2019 - 2021
DANE COUNTY, WISCONSIN COMMUNITY HEALTH NEEDS ASSESSMENT

Healthy Dane Collaborative

healthydane.org

Message to the Community

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 2019-2021 CHNA was collaboratively completed in 2018 by Healthy Dane partners: Group Health Cooperative, Public Health Madison Dane County, SSM Health-St. Mary's, Stoughton Hospital, 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 communities 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.

Healthy Dane Collaborative Partners

Group Health Cooperative
of South Central Wisconsin

ghcscw.com

SSMHealth.

stmarysmadison.com

UnityPoint Health
Meriter

PARTNER OF UW**Health**

unitypoint.org/madison

Stoughton Hospital

stoughtonhospital.com

Public Health
MADISON & DANE COUNTY

publichealthmdc.com

UW**Health**

uwhealth.org

Healthy Dane Collaborative
healthydane.org

Contents of this Report

1. Dane County Profile

2. Community Needs and Assets

3. Priority Issues

4. Additional Resources

PART 1:
DANE COUNTY PROFILE

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.[1]

- 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.[1]

- 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: ftp://doaftp1380.wi.gov/Doadocs/2018_Tribes_of_WI_v_08-2018.pdf
2. Wisconsin First Nations: American Indian Studies in Wisconsin. Retrieved from: https://wisconsinfirstnations.org/resources/

Community Selection for CHNA

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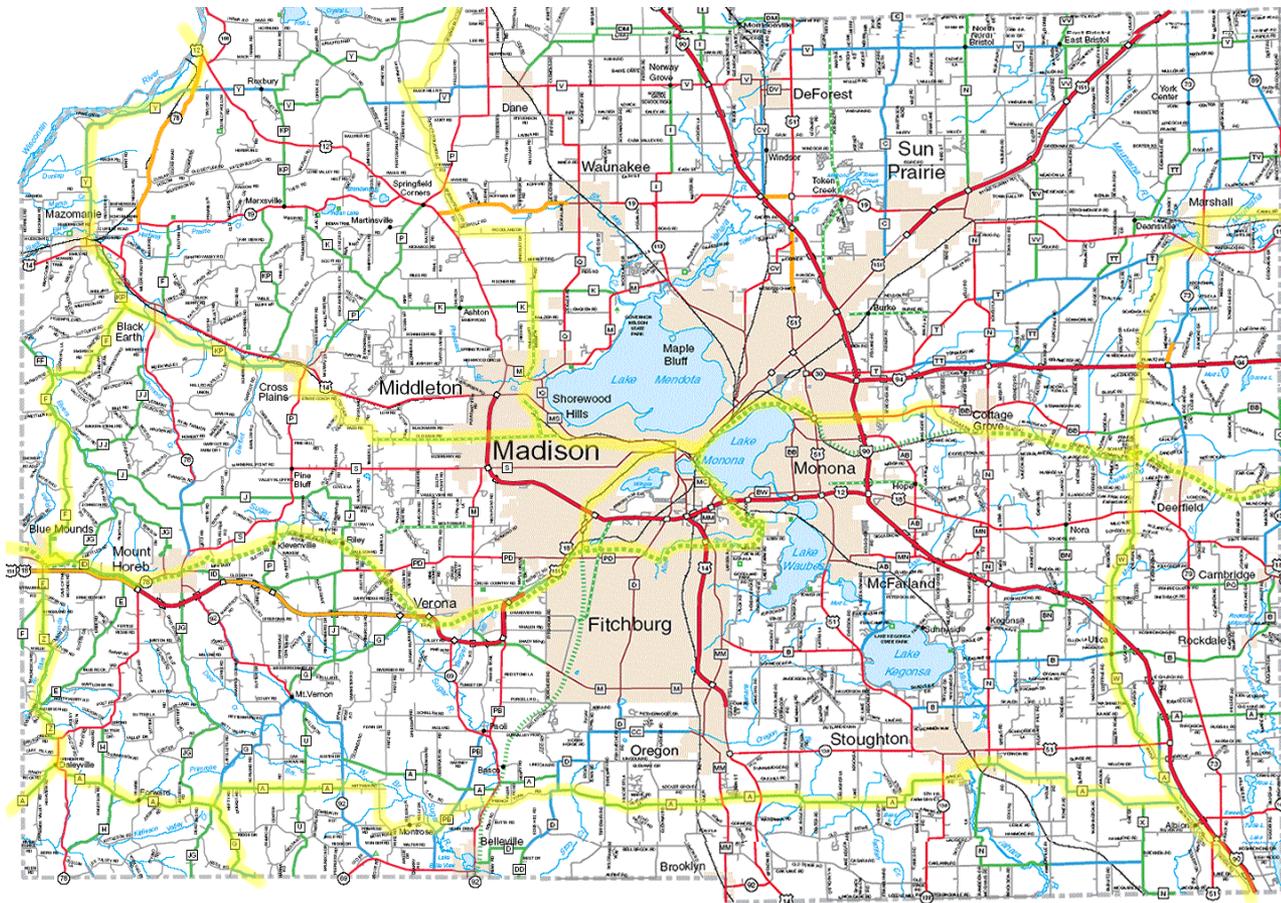
Community Profile

