



Dane County, Wisconsin Community Health Needs Assessment

Healthy Dane Collaborative
healthydane.org



2022 – 2024



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 in order 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 2022-2024 CHNA was collaboratively completed in 2021 by Healthy Dane partners: Group Health Cooperative, Public Health Madison Dane County, SSM Health-St. Mary's, Stoughton Health, UnityPoint Health-Meriter and UW Health. It combines population health data in addition to feedback gathered from the community through community input sessions and interviews to present a big-picture view of the factors impacting the health of our community. While many indicators of health are positive overall, it is apparent that specific populations in Dane County, specifically Black, 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, UnityPoint Health – Meriter, Stoughton Health, Group Health Cooperative SCW, and Public Health Madison Dane County

Healthy Dane Collaborative Partners



Healthy Dane Collaborative
www.healthydane.org

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Executive Summary

Healthy Dane is a community collaborative comprised of 4 Dane County hospitals (UnityPoint Health – Meriter, SSM Health St. Mary's Hospital – Madison, Stoughton Health, and UW Health), Group Health Cooperative – South Central Wisconsin and Public Health Madison and Dane County. The group came together to assess community health needs. The members of Healthy Dane have a long history of collaboration particularly around issues affecting access to healthcare.

The development of Healthy Dane is another example of how area hospitals and the local health department work together to improve the health of all Dane County residents. The group recognizes that health issues that are identified in this assessment may be larger and more complex than one organization can address. We are committed to working together, along with other Dane County partners and residents, to understand and address the needs of the community in coordinated and effective ways.

This community health assessment included significant input from the community and a detailed examination of public health data. Community input was collected through a community health survey that was made available in English, Spanish and Hmong and through virtual and in-person community input sessions and key informant interviews. An additional healthcare provider survey gathered additional input and insights from healthcare providers about the health needs and challenges of their patients. Much secondary data was examined to further explore and understand health needs and impediments to good health. Most data came from healthydane.org which utilizes data from the National Cancer Institute, the Environmental Protection Agency, U.S. Census Bureau, the U.S. Department of Education, as well as other national, state and regional sources.

This assessment included data and findings from the 2021 Dane County Youth Assessment (DCYA). The DCYA is a collaborative effort led by the Dane County Youth Commission in partnership with the United Way of Dane County, Public Health Madison & Dane County, the City of Madison, and public and private schools in Dane County. Since 1980, Dane County youth in grades 7-12 have been surveyed regarding their experiences at home, in school and in their communities. Survey topics include alcohol/drug use, level of school engagement, use of free time, health and nutrition, mental health, family relationships, and risk behaviors. DCYA data offers a comprehensive profile of the needs and interests of Dane County youth. In 2021, 26,993 youth completed the survey.



Section 1: Communities Served



1.1: History of the Land



The Ho-Chunk Nation, People of the Big Voice, have long occupied land in Wisconsin extending from Green Bay beyond Lake Winnebago to the Wisconsin River and even to the Rock River in Illinois amounting to 8.5 million acres.

Due to lead mining in the late 1820s, the Ho-Chunk were forced to leave Wisconsin and sell their land to the U.S. Government. Over time, many returned to Wisconsin and had to repurchase tribal lands that they once owned including areas in Dane County.

Healthy Dane wishes to acknowledge that Dane County is on ancestral land that has long been home to the Ho-Chunk Nation.

Data Source:

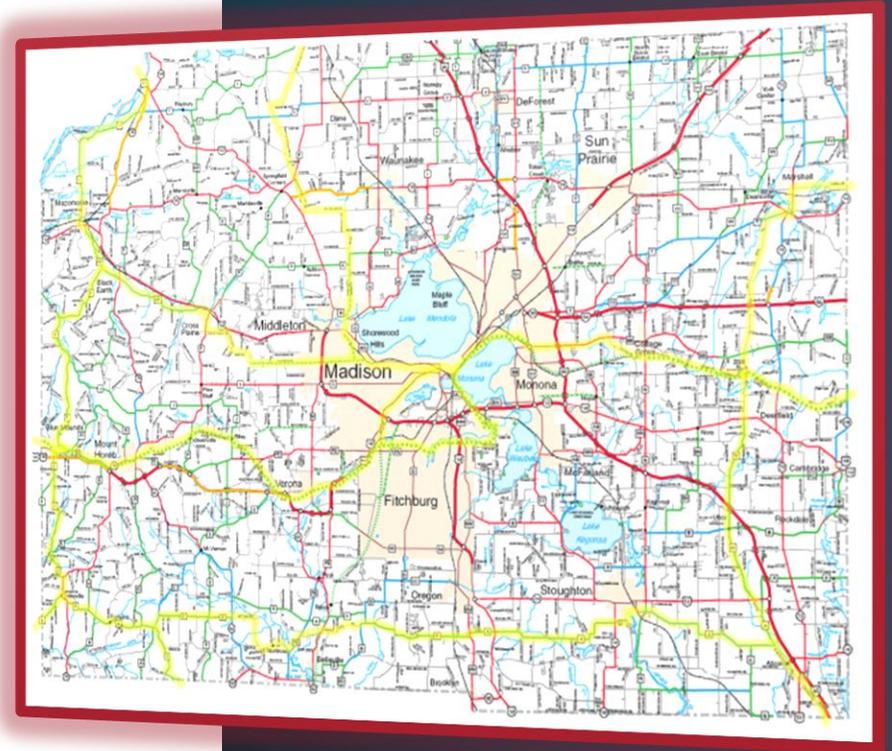
1. Tribes of Wisconsin. (2018). Wisconsin Department of Administration. Retrieved from: http://doafp1380.wi.gov/Doafdocs/2018_Tribes_of_WI_v_08-2018.pdf
2. Wisconsin First Nations: American Indian Studies in Wisconsin. Retrieved from: <https://wisconsinfirstnations.org/resources/>

1.2: Data Profile of the Communities Served

Healthy Dane Collaborative Selected Dane County as the community of focus for this needs assessment. The county is the primary service area for most of the patients served by our health systems.

- The county is nearly 1,200 square miles of urban, suburban, and rural communities.
- Although Dane County has approximately 572,000 acres (about 72% of the total land) in agricultural use, Dane County is classified by the United States Census, Bureau as a metropolitan area.
- Four of the health systems are in the metropolitan area while one (Stoughton) is in a rural area.
- Over 23,000 middle and high school youth participants.

Belleville School District, Cambridge School District, De Forest Area School District, Deerfield Community School District, Edgewood High School, Madison Metropolitan School District, Marshall School District, McFarland School District, Middleton-Cross Plains School District, Monona Grove School District, Mount Horeb Area School District, Oregon School District, Stoughton Area School District, Sun Prairie Area School District, Verona Area School District, Waunakee Community School District, Wisconsin Heights School District.



1.2: Data Profile of the Communities Served

Madison has 258,054 residents, almost half of the county's population. Among its residents are more than 47,571 UW students.

In addition to being the center for the state and county government, Dane County is also home to Wisconsin's flagship public university, the University of Wisconsin-Madison.

As a result, educational and health services are the largest industry sub-sector in the county, followed by trade, transportation and utilities, professional & business services, leisure & hospitality, and public transportation.

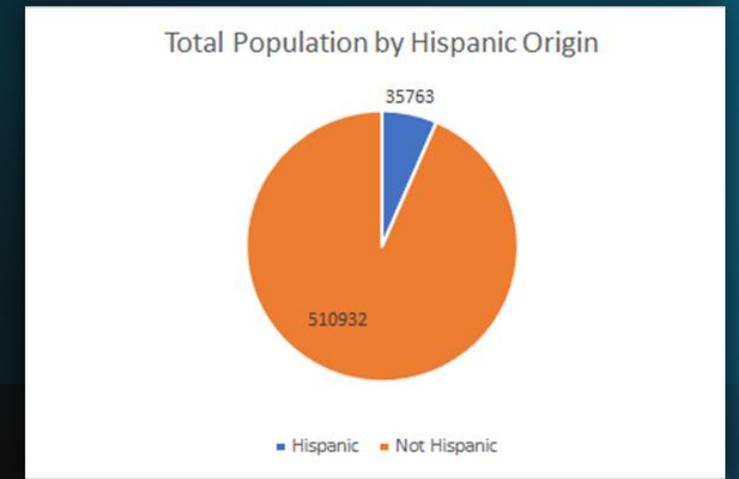
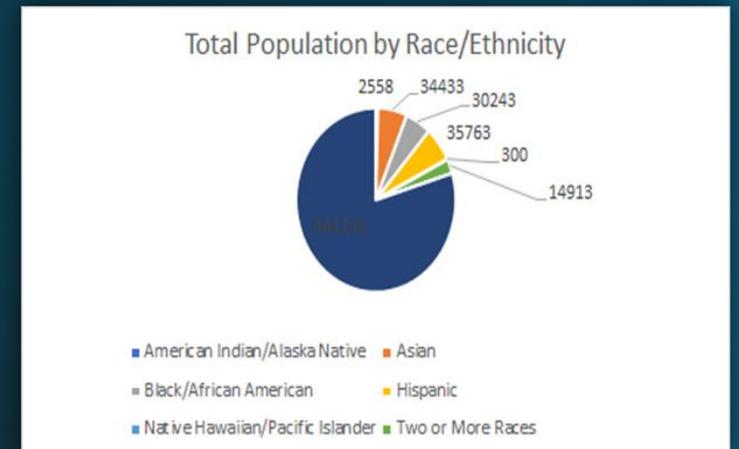
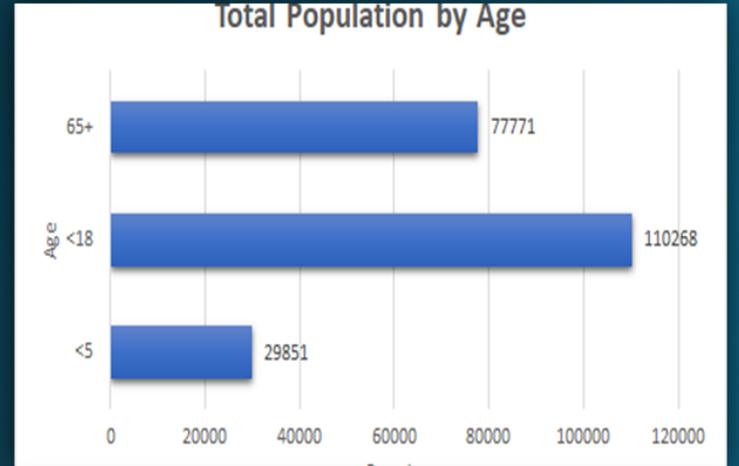


1.2: Data Profile of the Communities Served



Dane County is the second most densely populated county in Wisconsin, and Madison is the second largest city in the state.

The population grew 2.8% between 2016 and 2019, bringing the total population to 546,695.





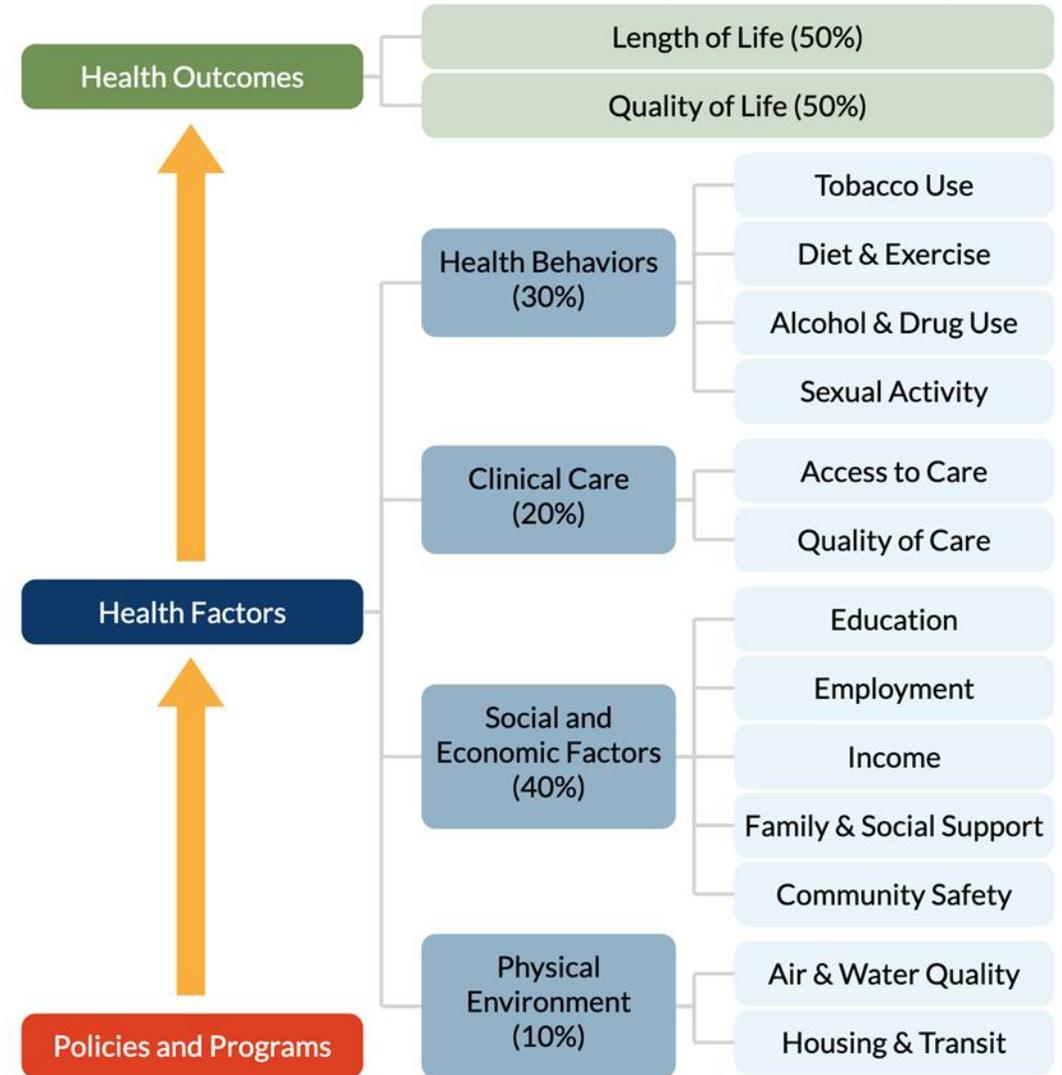
Section 2: Framework for Assessment



2.1: Frameworks

Environmental and social factors greatly impact the health of a community.

We assessed input from the community and data related to each of the Health Factors in the County Health Rankings Model to better understand what is impacting the health of our community.



2.1: Frameworks

The Healthy Dane Collaborative conducted this Community Health Needs Assessment using a health equity lens.

We are committed to addressing health inequities: “types of unfair health differences closely linked with social, economic, or environmental disadvantages that adversely affect a group of people.”



Equal Support
Not everyone has the same advantages or faces the same barriers, so "equality" doesn't actually yield equal outcomes.



Equitable Support
When each group is given targeted support specific to their needs, to overcome their unique barriers, it yields the most "equitable" outcomes.



Removal of Systemic Barriers
When we work to remove the barriers that all groups face, then everyone will have the same access.

Community Health Improvement

CHNA

- **Tax-exempt hospitals** complete a Community Health Needs Assessment (CHNA) **every 3 years to identify priority health issues**

CHIS

- Following CHNA, required to complete Community Health Implementation Strategy (CHIS) that includes **actions, resources, planned collaboration and anticipated impact.**

Outcomes

- **Implement** community health implementation strategies and **measure impact**

2.2: Methodology: Qualitative Data

Key Informant Interviews

- Healthy Dane Collaborative partners conducted 10 Key Informant Interviews.
- The Key Informant Interviews were carried out with individuals knowledgeable of broad or specific community health needs.

Community Input Sessions

- Healthy Dane Collaborative partners conducted 9 Community Conversations [Focus Groups] with diverse groups.
- Efforts were made to gather input from more vulnerable and historically marginalized populations.

Community Surveys

- A Community Health survey was conducted in English, Spanish and Hmong.
- 862 individuals from Dane County completed the survey.
- 17 individuals completed the Spanish-language survey, and one individual completed the Hmong-language survey.

Provider Survey

- A survey was conducted among healthcare providers in the community to gather their perspective on the needs of their patients.
- 186 Providers participated from the following specialties: pediatrics, family medicine, general internal medicine and obstetrics and gynecology.

Dane County Youth Assessment

- The Healthy Dane Collaborative partners incorporated findings of the 2021 Dane County Youth Assessment (DCYA).
- The DCYA is a survey of youth in grades 7 – 12 that is completed every three years.
- 26,993 students participated in the 2021 DCYA.

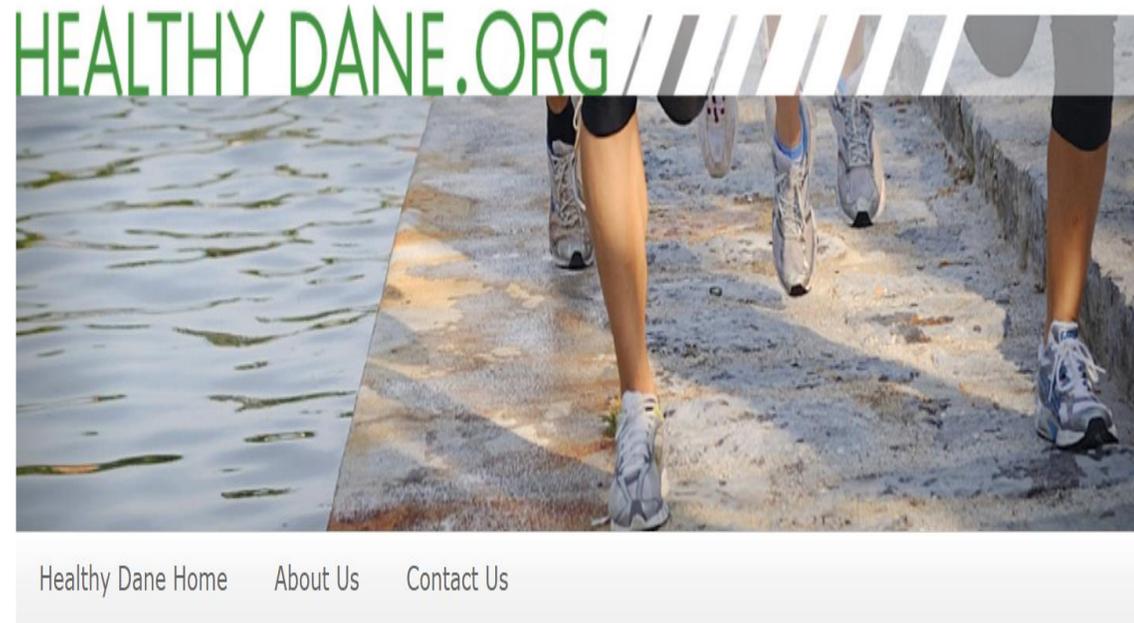
Community Partners Engaged

- Reach Dane
- Children's Mental Health Collaborative
- Fitchburg Fire Department
- Bayview Community Center
- Oregon Youth Center
- Latino Health Council
- African American Opioid Coalition
- Urban League of Greater Madison Guild
- Delta Sigma Theta Sorority Inc.
- Road Home
- Hmong Institute
- Vera Court/Bridge Lakepoint
- Neighborhood Free Health Clinic (Stoughton)
- Oceanhawk Counseling
- Stoughton Area Resource Team (START)
- Alpha Kappa Alpha Sorority Inc.
- Madison Links Inc.
- Madison Network of Black Professionals



2.2: Methodology: Quantitative Data

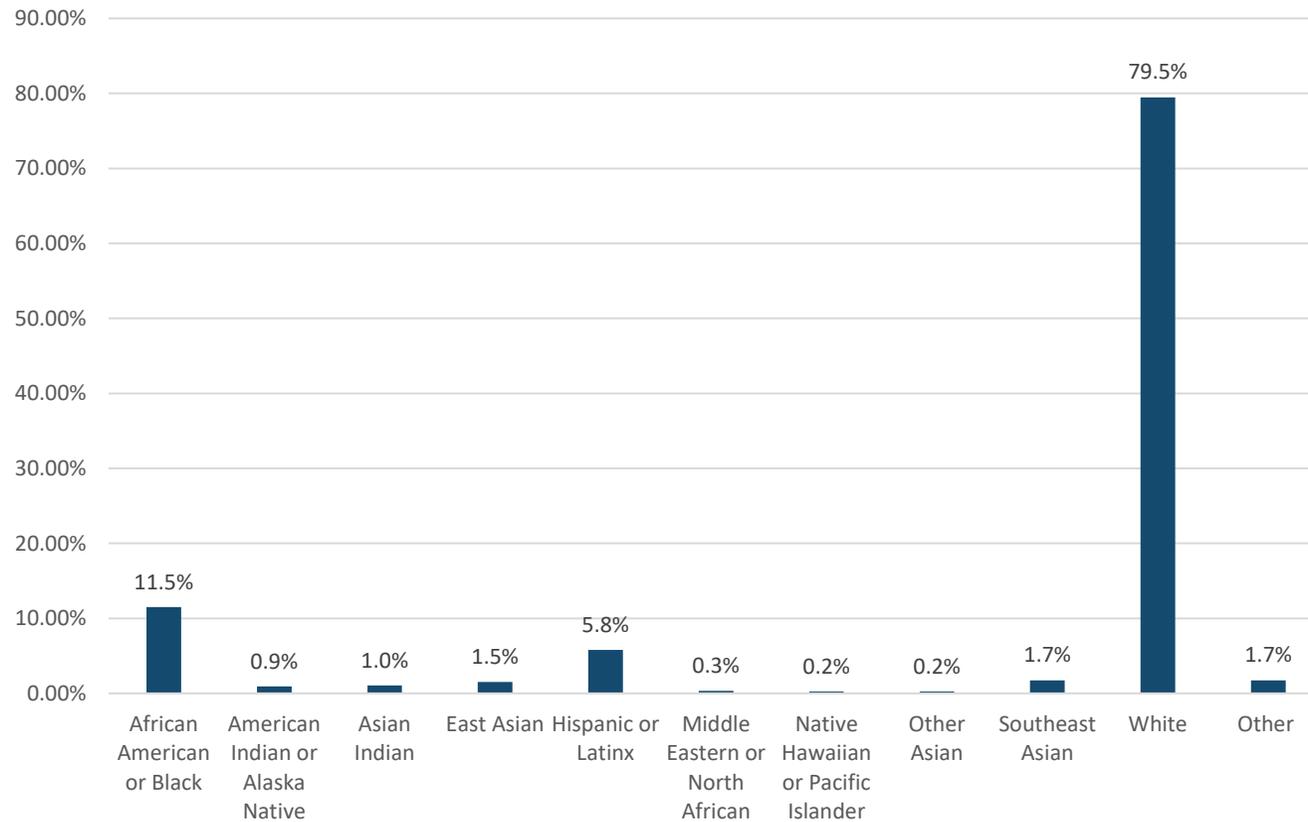
Our main source of secondary data was www.healthydane.org. This website is maintained by Health Communities Institute and utilizes data available from the National Cancer Institute, the Environmental Protection Agency, U.S. Census Bureau, the U.S. Department of Education, as well as other national, state and regional sources, to provide a snapshot of the community's health. Other data sources are cited throughout the report (see footnotes).



2.2: Methodology: Community Survey

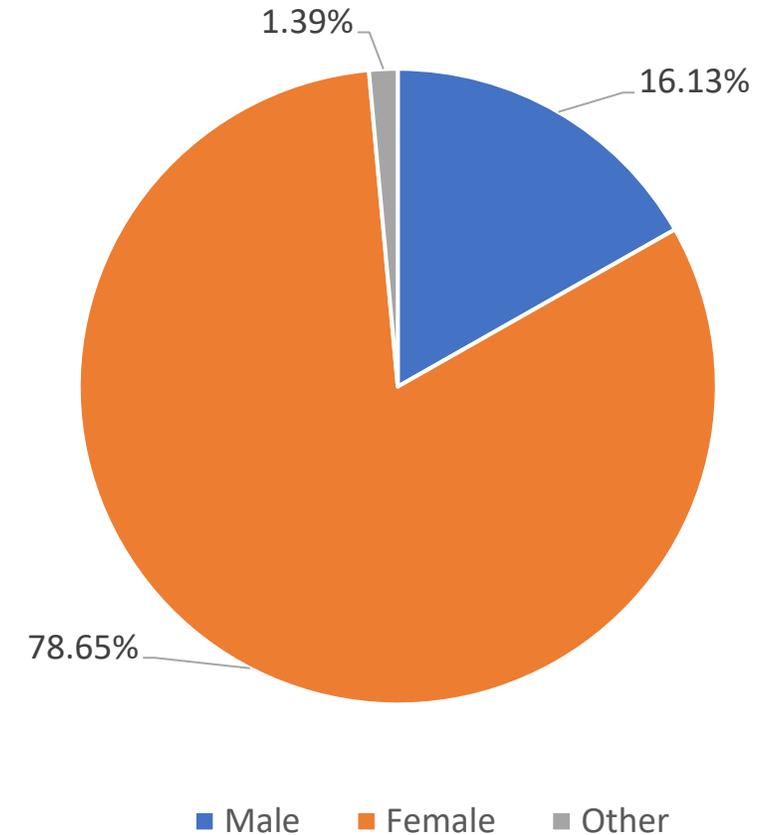
The first survey question asked, “With which category do you identify?”

With which categories do you identify?



The second question asked, “What is your gender identity?”

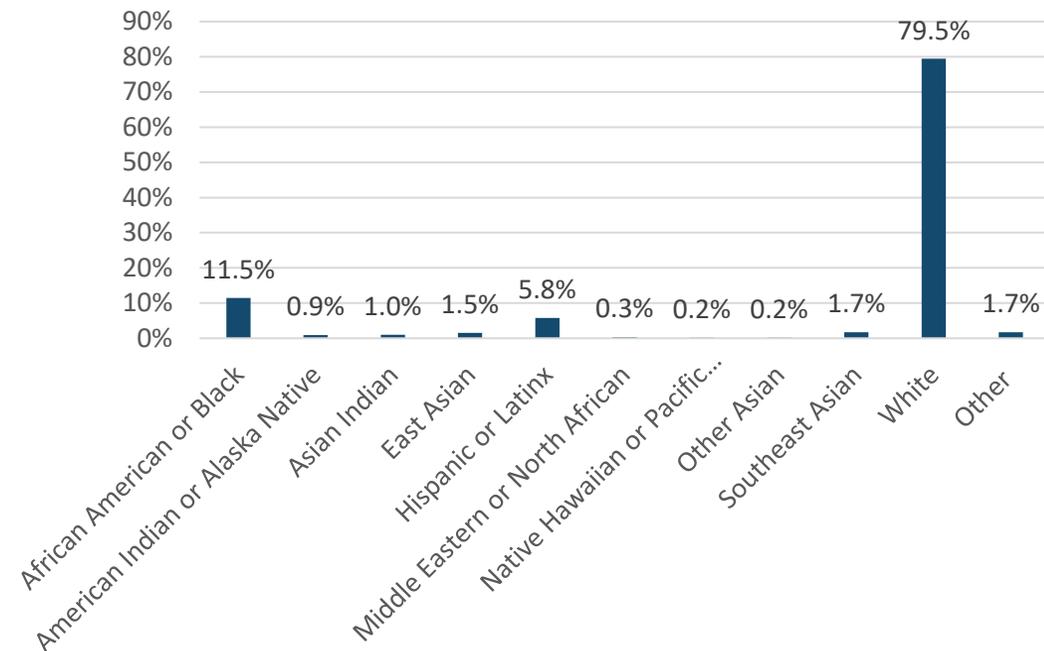
What is your gender identity?



2.2: Methodology: Community Survey

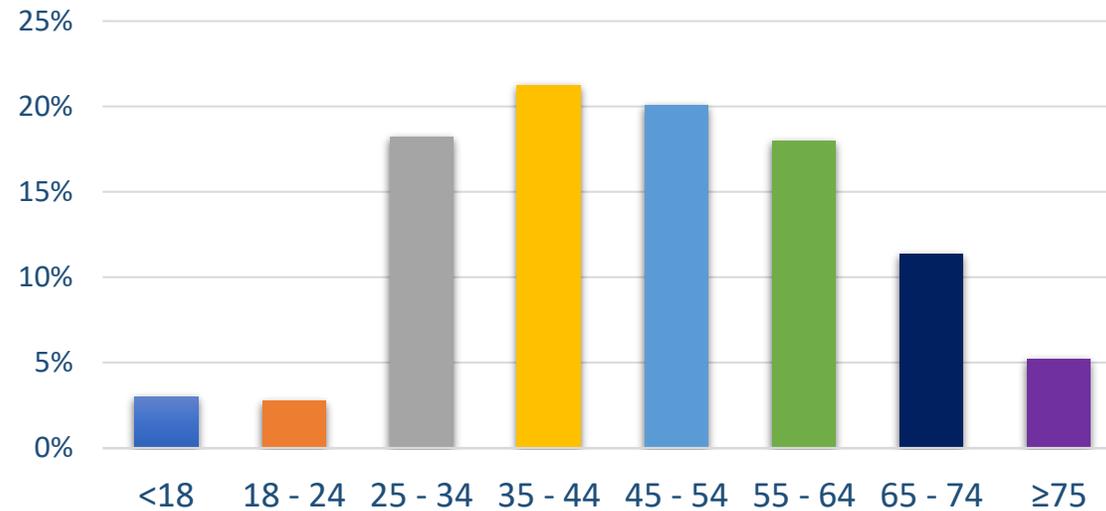
- In the Spring of 2021, the Healthy Dane Collaborative developed and distributed a community health survey in English, Spanish and Hmong.
- The 24-question survey was designed to gather respondents' demographic information, community input regarding priority health needs or issues, input about clinical care experiences, and thoughts about the social determinants of health strengths of the community.

With which categories do you identify?

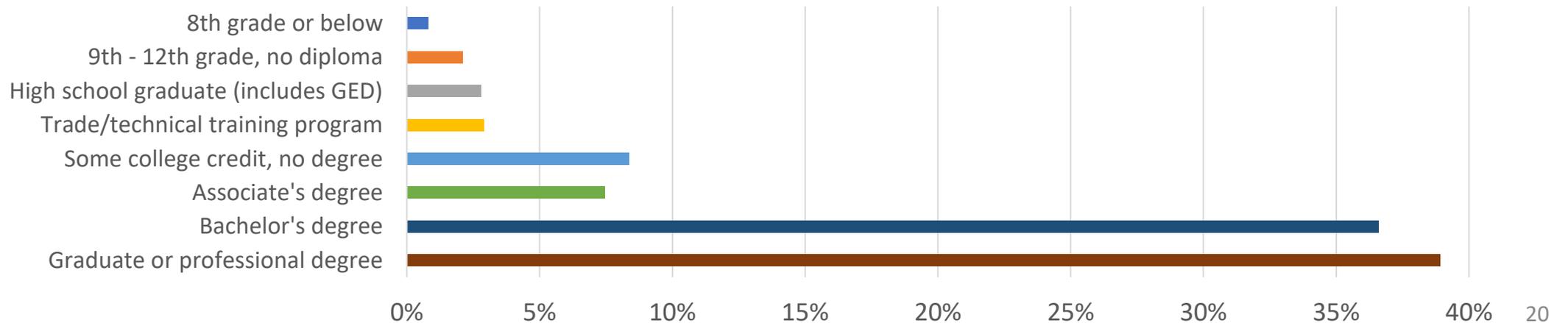


2.2: Methodology: Community Survey Demographics

What is your age group?



What is the highest grade or year of school you completed?



2.2 Methodology: Community Survey Data

Very critical health need or issue: Reproductive Justice, Chronic Conditions, Behavioral Health, and Injury

All Responses	BIPOC	Spanish-language Survey	White
Mental Health (80.7%)	Mental Health (76.5%)	Mental Health (58.8%)	Mental Health (82.6%)
Substance Abuse (60.2%)	High Blood Pressure (63.1%)	Access to Dental Services (52.9%)	Substance Abuse (61.0%)
Healthy Pregnancy (56.5%)	Heart Disease (63.1%)	Substance Abuse (47.1%)	Healthy Pregnancy (56.3%)
Suicide/Self-harm (55.5%)	Diabetes (62.6%)	Diabetes (47.1%)	Suicide/Self-harm (56.31%)
Diabetes (53.9%)	Healthy Pregnancy (60.9%)	Alcohol Misuse (47.1%)	Diabetes (51.8%)
Obesity (50.7%)	Substance Abuse (58.7%)	Obesity (47.1%)	Alcohol Misuse (50.2%)
Alcohol Misuse (49.3%)	Suicide/Self-harm (54.8%)	High Blood Pressure (41.2%)	Obesity (50.2%)
Nutrition (49.3%)	Nutrition (54.2%)	Heart Disease (41.2%)	Heart Disease (48.8%)
Access to Dental Services (48.6%)	Access to Dental Services (53.6%)	Nutrition (41.2%)	Nutrition (48.2%)
Heart Disease (48.4%)	Cancer (53.1%)	Alzheimer's/Dementia (35.3%)	Access to Dental Services (47.2%)
High Blood Pressure (48.4%)	Obesity (52.5%)	Suicide/Self-harm (29.4%)	High Blood Pressure (44.4%)
Cancer (44.4%)	Alcohol Misuse (46.4%)	Cancer (29.4%)	Cancer (42.6%)

2.2: Methodology: Provider Survey Data

In the Spring of 2021, the Healthy Dane Collaborative sought the views of healthcare providers regarding critical health needs in the community. A nine-question, on-line survey was developed and distributed. The survey received 186 responses from Dane County healthcare providers.

What is your gender identity?

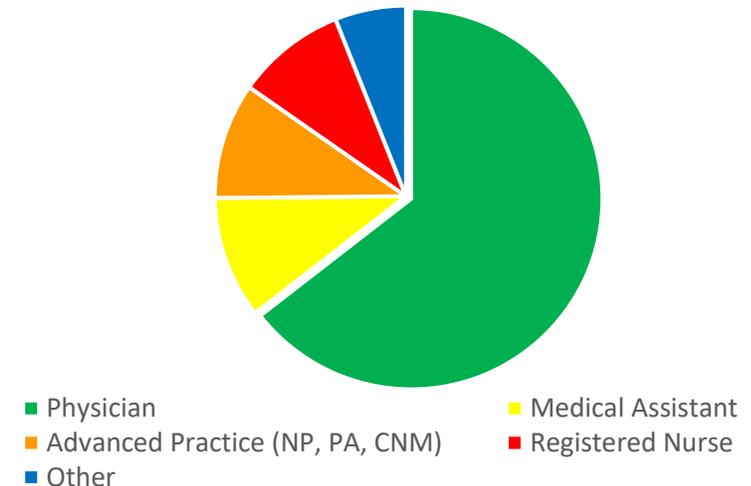


What is your clinical specialty?



Survey Respondent's Self-Identified Race/Ethnicity	
White	86%
Black/African American	2%
Hispanic or Latinx	2%
Asian	5%
Middle Eastern or North African	1%
Other	3%
Prefer Not to Answer	2%

What is your role within your practice?

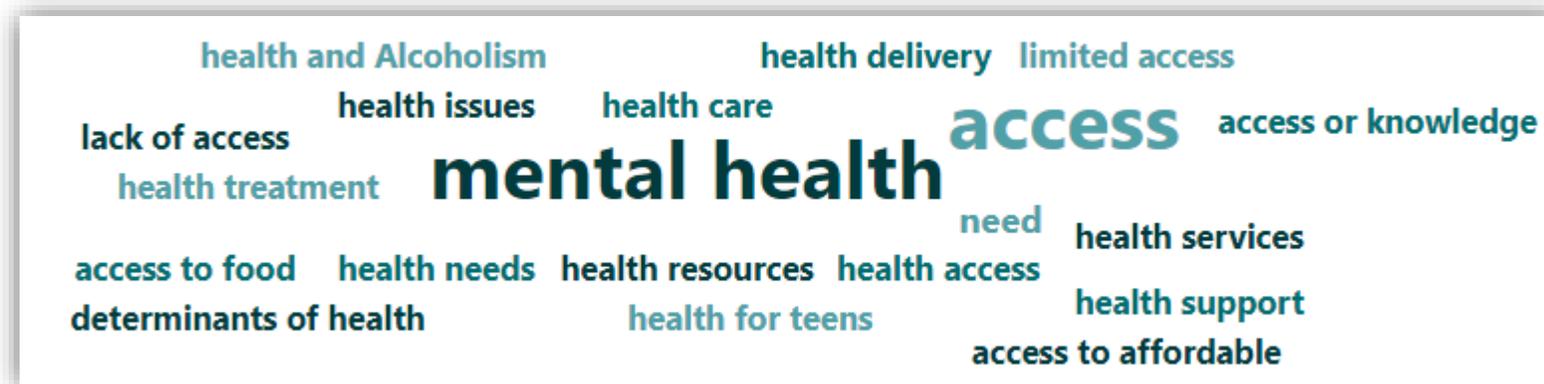


2.2: Methodology –Provider Survey Data (Health Conditions)

In the last year, have you noticed a change in the following health needs?

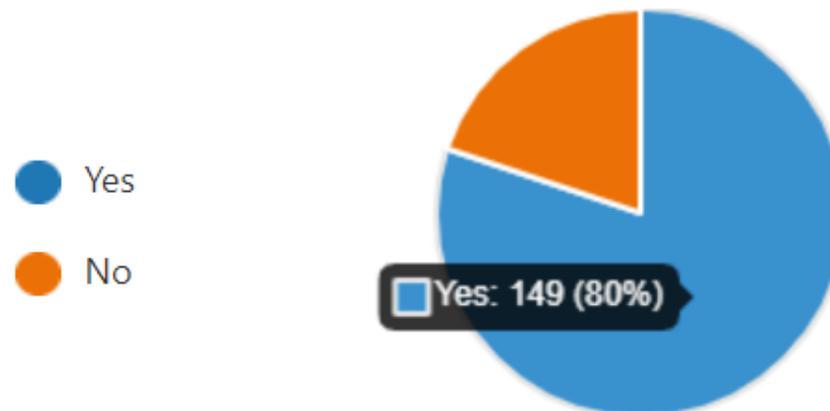
Need	Percent Reporting Increase in Need
Mental Health	86.8%
Obesity	69.1%
Suicide/Self-Harm	55.3%
Nutrition	47.2%
Alcohol Misuse	45.5%
Substance Use (Including Tobacco)	42.9%

If there are critical needs that are not mentioned above that you are seeing in your patient population, please list here? (66 of 186 responses to this question)

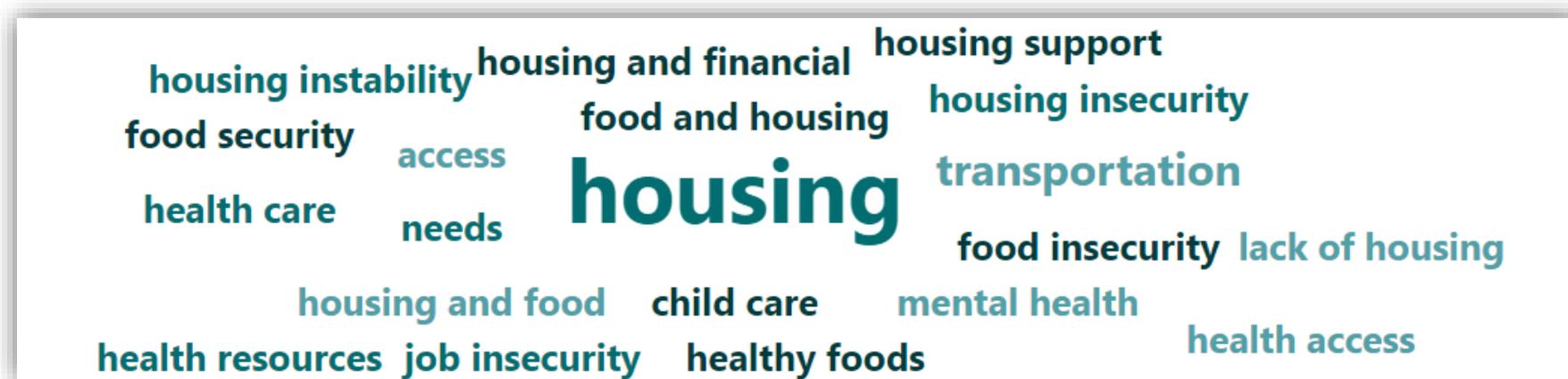


2.2: Methodology – Provider Survey Data (Social Needs)

Did you see increased social needs in your patient population during the past year?



