	12
1.72	Annual Ozone Air Quality	*grade*	C				*2020-2022*	3
1.64	Air Quality Index (% Unhealthy)	*percent*	0.4				*2020*	17
1.64	Number of Extreme Heat Days	*days*	18				*2022*	12
1.64	Number of Extreme Heat Events	*events*	14				*2022*	12
1.64	Recognized Carcinogens Released into Air	*pounds*	7297.9				*2022*	17
1.64	Weeks of Moderate Drought or Worse	*weeks per year*	24.0				*2021*	12
1.47	Adults with Current Asthma	*percent*	10.3		10.7		*2020-2022*	21
1.39	Age-Adjusted Carbon Monoxide Poisoning ED Visit Rate	*ED visits/ 100,000 population*	3.9				*2018-2022*	25
1.36	Number of Extreme Precipitation Days	*days*	1				*2023*	12
1.36	PBT Released	*pounds*	192				*2022*	17
1.36	Radon Test Results â‰¥4pCi/L	*percent*	44.2				*2020*	13
1.36	Results of Nitrate Testing of >10ppm in Public Wells	*ppm*	6.6				*2021*	23
1.33	Daily Dose of UV Irradiance	*Joule per square meter*	2960.0		3005.0		*2020*	12

1.25	Severe Housing Problems	*percent*	13.9	12.9	16.7	*2016-2020*	7
1.14	Asthma: Medicare Population	*percent*	6.0	6.0	7.0	*2022*	6
1.11	Annual Particle Pollution	*grade*	A			*2020-2022*	3
1.11	Overcrowded Households	*percent*	1.5	1.6	3.4	*2018-2022*	2
1.08	Children Reported as Lead Poisoned	*percent*	0.5			*2020*	21
1.00	Age-Adjusted Hospitalization Rate due to Pediatric Asthma	*hospitalizations/ 10,000 population under 18 years*	2.2	2.3		*2020-2022*	19
0.92	Age-Adjusted Hospitalization Rate due to Asthma	*hospitalizations/ 10,000 population*	1.4	1.6		*2020-2022*	19
0.86	Blood Lead Levels in Children (>=5 micrograms per deciliter)	*percent*	0.6	277.0		*2021*	25
0.83	Age-Adjusted Hospitalization Rate due to Adult Asthma	*hospitalizations/ 10,000 population 18+ years*	1.2	1.4		*2020-2022*	19
0.83	Liquor Store Density	*stores/ 100,000 population*	7.8	7.3	10.7	*2021*	15
0.75	Access to Parks	*percent*	79.9	59.9		*2020*	12
0.53	Food Environment Index		9.1	9.1	7.7	*2024*	7
0.50	Access to Exercise Opportunities	*percent*	93.9	83.7	84.1	*2024*	7
0.25	Houses Built Prior to 1950	*percent*	14.5	23.9	16.7	*2018-2022*	2

SCORE	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD	
2.08	Adults who have had a Routine Checkup	*percent*	66.5		73.6	*2021*	4
1.33	Children with Health Insurance	*percent*	97.1	95.9		*2021*	16
1.00	Non-Traumatic Oral Health Emergency Department Visit Rate	*ED visits/ 10,000 population*	20.1	36.2		*2022*	25
0.94	Adults with Health Insurance	*percent*	95.8	93.0	88.7	*2022*	1

0.78	Adults with Health Insurance: 18-64	*percent*	94.5		92.6		*2021*	16
0.75	Adults who Visited a Dentist	*percent*	75.5			64.8	*2020*	4
0.75	Persons with Health Insurance	*percent*	95.2	92.4	93.5		*2021*	16
0.69	Dentist Rate	*dentists/ 100,000 population*	75.3		73.3	73.5	*2022*	7
0.50	Primary Care Provider Rate	*providers/ 100,000 population*	128.0		79.9	74.9	*2021*	7
0.42	Preventable Hospital Stays: Medicare Population	*discharges/ 100,000 Medicare enrollees*	2161.0		2502.0	2677.0	*2022*	6
0.08	Mental Health Provider Rate	*providers/ 100,000 population*	482.4		251.3	313.9	*2023*	7
0.08	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	204.0		148.8	131.4	*2023*	7