Dane County is located in south-central Wisconsin and is home to Madison, Wisconsin's capital and the county seat.

- 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.[1]

- Three of the health systems are in the metropolitan area while one (Stoughton) is in a rural area.

Data Source:
1. Dane County Farmland Preservation Plan 2012. Retrieved from: http://www.countyofdane.com/plandev/planning/farm_preservation.aspx
2. Photo Credit: UW Med Flight

Community Profile

- Madison has 245,691 residents, almost half of the county's population. Among its residents are more than 43,000 UW students.
- In addition to being the center for 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 administration.[1]

Data Source:
1.   Dane County Workforce Profile 2015. Retrieved from: http://worknet.wisconsin.gov/worknet_info/Downloads/CP/dane_profile.pdf

- Dane County is the second most densely populated county in Wisconsin, and Madison is the second largest city in the state.
- The population grew 5.5% between 2012 and 2016, bringing the total population to 531,273.[1]

Dane County Population by Race

0.50%
0.10% 2.70%
6.20%
5.40%
85.20%

- White
- Black/African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Two or more races

Source: United States Census Bureau, QuickFacts, Population Estimates, American Community Survey (2017)

Total Population by Age County: Dane

	people
<5	31,247
<18	110,926
65+	68,124
Overall	531,273

Source: U.S. Census Bureau (2016)

Dane County Population by Ethnicity

6.50%
93.50%

- Not Hispanic or Latino
- Hispanic or Latino

Source: United States Census Bureau, QuickFacts, Population Estimates, American Community Survey (2017)

PART 2:
COMMUNITY NEEDS & ASSETS

Framework for Assessment

County Health Rankings model © 2014 UWPHI

- 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.

Health Equity

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.

- 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."[1]

Data Sources:
1. Attaining Health Equity. CDC. Retrieved from: https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/overview/healthequity.htm

Methodology

Qualitative Data

2016
- African American Health Network Focus Group
- Latino Health Council Focus Group
- Voices of our Communities Video Interview Project
- Transgender and OutReach Community Center Email Interviews

2018
- SSM St. Mary's Community Partner Breakfast
- Housing and Healthcare(H2) Meeting
- SSM DMG Patient Advisory Group
- Stoughton Business Health and Wellness Roundtable
- Centro Hispano Key Informant Interview
- Wisconsin Faith Voices for Justice
- Harambee Village Doulas
- Saving Our Babies Public Engagement Sessions
- Black Men's Health Town Hall

Quantitative Data

- Our main source of secondary data is 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).

Key for Data Retrieved from HealthyDane.org

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.