If “Yes”, what are the most common or critical needs that you see arising?



(43% of respondents answered “housing” to this question.)

Key for Data Retrieved from Healthy Dane

The gauge represents the **distribution** of communities reporting the data, and tells you how you compare to other communities. Keep in mind that in some cases, high values are "good" and sometimes high values are "bad."

 Green represents the "best" 50th percentile.

 Yellow represents the 50th to 25th quartile.

 Red represents the "worst" quartile.

The circle represents a comparison to a **target value**.

 The current value has met, or is better than the target value.

 The current value not met the target value.

The diamond represents a comparison to a **single value**.

   The current value is lower than the comparison value.

   The current value is higher than the comparison value.

 The current value is not statistically different from the comparison value.

The square represents the measured **trend**.

   There has been a non-significant increase over time.

   There has been a non-significant decrease over time.

   There has been a significant increase over time.

   There has been a significant decrease over time.

 There has been neither a statistically significant increase nor decrease over time.

The triangle represents a comparison to a **prior value**.

   The current value is higher than the previously measured value.

   The current value is lower than the previously measured value.

 The current value is not statistically different from the previously measured value.

Our icons are color-coded. Green  is good. Red  is bad. Blue  is neither.

 Significantly **better** than the overall value

 Significantly **worse** than the overall value

 Significantly **different** than the overall value

 Not significantly different than the overall value (or no confidence intervals available)

The "Why It Matters" sections throughout this assessment also come directly from [HealthyDane.org](https://www.healthydane.org).

2.3: Data Limitations

- County and local level data broken down by race, ethnicity, socioeconomic status and other demographics are not always available. These data are included whenever possible.
- Community input sessions represent voices from both community leaders and vulnerable populations. Because inequities continue to exist in maternal child health, mental health, chronic conditions and substance abuse, we chose to focus our questions in those specific areas. In addition, we sought to better understand how health systems and the community could better partner together to improve health outcomes.
- This assessment used data readily and publicly available and known to the team that contributed to the analysis. Additional data sources and community engagement could result in additional or modified findings. Future versions will build on this work and enhance knowledge and insights of the health of the community.

2.4: Summary Themes

Generally, Dane County's health outcomes fair better than many state and national averages. However, the state and national averages do not adequately capture the inequities between populations. When health and other data are disaggregated, the inequities in the community become clear.

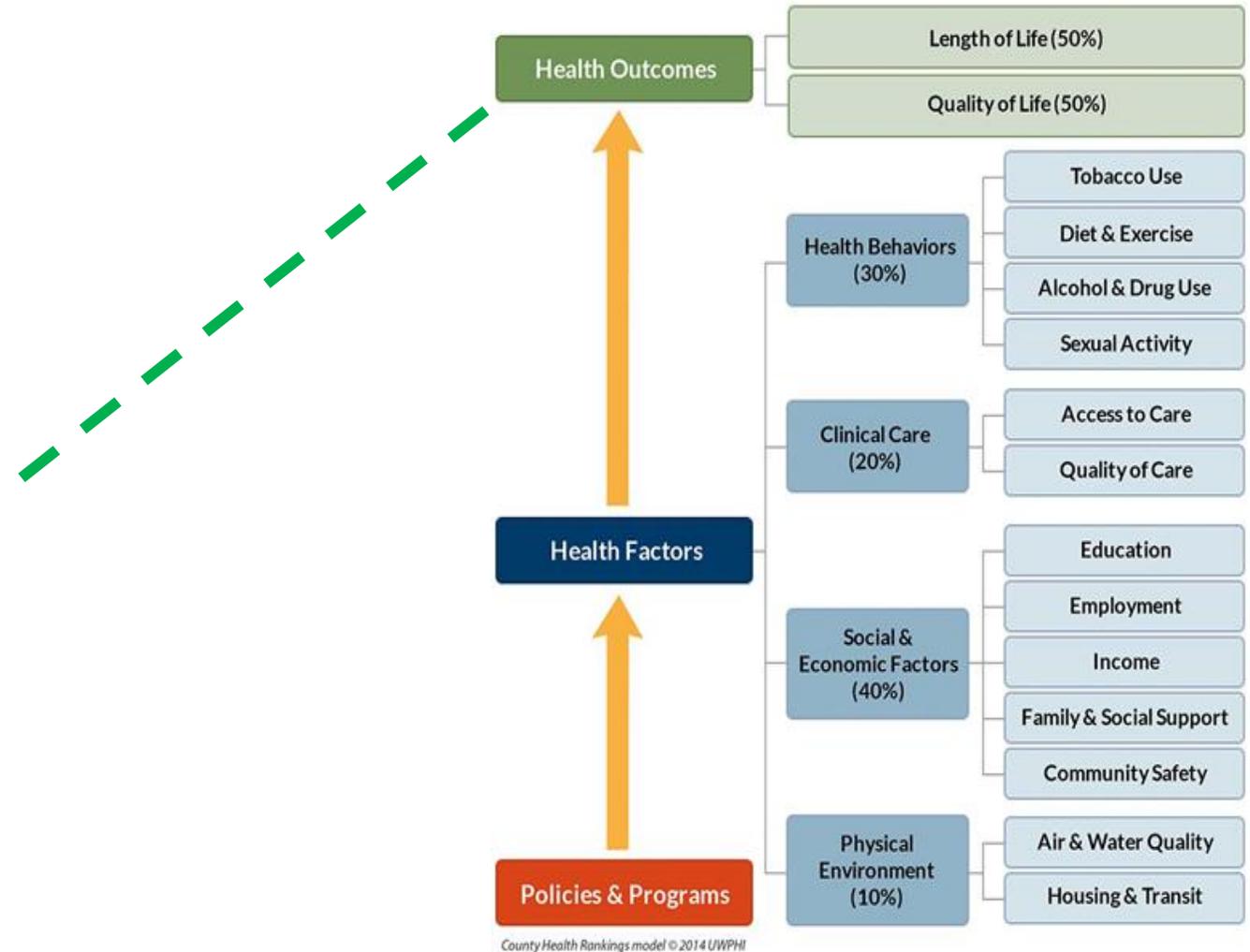
The community health survey revealed that:

- Mental health was the most critical need.
- Most (82.4% - 95.9%) survey respondents reported good, very good or excellent experiences with healthcare centers or organizations.
- The COVID-19 pandemic made approximately two-thirds of community members concerned about their job security.
- Most respondents indicated that their neighborhoods do not have affordable housing.
- Almost all survey respondents (95.0%) noted that they have internet or WIFI access in their homes and have access to technology.
- When asked about strengths of the community, respondents cited diversity, neighborly/welcoming, safety, recreation, fitness, nutrition, and the school district/education among the major themes.

Section 3: Health Factors

Health Outcomes

Health behaviors such as tobacco use, diet, exercise, alcohol and drug use, and sexual activity all impact health outcomes.

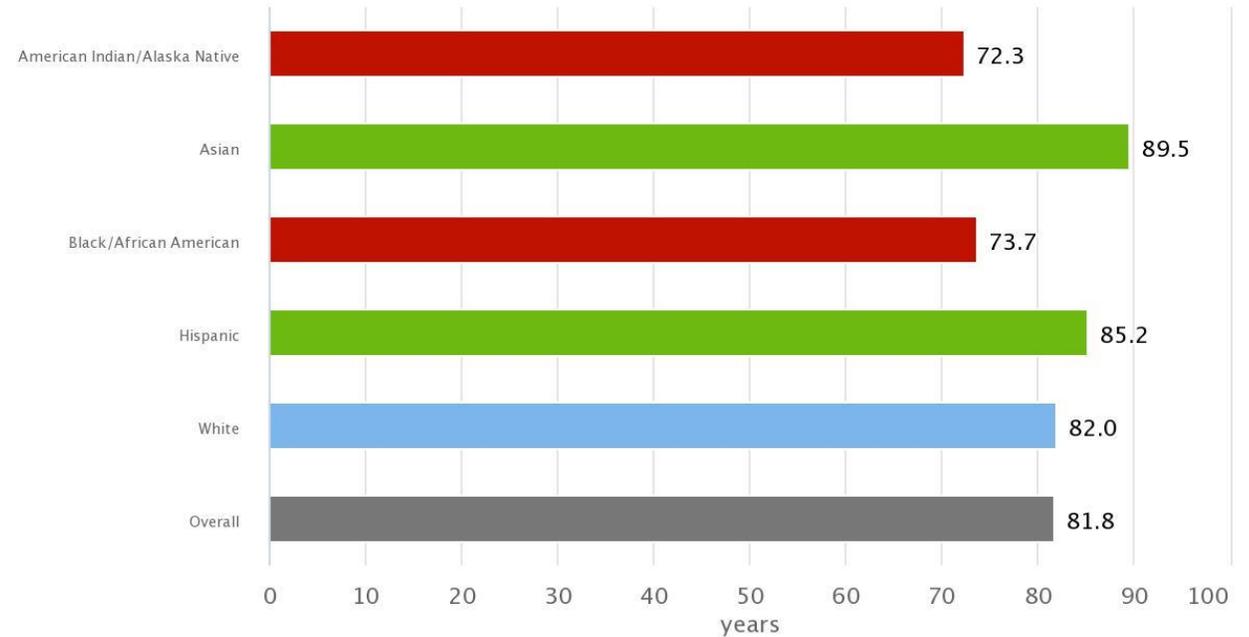


3.1.1: Life Expectancy

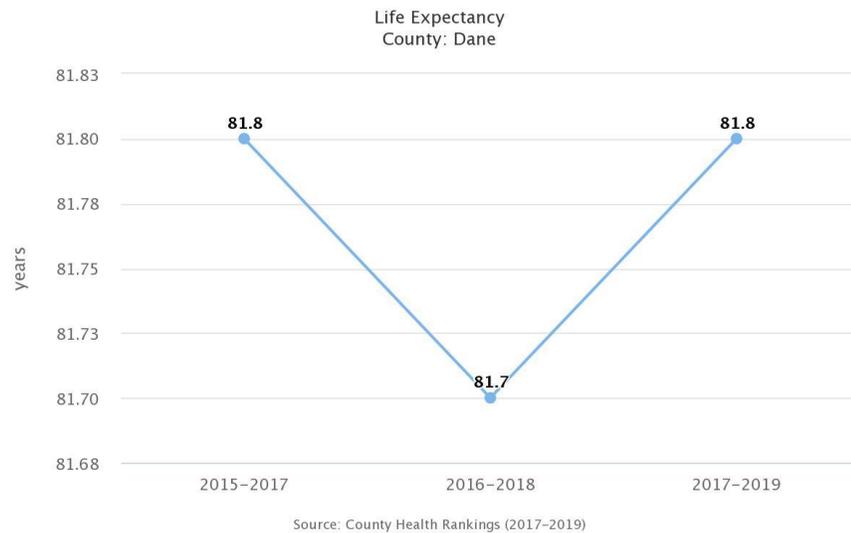


- In Dane County, life expectancy is 81.8 years compared to national rates of 79.2 years.¹
- However, disparities exist in life expectancy between Black and White populations.²

Life Expectancy by Race/Ethnicity
County: Dane



Source: County Health Rankings (2017-2019)



Source: County Health Rankings (2017-2019)

Data Source:

1. Centers for Disease Control and Prevention (2021) National Center for Health Statistics Retrieved from: <https://www.cdc.gov/nchs/data/vsrr/vsrr015-508.pdf>

2. County Health Rankings. (2019). Retrieved from: <http://healthydane.org>

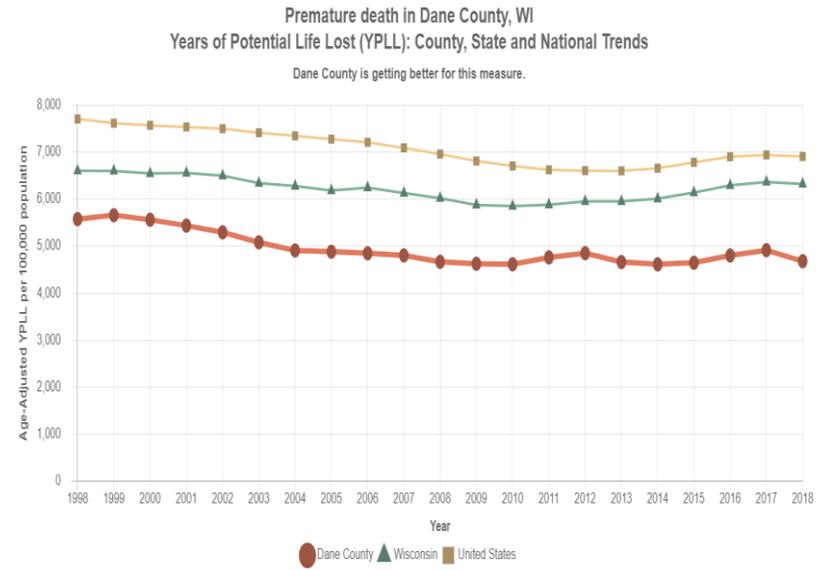
3.1.2: Premature Death

WHAT DOES PREMATURE DEATH MEASURE?

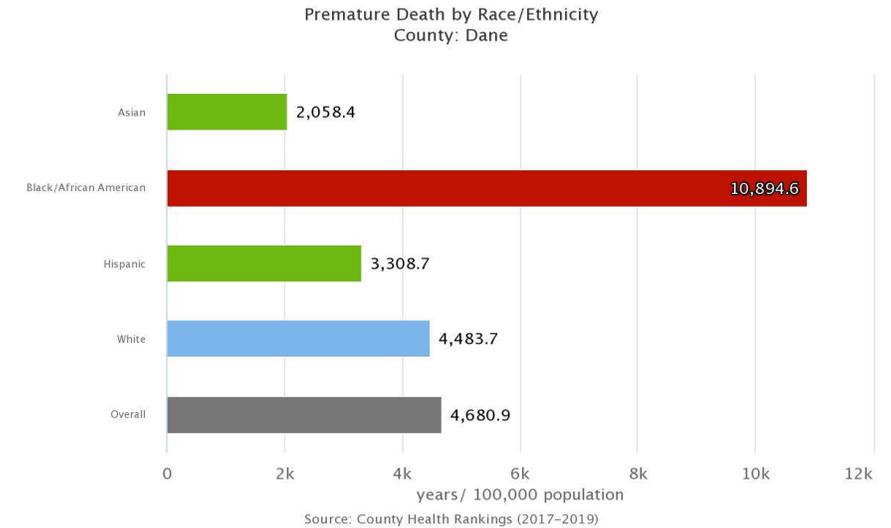
Premature death is a rate that measures the risk of dying before age 75. This measure gives more weight to deaths at earlier ages than deaths at later ages.¹

Across the US, values for measures of length and quality of life for American Indian, Black and Hispanic residents are regularly worse than for Whites and Asians. For example, even in the healthiest counties in the US, Black and American Indian premature death rates are about 1.5 times higher than White rates.

In Dane County, the Black premature death rate is more than 2 times higher than the White rate.



Notes:
Each year represents a 3-year average around the middle year (e.g. 2015 is the middle year of 2014-2016).



Data Source:
1. County Health Rankings. (May 2021). Measurement Period:2017-2019. Retrieved from www.healthydane.org.

3.1.3: Quality of Life



- Dane County residents report an average of 3.3 “poor physical health” days per month, and 3.6 “poor mental health” days per month. This is slightly better than statewide responses of 3.7 “poor physical health” days and 4.0 “poor mental health” days per month.¹
- Despite few days reported as physically or mentally unhealthy, prevalence of certain health conditions is high among Dane County residents and many disproportionality impact communities of color as described in the following slides.

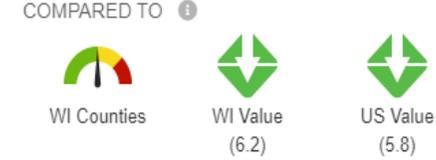


Data Source:

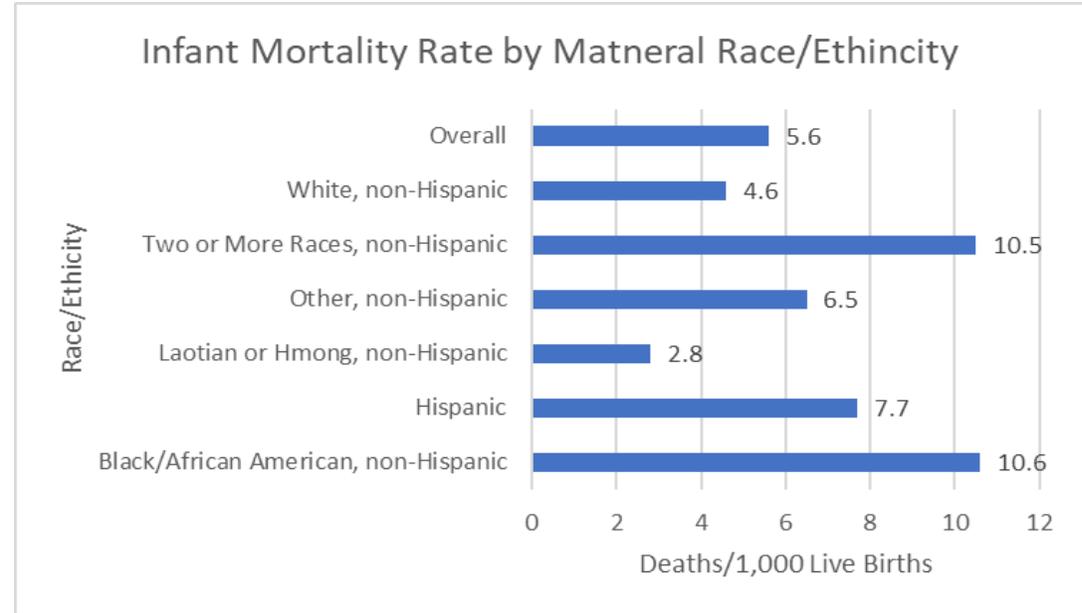
1. Behavioral Health Risk Factors Surveillance System.(2019)CDC. Retrieved from [Dane County, Wisconsin | County Health Rankings & Roadmaps](#).

2. Photo Credit: Daniel Stout

3.1.4: Infant Mortality



Dane County’s infant mortality rate is lower than state and national rates at 5.6 deaths per 1,000 live births. However, rates are higher among Blacks and people who identify with two or more races.¹



Why it matters:

Infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects, preterm delivery, low birth weight, Sudden Unexpected Infant Death (SUID), and maternal complications during pregnancy.

Many factors can impact pregnancy and childbirth outcomes including:²

- Preconception health status
- Maternal age
- Access to preconception and inter-conception health care
- Poverty

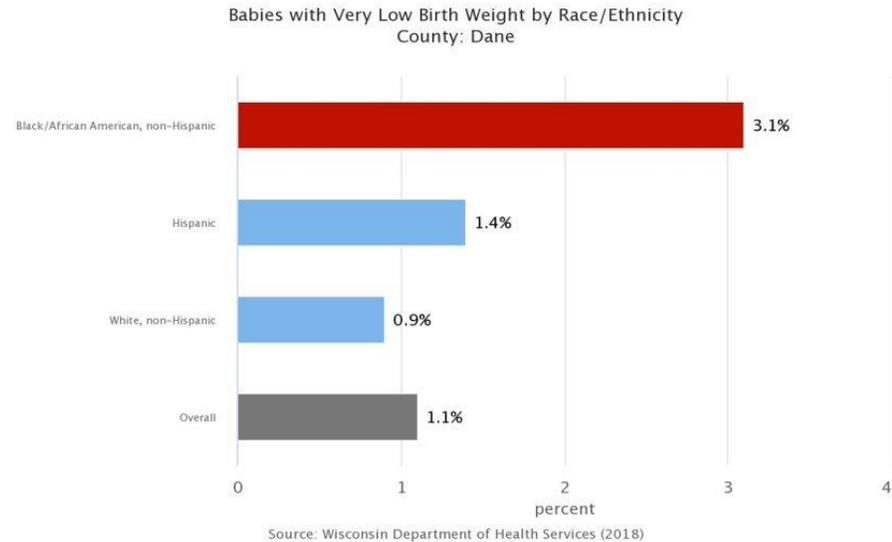
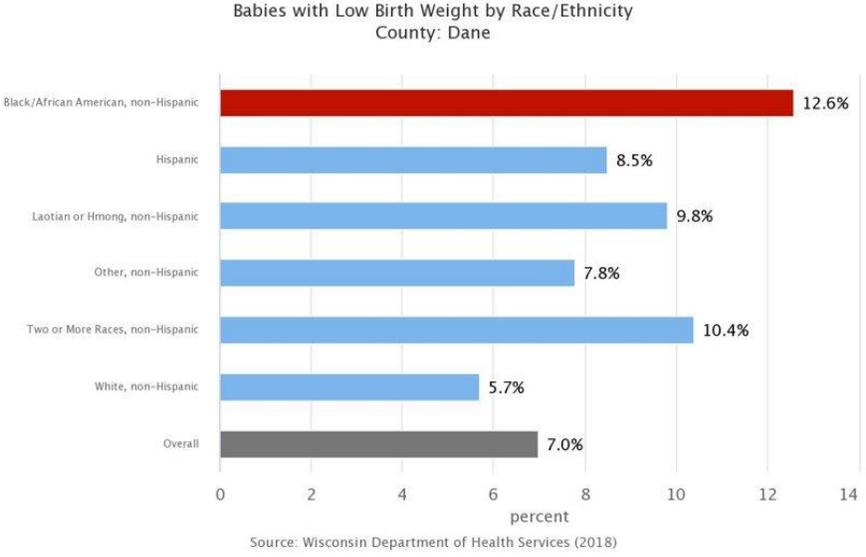
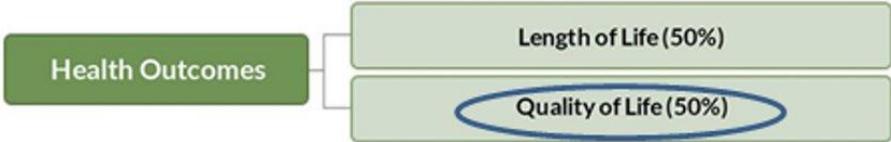
Data Source:
 1. Wisconsin Department of Health Services. Measurement period: 2016-2018. Retrieved from <http://healthydane.org>.
 2. Healthy People 2020. Retrieved from <https://www.healthypeople.gov/2020/topic/maternal-infant-and-child-health>.

3.1.5: Low Birthweight

Why it Matters:

Babies born with low or very low birth weight are more likely than babies of normal weight to have health problems and require specialized medical care in the neonatal intensive care unit. Babies born with very low birth weight are at the highest risk of dying in their first year and for developing long-term complications and disability.

- African American babies are more likely to be born with low birth weight (less than 5 pounds, 8 ounces) or very low birth weight (less than 3 pound, 5 ounces) than White babies.¹
- Due to social and environmental factors, expectant mothers of color experience greater barriers to accessing early prenatal care which has been shown to positively impact birth weight.²
- The birth of a healthy baby is not only the result of 9 months of pregnancy, but the entire span of a woman’s life leading up to pregnancy. Chronic stress over the life-course (e.g. in the community, social relationships, discrimination, finances, trauma) causes wear and tear on the body and can impact health outcomes.³

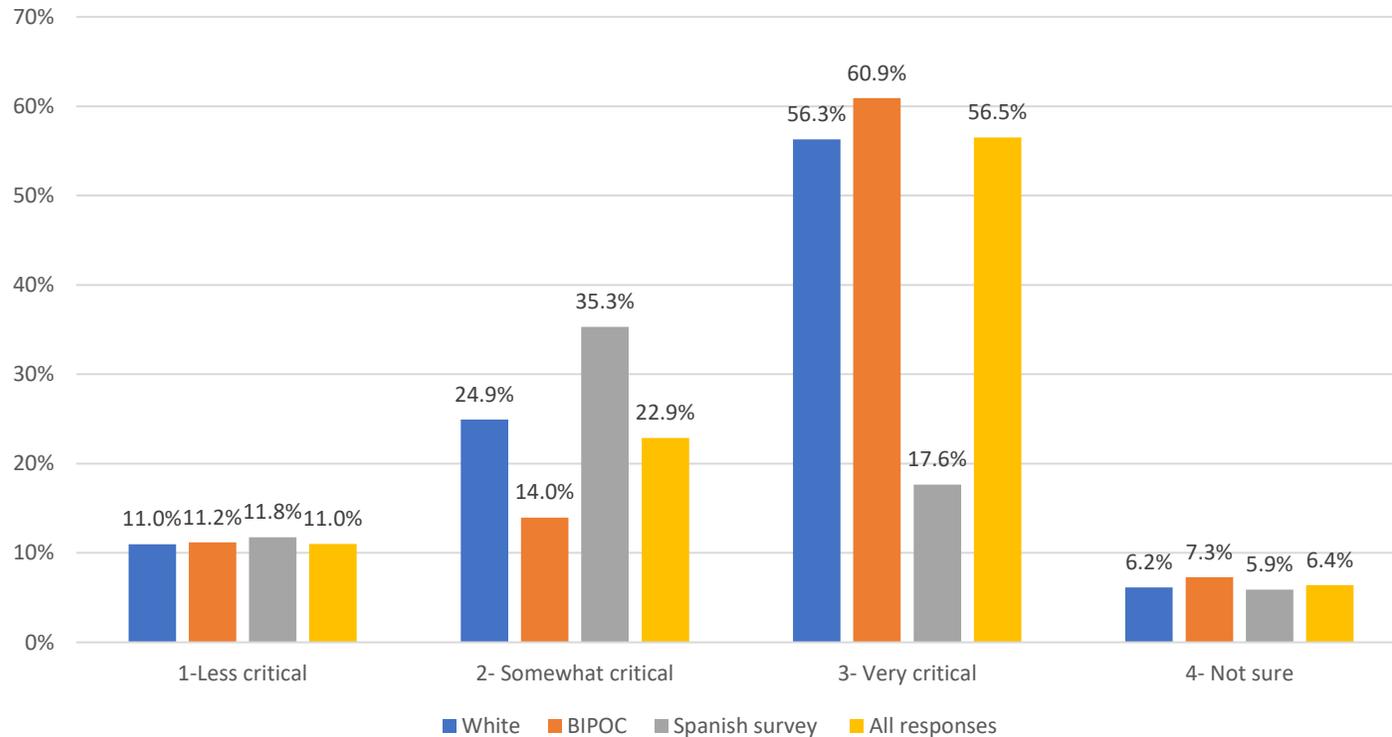


Data Source:

1. Wisconsin Department of Health Services. (2018) Retrieved from: <http://healthydane.org>
2. Addressing Sexual and Reproductive Health Disparities. Planned Parenthood. (2015) Retrieved from: https://www.plannedparenthood.org/files/3614/2773/6927/AA_Disparities.pdf
3. Lifecourse Initiative for Healthy Families. <https://lihf.wisc.edu/about-us/our-approach/> County Health Rankings. (2019). Retrieved from: <http://healthydane.org>

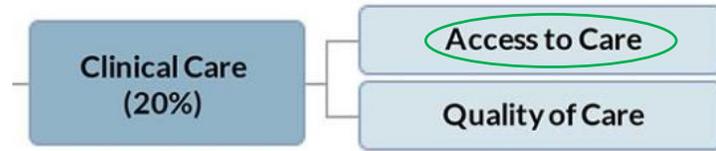
3.1.5: Low Birthweight

Community Health Survey – “Healthy pregnancy”

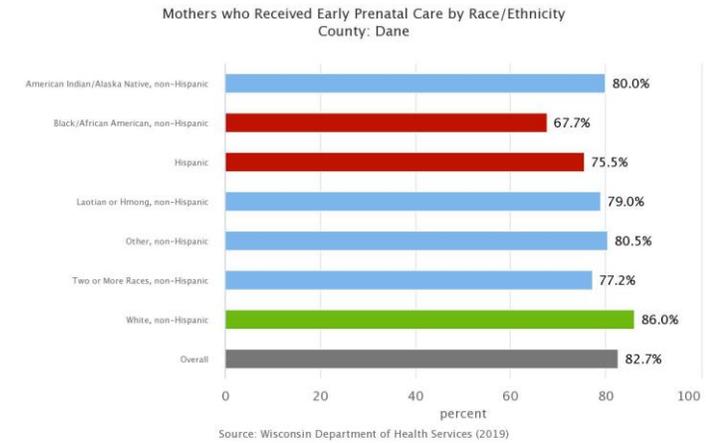
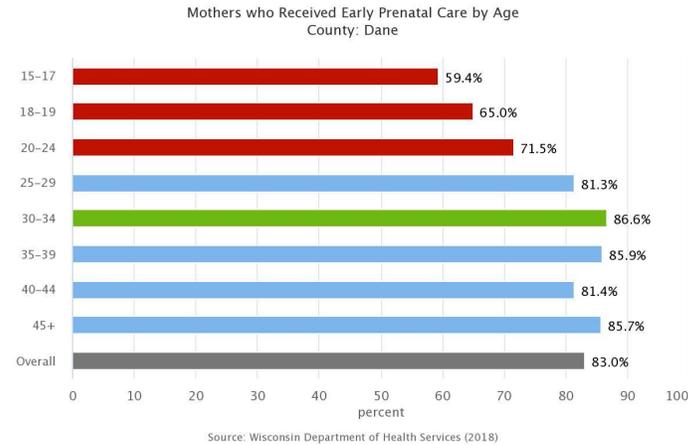


- In the community health survey, Dane County residents identified “Healthy pregnancy” as the third most critical health need.
- 56.5% of all community survey respondents identified “Healthy pregnancy” as a very critical health need.
- Responses varied by race, ethnicity and language preference. Black, Indigenous and Persons of Color (BIPOC) identified “Healthy pregnancy” with the highest critical need among respondents to this question.
- For BIPOC survey respondents, only “Diabetes” and “Heart disease” were seen as more critical health needs.

3.1.6: Maternal & Child Health

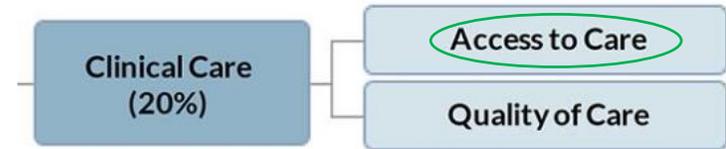


- In Dane County, 82.7% of women accessed early prenatal care. Rates were lower for mothers 15 – 24 years old.¹
- There are racial disparities in the percentage of women who receive early prenatal care. Compared to the overall population, African American women are 15% less likely to access early prenatal care.
- The percentage of mothers who smoked during pregnancy is lower than state and national rates at 4.4%; however, percentages are higher among Blacks and people who identify with two or more races.¹



Data Source:
 1. Wisconsin Department of Health Services (2018): Retrieved from: <http://healthydane.org>

3.1.6: Maternal Mortality



Age-Adjusted Death Rate per 100,000
Raw Data

Race	Hispanic Indicator		
	All Selected	Non-Hispanic	Hispanic
All Selected	17.2	16.8	22.9
<u>White</u>	14.2	13.3	25.8
<u>Black</u>	47.5	50.1	.
<u>American Indian</u>	7.7	10.0	.
<u>Asian</u>	28.1	28.9	.

The Dane County Black-White disparity in severe maternal mortality is similar to statewide and national benchmarks. Structural racism is associated with these disparities and may affect the quality of care Black women and birthing persons receive before and during pregnancy, during delivery hospitalization, and postpartum.

Data Source:

1. Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>, Mortality Module, accessed 10/6/2021.

2. Public Health Madison Dane County. (April 2019) Dane County Maternal and Child Health Data Book, <https://publichealthmdc.com/documents/MCH%20DATA%20BOOK%20FINAL3.pdf>.

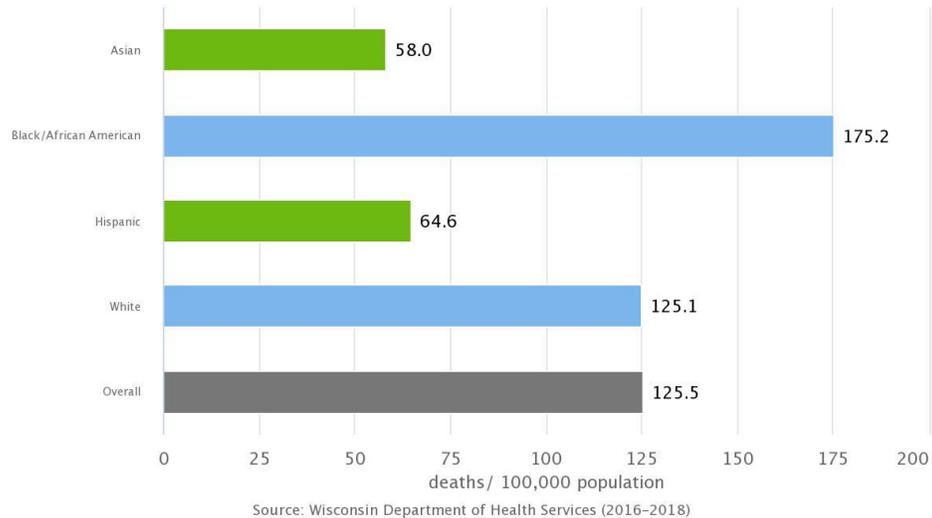
3.1.7: Heart Disease & Stroke



Age-Adjusted Death Rate due to Heart Disease



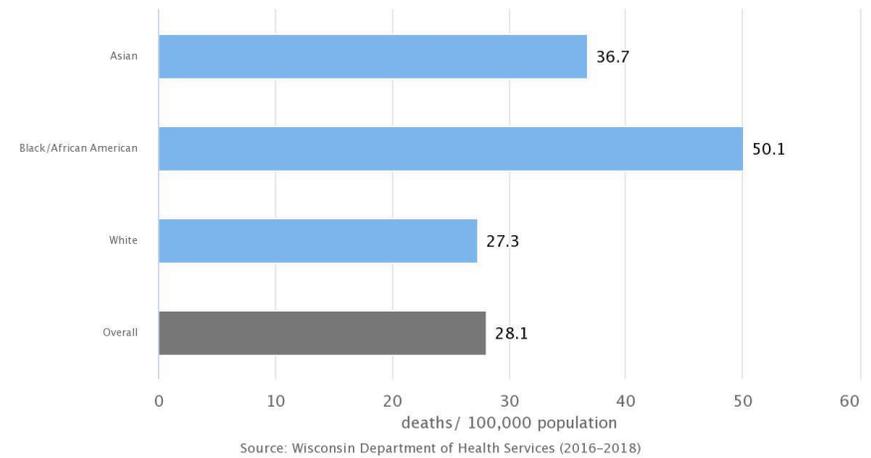
Age-Adjusted Death Rate due to Heart Disease by Race/Ethnicity
County: Dane



Age-Adjusted Death Rate due to Stroke



Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) by Race/Ethnicity
County: Dane



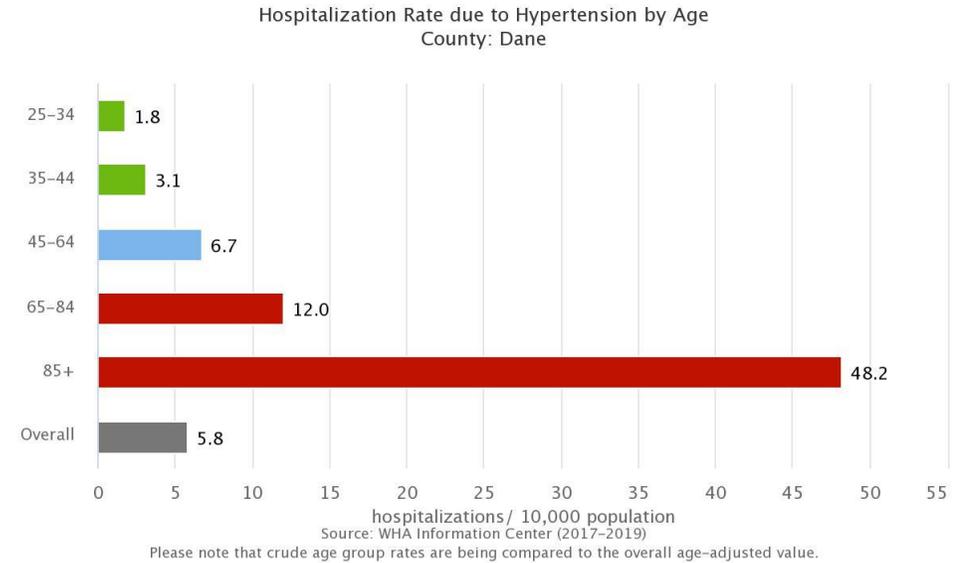
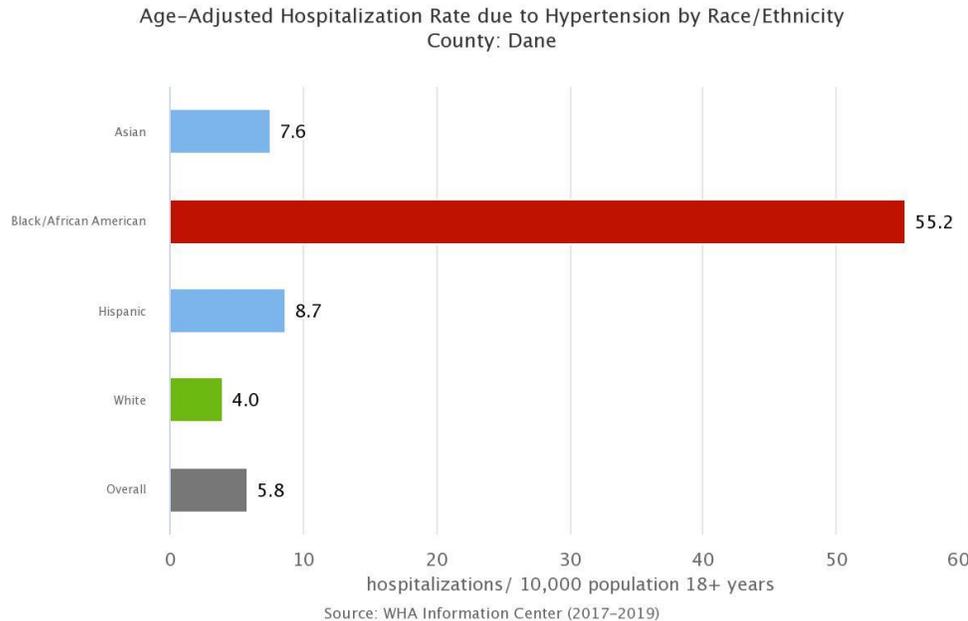
As with the death rate due to diabetes, age-adjusted death rates due to heart disease and stroke for the overall population in Dane County are lower than state and national rates; however, rates vary by race and ethnicity.¹

Data Source:

1. Wisconsin Department of Health Services. (2020). Retrieved from <https://www.healthydane.org>.

3.1.8: Hypertension

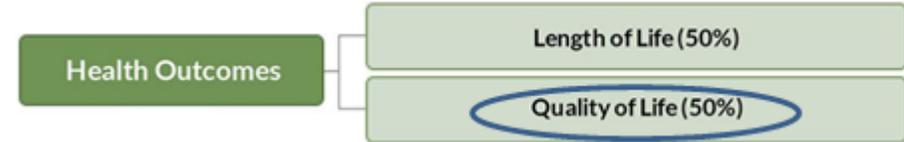
The age-adjusted hospitalization rate due to hypertension in Dane is 10.1 hospitalizations per 10,000 population ages 18 or older.¹



Why it Matters:

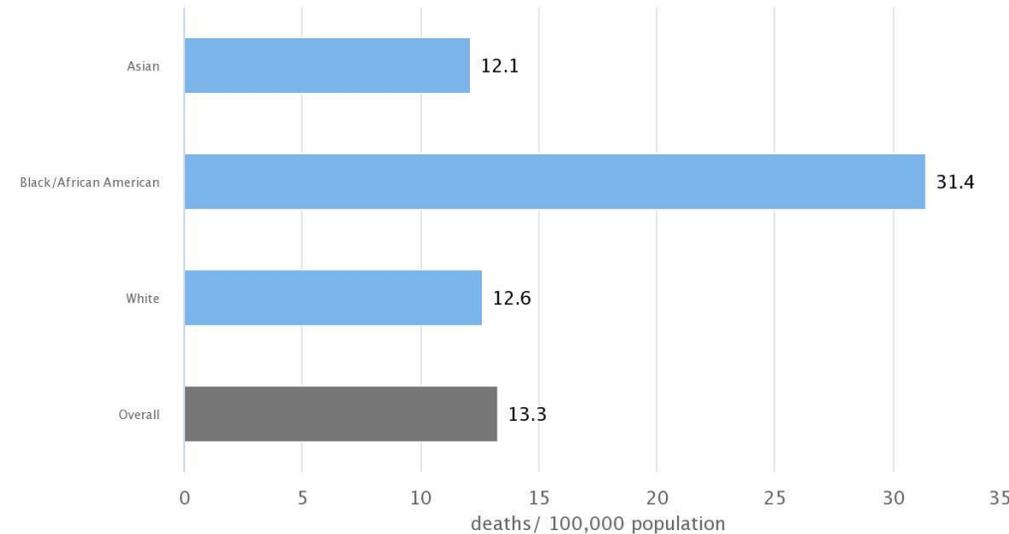
Hypertension, commonly known as high blood pressure, is a common and dangerous condition in which the pressure of the blood in blood vessels is higher than it should be. Hypertension increases the risk for heart disease and stroke, and if left untreated can lead to damage of the blood vessels and kidneys, vision loss, and angina. Many factors affect blood pressure, including salt intake, kidney health, and hormone levels. The risk for high blood pressure increases with obesity, diabetes, high salt intake, high stress levels, high alcohol intake, and tobacco use.