SCORE	**HEART DISEASE & STROKE**	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD	Source
2.08	Adults who Have Taken Medications for High Blood Pressure	*percent*	72.7			78.2	*2021*	4
2.08	Cholesterol Test History	*percent*	79.9			86.4	*2021*	4
1.53	Age-Adjusted Hospitalization Rate due to Hypertension	*hospitalizations/ 10,000 population 18+ years*	3.0		3.0		*2020-2022*	19
1.22	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	46.5		56.0		*2021*	12
1.08	Age-Adjusted Hospitalization Rate due to Acute Myocardial Infarction	*hospitalizations/ 10,000 population 18+ years*	11.0		11.7		*2020-2022*	19
1.08	Age-Adjusted Hospitalization Rate due to Heart Failure	*hospitalizations/ 10,000 population 18+ years*	25.1		27.0		*2020-2022*	19
1.06	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	28.4	33.4	35.3		*2020-2022*	21

1.03	Age-Adjusted Hospitalization Rate due to Heart Attack	*hospitalizations/ 10,000 population 35+ years*	22.8		24.3		*2022*	12
0.86	Age-Adjusted Death Rate due to Heart Disease	*deaths/ 100,000 population*	121.4		164.6		*2020-2022*	21
0.75	Adults who Experienced a Stroke	*percent*	2.3			3.3	*2021*	4
0.75	Adults who Experienced Coronary Heart Disease	*percent*	4.5			6.1	*2021*	4
0.75	High Cholesterol Prevalence: Past 5 Years	*percent*	32.0			36.4	*2021*	4
0.67	High Blood Pressure Prevalence	*percent*	25.9	41.9		32.7	*2021*	4
0.64	Atrial Fibrillation: Medicare Population	*percent*	12.0		14.0	14.0	*2022*	6
0.64	Hyperlipidemia: Medicare Population	*percent*	52.0		59.0	65.0	*2022*	6
0.64	Hypertension: Medicare Population	*percent*	52.0		59.0	65.0	*2022*	6
0.64	Stroke: Medicare Population	*percent*	3.0		4.0	6.0	*2022*	6
0.36	Heart Failure: Medicare Population	*percent*	8.0		11.0	11.0	*2022*	6
0.36	Ischemic Heart Disease: Medicare Population	*percent*	13.0		18.0	21.0	*2022*	6

SCORE	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD		
1.89	HIV Diagnosis Rate	*cases/ 100,000 population*		6.3		5.3	*2022*	21
1.75	Syphilis Incidence Rate	*cases/ 100,000 population*		9.0		12.6	17.7	*2022*	11
1.61	Age-Adjusted Hospitalization Rate due to Hepatitis	*hospitalizations/ 10,000 population 18+ years*		1.5		1.0	*2020-2022*	19
1.61	Chlamydia Incidence Rate	*cases/ 100,000 population*		455.0		439.0	495.0	*2022*	21
1.39	Lyme Disease Incidence Rate	*cases/ 100,000 population*		46.5		90.4	18.8	*2022*	25

1.19	Gonorrhea Incidence Rate	*cases/ 100,000 population*	117.0		148.3	194.4	*2022*	11
1.11	Overcrowded Households	*percent*	1.5		1.6	3.4	*2018-2022*	2
0.94	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	6.5		6.1	7.5	*2016-2020*	9
0.81	Pneumonia Vaccinations: Medicare Population	*percent*	8.0		7.0	8.0	*2022*	6
0.58	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	5.9		8.4		*2020-2022*	21
0.58	Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia	*hospitalizations/ 10,000 population 18+ years*	5.2		7.6		*2020-2022*	19
0.58	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	*hospitalizations/ 10,000 population 18+ years*	1.2		1.4		*2020-2022*	19
0.36	Flu Vaccinations: Medicare Population	*percent*	71.0		54.0	50.0	*2022*	6