15

Data Limitations

- County and local level data broken down by race, ethnicity, socioeconomic status and other demographics is 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 publically 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.

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.
- Community members voiced:
  - A desire for equal opportunity, resources and respect
  - Resiliency and commitment to the community
  - A need for coordinated community resources
  - Importance of connectedness and social cohesion
  - A need for culturally responsive care

Summary of Community Health Needs Identified

	Identified Community Health Needs (Dane County, WI)	Voiced by Community[1]	Dane Data Worse than Benchmark[2]	Data Show Inequities[3]
Health Outcomes	Low birthweight births	✓		✓
	Infant mortality	✓		✓
	Death rate due to diabetes	✓		✓
	Death rate due to stroke			✓
	Obesity prevalence	✓		✓
	Asthma exacerbation		✓	✓
	Mental health conditions prevalence	✓	✓	✓
Health Behaviors	Food insecurity/Unhealthy eating	✓		✓
	Tobacco use		✓	✓
	Alcohol use	✓	✓	✓
	Drug use	✓	✓	✓
	Chlamydia incidence			✓
Clinical Care	Access to health insurance	✓		✓
	Affordability of health care	✓		✓
	Ability to access care due to location and hours of operation	✓		✓
	Availability of culturally appropriate health care services	✓		*
	Access to dental care	✓		✓
	Access to mental health services	✓		✓
Social and Economic Factors	Access to higher education	✓		✓
	High school graduation		✓	✓
	Income	✓		✓
	Older adults living alone	✓	✓	*
	Community relationships with law enforcement and the criminal justice system	✓		✓
Physical Environment	Stressed housing	✓	✓	✓
	Unaffordable housing	✓	✓	✓
	Number of high ozone days		✓	*

Factors Contributing to Health Outcomes in Dane County, WI

[1]This represents concerns identified through the 2016 community voices video project, 2016 focus groups, and 2017-2018 community input sessions as part of the 2019-2021 Dane County Community Health Needs Assessment; [2]This represents areas where secondary data indicated the Dane County average is worse than state and/or national averages or established targets. This is limited to areas where comparison data exists, and does not reflect actual performance compared to ideal performance; [3]This represents areas where ethnic/racial, insurance payer, age, gender and/or income breakdowns show observable differences between subgroups. This is limited to areas where comparative data are available. *Comparative local and/or county level data broken down by subgroup is unavailable .

Health Outcomes

Health Outcomes
- Length of Life (50%)
- Quality of Life (50%)

Health Factors

Health Behaviors (30%)
- Tobacco Use
- Diet & Exercise
- Alcohol & Drug Use
- Sexual Activity

Clinical Care (20%)
- Access to Care
- Quality of Care

Social & Economic Factors (40%)
- Education
- Employment
- Income
- Family & Social Support
- Community Safety