3.1.9: Diabetes



- In Dane County, the age-adjusted hospitalization rate due to diabetes is 36.0 hospitalizations per 100,000 population ages 18 or older.¹
- While the overall age-adjusted death rate due to diabetes in Dane County is lower than state and national rates at 13.5 deaths per 100,000, the rate for Black Dane residents is almost 3 times that of Whites.²
- In the community health survey, “Diabetes” was seen as the fifth highest critical health need.

Age-Adjusted Death Rate due to Diabetes by Race/Ethnicity
County: Dane



Source: Wisconsin Department of Health Services (2016-2018)

COMPARED TO ⓘ



Data Source:

1. WHA Information Center (2020). Retrieved from <https://www.healthydane.org>.
 2. Wisconsin Department of Health Services. Retrieved from <https://www.healthydane.org>.

3.1.10: Cancer



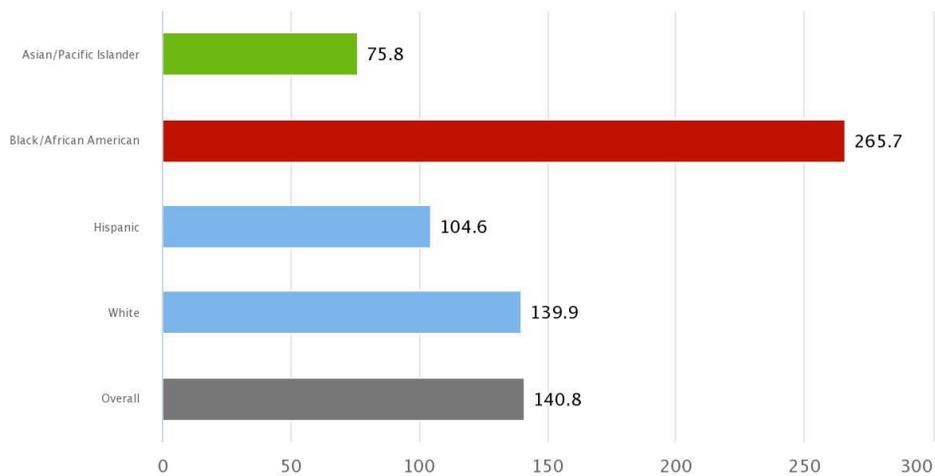
The Healthy People 2030 national health target is to reduce the overall cancer death rate to 122.7 deaths per 100,000 population.¹

County: Dane
140.8
deaths/ 100,000 population

COMPARED TO ⓘ

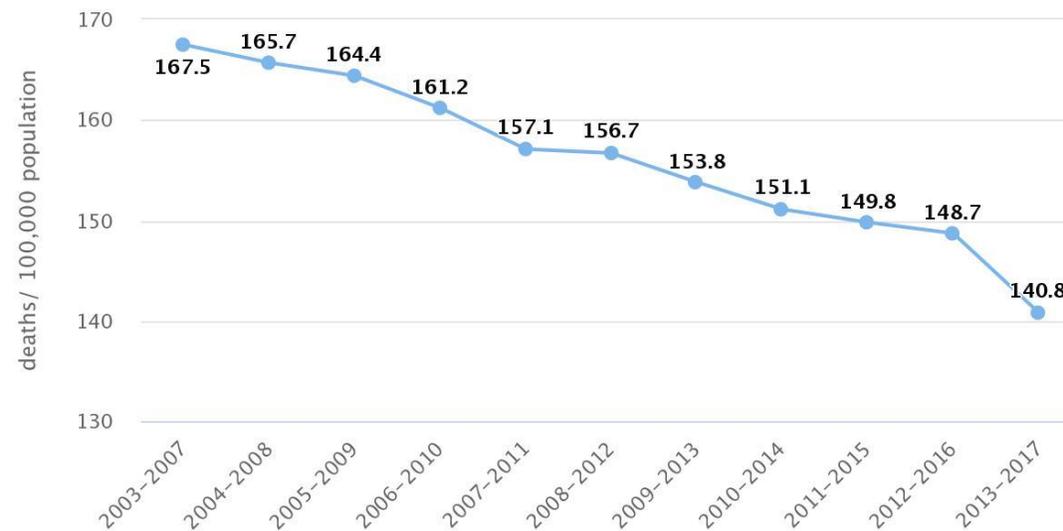
- WI Counties:
- U.S. Counties:
- WI Value (157.3):
- HP 2020 Target (161.4):
- HP 2030 Target (122.7):
- US Value (155.5):
- Prior Value (148.7):
- Trend:

Age-Adjusted Death Rate due to Cancer by Race/Ethnicity
County: Dane



Source: National Cancer Institute (2013-2017)

Age-Adjusted Death Rate due to Cancer
County: Dane



Source: National Cancer Institute (2013-2017)

3.1.10: Cancer



- The overall age-adjusted death rate due to cancer in Dane County is lower than state and national rates at 140.8 deaths per 100,000, the rate for Black Dane residents is almost 4 times that of Asian and Pacific Islanders.¹
- Over 53% of BIPOC community health survey respondents identified “Cancer” as a very critical health issue.²

Cervical Cancer Screening (21-65)

County: Dane

84.1%

COMPARED TO ⓘ



WI Counties



U.S. Counties



US Value
(84.7%)

Mammogram Screening (50-74)

County: Dane

75.1%

COMPARED TO ⓘ



WI Counties



U.S. Counties



US Value
(74.8%)



HP 2020 Target
(81.1%)



HP 2030 Target
(77.1%)

Colon Cancer Screening

County: Dane

73.6%

COMPARED TO ⓘ



WI Counties



U.S. Counties



US Value
(66.4%)



HP 2020 Target
(70.5%)



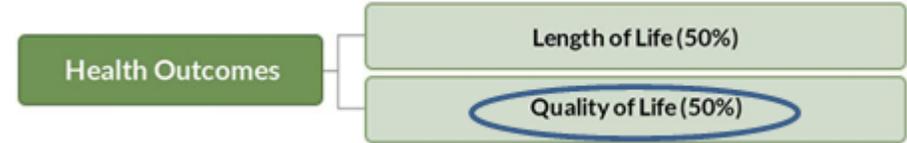
HP 2030 Target
(74.4%)

Data Source:

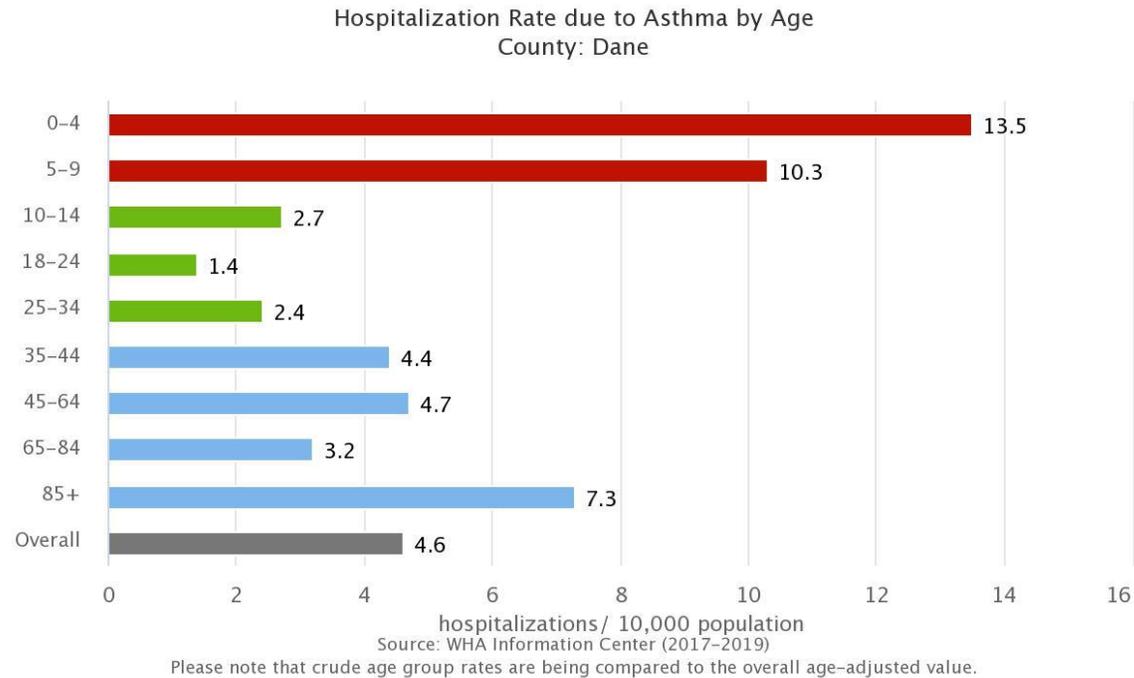
1.National Cancer Institute (2013-2017). Retrieved from: <http://healthydane.org>

2.Conduent Healthy Communities Institute (2018). Retrieved from: <http://healthydane.org>

3.1.11: Asthma



- 8.5% of adults in Dane County have been diagnosed with asthma, slightly worse than prior 7.4% values.¹
- Hospitalization rates due to asthma are highest among young children and adults over age 65.¹



Why it Matters:

In the past thirty years, asthma has become one of the most common long-term diseases of children, but it also affects 15.7 million non-institutionalized adults nationwide. Symptoms are often brought on by exposure to inhaled allergens, such as dust, pollen, mold, cigarette smoke, and animal dander, or by exertion and stress. Reducing exposure to poor housing conditions, traffic pollution, secondhand smoke and other factors impacting air quality can help prevent asthma and asthma attacks. There is no cure for asthma, but for most people, the symptoms can be managed through a combination of long-term medication prevention strategies and short-term quick relievers. In some cases, however, asthma symptoms are severe enough to warrant hospitalization, and can result in death.

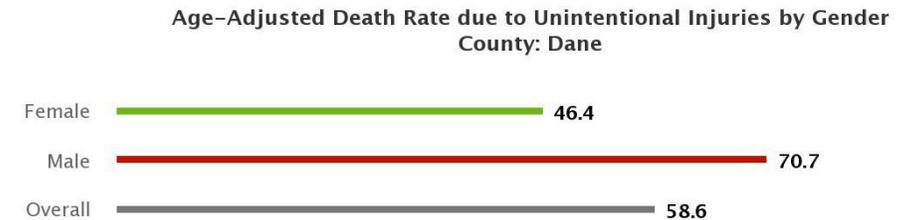
Data Source:
1.WHA Information Center. (2017-2019) Retrieved from: <http://healthydane.org>

3.1.12: Injury

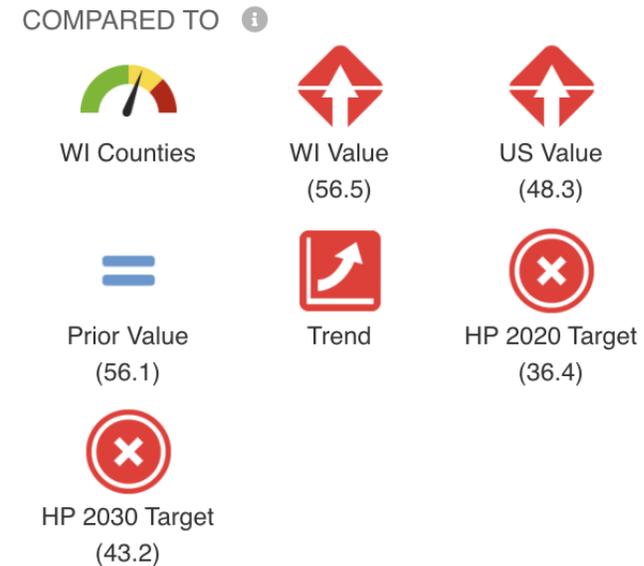
- Injuries, such as motor vehicle crashes, falls, suicides and violence are a leading cause of death and disability for both Dane County adults and children.¹

- Age-adjusted death rate due to falls in Dane County is higher than State (20.6), National (9.5) and HP 2020 target (7.2) at 30.3 deaths per 100,000 population. Falls are the leading cause of unintentional injury and injury deaths in older adults ages 65+ in Dane County.^{1,2}

- The age-adjusted death rate due to motor vehicle collisions is 6.2 deaths per 100,000 people.²



Source: Wisconsin Department of Health Services (2016-2018)



Data Source:
 1. Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>, Injury Mortality, hospitalization and emergency department Module.
 2. Wisconsin Dept. of Health Service. (2016-2018) Retrieved from: <http://healthydane.org>

3.1.13: Injury

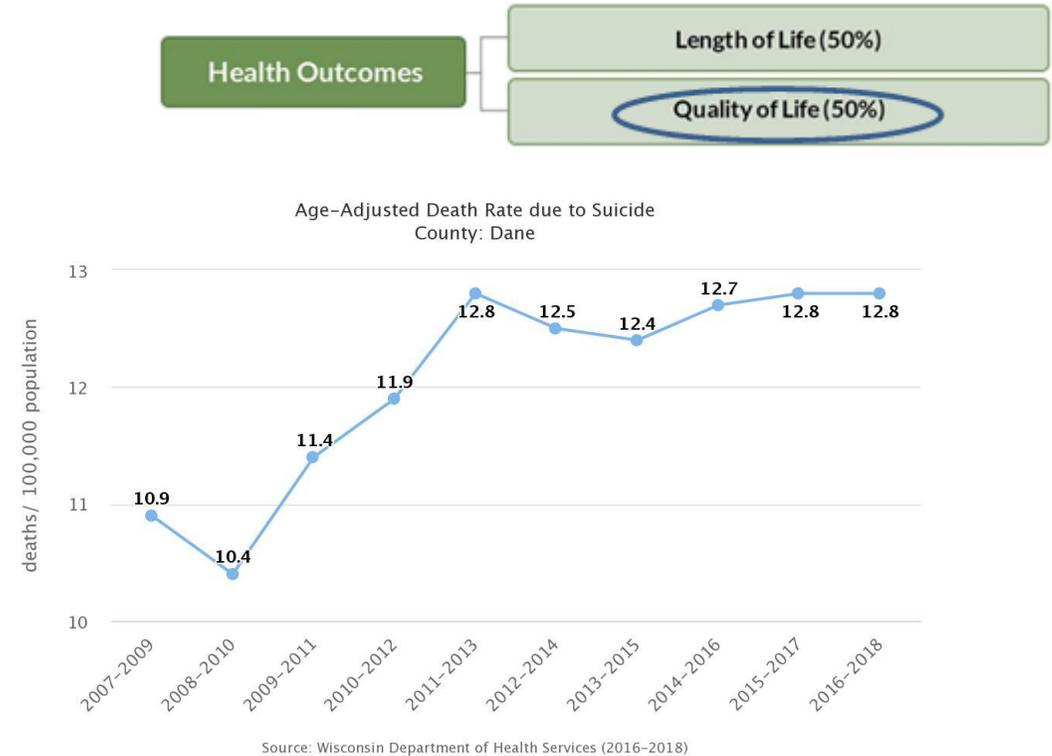
- The age-adjusted death rate due to suicide in Dane County is less than state and national rates at 11.5 deaths per 100,000. It is also less than the Healthy People 2030 Target.¹

- The age group with the highest suicide rate in Dane County was ages 65+. This age group (18.9) and ages 45-64 (15.3) had higher rates than Wisconsin rates (14.9).²

- Males had an age-adjusted suicide rate of 18.1 while females had a rate of 5.5.¹

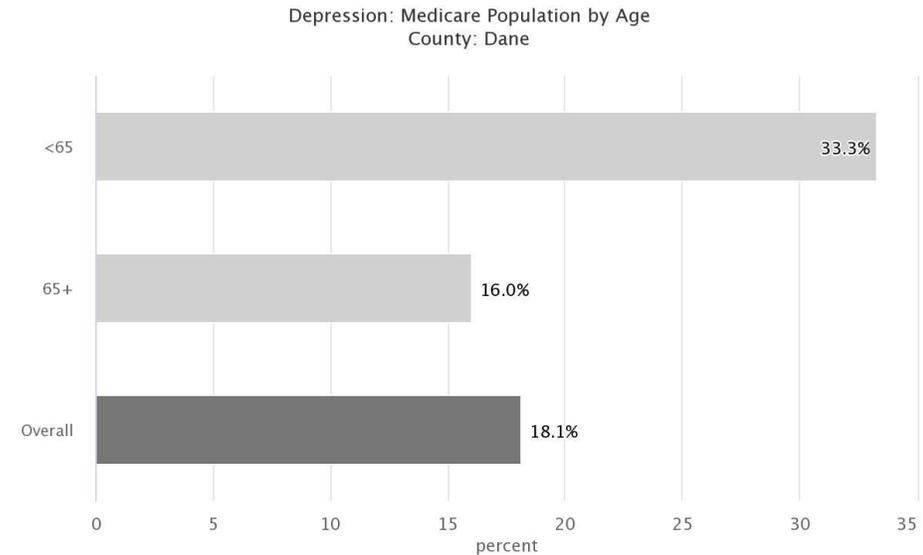
- In the community health survey, respondents identified “Suicide/Self-harm” as the fourth highest critical health need.

Data Source:
 1. Wisconsin Department of Health Services. (2016-2018) Retrieved from: <http://healthydane.org>
 2. Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>, Injury Mortality Module, accessed 8/23/2021.



3.1.14: Depression & Anxiety

- Rates of depression among Medicare beneficiaries in Dane County are higher at 18.1%.
- Medicare beneficiaries include adults over age 65, individuals with disabilities and end-stage renal disease.¹
- The mental health of children and youth will be described in the following slides.



Source: Centers for Medicare & Medicaid Services (2018)

COMPARED TO ⓘ



WI Counties



U.S. Counties



WI Value
(18.3%)



US Value
(18.4%)



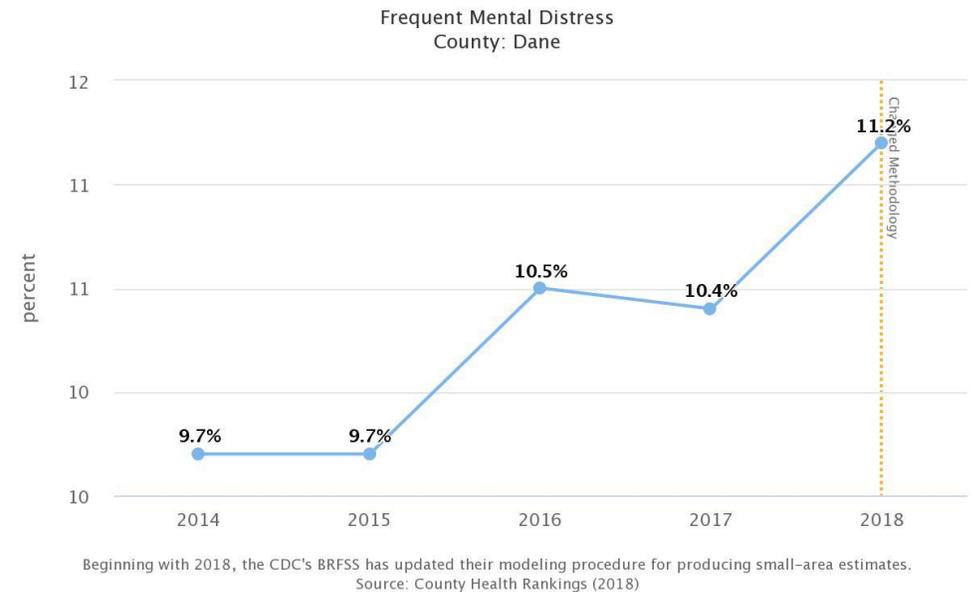
Prior Value
(18.3%)



Trend

3.1.14: Depression & Anxiety

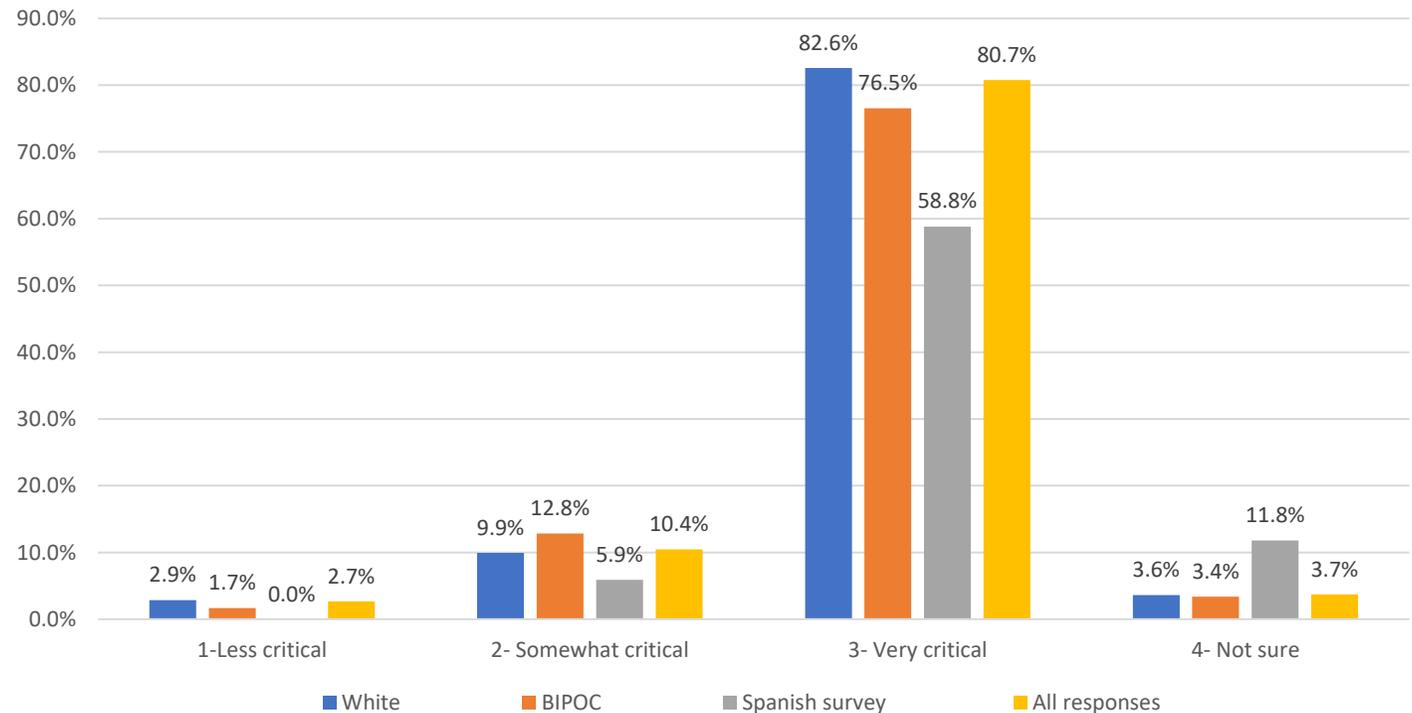
- Dane County residents report an average of 3.6 “poor physical health” days per month. This is slightly better than statewide responses of 4.0 “poor mental health” days per month.¹
- 11.2% of Dane County Residents stated that their mental health, which includes stress, depression, and problems with emotions, was not good for 14 or more of the past 30 days.¹
- Despite few days reported as mentally unhealthy, prevalence of certain health conditions is high among Dane County residents and many disproportionately impact communities of color as described in the following slides.



3.1.14: Depression & Anxiety

- In the community health survey, Dane County residents identified “Mental health” as the most critical health need.
- 80.7% of all community survey respondents identified “Mental health” as a very critical health need.
- Although responses varied by race, ethnicity and language preference, “Mental health” was seen as the most critical health need among survey respondents.

Community Health Survey - “Mental health”



3.1.14: Depression & Anxiety

Prevalence of mental health issues was a top concern voiced by focus group members and interviewees.

"Mental health care is very much needed. You see the decline in mental health status among all age groups. This pandemic has made that worse for folks."

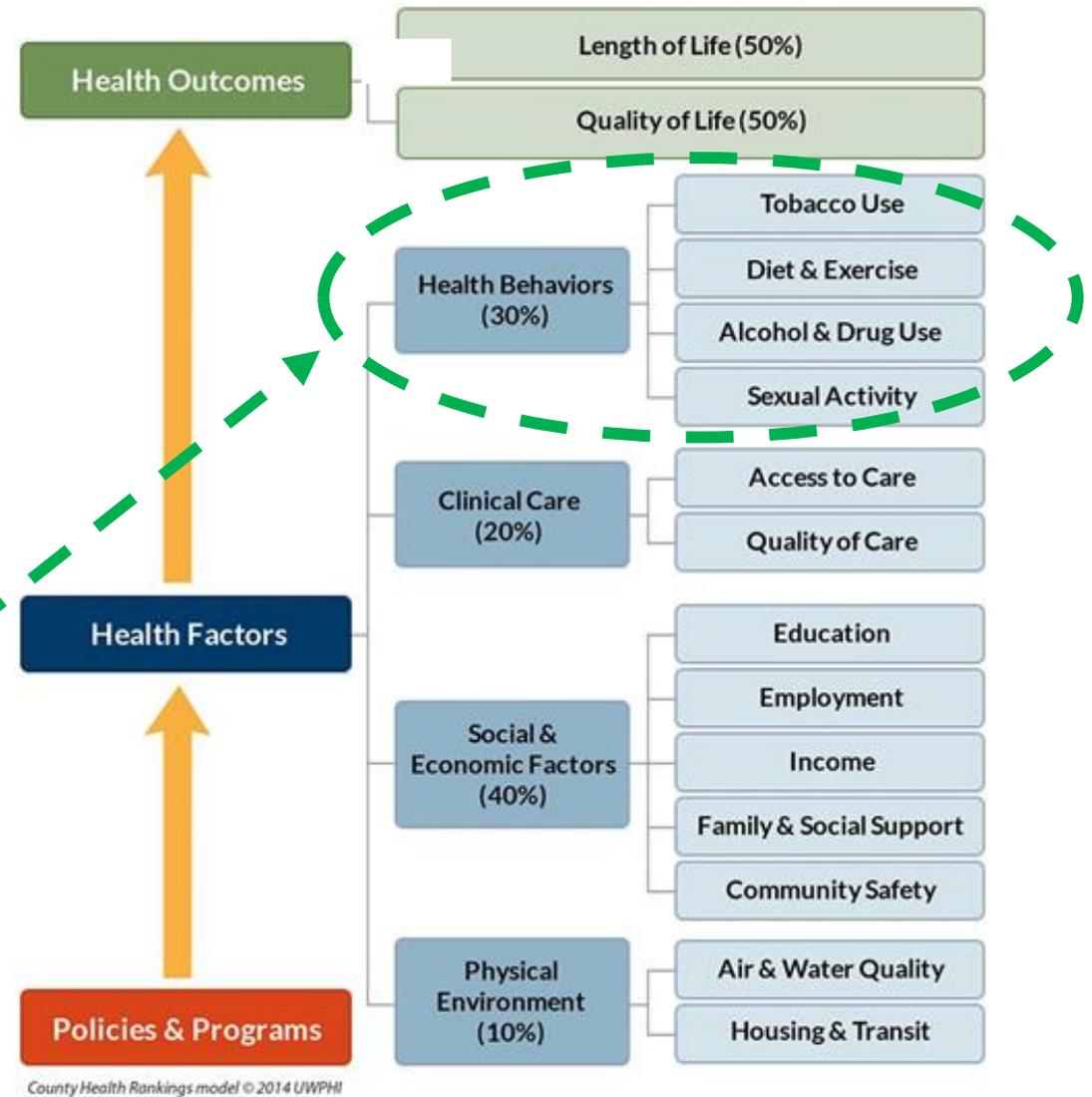
**-Urban League of Greater Madison
Key Informant Interview**

"Big need for mental health support. Most times it is not a financial option for most people. Everyone is struggling as a baseline. Getting worse since reopening."

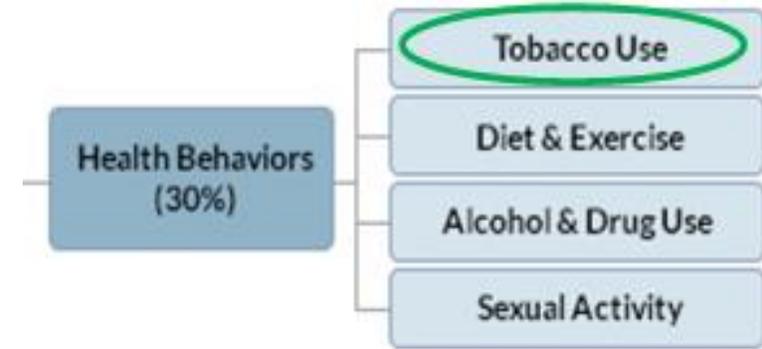
**-LGBTQ + Community Input Session
Participant**

Health Behaviors

Health behaviors such as, diet, exercise, alcohol and drug use, and sexual activity all impact health outcomes.



3.2.1: Tobacco Use



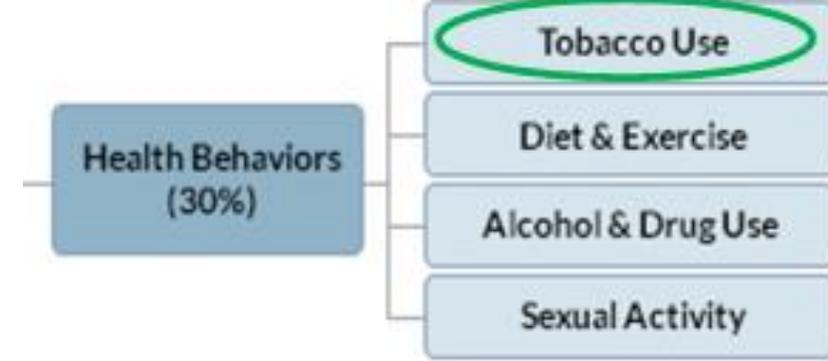
- The overall smoking rate for adults in Dane County is at a low 10.4%.
- During the past 30 days, 81% of high school students used an electronic vapor product for 0 of those days and 6% of high school students used one for 10 or more of those days.
- 91% of high school students reported not using any form of tobacco products during the past 30 days.

Why it matters:

Nearly all tobacco use begins in adolescence. If young people can remain free of tobacco until age 18, most will never start to smoke. Tobacco use is considered a “gateway drug” because its use generally precedes and increases the risk of other drug use¹.

1. Data Source: Wisconsin Department of Health Services. (2019). Retrieved from: <http://healthydane.org>
2. County Health Rankings. (2019). Retrieved from: <http://healthydane.org>

3.2.1: Tobacco Use

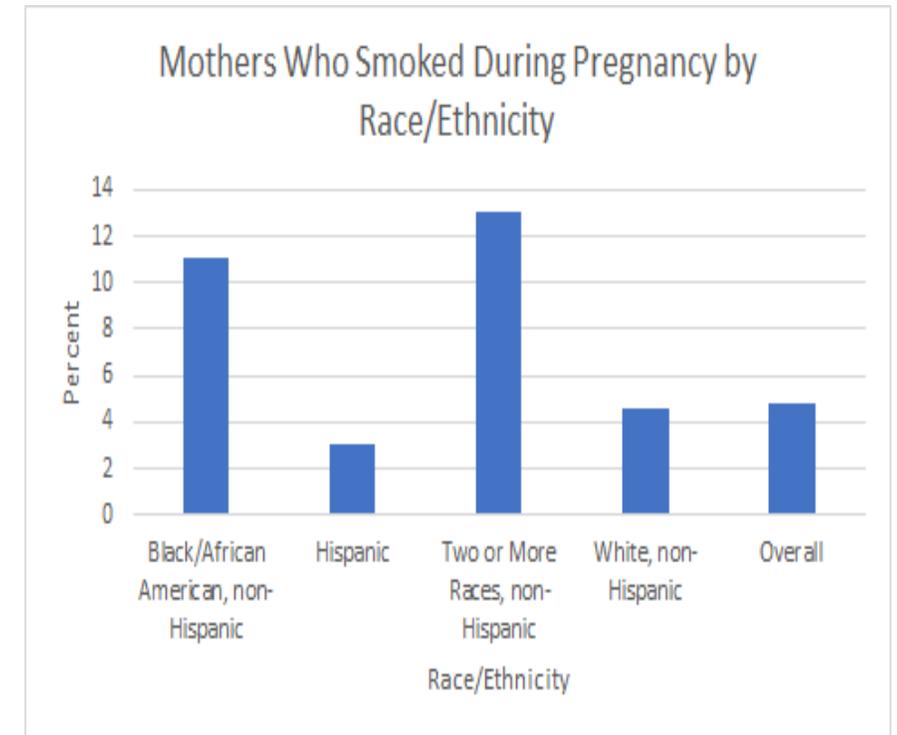


- Overall, 4.4% of Dane County mothers reported smoking during pregnancy. However, higher rates of smoking were found among younger age groups of pregnant women.

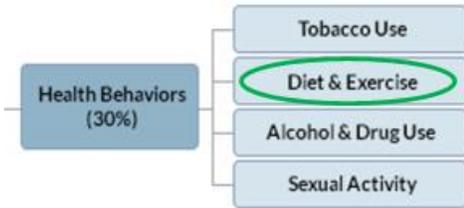


Why it matters:

Smoking during pregnancy poses risks for both mother and fetus. A baby born to a mother who has smoked during her pregnancy is more likely to have less developed lungs and a lower birth weight, and is more likely to be born prematurely. It is estimated that smoking during pregnancy causes up to 10% of all infant deaths. Even after a baby is born, secondhand smoking can contribute to SUID (Sudden Unexpected Infant Death), asthma onset, and stunted growth.



1. Data Source: Wisconsin Department of Health Services (2019) . Retrieved from: <https://www.healthydane.org>.
 2. County Health Rankings. (2019). Retrieved from: <http://healthydane.org>



3.2.2: Obesity

- 25.3% of adults living in Dane County are obese.



- 32.6% of adults in Dane County are overweight.



- 31% of high school students are not trying to do anything about their weight.

Why it Matters:

The percentage of overweight and obese adults is an indicator of the overall health and lifestyle of a community. Being overweight or obese affects quality of life and puts individuals at risk for developing many diseases, especially heart disease, stroke, diabetes, and cancer. Losing weight helps to prevent and control these diseases. Being overweight or obese also carries significant economic costs due to increased healthcare spending and lost earnings.

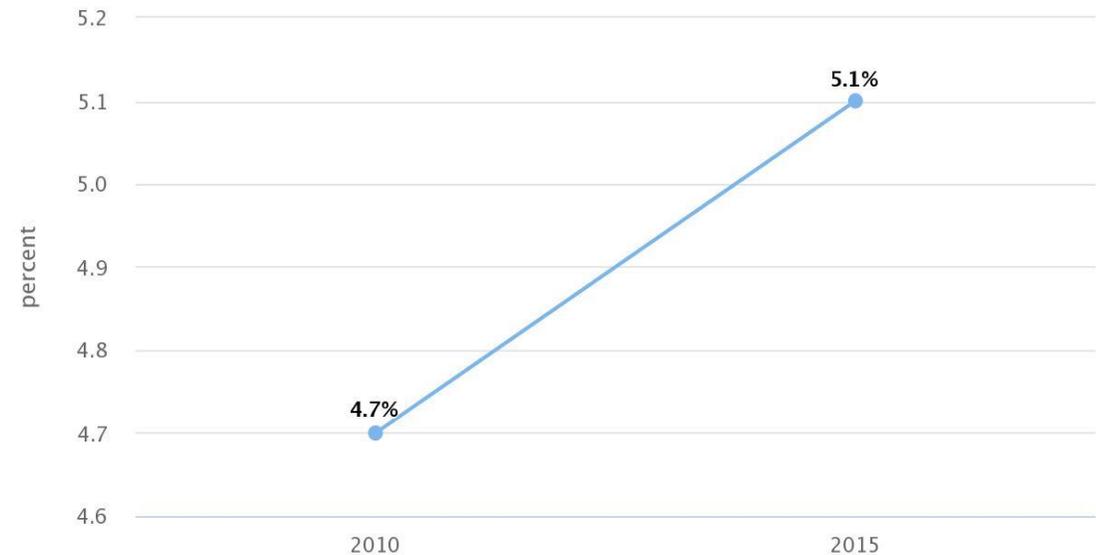
Childhood obesity has more than tripled in the past thirty years. Healthy eating and regular physical activity can lower the risk of becoming obese.