SCORE	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD			
1.25	Mothers who Received Early Prenatal Care	*percent*		81.3		78.0	75.3	*2022*	21
1.19	Preterm Births	*percent*		9.2	9.4	10.2	10.4	*2022*	21
1.14	Infant Mortality Rate	*deaths/ 1,000 live births*		4.8	5.0	5.6		*2020-2022*	21
1.03	Babies with Very Low Birthweight	*percent*		1.1		1.3		*2022*	21
1.03	Preterm Labor and Delivery Hospitalizations	*percent*		2.8		3.5		*2020-2022*	19
0.86	Infants Born to Mothers with <12 Years Education	*percent*		4.8		9.5		*2022*	21
0.78	Babies with Low Birthweight	*percent*		7.1		8.0	8.6	*2022*	21

0.61	Teen Birth Rate: 15-19	*live births/ 1,000 females aged 15-19*	5.4		9.9	13.6	*2022*	21
0.25	Mothers who Smoked During Pregnancy	*percent*	2.4	4.3	5.4	3.7	*2022*	21

SCORE	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD		
2.08	Adults Ever Diagnosed with Depression	*percent*	23.0			19.5	*2021*	4
1.83	Depression: Medicare Population	*percent*	17.0		16.0	16.0	*2022*	6
1.42	Poor Mental Health: Average Number of Days	*days*	4.7		4.8	4.8	*2021*	7
1.17	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	13.3	12.8	14.8		*2020-2022*	21
1.08	Poor Mental Health: 14+ Days	*percent*	13.3			14.7	*2021*	4
0.75	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	28.1		31.6		*2020-2022*	21
0.69	Alzheimer's Disease or Dementia: Medicare Population	*percent*	5.0		5.0	6.0	*2022*	6
0.08	Mental Health Provider Rate	*providers/ 100,000 population*	482.4		251.3	313.9	*2023*	7

SCORE	**OLDER ADULTS**	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD	Source
2.47	Osteoporosis: Medicare Population	*percent*	12.0		10.0	11.0	*2022*	6
2.14	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	30.8		24.5		*2020-2022*	21
2.14	People 65+ Living Alone	*percent*	29.5		29.3	26.4	*2018-2022*	2
1.92	People 65+ Living Alone (Count)	*people*	23895				*2018-2022*	2

1.86	Mammography Screening: Medicare Population	*percent*	45.0	52.0	47.0	*2022*	6
1.83	Depression: Medicare Population	*percent*	17.0	16.0	16.0	*2022*	6
1.64	People 65+ Living Below Poverty Level (Count)	*people*	4257			*2018-2022*	2
1.25	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	101.5	118.9	110.5	*2016-2020*	9
1.14	Asthma: Medicare Population	*percent*	6.0	6.0	7.0	*2022*	6
1.08	Adults 65+ who Received Recommended Preventive Services: Males	*percent*	44.9		43.7	*2020*	4
0.97	Cancer: Medicare Population	*percent*	10.0	11.0	12.0	*2022*	6
0.75	Adults 65+ who Received Recommended Preventive Services: Females	*percent*	42.6		37.9	*2020*	4
0.75	Adults 65+ with Total Tooth Loss	*percent*	6.3		13.4	*2020*	4
0.75	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	28.1	31.6		*2020-2022*	21
0.69	Alzheimer's Disease or Dementia: Medicare Population	*percent*	5.0	5.0	6.0	*2022*	6
0.64	Atrial Fibrillation: Medicare Population	*percent*	12.0	14.0	14.0	*2022*	6
0.64	COPD: Medicare Population	*percent*	6.0	9.0	11.0	*2022*	6
0.64	Hyperlipidemia: Medicare Population	*percent*	52.0	59.0	65.0	*2022*	6
0.64	Hypertension: Medicare Population	*percent*	52.0	59.0	65.0	*2022*	6
0.64	People 65+ Living Below Poverty Level	*percent*	5.3	8.1	10.0	*2018-2022*	2