Physical Environment (10%)
- Air & Water Quality
- Housing & Transit

Policies & Programs

County Health Rankings model © 2014 UWPHI

19
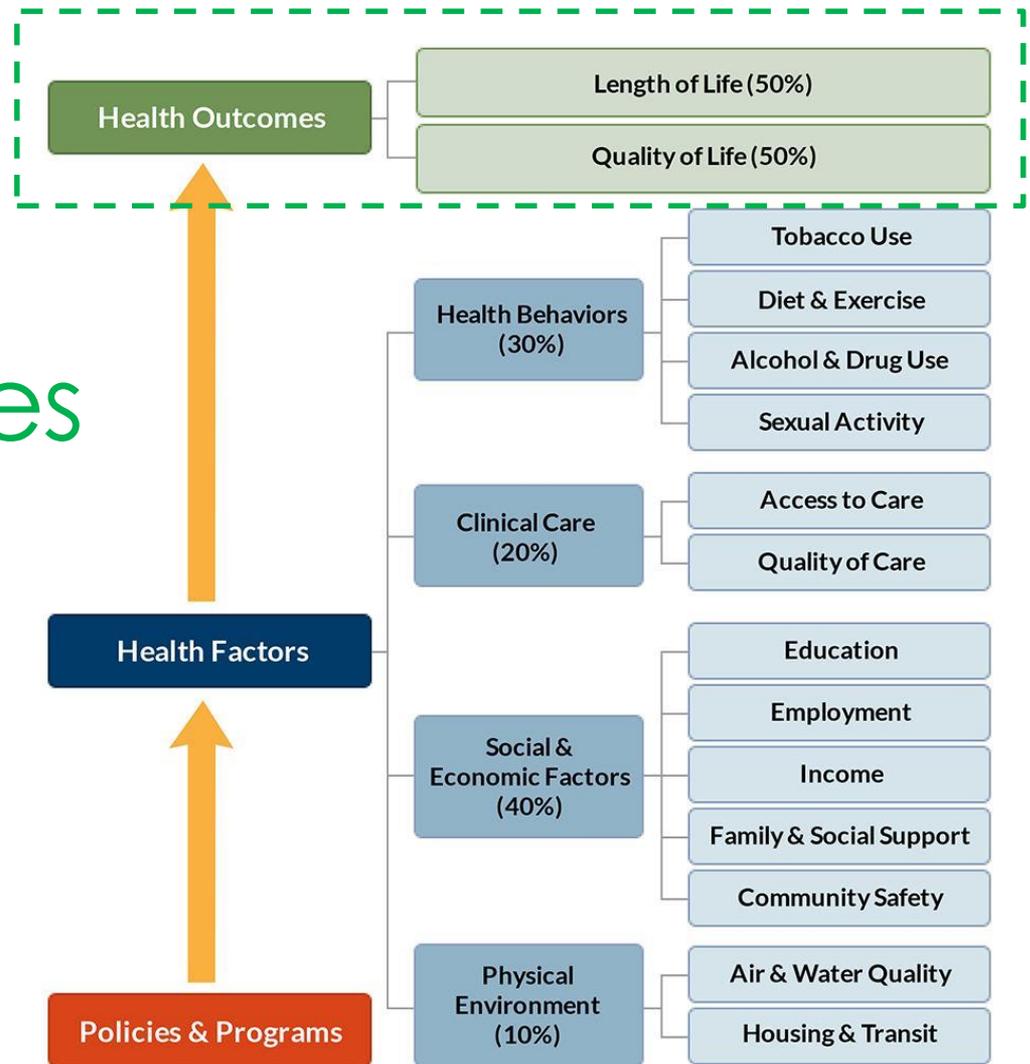
Health Outcomes: Life Expectancy

Health Outcomes — Length of Life (50%) | Quality of Life (50%)

- In Dane County, life expectancy is 79.3 years for males and 82.8 years for females compared to national rates of 76.7 years and 81.5 years respectively. However, disparities exist in life expectancy between Black and White populations.[1]

- A 2014 study found that from 1990-2009 Wisconsin was the only state in which the life expectancy gap between Black and White populations significantly grew.[2]

- During this period the life expectancy gap between Black and White women in Wisconsin grew from 4.9 years to 6.4 years.[2]

Change in life expectancy gaps between white and black Americans by gender, 1990-2009

Women legend: -4 to -4.9 | -3 to -3.9 | -2 to -2.9 | -1 to -1.9 | 0 to -0.9 | 0.1 to 1 | 1.1 to 2

Men legend: -5.0> | -4 to -4.9 | -3 to -3.9 | -2 to -2.9 | -1 to -1.9 | 0 to -0.9 | 0.1 to 1 | 1.1 to 2 | 2.1 to 3

Five states (Idaho, Montana, North Dakota, South Dakota and Vermont) with very small black populations were excluded from the analysis (approximately 0.1 percent of the total U.S. black population).

*Significant errors on the estimates for Alaska, Hawaii, Maine, Nebraska and New Hampshire mean that numbers in these states are consistent with no change in life expectancy.