3.2.3: Diet

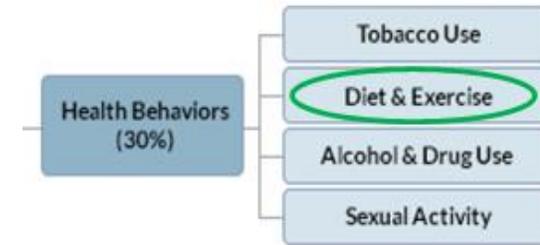
- There are many social and environmental factors that contribute to people's ability to maintain a healthy diet, including, access to healthy food.
- People's access to healthy food may be limited by their income and/or their ability to easily access a grocery store.



Low-Income and Low Access to a Grocery Store
County: Dane



Source: U.S. Department of Agriculture – Food Environment Atlas (2015)



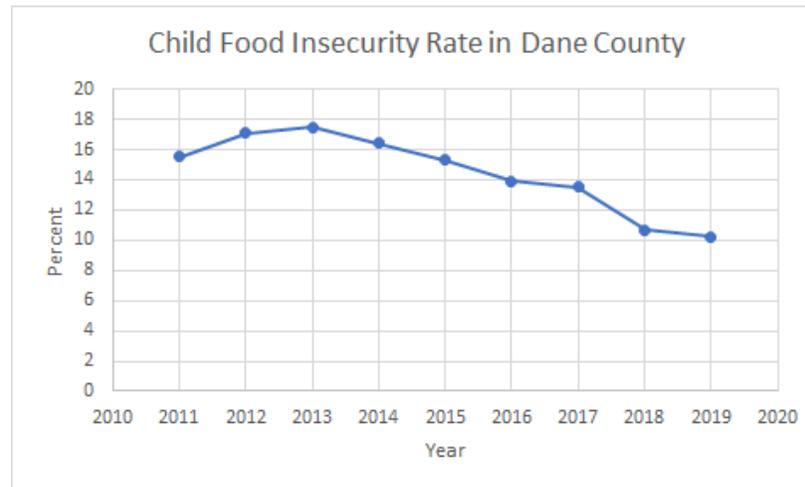
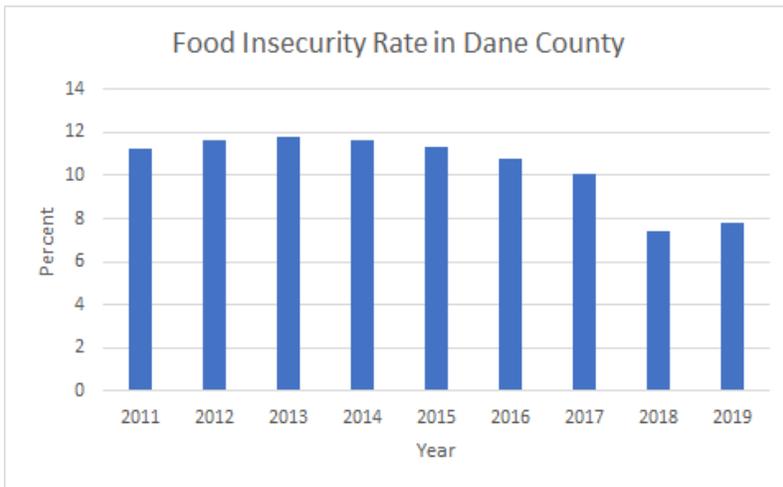
3.2.3: Diet

- Food insecurity occurs when food access is insufficient or uncertain for at least one person in the household at some point in the year.
- 7.8% of all people and 10.2% of children living in Dane experienced food insecurity at some point during the year.
 - These rates are less than state rates of 9.1% of all people and 14.2% of children.

Why it Matters:

Food insecurity is associated with chronic health problems in adults, including diabetes, heart disease, high blood pressure, hyperlipidemia, obesity and mental health issues including major depression.

Children exposed to food insecurity are of particular concern given the implications scarce food resources pose to a child’s health and development. Children who are food insecure are more likely to be hospitalized and may be at higher risk for developing obesity and asthma. Children who experience food insecurity may also be at higher risk for behavioral and social issues including fighting, hyperactivity, anxiety and bullying.



3.2.3: Diet

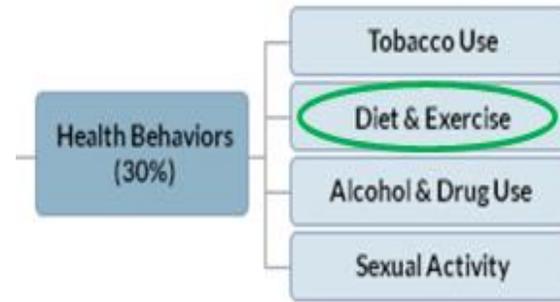
Residents of low-income neighborhoods are less likely to have a grocery store near their home and may have to rely on fast food restaurants and/or convenience stores for food, which often lack healthy options.¹

"...People are deciding between groceries or taking medications."

-Wisconsin Faith Voices for Justice Participant

"If there are no stores and all you have is restaurants- then there's obesity. There's unhealthy living and things that happen because of an environment that has no resources."

-Voices of our Communities Interviewee

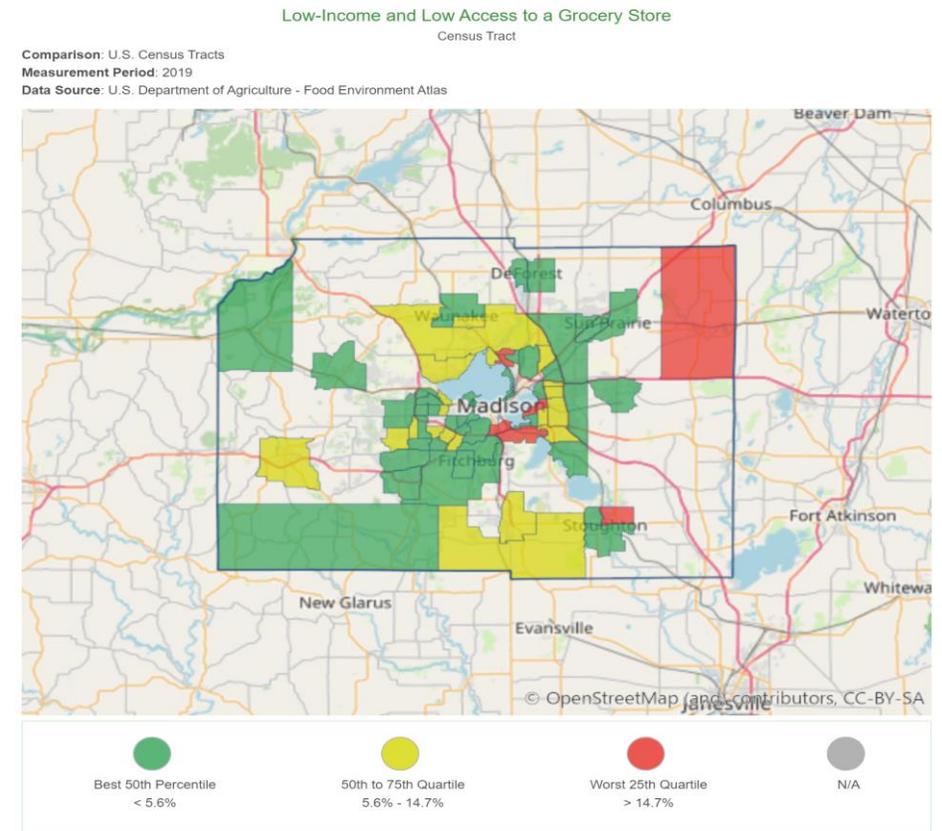
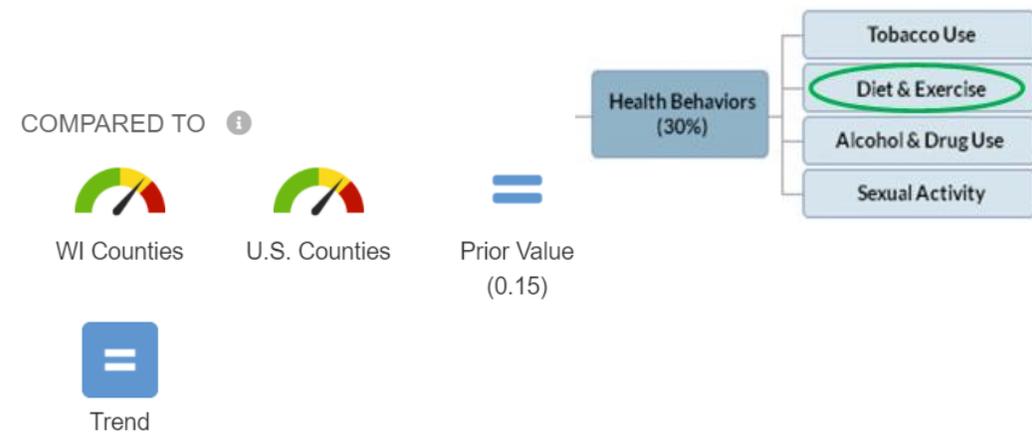


1. Data Source: County Health Rankings. (2019). Retrieved from: <http://healthydane.org> Community Input Sessions and Key Informant Interviews. 2021

2. Image Source: Behling, A, Bah, K, & Liu, J. (May 2021). 30 Local Grocery Stores to Shake Up Your Grocery Routine. <https://www.channel3000.com/30-local-grocery-stores-to-shake-up-your-grocery-routine/pic/189892/>.

3.2.3: Diet

- In Dane County there are 0.15 grocery stores per 1,000 population.
- The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers that can be used to purchase food. In Dane County between 2015-2019, there were 6,828 households that received SNAP benefits.
- 23% of middle school students receive free or reduced lunch and 18% of high schoolers receive free or reduced lunch.
- The yellow and red areas highlighted on the map represent low-income census tracts where a significant share of residents are more than one mile from the nearest grocery store.



August 17, 2021

3.2.4: Exercise

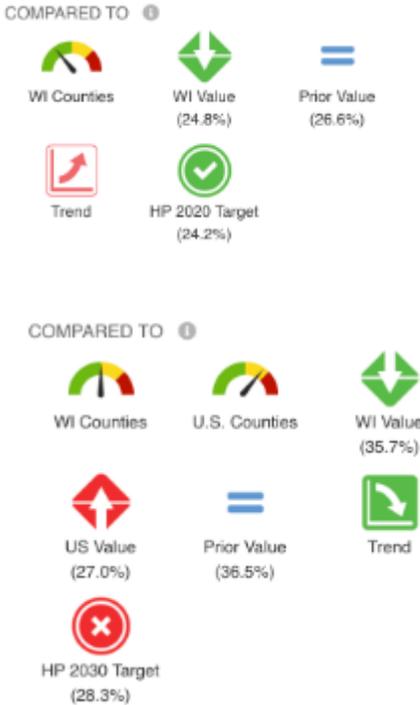
- In Dane County, 16.6% of adults reported *not* participating in any physical activities during the past month.
- 19% of Dane County high school students report being physically active for 60 minutes per day for the past 7 days.
- 94.1% of Dane County residents live close to a park or recreational facility, ranking Dane among the top counties in the state for access to exercise opportunities





3.2.5: Alcohol Use

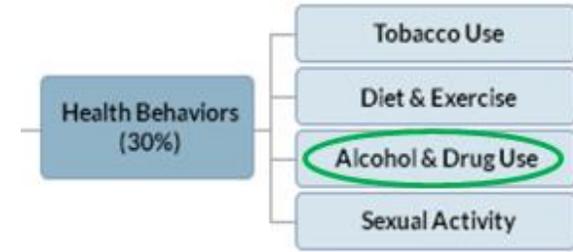
- Binge drinking is defined as consuming 5 or more drinks on one occasion for men, and 4 or more drinks on one occasion for women.
- 23.5% of adults in Dane County report binge drinking at least once in the last 30 days.
- Alcohol is involved in 34.3% of motor vehicle crash deaths in Dane County.



Why it matters:

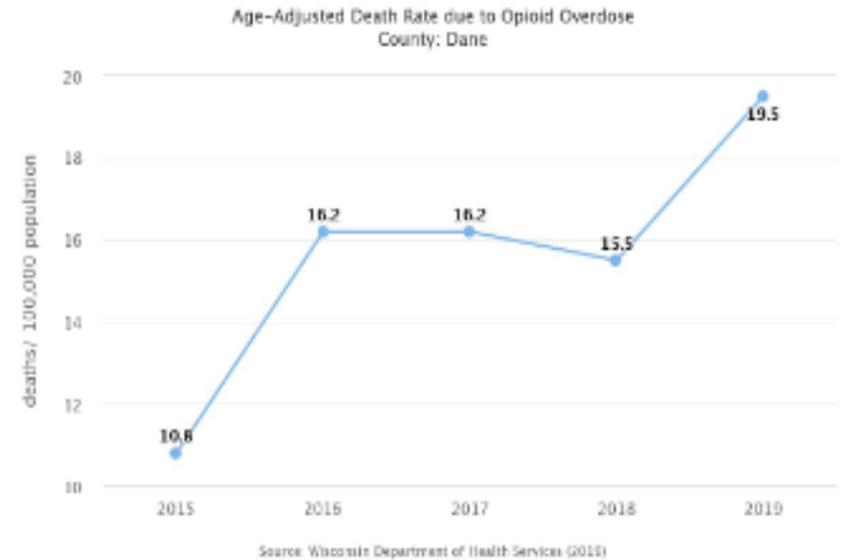
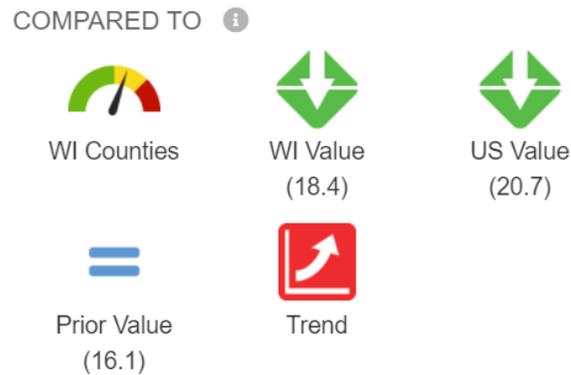
Binge drinking can be dangerous and may result in vomiting, loss of sensory perception, and blackouts. In addition, it was found that binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers. Alcohol abuse is associated with a variety of negative health and safety outcomes including alcohol-related traffic accidents and other injuries, employment problems, legal difficulties, financial loss, family disputes and other interpersonal problems.

3.2.6: Drug Use



- Dane County’s age-adjusted death rate due to unintentional poisonings is 19.0 deaths per 100,000 population

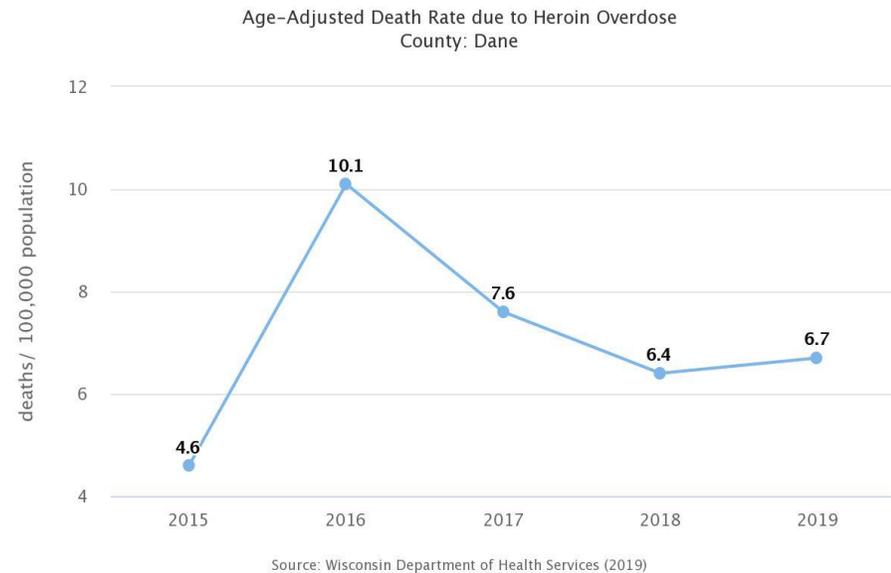
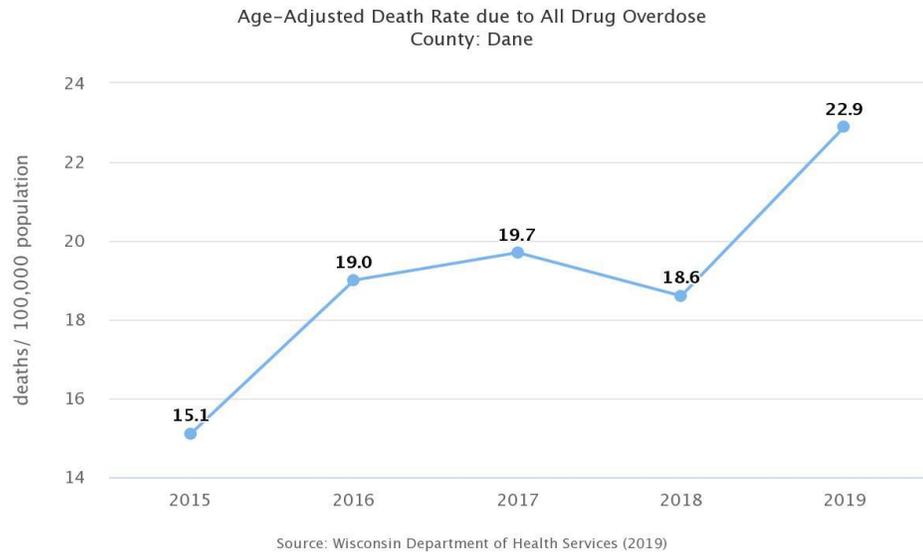
Between 2015 and 2019, the rate of opioid-related overdose deaths in Dane County increased by almost 50%.



3.2.6: Drug Use

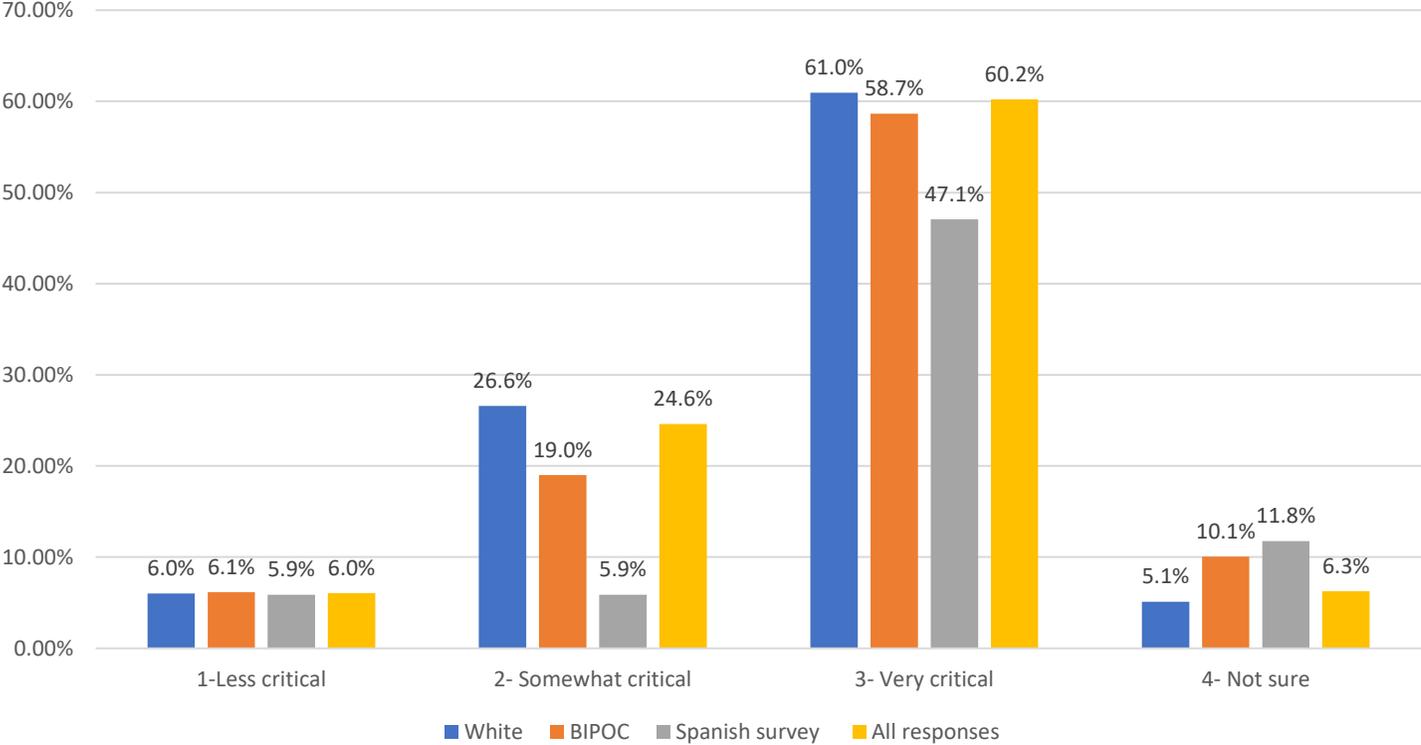


- Despite the increase in total drug overdose deaths in Dane County from 2015 to 2019, heroin overdoses and deaths continue to decrease.

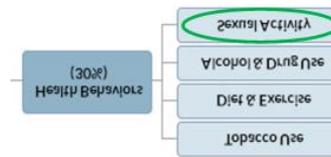


3.2.6: Drug Use

Community Health Survey – “Substance abuse”



- In the community health survey, Dane County residents identified “Substance abuse” as the second most critical health need.
- 60.2% of all community survey respondents identified “Substance abuse” as a very critical health need.
- Although responses varied by race, ethnicity and language preference, “Substance abuse” was consistently seen as the second most critical health need among survey respondents.

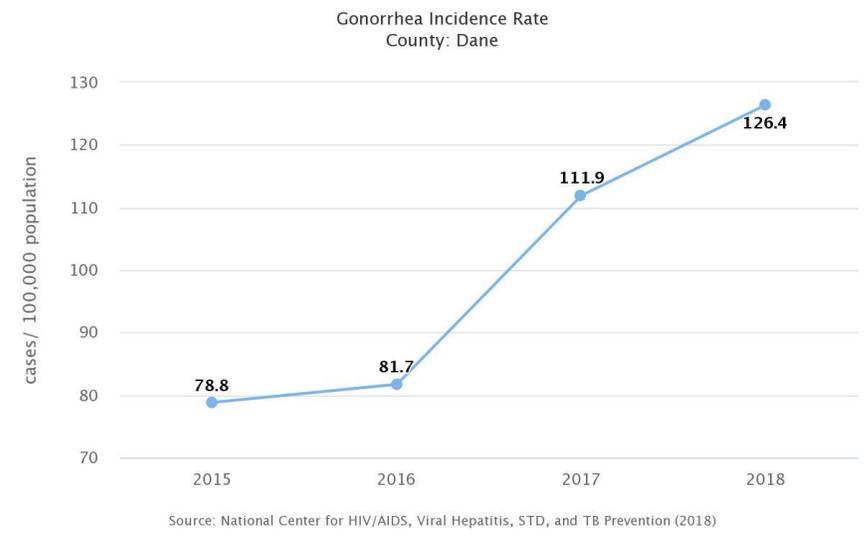
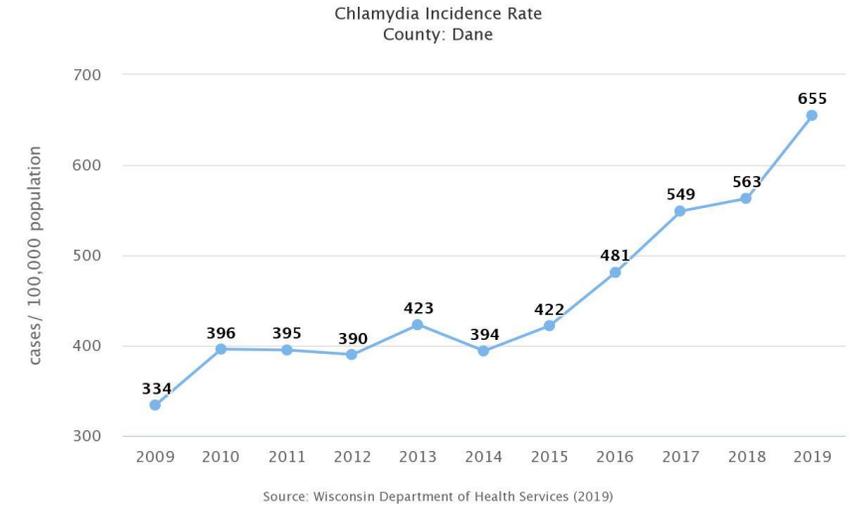


3.2.7: Sexual Activity

- Dane County's chlamydia incidence rate is among the highest in the state at 655 cases per 100,000 population.

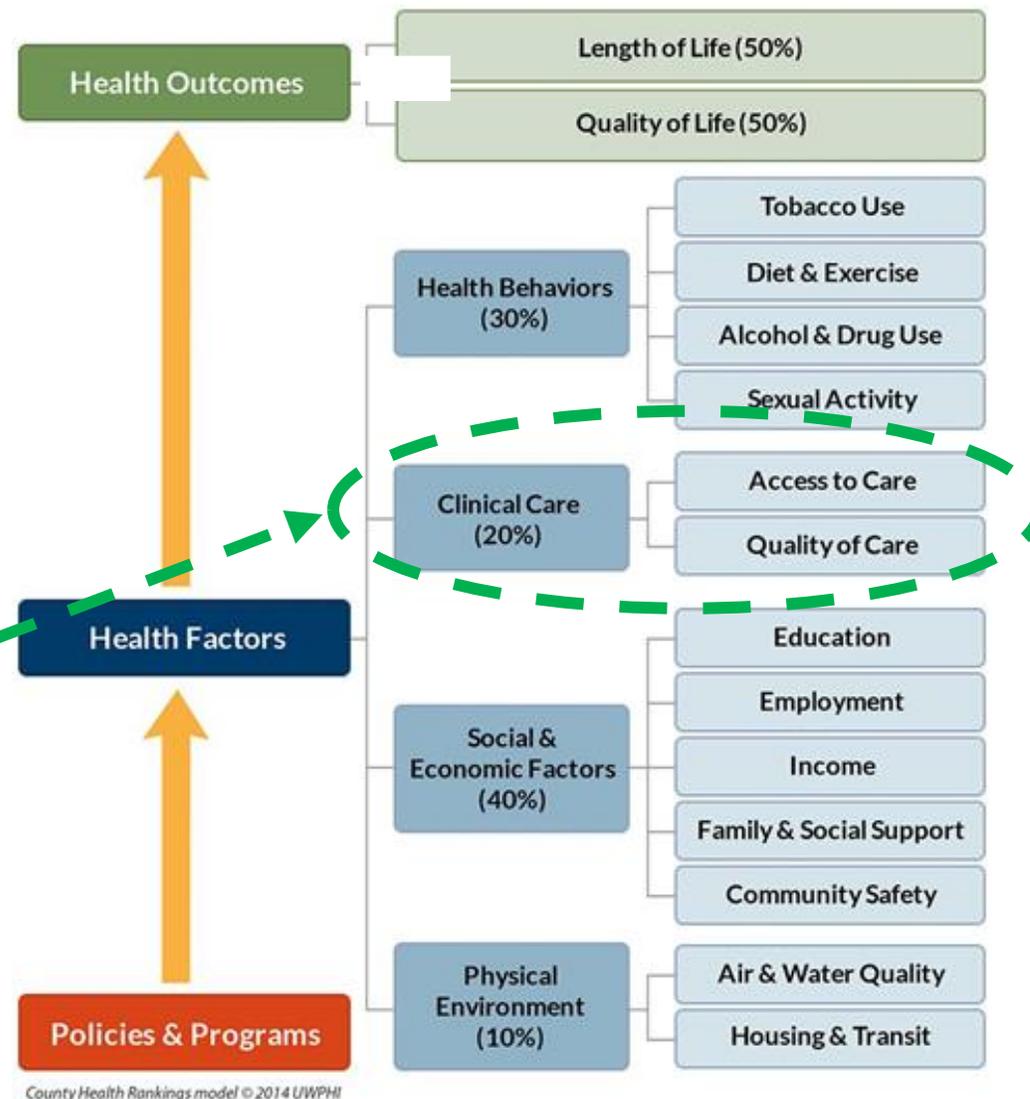


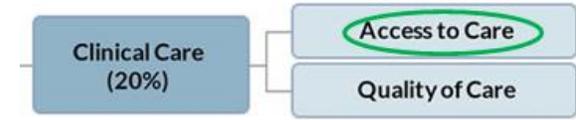
- There are 126.4 cases of gonorrhea per 100,000 population which is higher than previous years.



3.3: Clinical Care

Clinical care includes the ability of appropriately delivered medical interventions (preventive, symptom treatment and curative care) to impact length and quality of life.



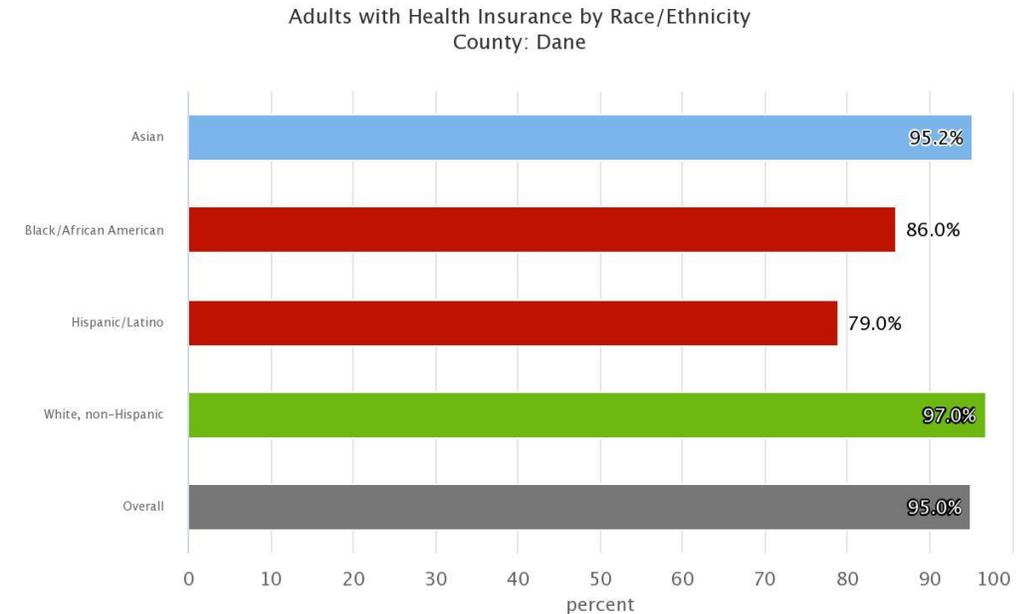


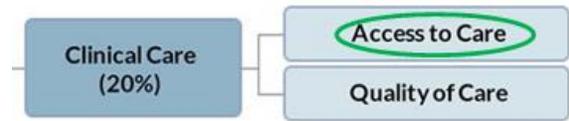
3.3.1: Access to Care

- Many Dane County residents gained access to health insurance after implementation of the Affordable Care Act (ACA), however an estimated 5% of people remain uninsured.



- Of the remaining uninsured, Latinx are disproportionately represented, in part due to ineligibility for coverage as a result of immigration status.





3.3.1: Access to Care

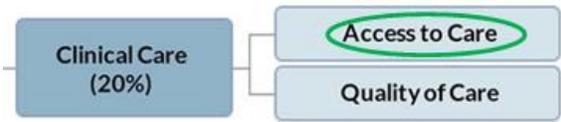
- Although having health insurance is critical for accessing health care, it does not ensure that people can access all the health care services they need.
- Barriers to health services include:
 - High cost of care
 - Inadequate or no insurance coverage
 - Lack of availability of services
 - Lack of culturally responsive care
- Which can lead to:
 - Unmet health needs
 - Delays in receiving appropriate care
 - Inability to get preventive services
 - Financial burdens
 - Preventable hospitalizations

"We know that early diagnosis and treatment is key. However, folks often don't get the care until they are really sick."

-Urban League of Greater Madison Guild Member

Why it matters:

Health insurance coverage helps patients gain entry into the health care system. Lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills. Uninsured people are more likely to have poor health status, less likely to receive medical care, are more likely to be diagnosed later and more likely to die prematurely.¹



3.3.1: Access to Care

“I have people waiting months to see someone. We have no prescriber. We make referrals to the HMOs but they're all full because of the lack of providers in the area.”

- **Oceanhawk Counselor**

“There was no friendliness, no getting to know me and I just felt like he [the doctor] was doing a job rather than caring about me.”

- **African American Opioid Coalition Member**

“The hours health providers are available do not allow folks to obtain medical care outside of going to Urgent Care or the ER. Those cost more.”

- **Centro Hispano Member**

“For children, there are so few dental offices that accept Medicaid, and if they do, it’s pretty much like, good luck, they’re not accepting patients.”

- **Youth Key Informant Interview**

“We do not have enough [mental health] providers in the community – especially bilingual or of color. They [youth] are stating a need and we can not make it happen.”

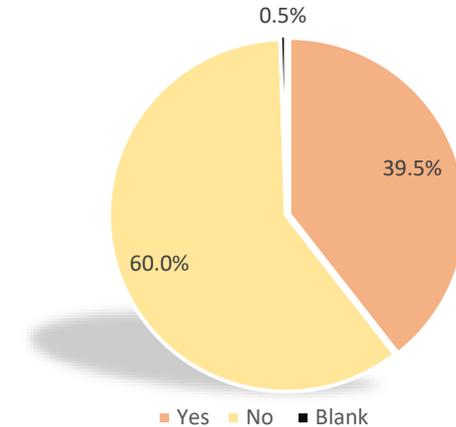
- **Youth Key Informant Interview**

3.3.1: Access to Care

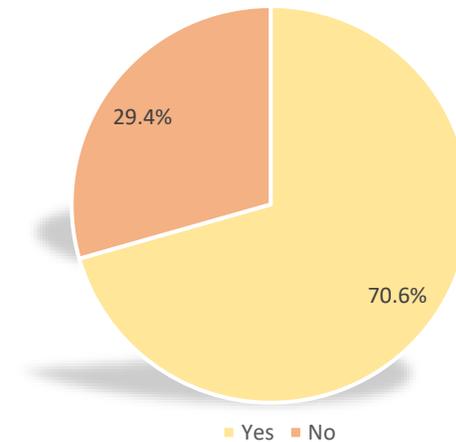
- The Dane County community health survey asked respondents, “Have you experienced any challenges with covering medical expenses.”
- 28.5% of all respondents reported having challenges with covering medical expenses. Unfortunately, higher percentages of BIPOC and Spanish-language survey respondents reported challenges with covering medical expenses.

Survey Question: Have you experienced any challenges with covering medical expenses?

BIPOC Survey Respondents

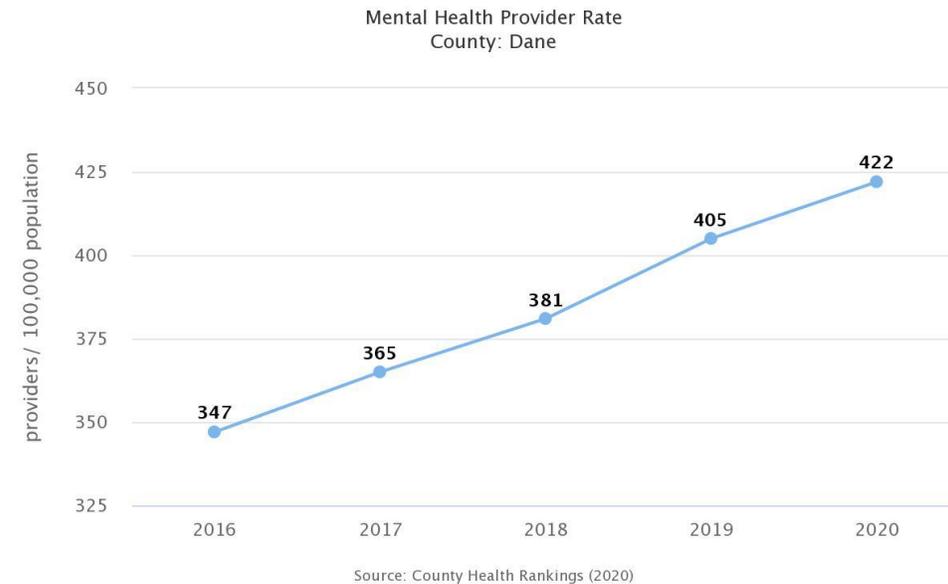


Spanish-language Survey Respondents



3.3.1: Access to Care

- Dane County ranks best in the state for availability of mental health providers with 422 for every 100,000 persons. This is also well within the top decile nationally (229 per 100,000 population).



3.3.2: Quality of Care

- Quality of clinical care can be measured in many ways including looking at number of preventable hospital stays.
- Preventable hospital-stays are measured by looking at the hospital discharge rates for ambulatory care sensitive conditions, meaning conditions that could have been properly treated in the outpatient setting.
- In Dane County the hospital discharge rate for ambulatory care sensitive conditions is 31.1 per 1,000 Medicare enrollees.

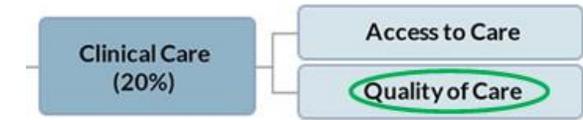


Why it matters:

The measure of preventable hospitalizations in a community indicates the quality and accessibility of primary health care services available. If the quality of care in the outpatient setting is poor, then people may be more likely to overuse the hospital as a main source of care and be hospitalized unnecessarily. An area with a higher density of primary care providers usually has lower rates of hospitalization for ambulatory care-sensitive conditions. If access to high quality primary care is increased, a community may be able to reduce its preventable hospitalizations.

3.3.2: Quality of Care

- Quality of clinical care can also be measured by looking at rates of screening needed for proper management of chronic disease and rates of preventative screening.
- 74% of women in Dane County who have Medicare coverage and are between age 67-69 have had a mammogram in the past 2 years.
- 93.9% of Dane County residents who have Medicare coverage and have been diagnosed with diabetes received necessary blood sugar (HbA1c) screening tests in the past year.