0.64	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	24.0		30.0	35.0	*2022*	6
0.64	Stroke: Medicare Population	*percent*	3.0		4.0	6.0	*2022*	6
0.50	Diabetes: Medicare Population	*percent*	18.0		22.0	24.0	*2022*	6
0.36	Chronic Kidney Disease: Medicare Population	*percent*	13.0		19.0	18.0	*2022*	6
0.36	Heart Failure: Medicare Population	*percent*	8.0		11.0	11.0	*2022*	6
0.36	Ischemic Heart Disease: Medicare Population	*percent*	13.0		18.0	21.0	*2022*	6

SCORE	**ORAL HEALTH**	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD	Source
1.31	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	11.9		12.6	11.9	*2016-2020*	9
1.00	Non-Traumatic Oral Health Emergency Department Visit Rate	*ED visits/ 10,000 population*	20.1		36.2		*2022*	25
0.75	Adults 65+ with Total Tooth Loss	*percent*	6.3			13.4	*2020*	4
0.75	Adults who Visited a Dentist	*percent*	75.5			64.8	*2020*	4
0.69	Dentist Rate	*dentists/ 100,000 population*	75.3		73.3	73.5	*2022*	7

SCORE	**OTHER CONDITIONS**	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD	Source
2.47	Osteoporosis: Medicare Population	*percent*	12.0		10.0	11.0	*2022*	6
1.08	Age-Adjusted Hospitalization Rate due to Urinary Tract Infections	*hospitalizations/ 10,000 population 18+ years*	5.2		5.7		*2020-2022*	19
0.75	Adults with Arthritis	*percent*	21.7			25.2	*2021*	4

0.75	Adults with Kidney Disease	*percent*	2.5			3.1	*2021*	4
0.75	Age-Adjusted Hospitalization Rate due to Dehydration	*hospitalizations/ 10,000 population 18+ years*	5.1		6.7		*2020-2022*	19
0.64	Age-Adjusted Death Rate due to Kidney Disease	*deaths/ 100,000 population*	8.0		11.9	12.8	*2018-2020*	5
0.64	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	24.0		30.0	35.0	*2022*	6
0.36	Chronic Kidney Disease: Medicare Population	*percent*	13.0		19.0	18.0	*2022*	6

SCORE	**PHYSICAL ACTIVITY**	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD	Source
1.53	Adults who are Overweight	*percent*	32.1		30.8		*2020-2022*	21
0.86	Adults Who Are Obese	*percent*	24.0		31.5		*2020-2022*	21
0.75	Access to Parks	*percent*	79.9		59.9		*2020*	12
0.50	Access to Exercise Opportunities	*percent*	93.9		83.7	84.1	*2024*	7
0.50	Adults who are Sedentary	*percent*	13.6	21.8	20.2		*2020-2022*	21

SCORE	**PREVENTION & SAFETY**	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD	Source
2.14	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	30.8		24.5		*2020-2022*	21
1.75	Age-Adjusted Death Rate due to Unintentional Poisonings	*deaths/ 100,000 population*	25.4		29.0		*2020-2022*	21
1.75	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	26.0	20.7	25.7	27.2	*2019-2021*	7
1.72	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/ 100,000 population*	70.0	43.2	72.7		*2020-2022*	21
1.25	Severe Housing Problems	*percent*	13.9		12.9	16.7	*2016-2020*	7

1.17	Death Rate due to Injuries	*deaths/ 100,000 population*	83.3		93.1	80.0	*2017-2021*	7
1.14	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	7.3		10.9		*2020-2022*	21
0.53	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	6.1	10.7	10.4	12.0	*2018-2020*	5