Source: Health Affairs   Journal Sentinel

Data Sources:
1. Institute for Health Metrics and Evaluation. (2014) Retrieved from: http://healthydane.org
2. Life Expectancy Gap Improves between blacks and whites, but not in Wisconsin. (2014). Retrieved from: http://archive.jsonline.com/news/health/life-expectancy-gap-between-blacks-and-whites-improves--but-not-in-wisconsin-b99324230z1-269883861.html

Health Outcomes: Premature Death

Health Outcomes
- Length of Life (50%)
- Quality of Life (50%)

Premature death in Dane County, WI
Years of Potential Life Lost (YPLL): County, State and National Trends

Legend: Dane County — Wisconsin — United States

Dane County is getting better for this measure.

3-year Average	1997-1999	2000-2002	2003-2005	2006-2008	2009-2011	2012-2014											
United States	7,705	7,615	7,569	7,535	7,499	7,411	7,345	7,275	7,209	7,090	6,959	6,811	6,704	6,622	6,605	6,601	6,658	6,783
Wisconsin	6,603	6,601	6,546	6,555	6,497	6,341	6,277	6,182	6,244	6,129	6,021	5,878	5,852	5,881	5,953	5,952	6,008	6,139
Dane County	5,576	5,659	5,562	5,438	5,295	5,082	4,910	4,883	4,849	4,805	4,668	4,627	4,616	4,762	4,851	4,663	4,614	4,648

Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data.

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.[1]

Health Outcomes: Infant Mortality

Dane County's infant mortality rate is lower than state and national rates at 5.4 deaths per 1,000 live births, however rates are higher among Blacks and people who identify with two or more races.[1]
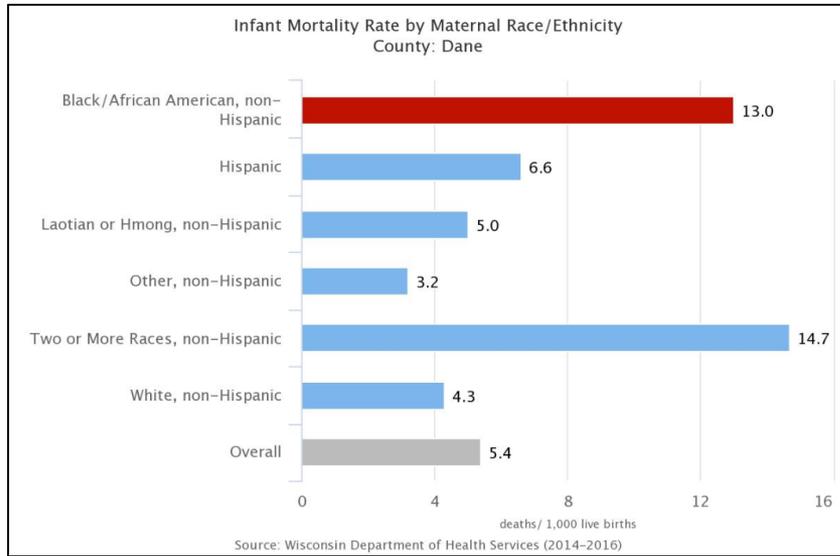
Infant Mortality Rate by Maternal Race/Ethnicity
County: Dane

	deaths/ 1,000 live births
Black/African American, non–Hispanic	13.0
Hispanic	6.6
Laotian or Hmong, non–Hispanic	5.0
Other, non–Hispanic	3.2
Two or More Races, non–Hispanic	14.7
White, non–Hispanic	4.3
Overall	5.4

Source: Wisconsin Department of Health Services (2014–2016)

Health Outcomes — Length of Life (50%) / Quality of Life (50%)

COMPARED TO

WI Counties	WI Value (5.9)	US Value (5.9 in 2013-2015)	Prior Value (5.2)	Trend	HP 2020 Target (6.0)

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 Sources:
1. Wisconsin Department of Health Services. (2014-2016) Retrieved from: http://healthydane.org
2. Healthy People 2020. Retrieved from: https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health

Health Outcomes: Quality of Life

- Dane County residents report an average of 3.2 "poor physical health" days per month, and 3.5 "poor mental health" days per month. This is slightly better than statewide responses of 3.6 "poor physical health" days and 3.8 "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 disproportionately impact communities of color as described in the following slides.