COMPARED TO ⓘ



WI Counties



U.S. Counties



WI Value
(71.9%)



US Value
(63.2%)



Prior Value
(75.3%)



Trend

COMPARED TO ⓘ



WI Counties



U.S. Counties



WI Value
(91.0%)



US Value
(85.7%)



Prior Value
(94.5%)



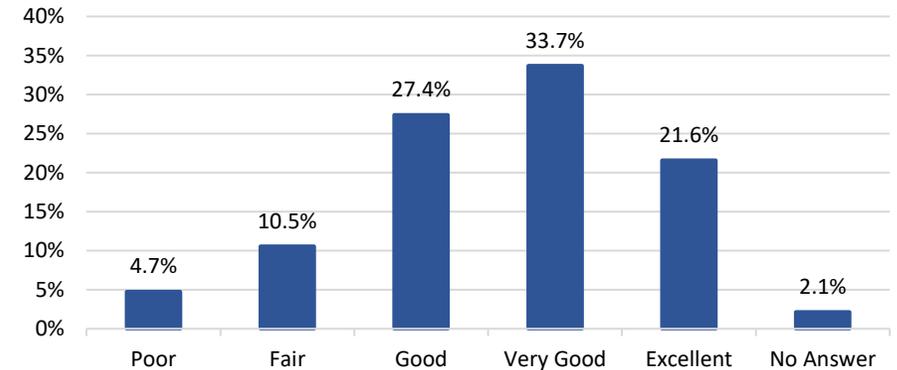
Trend

3.3.2: Quality of Care

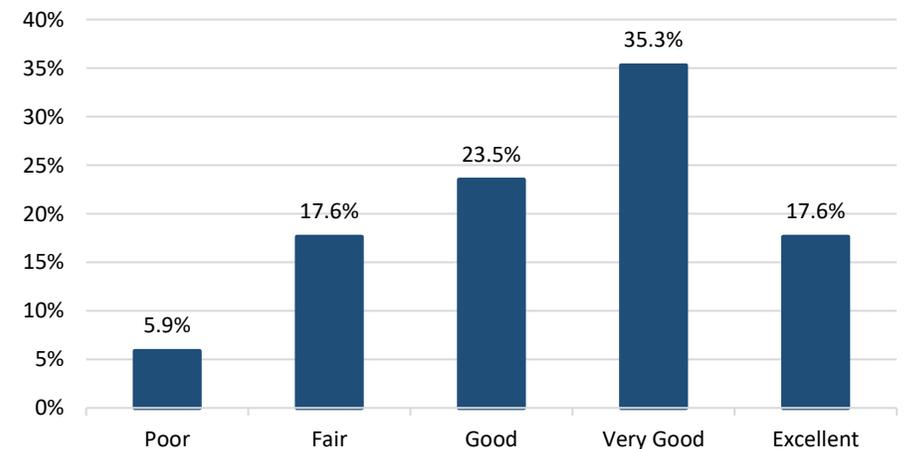
- The Dane County community health survey asked individuals to rate their experience with healthcare centers/organizations.
- Overall, approximately 60% of all respondents indicated that their experience with healthcare centers/organizations was “Very Good” or “Excellent.”
- The ratings for White respondents were higher than those of Black, Indigenous and Persons of Color (BIPOC) respondents or those of individuals who completed the Spanish-language survey.

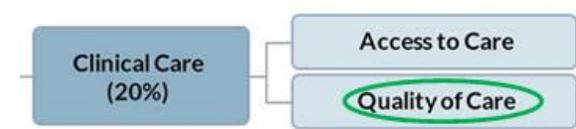
Survey Question: Rate your experience with healthcare centers/organizations.

BIPOC Survey Respondents



Spanish-language Survey Respondents





3.3.2: Quality of Care

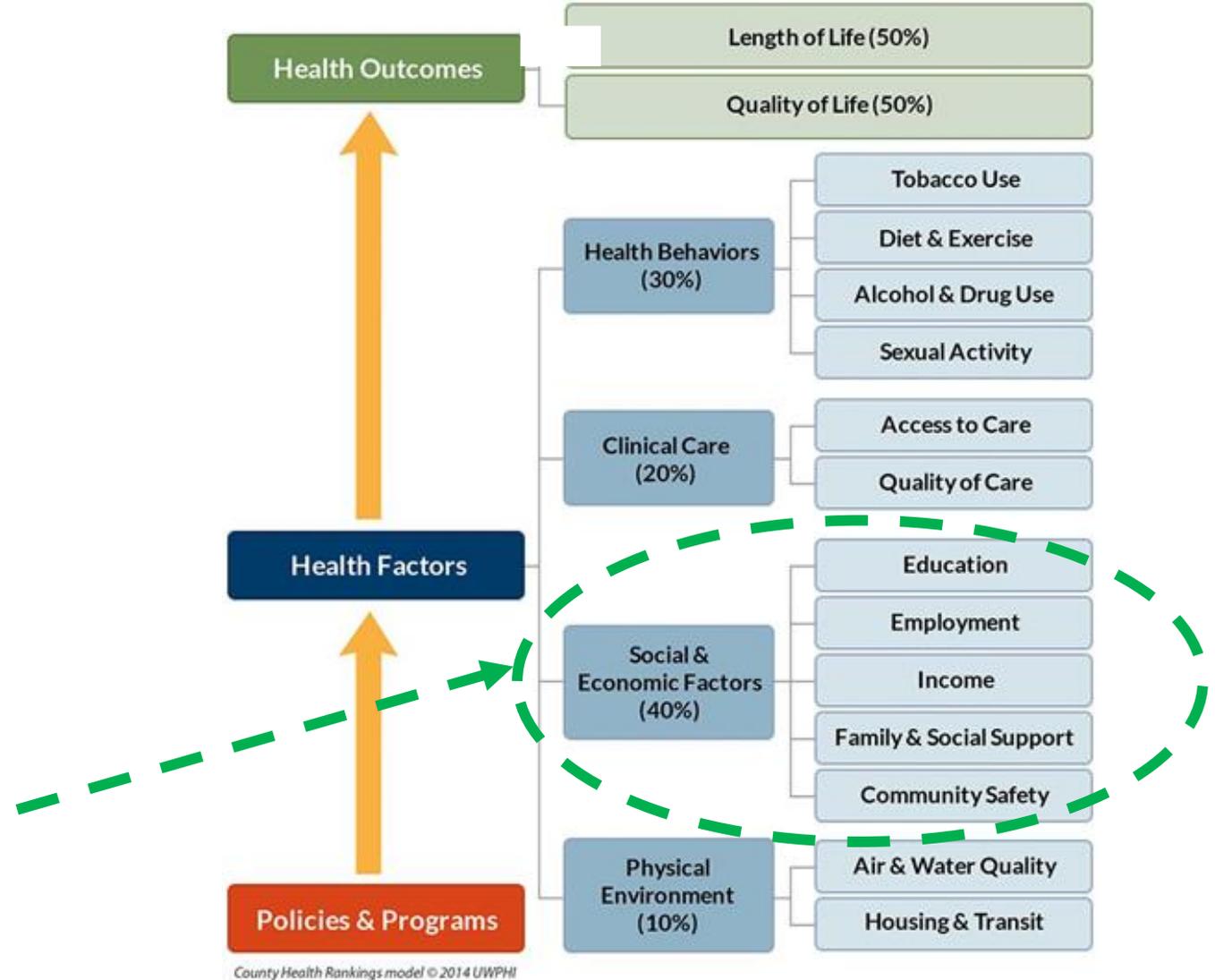
- In focus groups and interviews, community members repeatedly voiced that quality of care would be improved if providers and health care organizations:
 - Improved communication
 - Practiced cultural humility
 - Employed staff representative of Dane County’s diverse communities
 - Focused on health inequity and improving disparities

“A lot of frustration with physicians when providers ask me about my family background. Providers are shaming and not understanding the cultural implications when it comes to seeking care.”
- **Asian American/Pacific Islander Community Input Session**

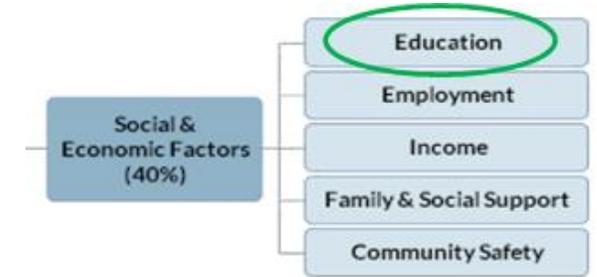
“Missed opportunities to providing quality care to the queer community. It is tough finding a provider that will take our concerns seriously.”
- **LGBTQ+ Community Input Session**

Social & Economic

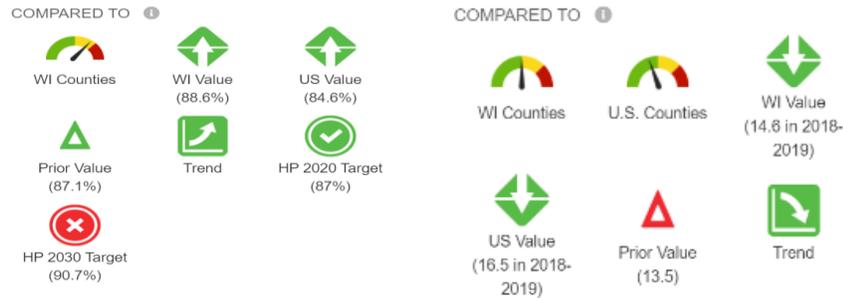
Of all the factors impacting health, social and economic factors, including; income, access to education and employment, presence of supportive social networks and safety of a community are shown to have the greatest impact on health outcomes.



3.4.1: Education



- Dane County’s high school graduation rate is 90.6%.



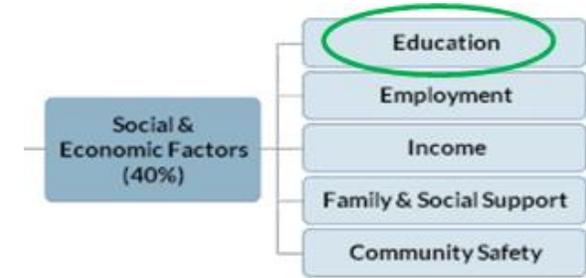
- The student-to-teacher ratio in Dane County is 13.6:1.



Data Source:

- County Health Rankings. (2019). Retrieved from: <http://healthydane.org>
- Photo from CHNA 2019-2021

3.4.1: Education



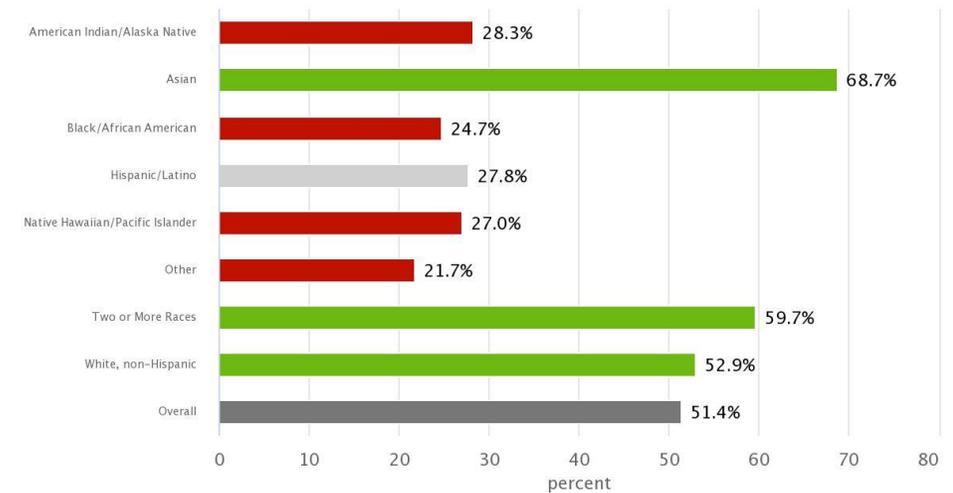
- In Dane County, 51.4% of people aged 25 or older have a Bachelor’s Degree or higher.

However, rates among the Black and Latinx populations are much lower.

COMPARED TO ⓘ



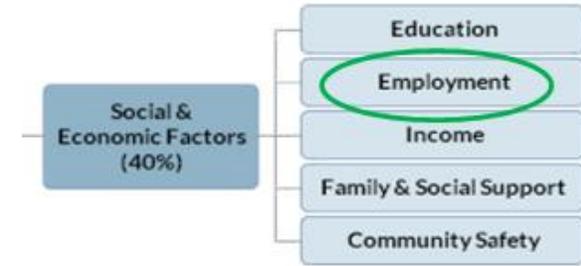
People 25+ with a Bachelor’s Degree or Higher by Race/Ethnicity
County: Dane



Source: American Community Survey (2015-2019)

Data Source:
1. County Health Rankings. (2019). Retrieved from: <http://healthydane.org>

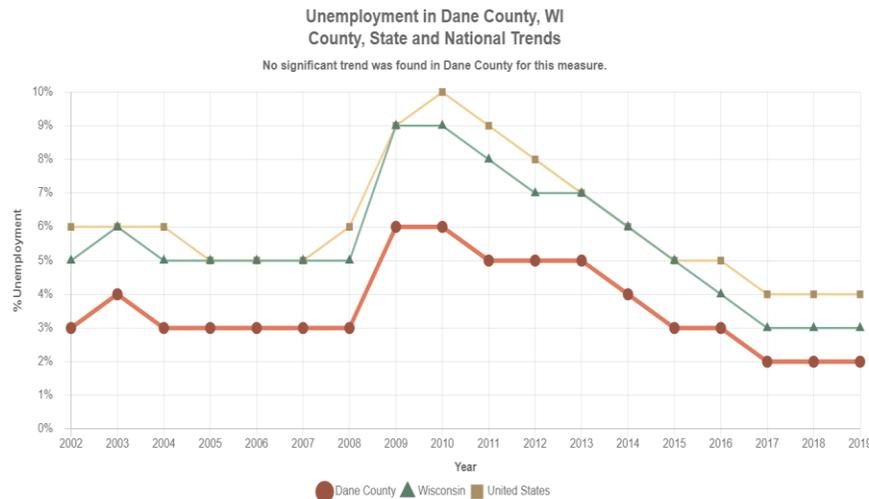
3.4.2: Employment



- Dane County has an unemployment rate of 3.6%.
- However, communities of color continue to be disproportionately impacted by unemployment.

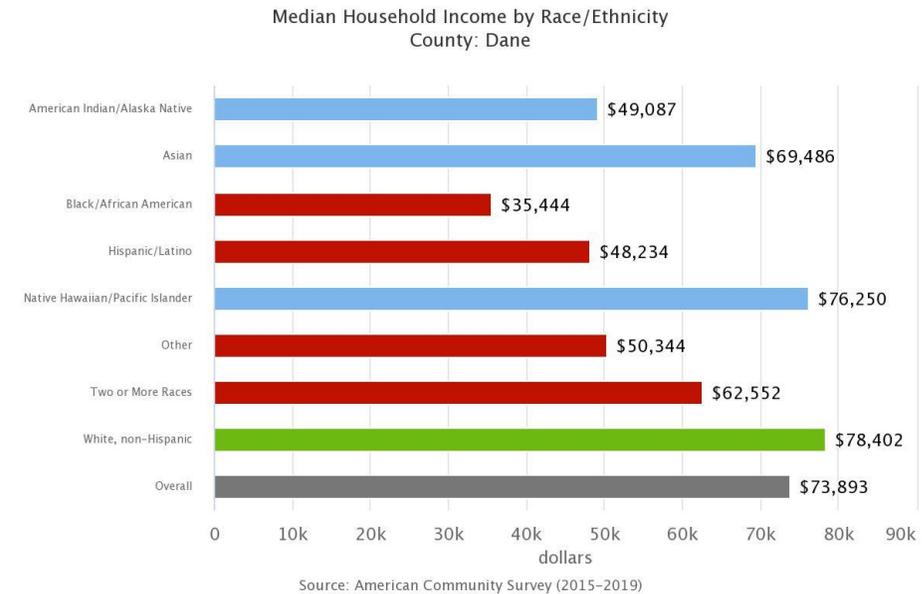
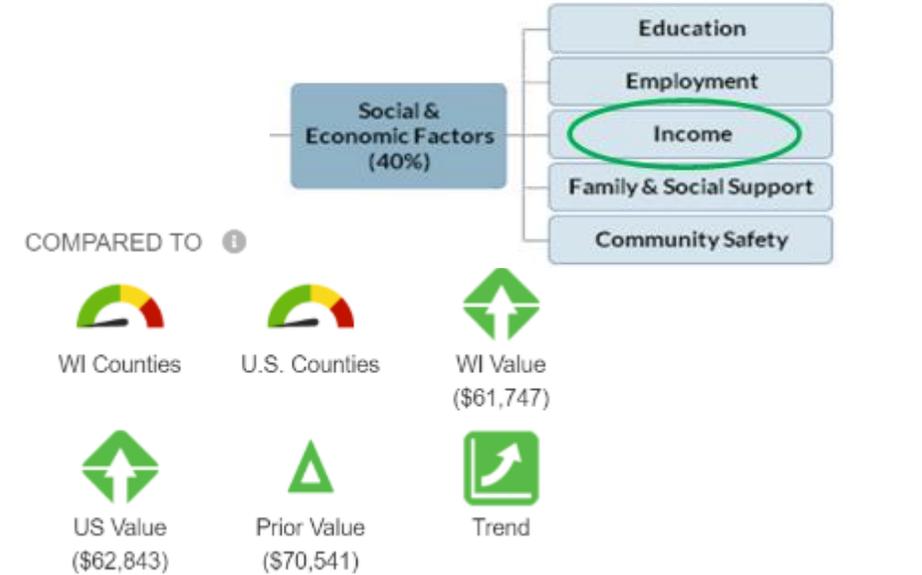
COMPARED TO ⓘ

 WI Counties	 U.S. Counties	 WI Value (4.4%)
 US Value (5.7%)	 Prior Value (3.5%)	 Trend



3.4.3: Income

- Median household income in Dane County is higher than state and national values at \$73,893.
- Despite a high median income for the overall population, there are inequities in median household income by race and ethnicity with median income for Black households in Dane County closer to \$35,000.



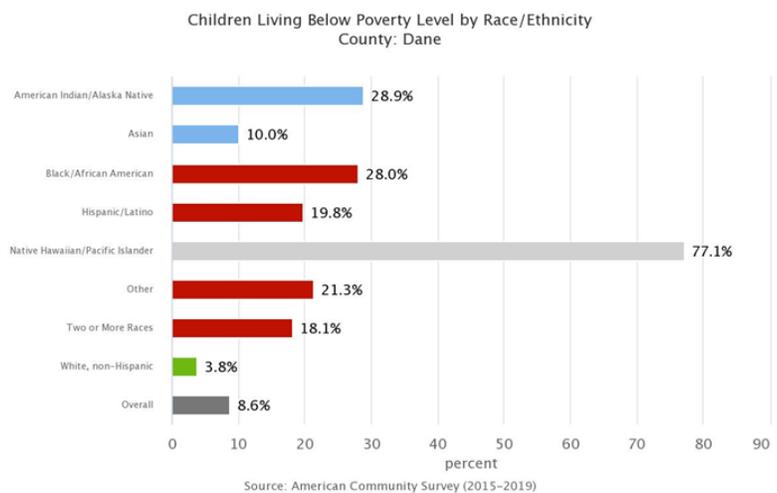
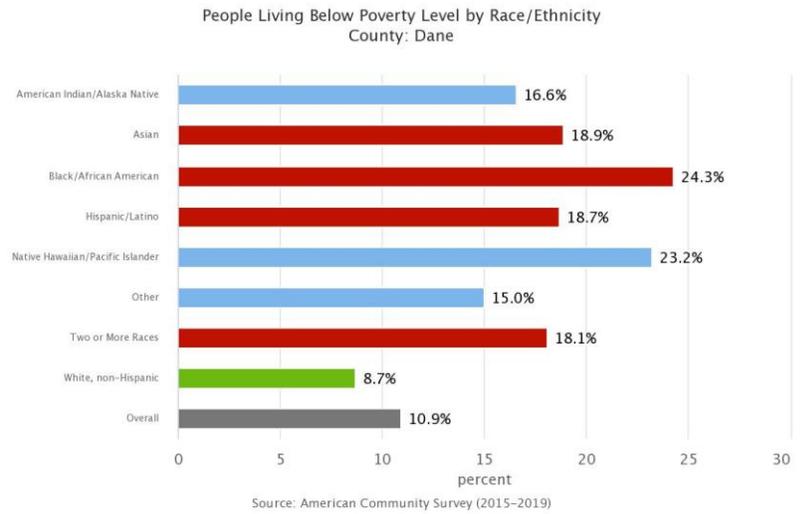
3.4.3: Income



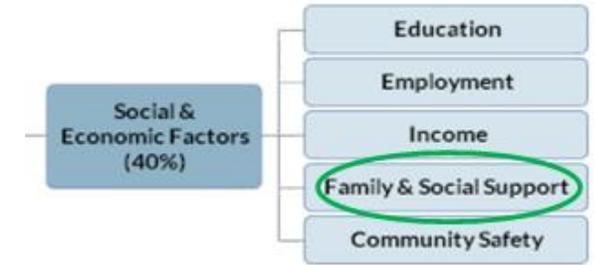
Social & Economic Factors (40%)



- The overall poverty rate in Dane County is lower than state and national rates at 10.9%.
- However, poverty rates disproportionately affect communities of color with 24.3% of the Black population living in poverty and 18.7% of the Latinx population.
- The disproportionate impact of poverty on communities of color is even more profound when looking at rates of children living in poverty.
- 24.6% of children in Dane County are eligible for free or reduced-price lunch.



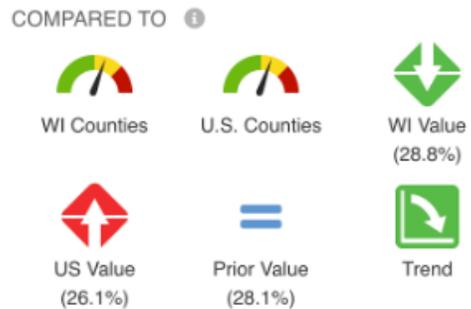
3.4.4: Family & Social Support



- 15.4% of adults in Dane County report not getting the social and emotional support that they need.



- In Dane County, 28.2% of adults over the age of 65 live alone.

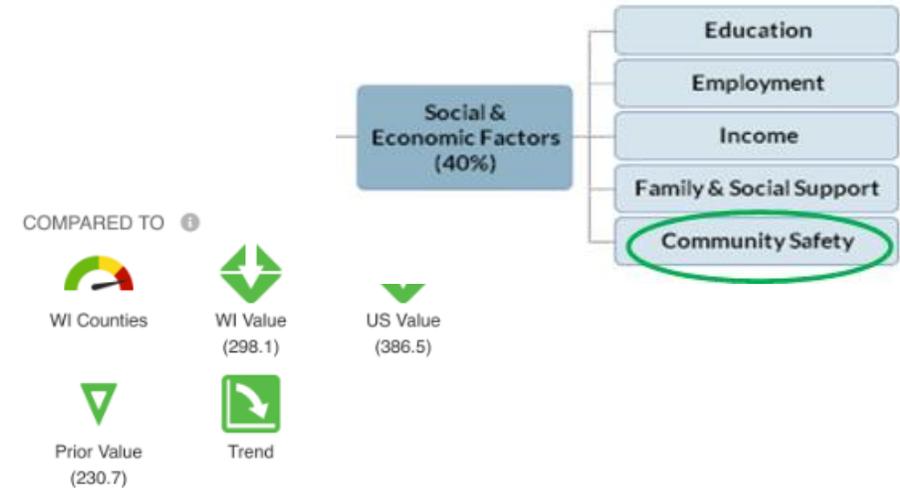


Why it matters:

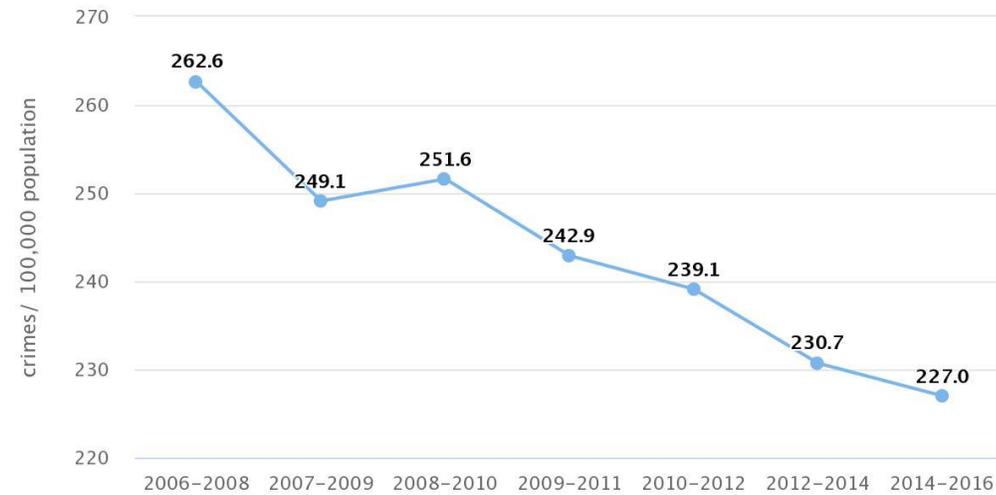
Older adults who live alone may be at risk for social isolation, limited access to support or inadequate assistance in emergency situations. Older people living alone may lack social support, and are at high risk for institutionalization or losing their independent life style.

3.4.4: Community Safety

- The violent crime rate in Dane County is 227 crimes per 100,000 population. This is lower than the overall state rate of 298.1 per 100,000.



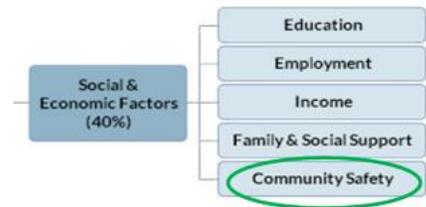
Violent Crime Rate
County: Dane



Source: County Health Rankings (2014-2016)

3.4.4: Community Safety

- In 2020, length of stay increased by 27% (9.36 in 2019) for incarcerated individuals.
- 143 individuals accounted for 218 Juvenile Detention admissions.
 - 100 individuals were admitted once while 43 individuals accounted for the remaining 118 admissions.



2020 INDIVIDUAL ADMISSIONS BY RACE/SEX						
NUMBER OF ADMISSIONS	1	% of total	2+	% of total	Total	%
BLACK MALE	47	47.0%	25	58.14%	72	50.35%
BLACK FEMALE	19	19.0%	6	13.95%	25	17.48%
WHITE MALE	12	12.0%	3	6.98%	15	10.49%
WHITE FEMALE	3	3.0%	1	2.33%	4	2.80%
HISPANIC MALE	11	11.0%	3	6.98%	14	9.79%
HISPANIC FEMALE	1	1.0%	1	2.33%	2	1.40%
ASIAN MALE	0	0.0%	1	2.33%	1	0.70%
ASIAN FEMALE	0	0.0%	1	2.33%	1	0.70%
PACIFIC ISLAND MALE	0	0.0%	1	2.33%	1	0.70%
MULTI-RACIAL MALE	3	3.0%	1	2.33%	4	2.80%
MULTI-RACIAL FEMALE	3	3.0%	1	2.33%	4	2.80%
NATIVE AMERICAN MALE	1	1.0%	0	0.0%	1	0.70%
TOTAL	100	100.0%	43	100.0%	143	100.0%

Offenses Over Time by Agency

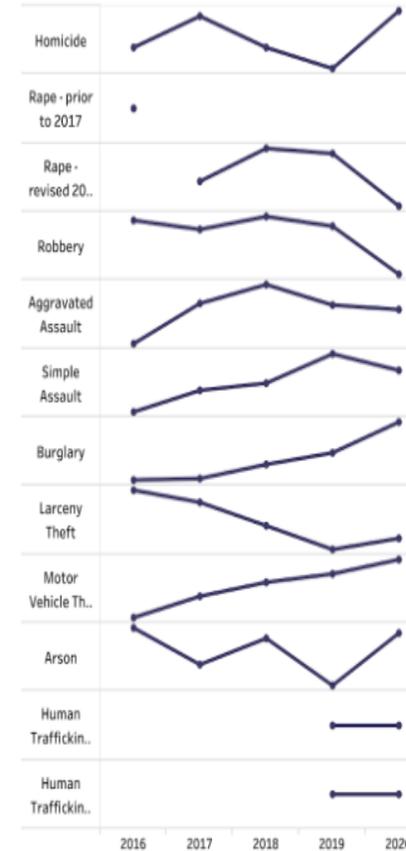
Data were last refreshed on:
05/03/21



Chosen County/Countries: Dane

To view data for a specific agency within the selected county, select the agency from the dropdown below:

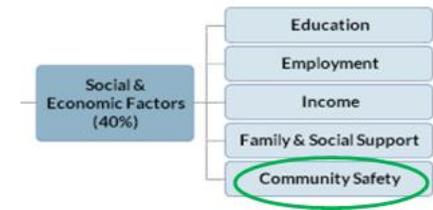
All



	2016	2017	2018	2019	2020	2019 -2020 %..
Homicide	9	15	9	5	16	220%
Rape - prior to 2017	156	0	0	0	0	
Rape - revised 2017	0	164	196	191	140	-27%
Robbery	306	292	312	297	223	-25%
Aggravated Assault	603	887	983	879	856	-3%
Simple Assault	1,934	2,054	2,094	2,257	2,165	-4%
Burglary	1,519	1,526	1,593	1,648	1,794	9%
Larceny Theft	8,883	8,717	8,399	8,076	8,227	2%
Motor Vehicle Theft	537	686	783	842	942	12%
Arson	26	19	24	15	25	67%
Human Trafficking - Com..	0	0	0	1	1	0%
Human Trafficking - Invo..	0	0	0	0	0	

Notes: Due to a change in the definition of rape required by the FBI that occurred in Wisconsin at the beginning of 2017, the rape offense is split in to two offenses: one based on the legacy definition (pre-2017) and one based on the revised definition (2017-present); counts from legacy definition years should not be compared to counts from 2017 and onward. The line graphs are not on the same scale. These displays reflect UCR offenses reported to or known by law enforcement and therefore may not reflect all crimes committed within a jurisdiction. Simple assault has been included in these displays, but is not counted as a violent crime by the Uniform Crime Reporting program. Zero values may indicate that an agency was not reported.

3.4.4: Community Safety



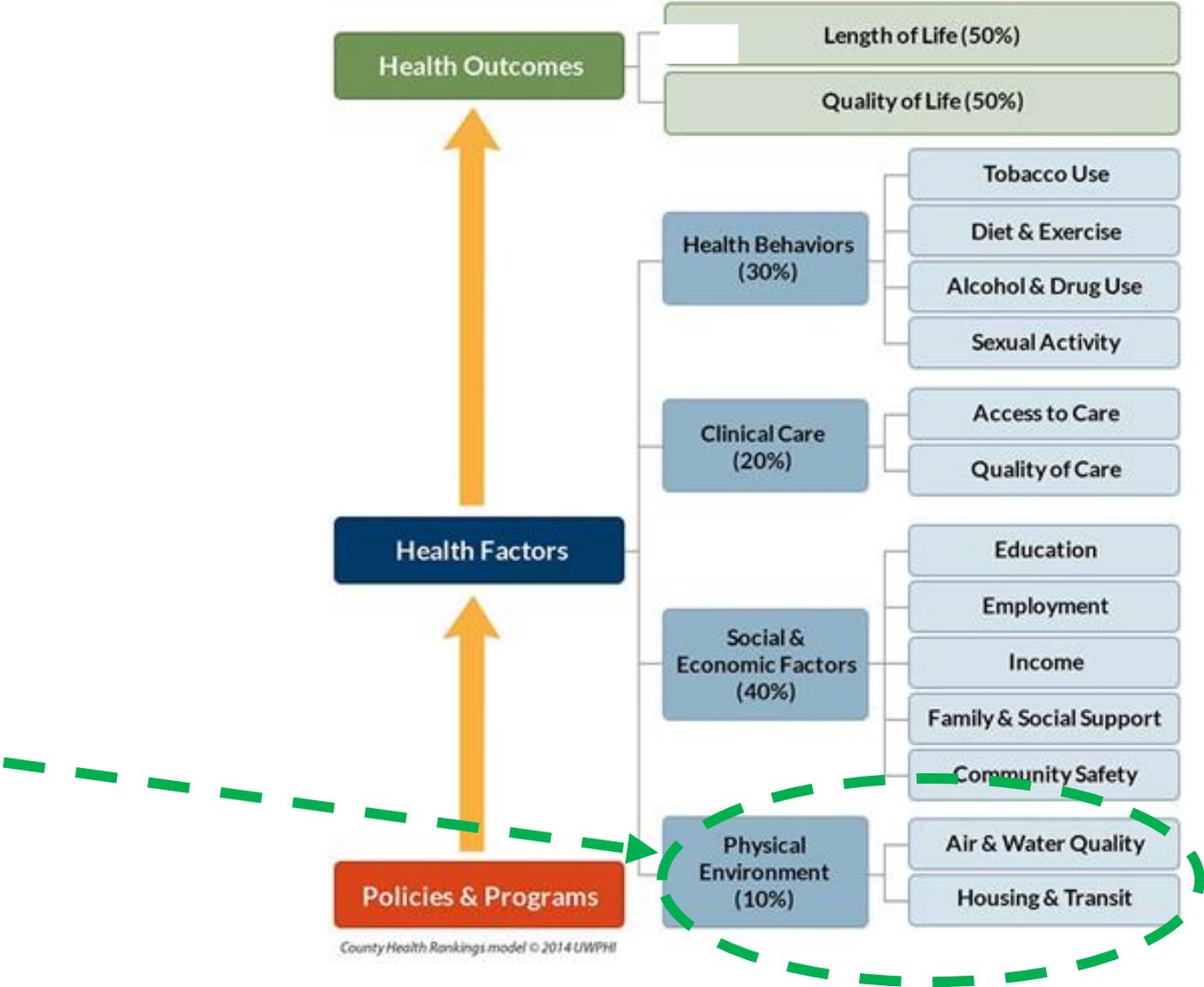
While crime rates are traditionally used to measure community safety, crime was not specifically mentioned as a concern in focus groups and interviews. However, members of communities of color repeatedly voiced feeling unsafe as a result of relationships with law enforcement and the criminal justice system.

Why it Matters:

Children of incarcerated parents suffer higher rates of homelessness, behavior problems, and long term health problems. Losing a parent to jail or prison undermines the trust children have in their adult caregivers and confidence they are loved, and can create sadness, anger, sleeplessness and indifference. It can lead to aggressiveness at school, poor grades, bullying, truancy, drug and alcohol use, risky sexual behavior and violence.¹

Physical Environment

The physical environments where we live, work and play impact our health. Clean air, safe water and safe housing all contribute to good health.

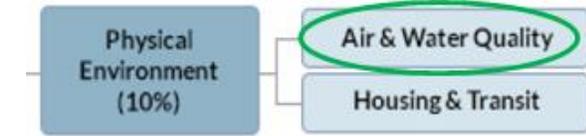


3.5.1: Air & Water Quality

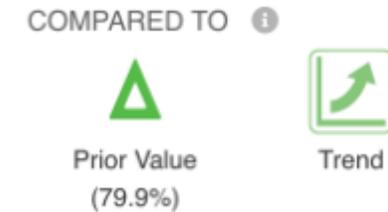
- The current water quality challenges in Dane County are influenced by:
 - Lead-containing plumbing fixtures and corroding pipes in homes built prior to 1950.
 - Shallow private wells in agricultural areas with high fertilizer applications.
 - Decades of road salt application.

“I feel like I want people to be more committed especially with taking care of the Earth and let people know about it.”

- Youth Focus Group Participant

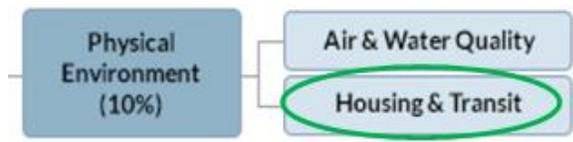


The air quality index in Dane County is 84% (good).



There were 168 days that Dane County had beach closures due to water issues.





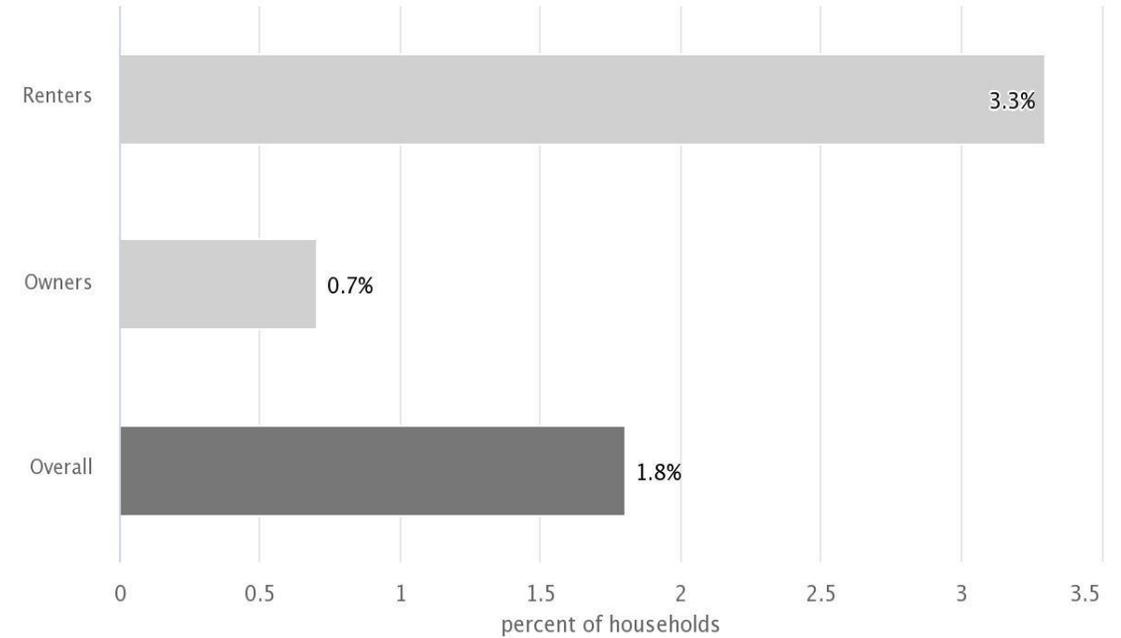
3.5.2: Housing

- 1.8% of households in Dane County are overcrowded.

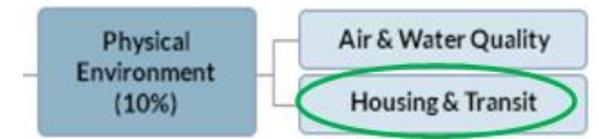


- 15.6% of people in Dance County experience severe housing problems.