SCORE	**RESPIRATORY DISEASES**	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD	Source
2.25	Proximity to Highways	*percent*	7.5		4.5		*2020*	12
1.47	Adults with Current Asthma	*percent*	10.3		10.7		*2020-2022*	21
1.14	Asthma: Medicare Population	*percent*	6.0		6.0	7.0	*2022*	6
1.00	Age-Adjusted Hospitalization Rate due to Pediatric Asthma	*hospitalizations/ 10,000 population under 18 years*	2.2		2.3		*2020-2022*	19
0.94	Adults who Smoke	*percent*	9.1	6.1	15.1		*2020-2022*	21
0.92	Age-Adjusted Hospitalization Rate due to Asthma	*hospitalizations/ 10,000 population*	1.4		1.6		*2020-2022*	19
0.83	Age-Adjusted Hospitalization Rate due to Adult Asthma	*hospitalizations/ 10,000 population 18+ years*	1.2		1.4		*2020-2022*	19
0.75	Adults with COPD	*Percent of adults*	4.2			6.4	*2021*	4
0.64	COPD: Medicare Population	*percent*	6.0		9.0	11.0	*2022*	6
0.58	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	*deaths/ 100,000 population*	19.8		33.5		*2020-2022*	21
0.58	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	5.9		8.4		*2020-2022*	21
0.58	Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia	*hospitalizations/ 10,000 population 18+ years*	5.2		7.6		*2020-2022*	19
0.58	Age-Adjusted Hospitalization Rate due to COPD	*hospitalizations/ 10,000 population 18+ years*	4.1		6.6		*2020-2022*	19

0.58	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	*hospitalizations/ 10,000 population 18+ years*	1.2		1.4		*2020-2022*	19
0.39	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	27.4	25.1	35.6	35.0	*2016-2020*	9
0.08	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	46.8		57.1	54.0	*2016-2020*	9

SCORE	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD	
1.89	HIV Diagnosis Rate	*cases/ 100,000 population*	6.3		5.3		*2022*	21
1.75	Syphilis Incidence Rate	*cases/ 100,000 population*	9.0		12.6	17.7	*2022*	11
1.61	Chlamydia Incidence Rate	*cases/ 100,000 population*	455.0		439.0	495.0	*2022*	21
1.19	Gonorrhea Incidence Rate	*cases/ 100,000 population*	117.0		148.3	194.4	*2022*	11

SCORE	**TOBACCO USE**	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD	Source
1.36	Compliance for Nicotine and Tobacco Sales	*percent compliant*	86.0				*2019*	13
0.94	Adults who Smoke	*percent*	9.1	6.1	15.1		*2020-2022*	21
0.08	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	46.8		57.1	54.0	*2016-2020*	9

SCORE	**WELLNESS & LIFESTYLE**	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD	Source
0.86	Self-Reported General Health Assessment: Poor or Fair	*percent*	8.9		13.7		*2020-2022*	21
0.83	Life Expectancy	*years*	81.2		78.2	77.6	*2019-2021*	7
0.75	Poor Physical Health: 14+ Days	*percent*	8.0			10.9	*2021*	4

0.72	Insufficient Sleep	*percent*	25.3	26.7		32.7	*2020*	4
0.67	High Blood Pressure Prevalence	*percent*	25.9	41.9		32.7	*2021*	4
0.36	Poor Physical Health: Average Number of Days	*days*	2.7		3.1	3.3	*2021*	7

SCORE	**WOMEN'S HEALTH**	UNITS	DANE COUNTY	HP2030	WI	U.S.	MEASUREMENT PERIOD	Source
1.97	Breast Cancer Incidence Rate	*cases/ 100,000 females*	133.7		134.6	127.0	*2016-2020*	9
1.86	Mammography Screening: Medicare Population	*percent*	45.0		52.0	47.0	*2022*	6
1.67	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	18.3	15.3	18.4	19.6	*2016-2020*	9
1.11	Mammogram in Past 2 Years: 50-74	*percent*	74.3	80.3		78.2	*2020*	4
0.94	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	6.5		6.1	7.5	*2016-2020*	9
0.92	Cervical Cancer Screening: 21-65	*Percent*	84.0			82.8	*2020*	4