Overcrowded Households by Type of Household
County: Dane

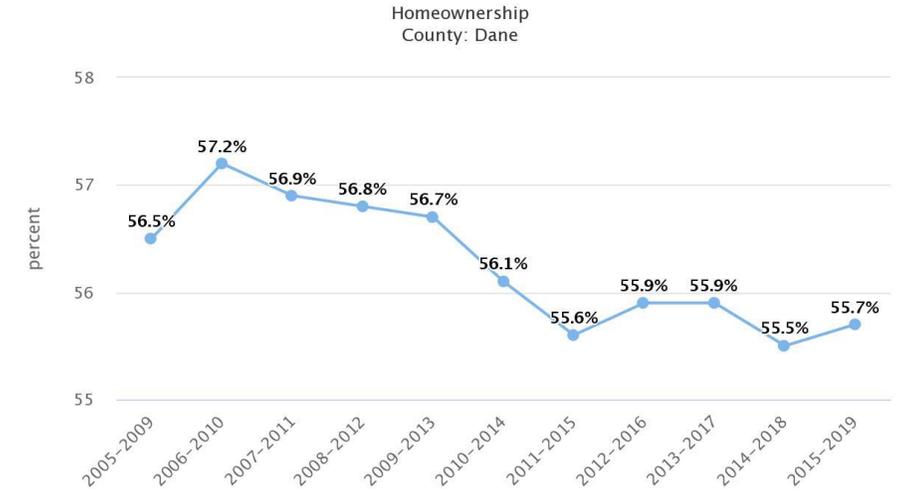
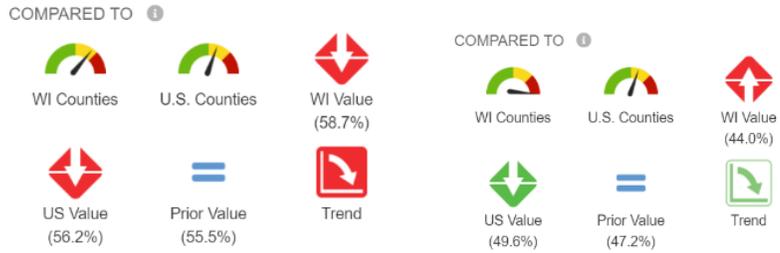


Source: American Community Survey (2015–2019)



3.5.2: Housing

- 46.2% of Dane County renters spend 30% or more of their household income on rent.



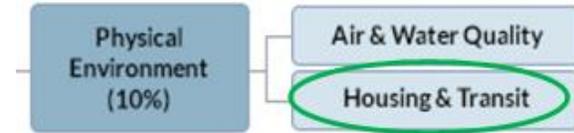
Source: American Community Survey (2015-2019)

- The homeownership rate for Dane County has decreased to 55.7% which is lower than state and national values.

Why it Matters:

Spending a high percentage of household income on rent can create financial hardship, especially for lower-income renters. With a limited income, paying a high rent may not leave enough money for other expenses, such as food, transportation and medical. Moreover, high rent reduces the proportion of income a household can allocate to savings each month.

3.5.3: Transit



- 24.8% of Dane County residents report driving alone to work with a commute of 30 minutes or more.



- 5.1% of Dane County residents report using public transportation to commute to work. This ranks in the top quartile of U.S. counties and is just below the Healthy People 2020 and 2030 targets.

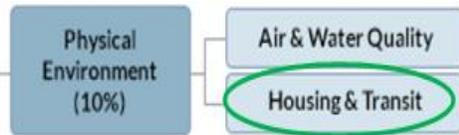


“Medical transportation (MTM) will only take the child and the parent, not the other siblings, but nobody is at home to watch them.”

- Youth Key Informant Interview

Why it matters:

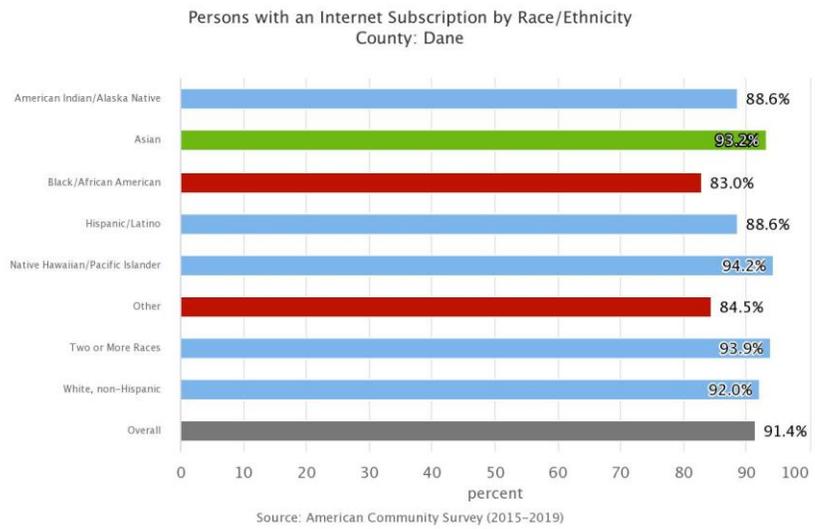
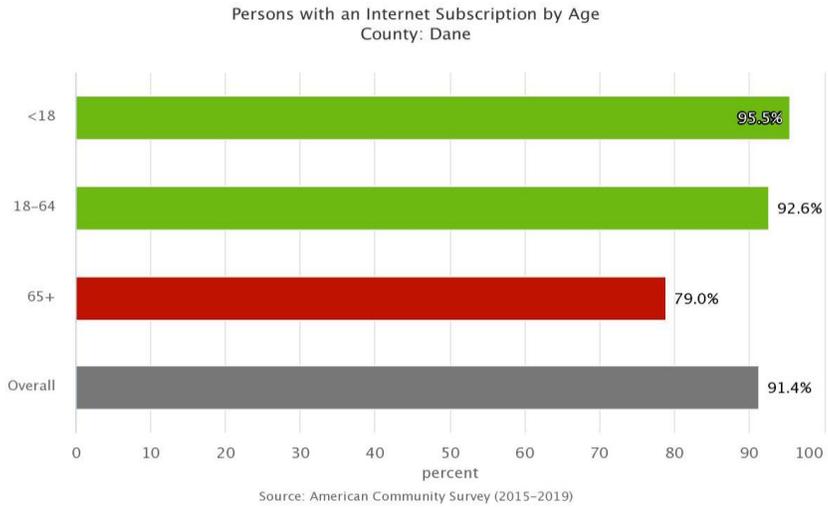
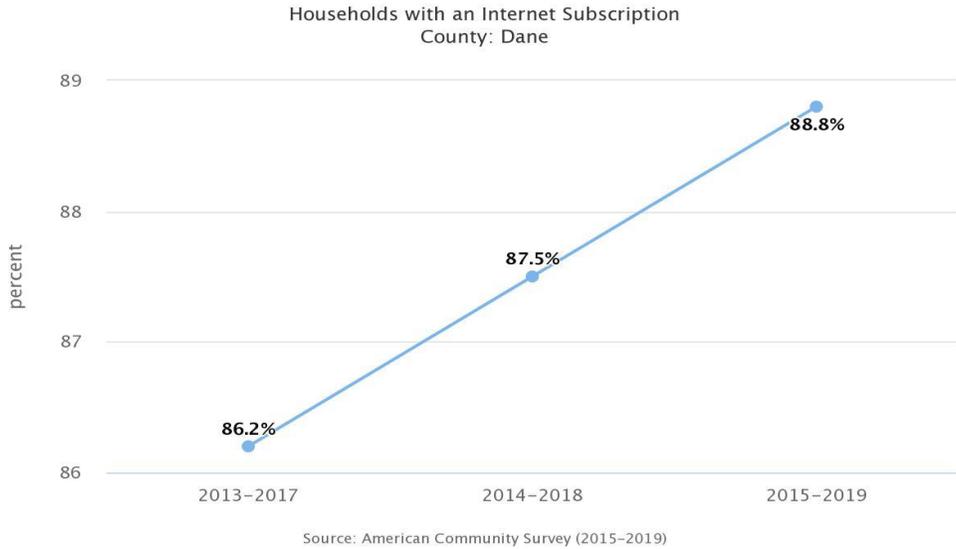
Workers who drive alone to work contribute to traffic congestion and air pollution. The sedentary habit of driving to work has been associated with decreased levels of physical activity and cardiorespiratory health, and increased BMI and hypertension. Stress-inducing traffic congestion may further exacerbate these negative health effects. Alternatives to driving alone—carpooling, taking public transportation, and biking—can help to reduce the number of commuters who drive alone to work each day.



Disproportionately, African Americans and adults 65+ have a fewer subscriptions.

3.5.4: Internet Access & Wi-Fi

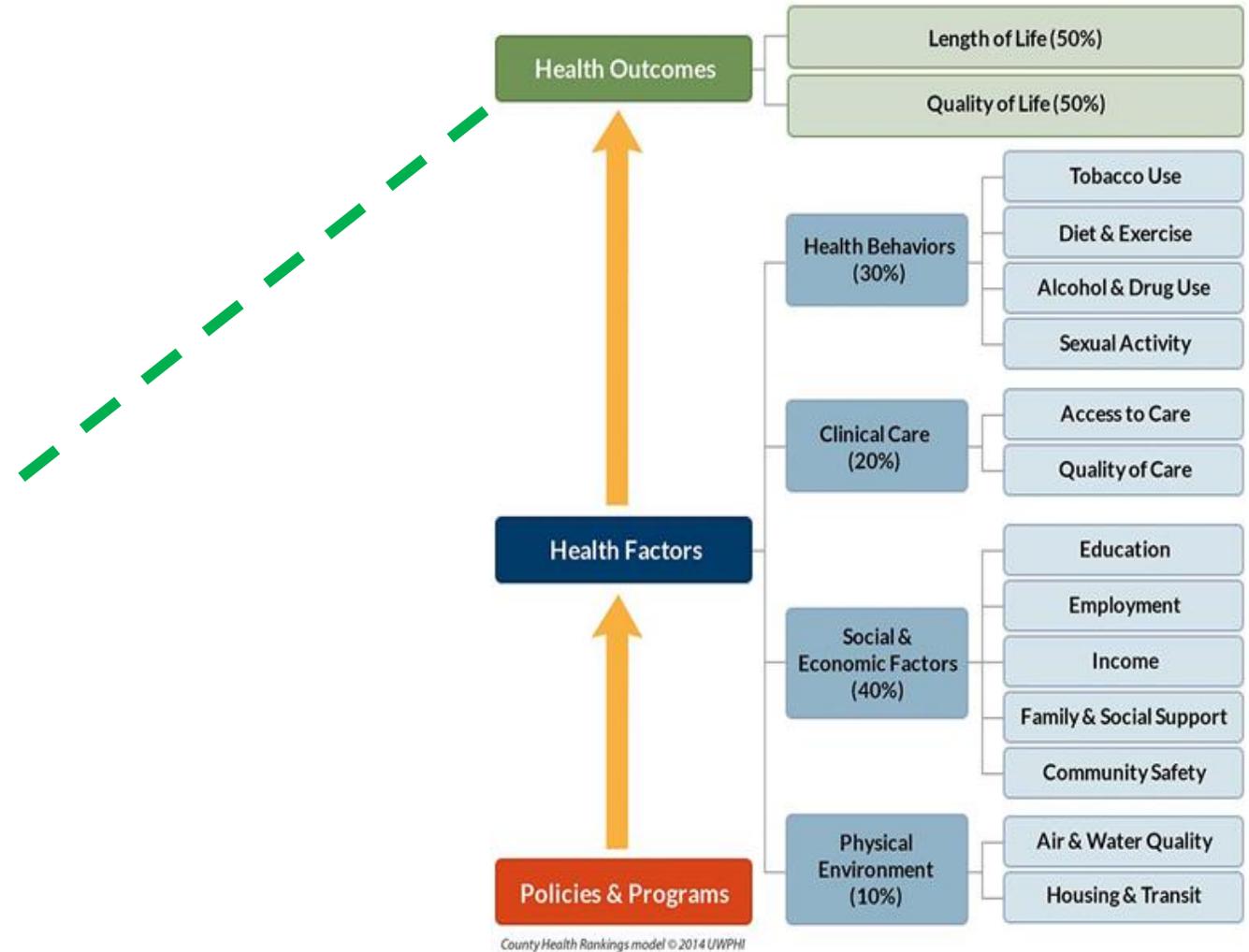
- 88.8% of Dane County households have an internet subscription.



Section 4: Youth Welfare

Health Outcomes

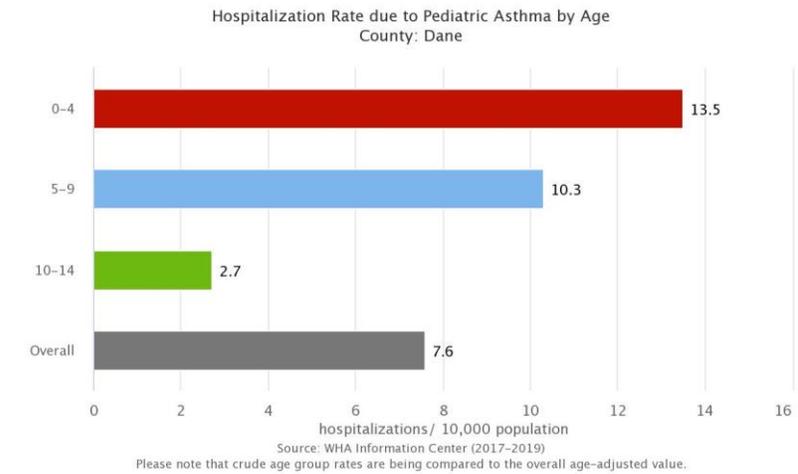
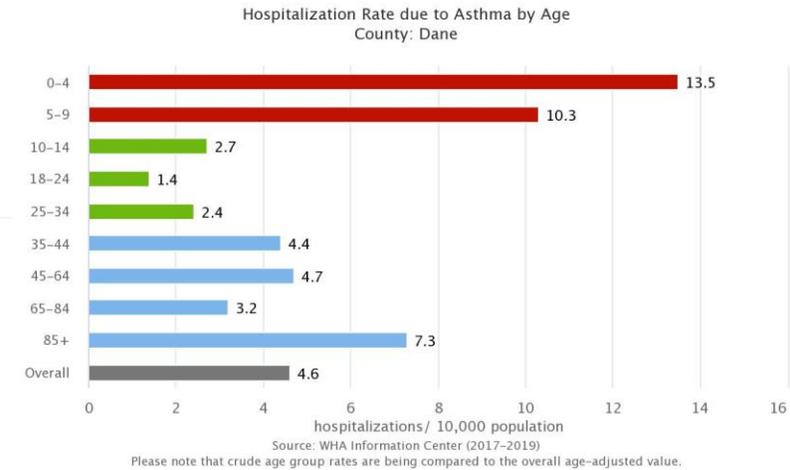
Health behaviors such as tobacco use, diet, exercise, alcohol and drug use, and sexual activity all impact health outcomes.



4.1: Chronic Conditions

Asthma

- Hospitalization rates due to asthma are highest among young children and adults over age 65.¹
- The age-adjusted hospitalization rate due to pediatric asthma in Dane County is higher than state rate (6.8) at 11.0 hospitalizations per 100,000, the rate for Black pediatric Dane residents is almost 6 times that of Whites.²



4.1: Chronic Conditions



COMPARED TO ⓘ

▼
Prior Value
(0.8%)

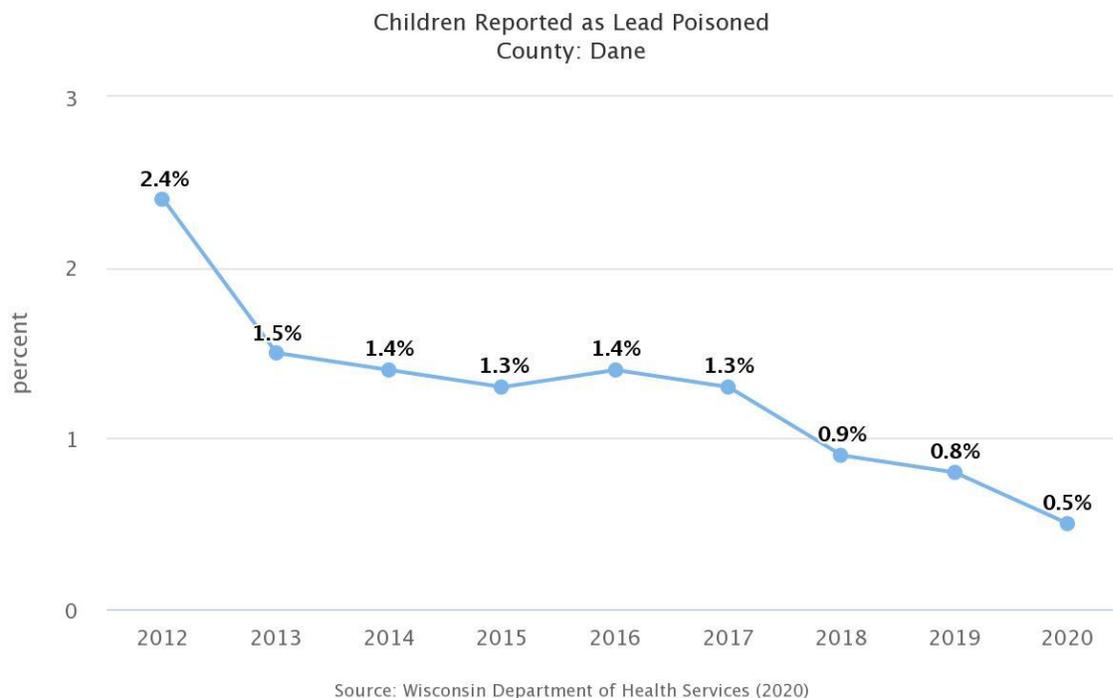
↙
Trend

Lead Exposure

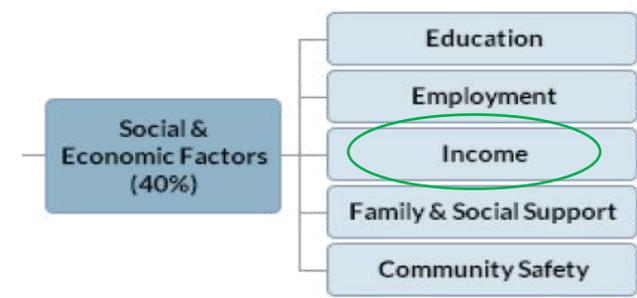
- Of the children (age 0 to 5) that were tested for lead exposure, 0.5% were reported were lead poisoned ($\geq 5 \mu\text{g}$ of lead/dL of blood).

Why is this important?

- Lead exposure has several health effects, from causing high blood pressure and anemia to irreversibly damaging the nervous system. Children are particularly vulnerable to lead exposure. Even low levels of lead in children can have lifelong consequences of adverse developmental effects, including slowed growth, lowered intelligence, learning disabilities, and behavior or attention problems. Typically, lead poisoning builds up slowly over time, without any obvious symptoms. The Centers for Disease Control and Prevention recommends public health actions be initiated in children with blood lead levels at or exceeding the current reference level of five micrograms per deciliter.



4.1: Chronic Conditions



Poverty

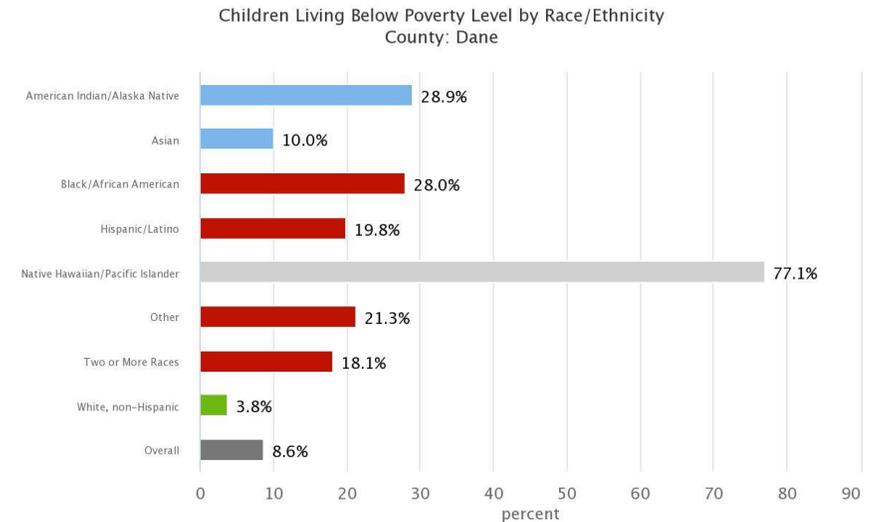
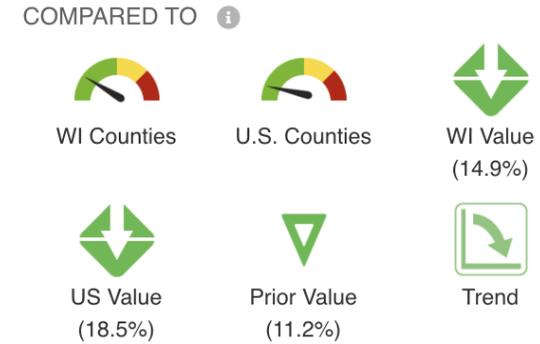
- 8.6% of Dane County Youth under the age of 18 live below the federal poverty level.¹

Why is this important?

- Family income has been shown to affect a child's well-being in numerous studies. Compared to their peers, children in poverty are more likely to have physical health problems like low birth weight or lead poisoning and are also more likely to have behavioral and emotional problems. Children in poverty also tend to exhibit cognitive difficulties, as shown in achievement test scores, and are less likely to complete basic education.

“(Are children’s) basic needs met – food, shelter? Sense of foundation that these basic needs are met, housing, employment, etc. affect (their) mental health.”

- Youth Key Informant Interview



Source: American Community Survey (2015-2019)

4.1: Chronic Conditions

Childhood Obesity

- Dane County has a high degree of variability in childhood obesity rates (children 5 – 17). In Madison, 24% of children living in the 53713-zip code were obese compared to children living in the 53726-zip code.¹
- 58.5% of high school students say they have at least one serving of fruits and vegetables each day and 23.0% say they have 3 or more servings a day, both virtually unchanged from 2018 (59.9% and 23.8% respectively). Similar results are seen for middle school students.²
- 88.2% of high school students report being physically active for 60 minutes at least one or more days per week, slightly lower than 2018 at 91.



4.1: Mental Health

Youth experience emotional and mental health challenges ranging from short-term adjustment issues to long-term mental illness impacting their lives including social interactions and educational achievements. The Dane County Youth Assessment asked youth about anxiety, stress, depression, self-harm and suicidal thoughts, and attempts.

“The pandemic affected everybody especially because we couldn’t go anywhere, and schools closed. It can affect your mental health, emotional health, physical health, EVERYTHING.”

- Youth Focus Group Participant



		LGBTQ+	Cisgen Straight Male	Cisgen Straight Female
		% of Group	% of Group	% of Group
DCYA Anxiety Scale	Always	36%	7%	22%
	Often	28%	13%	22%
	Sometimes	21%	23%	24%
	Not at all	15%	57%	32%

LGBTQ+ grouping includes lesbian, gay, bisexual and transgender students who tend to have similarly high rates of mental health concerns

The anxiety score includes Felt nervous, anxious or on edge; Not been able to stop or control worrying; Felt problems were piling up so high that you could not handle them

4.1: Mental Health

Anxiety

- 53.3% of high school females
- 23.3% of high school males report having feelings of anxiety often or always.
- 32.5% of BIPOC high school youth report having these feelings always or often, compared to all other students at 33.7%. This rises to 43.3% for BIPOC females.
- 77.5% of youth who identify as gay or lesbian
- 70.5% of youth who identify as bi-sexual
- 63.9% of youth questioning their sexual orientation report feeling anxious “Always or often” compared to 44.1% of youth who identify as straight/heterosexual.
- Youth whose families are struggling financially are more anxious (65.8%) than students who say money is not a problem for their family right now. (33.1%).



Main reason for feeling anxious	% of HS students selecting this reason
Pressure to perform in school (hard classes, getting good grades)	60.7%
Too much homework	57.4%
Problems in the world, US	29.7%
Concerns about COVID	27.4%
Social pressure to be popular, look good	16.7%
Feeling like I don't fit in at school	10.9%

“We have not created family and student-centered systems to support the needs of families. The resources that it takes to connect with mental health services is astounding.”

- Youth Key Informant Interview



4.1: Mental Health

Depression:

Loss of interest in activities and prolonged feelings of sadness and hopelessness suggest clinical depression. Youth were asked, “During the past 12 months, did you ever feel so sad or hopeless almost every day for at least 2 weeks in a row that you stopped doing some usual activities?” We have been seeing an increase in this overtime, which align with national data, and that increase seems to have accelerated this year.

29.2% of all 7th-12th grade youth responded affirmatively to this question compared to 23.5% in 2018, 21.7% in 2015 and 19.4% in 2012.

44.0% of high school female youth report depressive symptoms up from 34.2% in 2018, 30.3% in 2015 and 25.6% in 2012.

High school females (44.0%) are more likely than males (20.4%) to report depressive symptoms.

58.2% of high school youth who identify as LGBTQ responded affirmatively compared to 24.4% of youth who identify as straight or heterosexual.

Youth whose families are struggling financially report more depression (63.1%) than students who say money is not a problem for their family right now (25.9%).

4.1: Mental Health

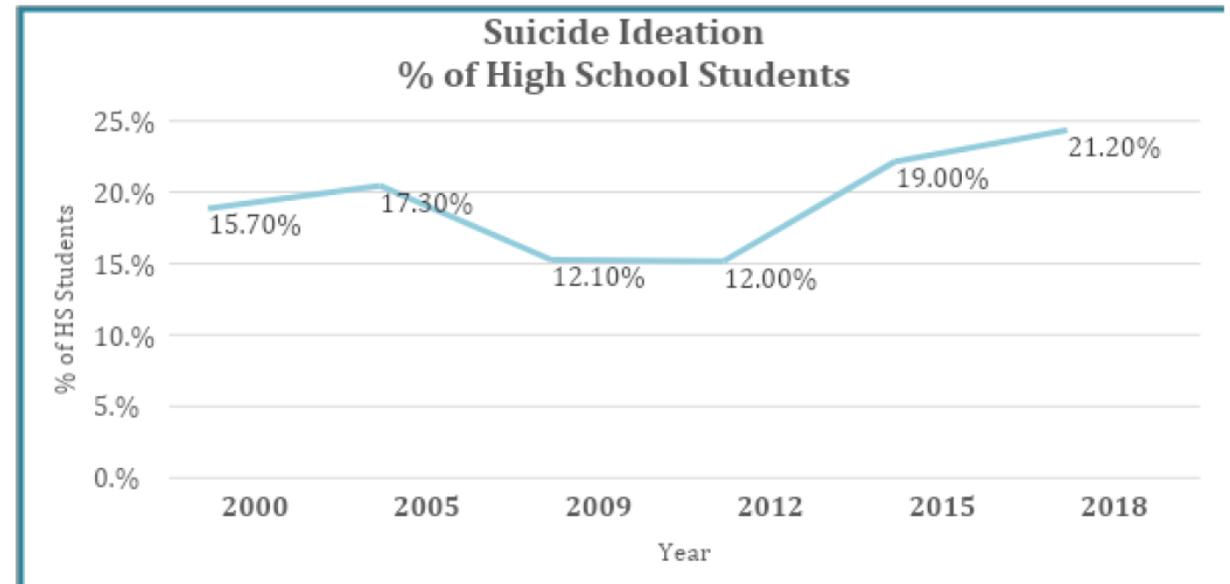
Health Outcomes

Length of Life (50%)

Quality of Life (50%)

Suicidal Thoughts and Suicide Attempts

- 20.2% of all 7th-12th grade youth report having suicidal thoughts (ideation) during the past 30 days. This compares to 2018 at 20.7%, 2015 at 18.7% and 2012 at 12.3%.
- 27.4% 9th-12th grade females report having suicidal thoughts as do 25.9% of 7th – 8th grade females compared to 2018 reports of 27.6% and 25.1% respectively.
- Lower income high school youth report a higher rate of suicidal thoughts (41.9%) than their more affluent peers (16.3%).
- 13.9% of high school youth who identify as straight/heterosexual report they have thought seriously about killing themselves in the past 12 months compared to 38.7% gay/lesbian, 46.7% bi-sexual and 35.1% of youth questioning their sexual orientation.
- 3.8% of middle and high school youth report that they have attempted suicide in the past 12 months compared to 2018 reports of 5.0% and 5.8% in 2015.



4.1: Injury

Health Outcomes

Length of Life (50%)

Quality of Life (50%)

Self-Harm

- 17.2% of 9th-12th and 17.7% of 7th-8th grade youth report they had intentionally harmed themselves in the past 12 months compared to 15.5% and 14.9% respectively in 2018. 1

Pediatric Injury

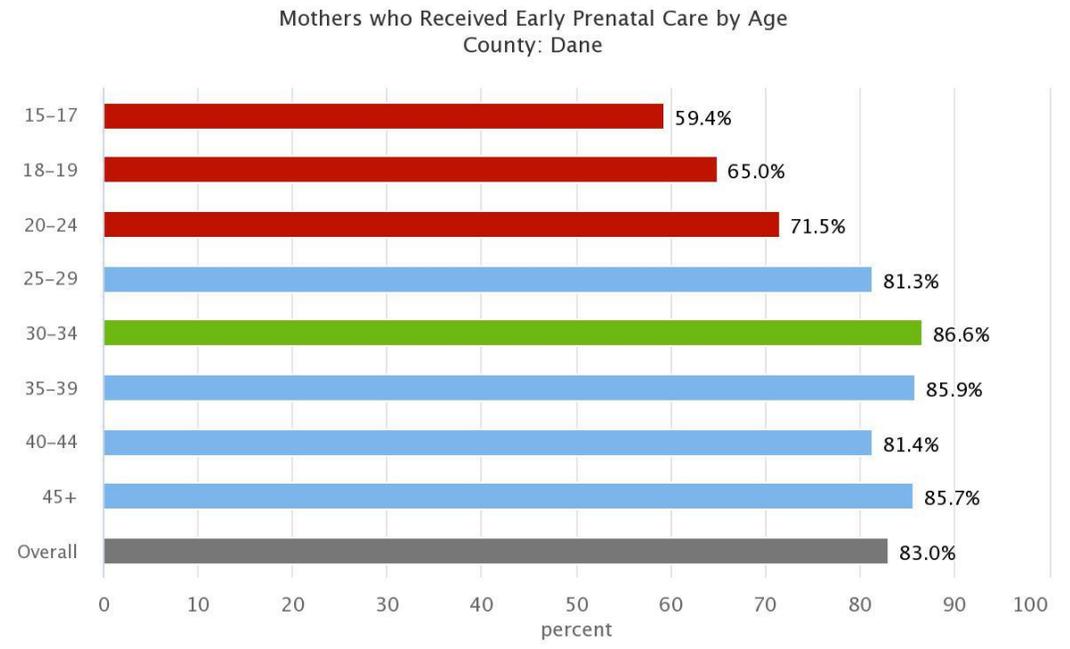
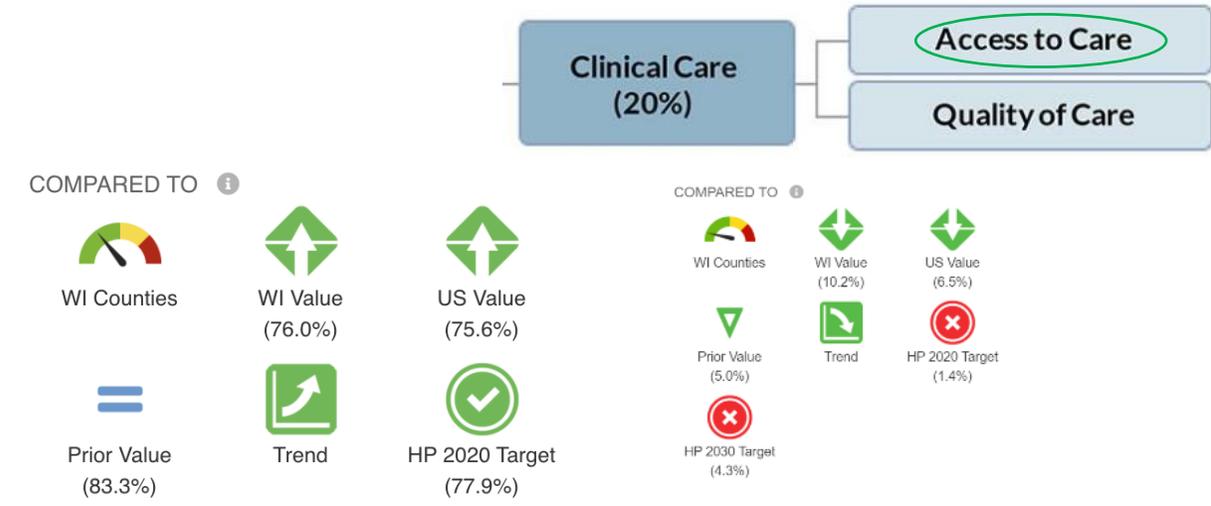
- Poisoning was the leading cause of injury related hospitalization (from 2017 – 2019), followed by falls, then motor vehicle crashes.
- Suffocation was the leading cause of injury related death, followed by motor vehicle crashes during this same time period. 2

“Great to have Safe Kids in (the Fitchburg Fire Station). The Fitchburg Fire Department understands the value of pediatric risk reduction and injury prevention- this partnership is an asset for our city.”

- Youth Key Informant Interview

4.1: Teen Maternal & Child Health

- Teen birth rate in Dane County is 6.7 live births per 1,000 females aged 15-19 compared to national benchmarks of 16.7.
- The percentage of mothers who smoked during pregnancy is lower than state and national rates at 4.4%, however percentages are higher among Blacks and people who identify with two or more races.¹

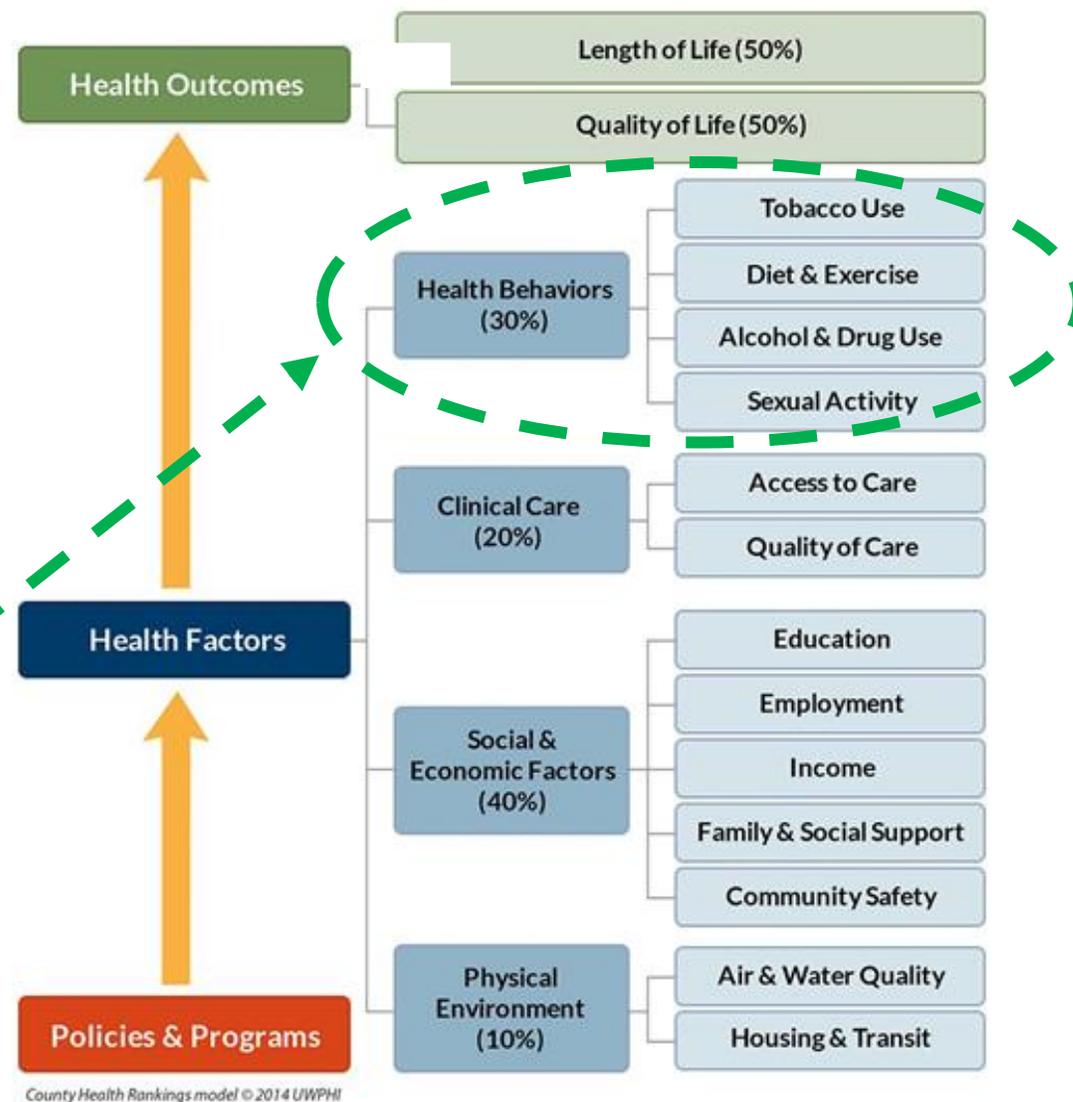


Source: Wisconsin Department of Health Services (2018)

Data Source:
 1. Wisconsin Department of Health Services (2018): Retrieved from: <http://healthydane.org>

Health Behaviors

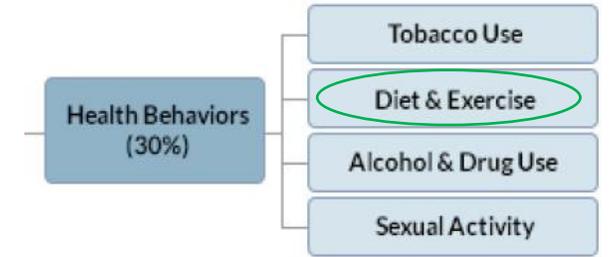
Health behaviors such as, diet, exercise, alcohol and drug use, and sexual activity all impact health outcomes.



4.2: Diet & Exercise

Diet

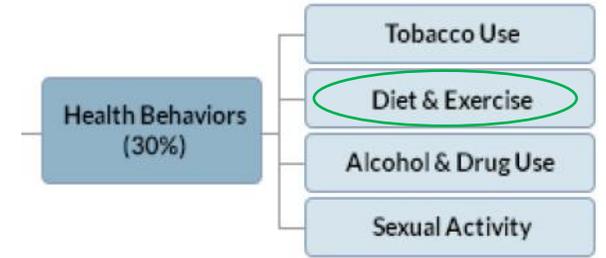
- 58.5% of high school students say they have at least one serving of fruits and vegetables each day and 23.0% say they have 3 or more servings a day, both virtually unchanged from 2018 (59.9% and 23.8% respectively). Similar results are seen for middle school students.
- 54.8% of high school students had 5 or more evening meals with their families each week, which is more than 2018 at 47.3%.



“There are food deserts in certain parts of (our community) – no grocery stores or pharmacies, just convenience stores or gas stations. But many are not in walking distance to a store where they can buy healthy foods.”

- Youth Key Informant Interview

4.2: Diet & Exercise



Exercise

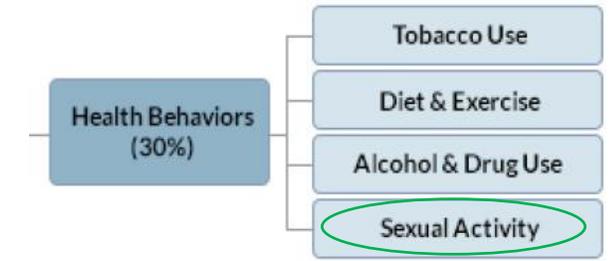
- 88.2% of high school students report being physically active for 60 minutes at least one or more days per week, slightly lower than 2018 at 91.2%.
- 78.8% of high school students report exercising on their own one or more times a week with 50.5% exercising on their own 3 or more days a week.
- Those high school students who do not exercise report the restrictions of COVID-19 as the main barrier (35.0%) followed closely by lack of time (25.2%).



Data Source:

1. 2021 Dane County Youth Assessment, Dane County Youth Commission.
2. Capital Times Photo (2017). Reprinted with permission.

4.2: Sexual Activity



Sexual Activity

- 69% of Dane County high school youth always use a condom to prevent pregnancy when having vaginal sexual intercourse and 52% always use a condom to prevent sexually transmitted infections (STI) when having sex.¹
- 27.1% of sexually active high school youth have had intercourse while under the influence of alcohol, marijuana, or other drugs, compared to 33.2% in 2018.
- 44% of high school youth reported not knowing where to get health care for a sexually transmitted infection.¹

Dane County's teen birth rate is lower than state and national rates at 6.7 live births per 1,000 females aged 15-19.²



Data Source:

1. 2021 Dane County Youth Assessment, Dane County Youth Commission.

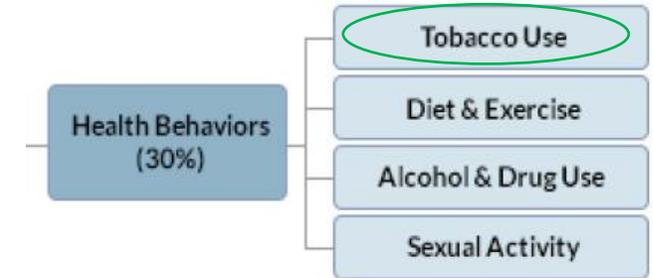
2. Wisconsin Department of Health Services. (2018) Retrieved from: <http://healthydane.org>

Source: Wisconsin Department of Health Services (2018)

4.2: Tobacco Use

Tobacco Use

- Less than 1% of high school youth report smoking a cigarette in the last 30 days compared to 3.0% in 2018 and 7.0% in 2015.
- 7.6% of high school students say they have used vapor electronic cigarettes in the last 30 days compared to 18.8% in 2018 and 16.0% in 2015.
- 20.1% of high school youth report there is a “Slight to no risk” to e-cigarette use daily compared to 55.4% in 2018.
- 1.5% of middle school youth report they used e-cigarettes and 15.8% said there is little or no risk to regular e-cigarette use compared to 34.5% in 2018.



Why it matters:

Nearly all tobacco use begins in adolescence. If young people can remain free of tobacco until age 18, most will never start to smoke. Tobacco use is considered a “gateway drug” because its use generally precedes and increases the risk of another drug use¹.

4.2: Substance Misuse

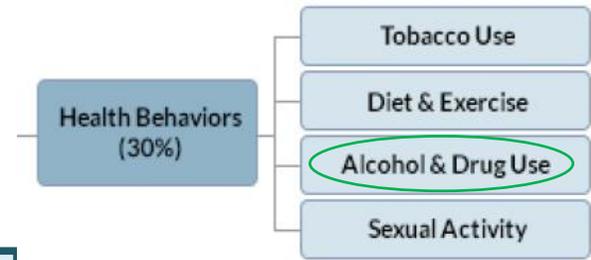
Alcohol Use

- 22.9% of high school youth report drinking alcohol in the past 12 months compared to 30.9 in 2018, 34.8% in 2015 and 43.1% in 2012.
- 38.2% of high school seniors had a drink in the last 12 months compared to 49.2% in 2018 and 71.6% in 2015.
- 6.4% of high school youth report binge drinking in the past 30 days compared to 10.6 in 2018, 11.1% in 2015, 15.8% in 2012, and 12.6% in 2009.
- 13.8% of high school seniors report binge drinking.
- 60.1% of the binge drinkers were girls.

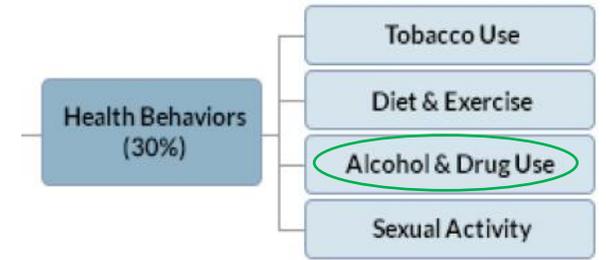
Why youth don't drink...

High school youth who never use alcohol were asked the main reason they don't drink and reported:

- **23.2% say it's bad for your health**
- **14.9% say they worry about the impact on their future**
- **12.0% say they had a taste and didn't like it**
- **9.7% say parents would be disappointed**



4.2: Substance Misuse

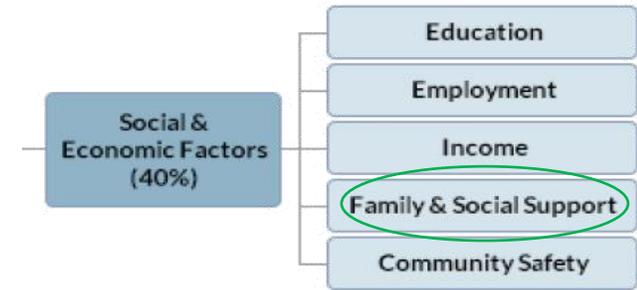


Drug Use

- 14.1% of high school youth and 2.5% of middle school youth report using marijuana in the past 12 months down from 2018 (HS 21.1% and MS 3.3%).
- 63.0% of high school youth using marijuana have used it in a vaping device.
- The percentage of high school youth who reported drug use at least one time in the past 30 days is outlined in the table to the right.¹

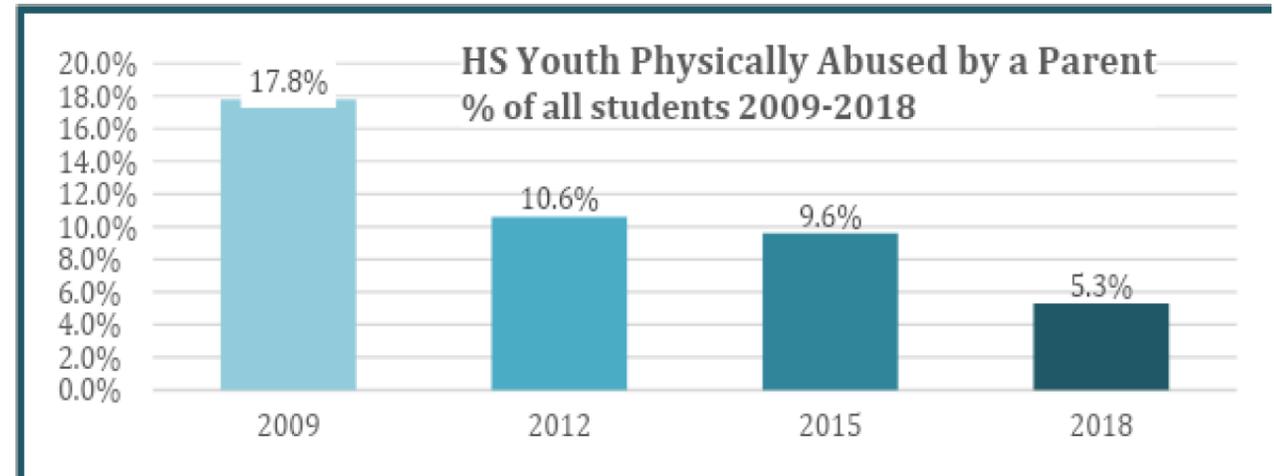
Drug use at least once in the past 30 days	Percent
Marijuana	9.0
Prescription Drug w/out a doctor's prescription	1.0
Over the counter medication in a way other than it was intended	2.0
Cocaine or Crack	0
Inhalant (glue, paint, spray can, markers)	1.0
Speed, crystal meth, crank	0
Heroin	0
Ecstasy (Molly)	1.0
Bath Salts	1.0
Steroids, HGH	0
Synthetic Marijuana (K-2, Spice, Blaze)	1

4.2: Abuse



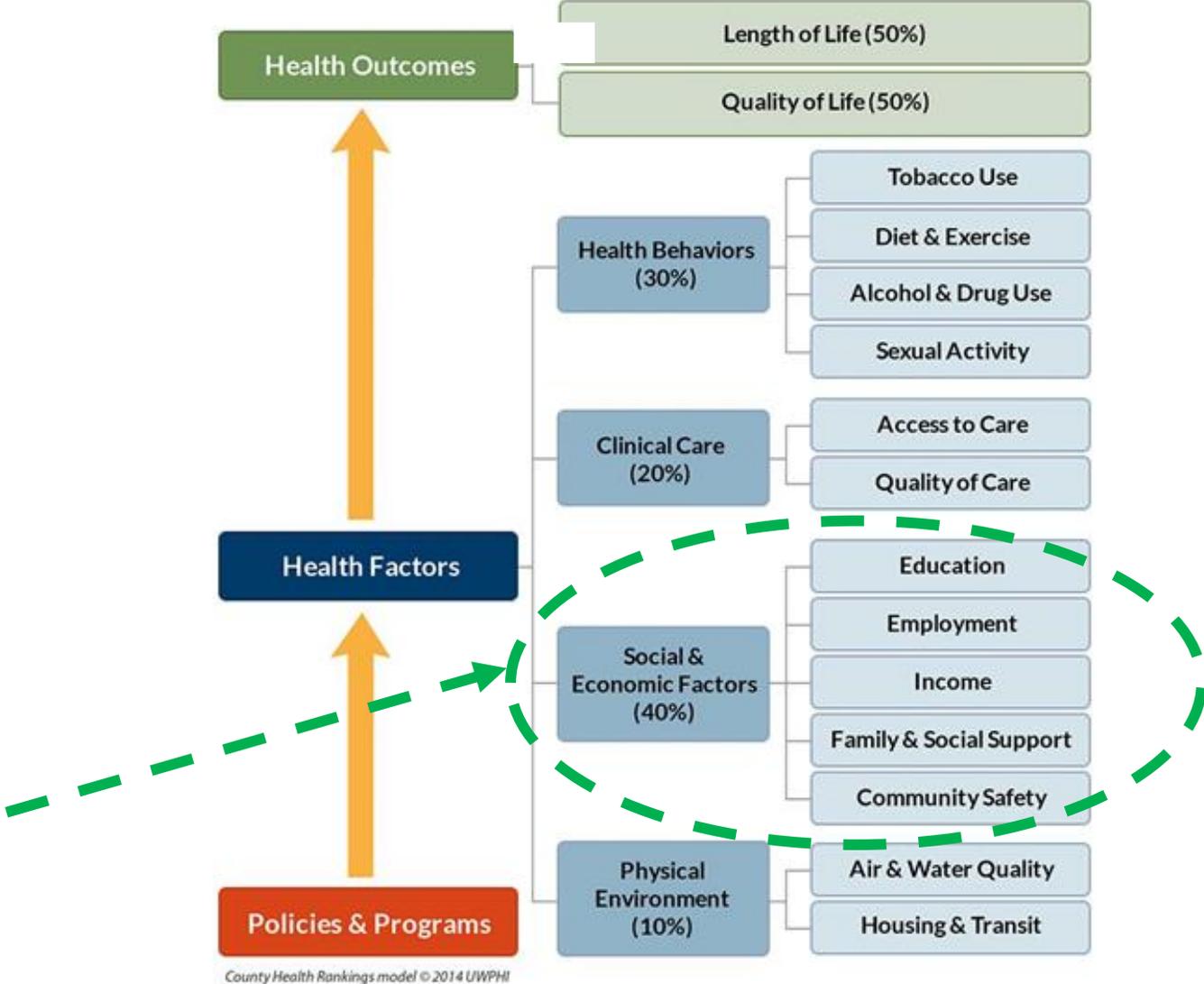
Family and Dating Violence

- 3.5% of all 9th-12th grade youth report they have been hit by a parent, leaving signs of injury.
- 25.6% of high school youth who have been physically abused by their parents have run away from home compared to 4.1% all high school youth who have run away from home.
- 4.2% of high school students who have dated report being physically abused by their boyfriend or girlfriend.
- 3.7% of high school youth who have dated report that a boyfriend or girlfriend had forced them to have sexual contact.
- 9.0% of high school youth who are dating report that their partner put them down, calling them names, telling them no one wanted them, or they were ugly. 71.0% of these students are girls.

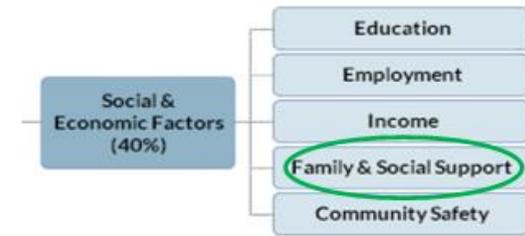


Social & Economic

Of all the factors impacting health, social and economic factors, including; income, access to education and employment, presence of supportive social networks and safety of a community are shown to have the greatest impact on health outcomes.



4.3: Family & Social Support



- Adverse childhood events (ACEs) are potentially traumatic events that can have negative, long-lasting effects. Examples include physical, emotional or sexual abuse, parental divorce, and incarceration of a parent.

Percentage of High School Students who have Adverse Childhood Experiences (ACEs)			
Number of ACEs			
0	1	2	3+
77%	15%	5%	1%

- As the number of ACEs increases so does the risk for negative health outcomes.

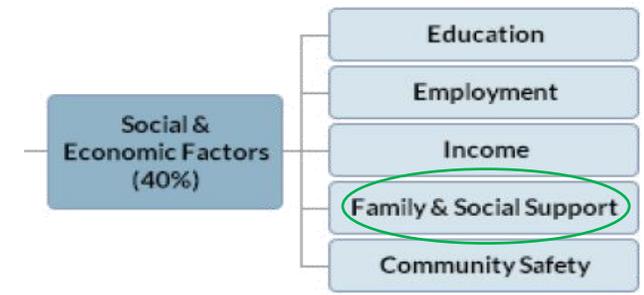
Why it Matters:

Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. ACEs have been shown to have lasting effects on:

- Health: obesity, diabetes, depressions, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones
- Behaviors: smoking, alcoholism, drug use
- Life Potential: graduation rates, academic achievement, lost time from work

Prevention of, assessment for and response to ACEs is a key component of creating a healthy community².

4.3: Family & Social Support



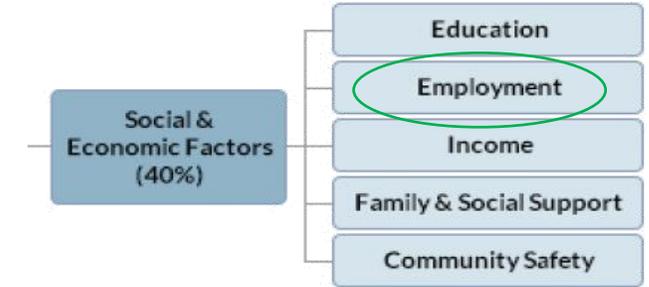
School Belonging

- 78.4% of all 7th -12th grade youth “Agree” when asked if they feel like they *belong* at their school slightly higher than pre-COVID 2018 at 75.9%.
- 69.1% of Black/African American and 78.8% of White high school youth “Agree” when asked if they belong to their school compared to 77.5% of all high school youth.
- 58.9% of gay/lesbian/bi youth feel like they belong at school compared to 64.2% in 2018.
- 51.8% of 9th-12th grade Black/African-American students “Agree” that they feel close to people at their school compared to 64.1% in 2018 and 66.9% in 2015. 62.7% of all high school students agreed.

“I think that our community is very supportive but it’s only like ¼ the community and I think the community could be better at learning to support people, even if they’re different. ”

- Youth Focus Group Participant

4.3: Employment



Youth Employment and Volunteer Work

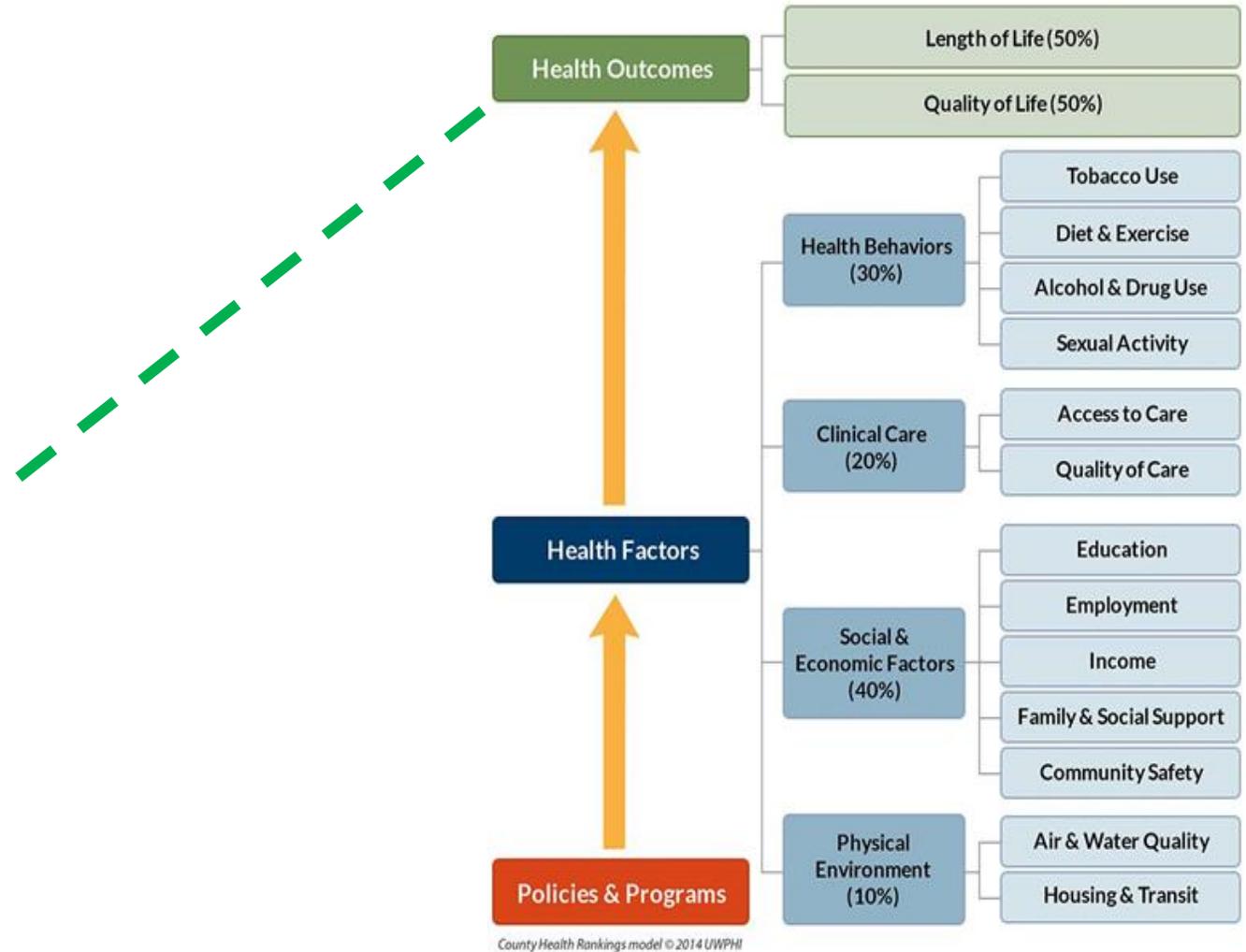
- 53.3% of all 9th-12th grade youth have done some volunteer work in the past 12 months compared to 82.6 % in the non-pandemic year of 2018.
- 44.9% of high school youth report regular or occasional work (i.e. babysitting or lawn work).
- High school youth looking for work, but unable to find employment, had been declining since 2009 but increased to 21.4% in 2021 from a low of 18.1% in 2018.



Section 5: Older Adult Welfare (65+)

Health Outcomes

Health behaviors such as tobacco use, diet, exercise, alcohol and drug use, and sexual activity all impact health outcomes.



5.1 Older Adult 65+ Community

Population Over Age 65

- Older Adults make up 14.2% of the Dane County Population.
- There are 77,771 people over age 65 in Dane County, higher than prior value of 70,979 people.¹

Why is this important?

The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, health care, and childcare. A population with more youth will have greater education and childcare needs, while an older population may have greater health care needs. Older people are also far more likely to vote, making them an important political force.



COMPARED TO ⓘ



WI Value
(17.5%)



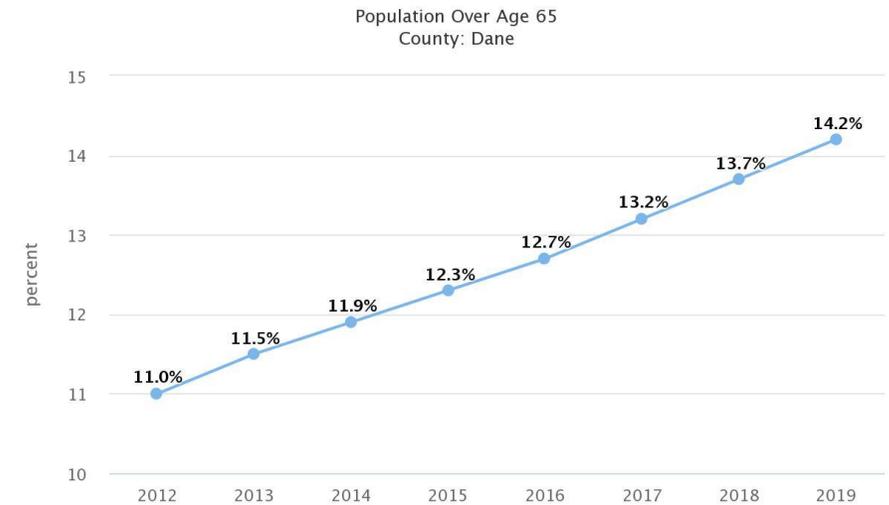
US Value
(16.5%)



Prior Value
(13.7%)



Trend



Source: U.S. Census Bureau (2019)

5.1: Chronic Conditions



Adults 65+ with Arthritis

- 23.1% of Medicare beneficiaries were treated for rheumatoid arthritis or osteoarthritis.

Why is this important?

- According to the Arthritis Foundation, more than 50 million adults have doctor-diagnosed arthritis, and arthritis is the number 1 cause of disability in the U.S. Two common types of arthritis are Osteoarthritis (OA) and Rheumatoid arthritis (RA).

COMPARED TO ⓘ



WI Counties



U.S. Counties



WI Value
(29.4%)



US Value
(33.5%)

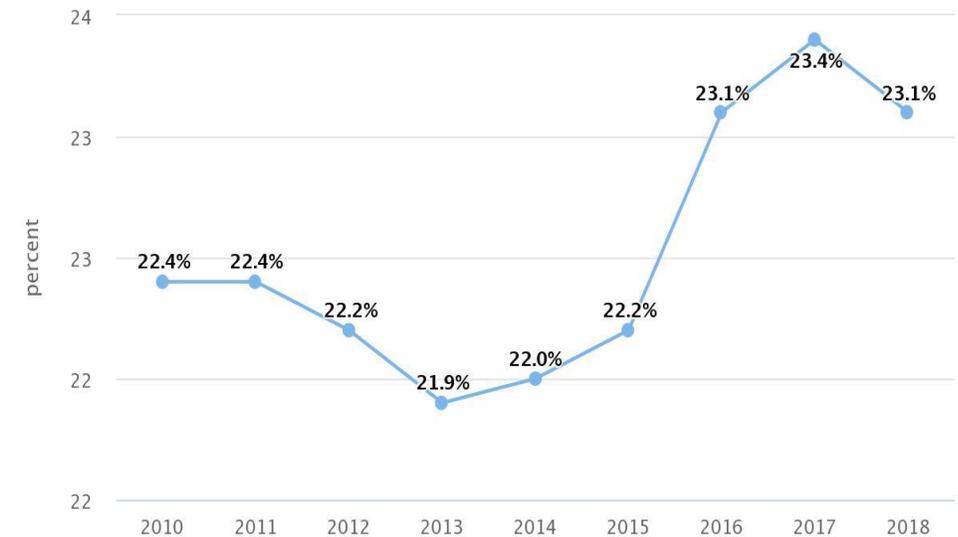


Prior Value
(23.4%)



Trend

Rheumatoid Arthritis or Osteoarthritis: Medicare Population
County: Dane



Source: Centers for Medicare & Medicaid Services (2018)

Data Source:

1. Centers for Medicare & Medicaid Services. (2018) Retrieved from: <http://healthydane.org>

5.1: Chronic Conditions

Adults 65+ with a Disability

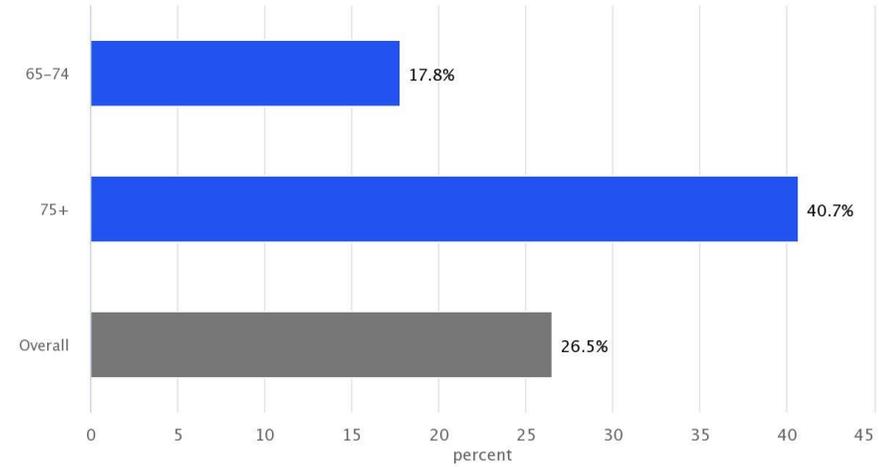
- In Dane County, 26.5% of adults are limited in any activities because of physical, mental, or emotional problems. However, disparities exist between Black and 75+ populations.¹

Why is this important?

Rates of disability increase sharply with age. Disability takes a much heavier toll on the very old. There is often a strong relationship between disability status and reported health status, and many individuals with disabilities require more specialized health care and assistance as a result of the disability.

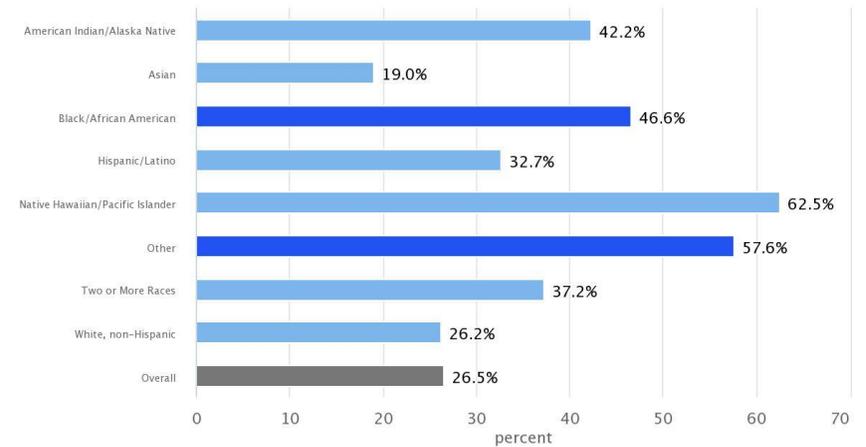


Adults 65+ with a Disability by Age
County: Dane



Source: American Community Survey (2015-2019)

Adults 65+ with a Disability by Race/Ethnicity
County: Dane



Source: American Community Survey (2015-2019)

5.1: Chronic Conditions

Adults 65+ with a Hearing Difficulty

- 10.9% of adults 65+ are deaf or have some serious difficulty hearing.¹

Why is this important?

- Hearing loss is one of the most common conditions affecting older adults. Hearing impairment can impose a social and economic burden on individuals and families. In adults, hearing impairment often makes it difficult to obtain, perform, and maintain employment. It also makes it difficult to respond to warnings or hear doorbells/alarms, and to understand and follow a doctor's advice. Hearing impairment can lead to depression, withdrawal, or isolation, as it can be hard to make conversation with friends and family and lead to frustration or embarrassment.



COMPARED TO ⓘ



WI Value
(13.5%)



US Value
(14.3%)

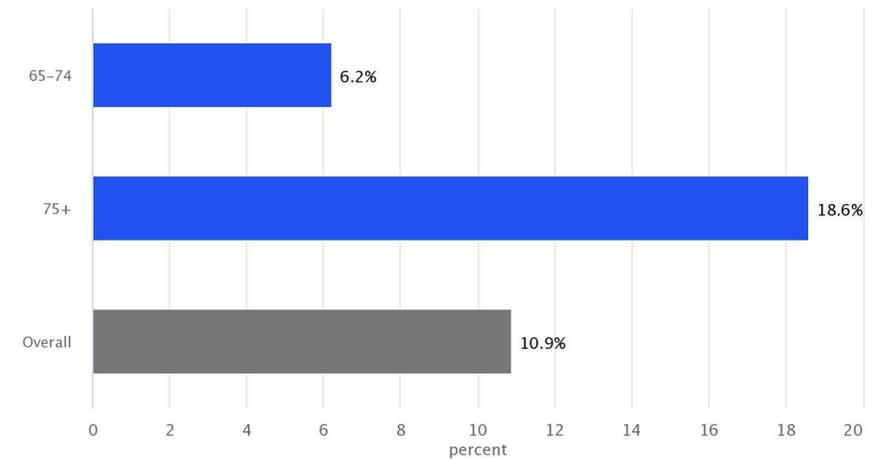


Prior Value
(11.9%)



Trend

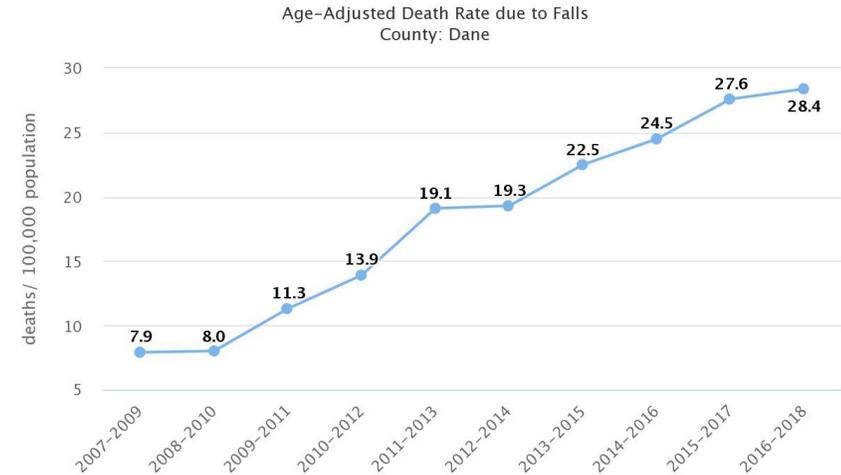
Adults 65+ with a Hearing Difficulty by Age
County: Dane



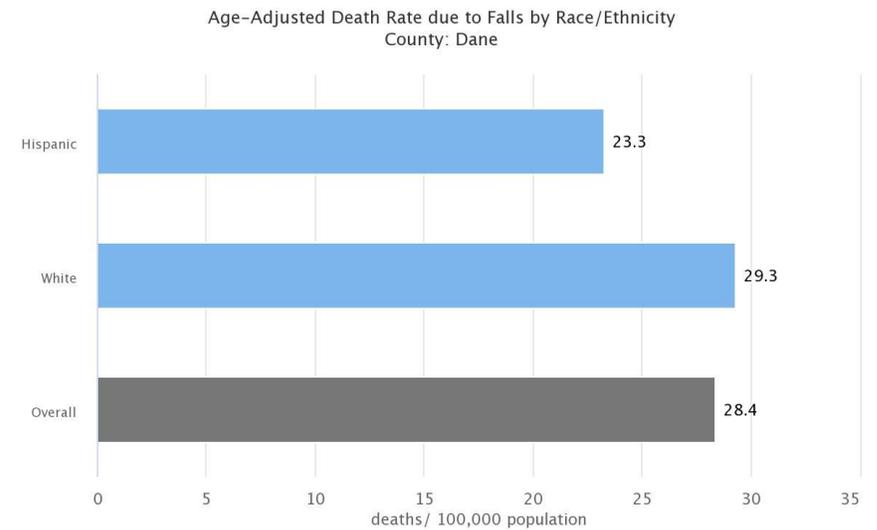
Source: American Community Survey (2015-2019)

5.1: Fall Prevention

Falls are a leading cause of unintentional injury and injury death. Falls commonly produce bruises, hip fractures, and head trauma. These injuries can increase the risk of early death and can make it difficult for older adults to live independently. Most fatal falls occur among adults aged 65 or over. Falls are also the leading cause of work-related injury death, especially among construction workers. Most falls are preventable. Effective prevention strategies create safer environments and reduce risk factors, from installing handrails and improving lighting and visibility, to reducing tripping hazards and exercising regularly to enhance balance.



Source: Wisconsin Department of Health Services (2016-2018)



Source: Wisconsin Department of Health Services (2016-2018)

5.1: Mental Health

Alzheimer's Disease and Dementia

- 7.8% of Medicare beneficiaries were treated for Alzheimer's disease or dementia.

Why is this important?

Dementia is a non-specific syndrome that severely affects memory, language, complex motor skills, and other intellectual abilities seriously enough to interfere with daily life. Although dementia is much more common in the geriatric population (approximately 5 percent of those over 65 are said to be affected), it can occur in the younger population, in which case it is termed "early onset dementia."

Alzheimer's disease is the most common form of dementia among the geriatric population, accounting for 50 to 80 percent of dementia cases. It is a progressive and irreversible disease where memory and cognitive abilities are slowly destroyed making it impossible to carry out even simple, daily tasks. Alzheimer's disease typically manifests after the age of 60. According to the Centers for Disease Control and Prevention, Alzheimer's disease is the fifth leading cause of death among adults aged 65 and older. The Alzheimer's Association notes that the number of people aged 65 and older with Alzheimer's disease is estimated to reach 7.1 million by 2025—a 40 percent increase from the estimated 5 million age 65 and older currently affected by the disease. Medicare costs for those with Alzheimer's and other dementias are estimated to be \$107 billion dollars in 2013.



COMPARED TO ⓘ



WI Counties



U.S. Counties



WI Value
(9.0%)



US Value
(10.8%)



Prior Value
(8.3%)



Trend

Alzheimer's Disease or Dementia: Medicare Population
County: Dane



Source: Centers for Medicare & Medicaid Services (2018)

Data Source:

1. Centers for Medicare & Medicaid Services. (2018) Retrieved from: <http://healthydane.org>

5.1: Mental Health



Alzheimer's Disease and Dementia

- The overall age-adjusted death rate due to Alzheimer's Disease in Dane County is higher than state and national rates at 33.3 deaths per 100,000.

COMPARED TO ⓘ



WI Counties



WI Value
(31.0)



US Value
(30.6)

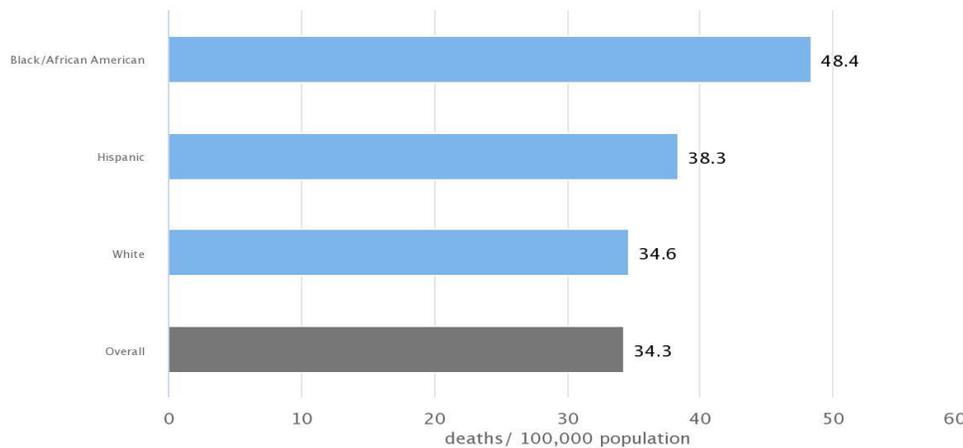


Prior Value
(36.6)



Trend

Age-Adjusted Death Rate due to Alzheimer's Disease by Race/Ethnicity
County: Dane



Source: Wisconsin Department of Health Services (2016-2018)

Age-Adjusted Death Rate due to Alzheimer's Disease
County: Dane



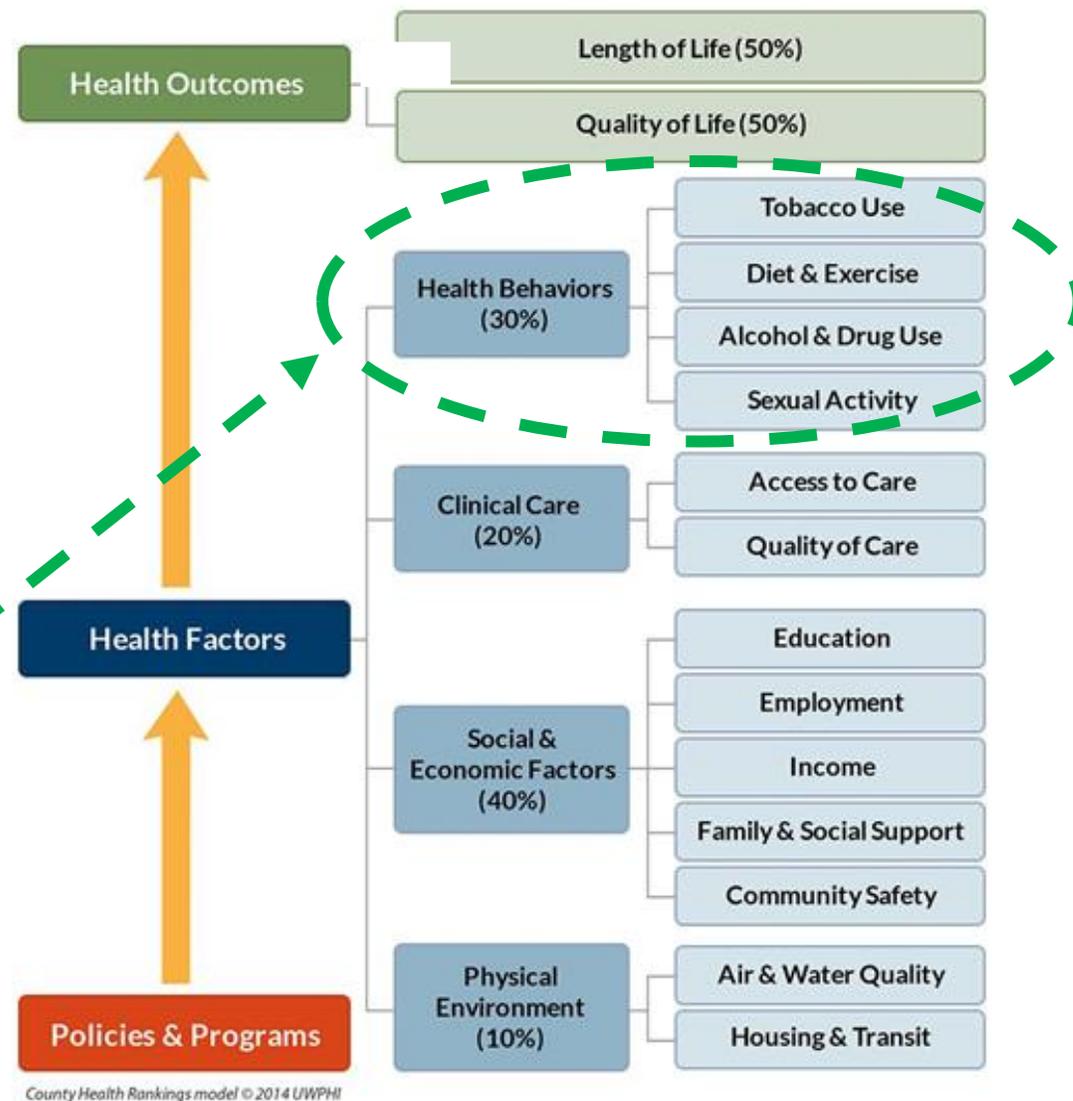
Source: Wisconsin Department of Health Services (2016-2018)

Data Source:

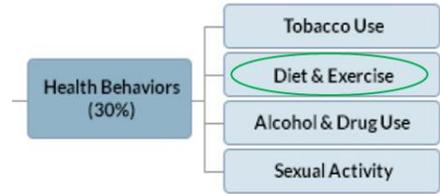
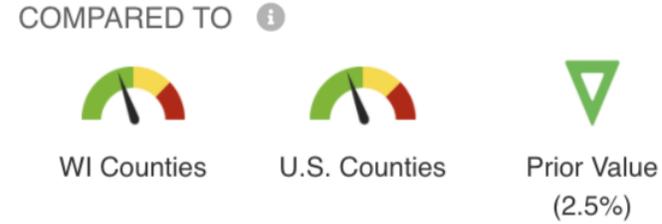
- Centers for Medicare & Medicaid Services. (2018) Retrieved from: <http://healthydane.org>
- Wisconsin Department of Health Services. (2016-2018) Retrieved from: <http://healthydane.org>

Health Behaviors

Health behaviors such as, diet, exercise, alcohol and drug use, and sexual activity all impact health outcomes.



5.2: Diet



People 65+ Access to a Grocery Store

- 2.2% of adults 65+ live more than one mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area.¹

Why is this important?

- Access to healthy foods is essential for preventing and managing health conditions such as diabetes and high blood pressure. For older adults, the increased risk of some cancers and chronic disease can be reduced by eating a diet rich in fresh fruits and vegetables. Low access to grocery stores makes it more difficult for individuals to access healthy foods, and older adults can face further barriers if their mobility is impaired, or they are unable to drive.



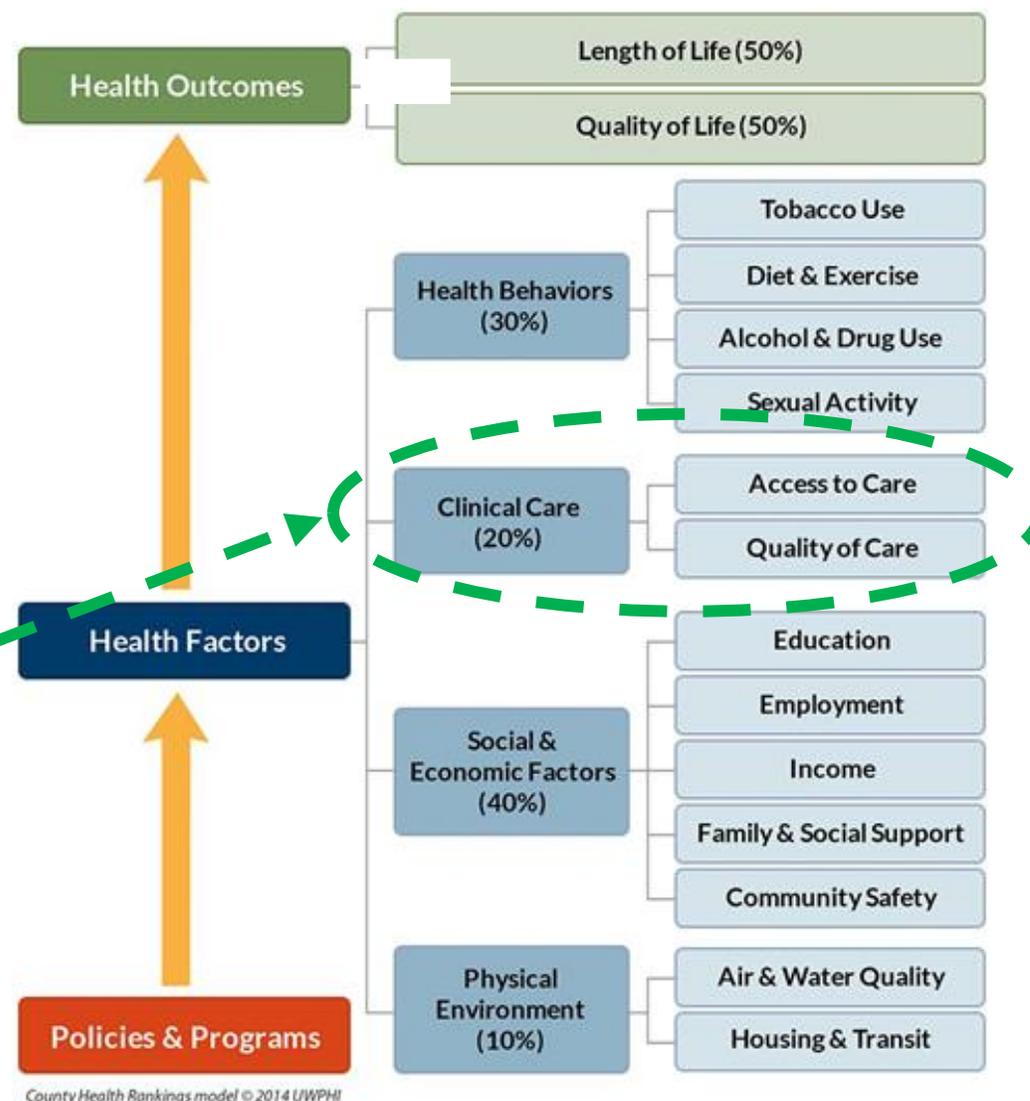
Data Source:

1. Conduent Healthy Communities Institute. (2015) Retrieved from: <http://healthydane.org>

2. Photo Image. James Madison Park.

Clinical Care

Clinical care includes the ability of appropriately delivered medical interventions (preventive, symptom treatment and curative care) to impact length and quality of life.



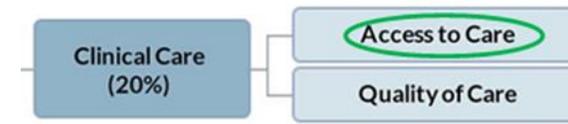
5.3: Clinical Care

Adults 65+ who Received Recommended Preventive Services

29.5% of older adult females and 30.3% of older adult males received recommended clinical preventive services.¹

Why is this important?

- Utilizing appropriate clinical and preventive services can have important implications on the progression and treatment of many diseases. Individuals aged 65 and older who receive recommended clinical preventive services in a timely manner have greater opportunity to prevent disease or detect disease during earlier, treatable stages.



Older Adult Female Preventive Services

County: Dane

29.5%

COMPARED TO ⓘ



WI Counties



U.S. Counties



US Value
(28.4%)

Older Adult Male Preventive Services

County: Dane

30.3%

COMPARED TO ⓘ



WI Counties



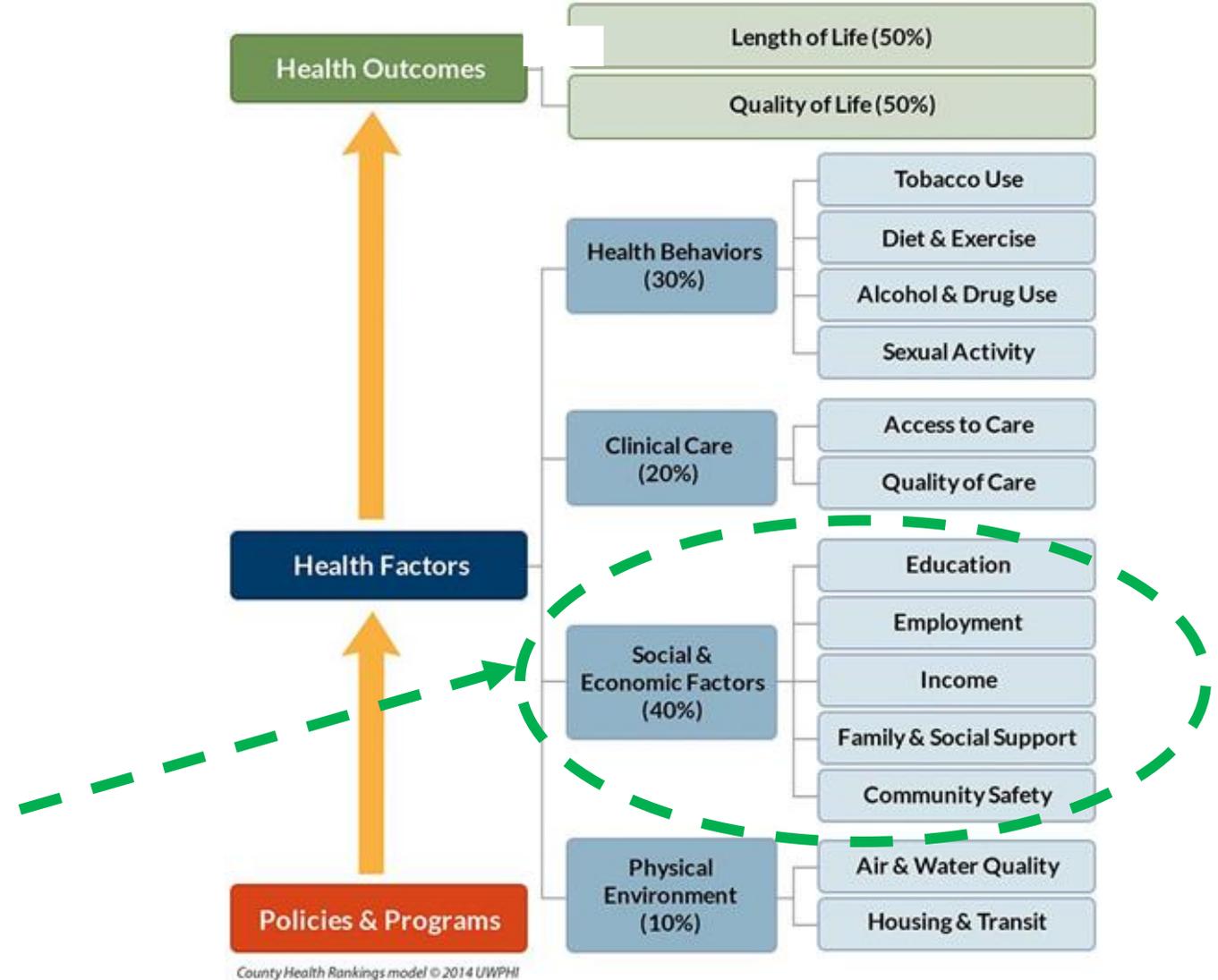
U.S. Counties



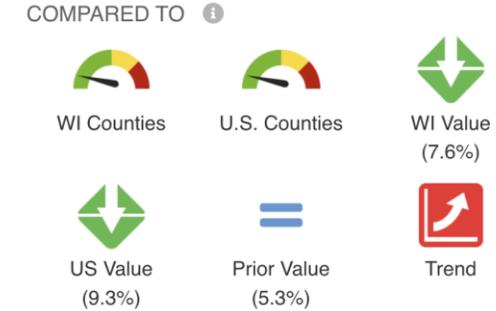
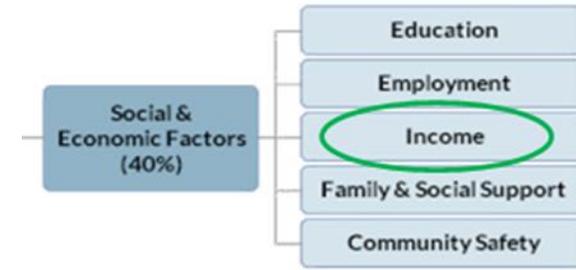
US Value
(32.4%)

Social & Economic

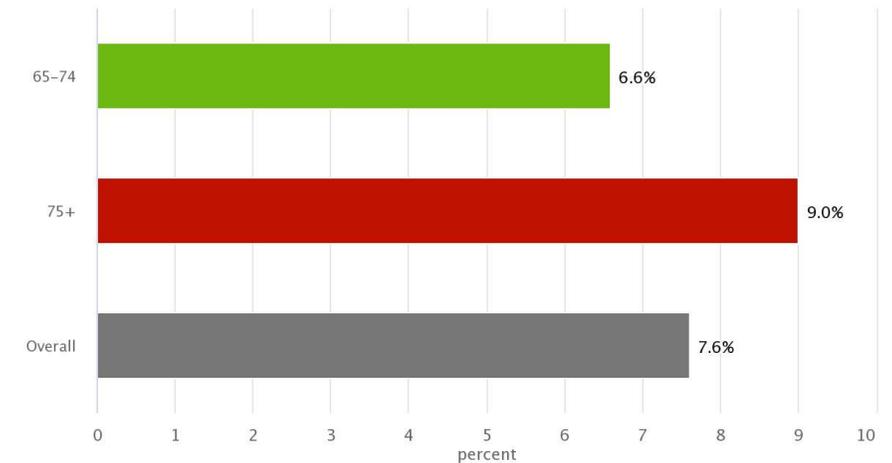
Of all the factors impacting health, social and economic factors, including; income, access to education and employment, presence of supportive social networks and safety of a community are shown to have the greatest impact on health outcomes.



5.4: Income



People 65+ Living Below Poverty Level by Age State: Wisconsin

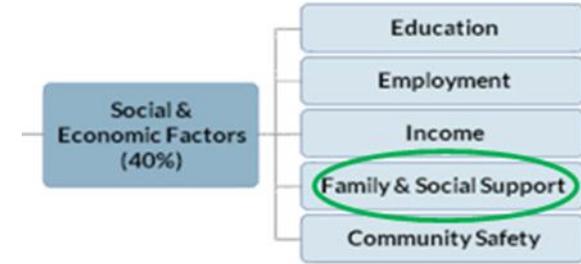


Source: American Community Survey (2015-2019)

People 65+ Below Poverty Level

- 3,575 people aged 65 years and over live below the federal poverty level, higher than the prior value of 3,505 older adults.¹
- The overall percentage of people aged 65 years and over living below the federal poverty level in Dane County is lower than state (7.6%) and national (9.3%) rates at 5.1%.¹

5.4: Family and Social Support

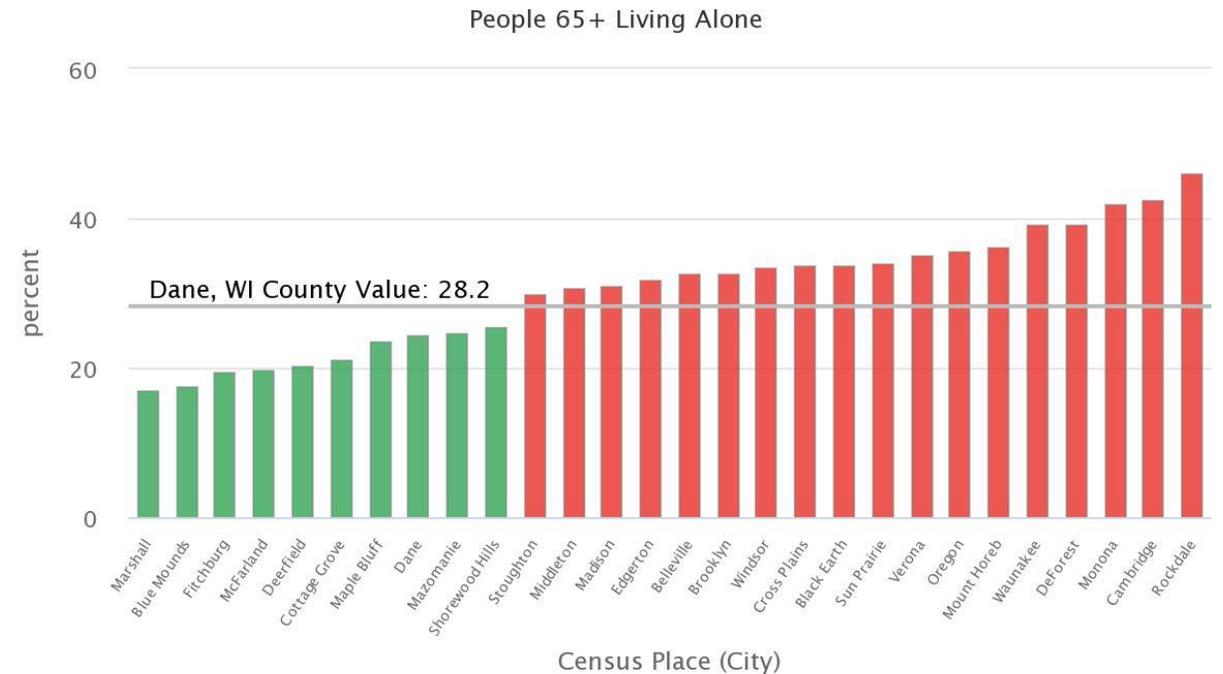


People 65+ Living Alone

- 28.2% of people aged 65 years and older live alone.¹

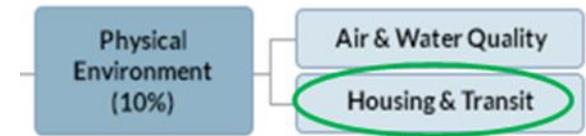
Why is this important?

- People over age 65 who live alone may be at risk for social isolation, limited access to support, or inadequate assistance in emergency situations. Older adults who do not live alone are most likely to live with a spouse, but they may also live with a child or other relative, a non-relative, or in group quarters. The Commonwealth Fund Commission on the Elderly Living Alone indicated that one third of older Americans live alone, and that one quarter of those living alone live-in poverty and report poor health. Rates of living alone are typically higher in urban areas and among women. Older people living alone may lack social support and are at high risk for institutionalization or losing their independent lifestyle.



Source: American Community Survey (2015-2019)

5.4: Housing

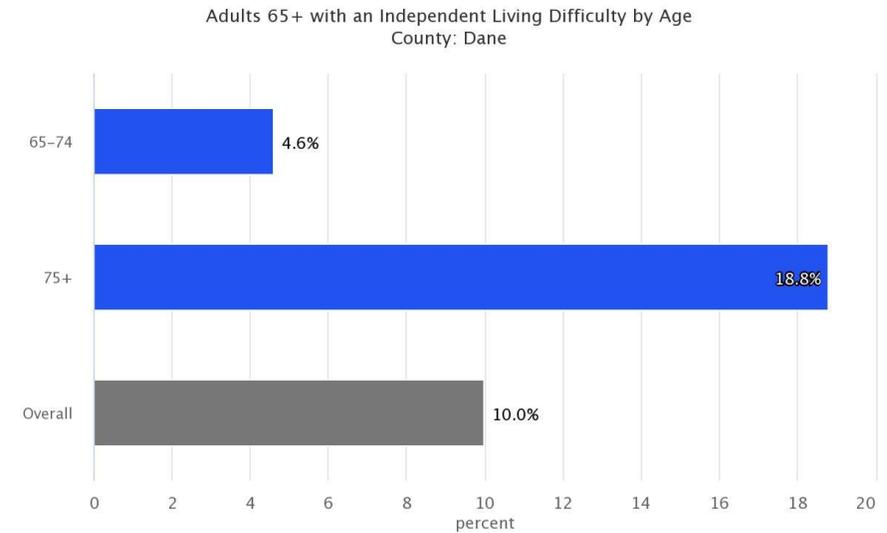
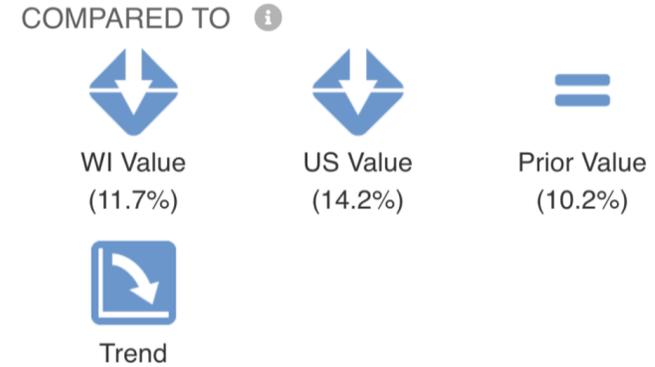


Adults 65+ with an Independent Living Difficulty

- 10% of adults 65+ have a physical, mental, or emotional condition that leads to challenges performing instrumental activities of daily living such as grocery shopping or visiting a doctor's office alone.¹

Why is this important?

- Older adults may have more difficulty accessing food or health services due to inability to drive or navigate public transportation, physical limitations (walking, reaching, lifting, etc.), and financial limitations. Without assistance, older people with an independent living difficulty may not be able to successfully perform daily activities and can experience a decline in quality of life.



Source: American Community Survey (2015-2019)

Priority Issues

Prioritization Process

- Both community input and quantitative data were used to assess the needs and assets of Dane County.
- Areas of high community need, and priority focus were identified using the following criteria:
 - Data indicated an inequity, disparity or notable differences in outcomes within the population
 - Community voiced need
 - Data indicated that Dane County outcomes are worse than state or national outcomes
 - Established collaboration and continuing momentum of existing work
- Areas of identified inequities were weighted the most highly when prioritizing health needs.
- Identify areas for momentum and collaboration.

Crosscutting Themes

Health Priority		Health Equity	Social Determinants of Health
 <p>Reproductive Justice:</p> <ul style="list-style-type: none"> • Birth Outcomes • Maternal Morbidity • Infections 	<p>Disparities/Inequalities</p> <p>Racism/Discrimination</p> <p>Cultural Humility</p> <p>Culturally Responsive Care:</p> <ul style="list-style-type: none"> • Workforce • Language Access • Location Access 	<p>Access to Care</p> <p>Housing</p> <p>Transportation</p> <p>Healthy Food Access</p> <p>Living Wage</p>	
 <p>Chronic Conditions:</p> <ul style="list-style-type: none"> • Heart Disease • Hypertension • Diabetes 			
 <p>Behavioral Health:</p> <ul style="list-style-type: none"> • Mental Health • Substance Use 			
 <p>Injury:</p> <ul style="list-style-type: none"> • Falls • Accidents • Violence 			

Priority Health Outcomes



Reproductive Justice



Chronic Conditions



Behavioral Health



Injury

Progress Since Last Assessment

The following section highlights actions taken by each health system to address the significant health needs that were identified in our prior Community Health Needs Assessment.

Priority Area: Mental 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. When a person presents in the emergency room as experiencing an overdose, a recovery coach is called and responds to the hospital. In 2017, services were expanded to include the Pregnancy2Recovery program that connects pregnant women who have opioid use disorder with a recovery coach.
- 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.

Latino Health Council Programming. SSM Health St. Mary’s Hospital – Madison also partnered with the Latino Health Council to provide specialized mental health support to the Latinx community. The Council produced and distributed linguistically, culturally and contextually relevant educational videos and emotional support Spanish-language materials and programming.

Meditation at Monona Terrace. St. Mary’s Hospital sponsored a weekly mindfulness meditation program, led by Sarah Moore M.D., a mind-body practitioner, therapist, and physician. The free program at Monona Terrace in Madison has been and is open to all community members.

Priority Area: Chronic Disease

Chronic Disease Screening, Prevention and Black Men's Health

- Rebalanced-Life Wellness Association (RLWA). St. Mary's Hospital provided and continues to provide multi-year support to the RWLA for health screening, education and health promotion services for Black men in a barber shop health clinic environment.

Chronic Disease Prevention/Healthy Food Access

- Second Harvest Foodbank's Diabetes Wellness Program and Mobile Pantries. St. Mary's Hospital supported a boxed food assistance delivery model based on diabetes-specific nutrition plan. Through its Mobile Pantries - representing about 25% of its total food deliveries - Second Harvest switched from a pounds-based system to a nutrition plan-based system, with a goal $\geq 50\%$ of available food being fresh and healthy.
- Community Action Coalition's Double Dollars Program. The Double Dollars program provided electronic benefit transfer (EBT) card shoppers with a dollar-for-dollar match up to \$25 per market day at participating farmers' markets. The extra money went to the vendors who were reimbursed for the full value of every Double Dollar.
- REAP Food Group. REAP has been transforming school meals in Dane County to promote access to healthy food, education about healthy eating, creating understanding about where our food comes from and why it matters. Much of REAP's work focuses on the prevention of chronic disease.

Priority Area: Maternal and Child Health

Dane County Health Council (DCHC). SSM Health St. Mary's Hospital – Madison (SMHM) 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. 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. Lastly, the DCHC is advocating for Community Health Workers' participation and compensation as important members of a culturally competent and accessible healthcare workforce.

Doulas Projects with Harambee Village Doulas and Roots4Change. SMHM and SSM Health's Dean Health Plan are partnering with organizations in the Dane County area to expand access to Doula and Doula services. They have engaged with the Harambee Village Doula organization to enroll Black women with community Doula. Dean Health Plan is also working with Roots4Change to expand community-based wellness services to Latinx women.

Community Advisory Board (CAB). In coordination with the Healing Our Hearts organization, SMHM 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 provided and provides a safe vehicle for engaging in strategic dialogue, listening to concerns, uncovering racism and providing input on specific projects.

Priority Area: Maternal and Child Health

First Breath Program for Smoking Cessation with the Wisconsin Women’s Health Foundation. St. Mary’s Hospital partnered with the Wisconsin Women’s Health Foundation, a nonprofit organization that provides health services and education for women and families. The First Breath program provides free smoking cessation programming and services to pregnant women and to new parents and caregivers with babies less than six months old.

Pre-Natal Care Program with Access Community Health Centers. 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.

Priority Area: Mental Health



- **Collaborations:**
 - Partnered with Neighborhood Free Health Clinic, police, EMS, Journey Mental Health, Tellurian, Dane County Behavioral Health Services, Ocean Hawk Counseling, Building a Safer Evansville (BASE) LGBTQ+, local churches and other networks
 - Provided financial support for National Alliance of Mental Health Dane County (NAMI) & Alzheimer's Association
 - Continued work with community coalitions including Stoughton Wellness Coalition and Oregon Area Wellness Coalition
 - Collaborated with safe communities to implement the Zero Suicide Initiative
 - Partnering with Integrated Telehealth Partners (ITP) in November 2021 to offer improved behavioral health support
- **Education, Advocacy and Media:**
 - Expanded and supported programs for older adults that offer educational, social, or physical group activities and programs through community senior centers and civic organizations
 - Treat acute mental health disorders in adults 55 years and over through the Geriatric Psychiatry Inpatient Program
 - Continue to educate on Dementia Friendly and facilitated Memory Café with over 20 families participating
 - Screened over 300 middle school students for mental health and substance abuse risk factors through Cognitive Behavioral Intervention for Trauma in Schools (CBITS) - 52 of those students are now in group therapy
 - Offered numerous free classes to manage daily life; Three ways to relieve stress now, Freedom through Forgiveness, Managing your mental health during the pandemic, meditation, mindfulness, yoga, and more with over 300 attendees
 - Trained five police officers with CIT (Critical Incidence Training) training designed to de-escalate situations and offered through NAMI with support of SWC funding
 - Formed an LGBTQ+ Advisory Committee with the focus of providing safe and inclusive healthcare for all individuals regardless of their sexual orientation or gender identity, will be submitting Healthcare Equality Index Application Sept. 2021
- **Community & Evidence Based Practices:**
 - Implemented stigma-free media campaign via social media, flyers, banners, and website interaction.
 - Offered Mental Health first aid training - over 35 attendees have received certifications and completed
 - Trained 79 students and 16 staff in the Safe School Ambassador program that harnesses the power of students to prevent and stop bullying and mistreatment

Priority Area: Substance Misuse



- **Collaborations:**

- Continued collaboration with Stoughton Wellness Coalition (SWC) to act as fiscal agent for the Drug-Free Communication (DFC) grant with three Stoughton Health employees actively engaged as Board Members
- Continued work with Oregon Area Wellness Coalition as they completed and received a 5 year DFC grant with focus on youth alcohol prevention
- Strengthen partnerships with schools, community coalition, churches, EMS, businesses, police, treatment centers and Free Health Clinic.
- Partnered with SAFE communities through participation with the Recovery Coach Program

- **Education, Advocacy & Media:**

- Offered Overdose education and Free Narcan distribution
- Applied and received over \$15,000 through the State Opioid Response Prevention Funding over past three years for Medication Disposal Events, community education & public awareness campaign with SWC
- Certified by the State of WI for Behavioral Health and Medication Management of Detoxification
- Provided AODA/Detox to increasing number of patients through Stoughton Health's AODA Program
- 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
- Screened over 300 middle school aged students for mental health and substance use risk factors
- Conducted multi-media campaign with billboards, radio, digital for med drop box, and print

- **Community & Evidence-Based Practices:**

- Assured prescriber compliance with prescription drug monitoring program through the hospital emergency department
- Supported multiple alcohol compliance checks through the work of SWC
- Collected over 3500 pounds of medication and 2500 pounds of sharps through five medication and sharps disposal events & drop box collection
- Reduced youth access by providing portable ID scanners at local community events
- Distributed over 1600 medication lock boxes, deterra bags and refrigerator locks at community events
- Participated with the Recovery Coach Program through Emergency Dept. at Stoughton Health

Priority Area: Chronic Disease

- **Collaborations:**
 - Continued partnership and collaboration with Oregon Area Wellness Coalition, Neighborhood Free Health Clinic, area youth centers, Civic Organizations, area Senior Centers, Healthy Kids Collaborative, local schools and Stoughton Wellness Coalition
 - Continued financial investment of www.healthydane.org for support, data, and evidence-based practice ideas
 - Partnered with senior centers, free clinics, EMS, schools, coalitions and parish nurses in the community to develop consistent messages on tobacco free lifestyles
 - Continued collaboration with Stoughton Hospital Foundation for the medication voucher program
 - Continued and expanded collaboration with Skaalen Retirement Services for offering Community Supported Agriculture (CSA) shares
- **Education, Advocacy & Media:**
 - Presented multiple free educational trainings with dietitians on healthy eating to businesses, senior centers and community reaching more than 200 individuals
 - Offered Healthy Living with Diabetes six-week course different periods resulting in over 60 people indicating increase in knowledge
 - Recorded Health Talk Podcasts featured on Stoughton Health website on a variety of health topics to improve chronic conditions
 - Promoted 5210 Program on website, social media and with banners
 - Expanded educational classes including: Five Ways to Improve your Heart Health, Healthy Summer Cooking, Top ways to Protect your Heart Health, Understanding Heart Disease, Understanding Cholesterol, Understanding Risk Factors for Heart Disease
 - Celebrate and Promote heart health month with education classes and awareness through social media and digital boards
- **Community & Evidence Based Practices:**
 - Supported matching dollars for fresh food at Stoughton Farmers Market
 - Provided support to food pantries in service area supporting healthy nutrition
 - Provided resources and meeting space to Diabetes Support Group, Parkinson's Exercise and Crohn's Support Group

Priority Area: Prevent & Treat Opioid and Substance Use Disorders

Care Model:

- Increased the number of primary care providers that can provide Medication Assisted Therapy to more than 50% of providers. This includes at least one provider at each primary care clinic.
- Developing a plan to ensure referrals are made to Recovery Coaches via ED2Recovery and Pregnancy2Recovery programs (Safe Communities).

Community Giving:

- Safe Communities

Priority Area: Achieve Healthy Birth Outcomes for Black Individuals

Care Model:

- Providing additional lactation support and education to birthing individuals in the hospital. Have increased the percentage of black individuals breastfeeding exclusively at discharge.
- Actively working with Dane County Health Council partners on shared goals to eliminate disparities in low birthweight babies born to black individuals.
- Providing focused DEI training to staff members in Perinatal Clinic, NICU and Birthing Center.
- Support for March of Dimes programming.

Community Giving:

- 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 Wellness Foundation (First Breath Program)
- Roots for Change

Priority Area: Provide Additional Mental/Behavioral Health Resources



Suicide:

- Increased the number of Meriter team members that are trained in Question, Persuade and Refer (QPR) to decrease the number of suicides in patients. Training is open to all staff.
- Participant in Zero Suicides initiative.

Behavioral Health Access:

- Physically integrated behavioral health into five of seven primary care clinics; accept referrals from all seven clinics. This nearly doubled the number of behavioral health patients served since 2019.
- Dramatically increased inpatient access at Child & Adolescent Psychiatry.
- Started a new half-day Intensive Outpatient Services program at Child & Adolescent Psychiatry.
- Continued work to enhance access to services across care continuum via UW Health partnership

Community Giving:

- Zero Suicide Initiative (Safe Communities)
- NAMI Dane County

Priority Area: Maternal and Child Health

- **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.
- **Tobacco Cessation Referrals:** Implemented tobacco cessation electronic referral for pregnant patients to First Breath program at Wisconsin Women’s Health Foundation including home visits, phone calls and text support.
- **Group Well-Child Visits:** Implemented planning for CenteringParenting group well-child visits.
- **Neighborhood-Based Education:** Secured funding for Healthy Birth Ambassadors neighborhood-based education in the high-needs zip codes where 80% of low birthweights to African American women occur.
- **Group Prenatal Visits:** Expanded CenteringPregnancy to four sites that included two community-based sites.
- **Breastfeeding:** UW Health supports African American Breastfeeding Alliance through community giving and partners with UnityPoint Health – Meriter through the Joint Operating Agreement on lactation initiatives such as developing culturally responsive breastfeeding policies.
- **Healthy Women, Healthy Babies:** UW Health and Dane County Health Council partners supported extended Medicaid to one-year post-partum and Medicaid coverage for doulas.
- **DEI in Workforce:** UW Health Authority Board approved a comprehensive Diversity, Equity, Inclusion and Antiracism Plan including \$1M increase in community giving for BIPOC organizations. Partnered with DEI department to offer trainings for OB department and NICU staff. UW Health will be employing Community Health Workers in Fall 2021. UW Health partnered with Harambee Village Doulas for a doula training program.
- **Care Coordination System:** Secured more than \$2M in philanthropy and grants to address social determinants of health and care coordination. UW Health 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 WI project to address social determinants of health, implement a closed loop referral system, and hire a culturally responsive workforce including community health workers.

Priority Area: Opioids and Substance Use

- **Safe Storage and Disposal** – Installed medication drop boxes at 9 UW Health pharmacy locations where people can turn in unused medications, so they are less likely to be abused or misused.
- **Hub and Spoke** – Increased access to Medications for Opioid Use Disorder by embedding Hub and Spoke treatment model in three primary care clinics
- **Project E.C.H.O. ACCEPT** – Dr. Randy Brown implemented statewide physician provider education sessions and offered 24 monthly sessions from 2019-2021
- **Naloxone Education & Distribution** – Implemented delegation protocol for pharmacists and nurses to increase accessibility for Naloxone medication that can reverse an opioid overdose
- **Provider Prescribing & Feedback** – Dr. Andrew Quanbeck implemented provider education, practice facilitation, prescriber peer consulting regarding opioid prescribing in primary care to increase percentage of patients at or under recommended morphine milligram equivalent per day and decrease number of patients on opioids and benzodiazepines concurrently
- **Hub and Spoke Payment** – Two items were approved in the 2021-2023 WI state budget supporting MA reimbursement and expanding Medication Assisted Treatment
- **Recovery Coaches** – The Emergency Departments at University Hospital and The American Center partnered with Safe Communities to make nearly 400 patient referrals to peer support specialists
- **Community Giving** – Supported African American Opioid Coalition, Safe Communities and other partners working on recovery

Priority Area: Mental Health

- **Workforce** – Implemented comprehensive plan to hire more than 60 behavioral health positions
- **Collaborative Care** – UW Health implemented integrated care model for depression and anxiety in 22 primary care clinics and depression, anxiety, and ADHD in two pediatric clinics
- **Suicide Prevention** – Implemented suicide prevention clinical guidelines in alignment with community wide Zero Suicide Initiative and launched Child Health Advocacy Steering Group focused on youth suicide prevention
- **Community Giving** – Supported Safe Communities, NAMI, Rainbow Project, Sankofa, American Foundation for Suicide Prevention, Canopy Center, Center for Suicide Prevention, Children’s Mental Health Collaborative, Community Agency Bridging the Gap, Each One Teach One (EOTO), Mt. Zion, RISE, and Safe Harbor.
- **Advocacy** – Supported suicide prevention and mental health support legislation

Priority Area: Chronic Conditions

- **Obesity Prevention in Children** – The Healthy Kids Collaborative, comprised of over 400 community partners, addressed access to physical activity by managing the Dane County Safe Routes to School program, Healthy Kids Healthy Schools, access to clean water in schools through the Got Water? Program, and overall child wellness during the COVID-19 pandemic through the Safe, Strong and Healthy School partnership with the UW Department of Pediatrics.
- **Active Communities** – Increased number and level of designation of Bike Friendly Communities in Dane County and participation in Vision Zero
- **Care Coordination** – UW Health improves health outcomes through Population Health Care Model and care coordination programs and initiatives such as RN Care Coordination, Advance Care Planning, and Transitional Care Program.

Additional Resources

Resources: County Level Secondary Data

Healthy Dane

www.healthydane.org

County Health Rankings and Roadmaps

www.countyhealthrankings.org

Latino Consortium for Action: Cuéntame Más

www.unitedwaydanecounty.org/wp-content/uploads/2016Latino-HEALTHCARE-exec-summary-reader.pdf

Public Health Madison and Dane County

publichealthmdc.com

Race to Equity Report

racetoequity.net

2-1-1 Counts

<https://wi.211counts.org/>

Resources: Community Input Support

Area Health Education Center – Community Health Internship Program

<https://ahec.wisc.edu/chip/>

Goodman Youth Evaluators

<https://www.goodmancenter.org/>

UW-Madison and UW Health Career Pathways Program – Career Pathways Students

<https://hopemadisonwi.org/>

UW-Madison School of Medicine and Public Health, Master's in Public Health Program – Applied Practice Experience (APEX) Program Student

<https://www.med.wisc.edu/education/master-of-public-health-mph/apex-ile/applied-practice-experience/>

Acknowledgements

This project 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.

In addition, recognition would not be complete without thanks to the many individuals, organizations and community leaders who assisted with the community focus groups, key informant interviews and provided their candid opinions.

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- Sara Camacho, Group Health Cooperative – South Central WI
- Julia Stanley, UW Health, Healthy Kids Collaborative
- Anupama Bhalla, UW Health
- Obie Oniah, UW Health Intern
- Kaitlyn Jackson, UW Health Intern
- Madison Soukup, UW Health Intern
- Devlin Cole, UW Health Intern
- Laura Mays, Stoughton Health
- Quinn Anderson, Stoughton Health Intern
- Jennifer McPhee, Stoughton Health
- Teressa Pellett, Stoughton Health
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