Data Sources:
1. Behavioral Health Risk Factor Surveillance System. (2016) CDC. Retrieved from: http://www.countyhealthrankings.org/app/wisconsin/2018/measure/outcomes/36/data
2. Photo Credit: Daniel Stout

Health Outcomes: Low Birthweight

Health Outcomes — Length of Life (50%) — Quality of Life (50%)

- African American and Latinx 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.

Babies with Very Low Birth Weight by Maternal Race/Ethnicity — County: Dane

Race/Ethnicity	Percent
Black/African American, non-Hispanic	15.6%
Hispanic	7.1%
Laotian or Hmong, non-Hispanic	9.2%
Other, non-Hispanic	8.7%
Two or More Races, non-Hispanic	10.1%
White, non-Hispanic	6.2%
Overall	1.5%

Source: Wisconsin Department of Health Services (2015)

Babies with Low Birth Weight by Maternal Race/Ethnicity — County: Dane

Race/Ethnicity	Percent
Black/African American, non-Hispanic	15.6%
Hispanic	7.1%
Laotian or Hmong, non-Hispanic	9.2%
Other, non-Hispanic	8.7%
Two or More Races, non-Hispanic	10.1%
White, non-Hispanic	6.2%
Overall	7.4%

Source: Wisconsin Department of Health Services (2015)

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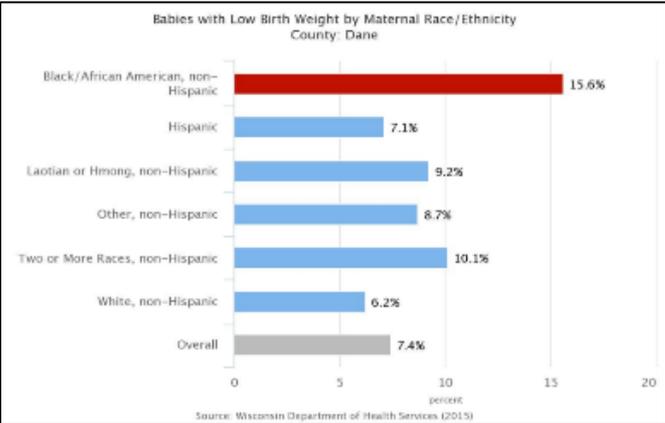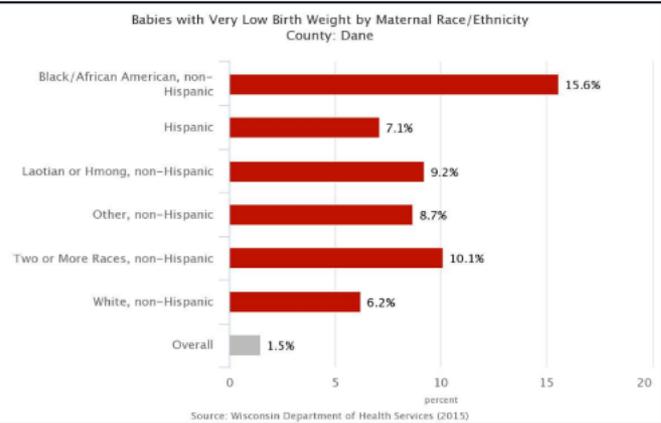
Data Sources:
1. Wisconsin Department of Health Services. (2015) Retrieved from: http://healthydane.org
2. Addressing Sexual and Reproductive Health Disparities. Planned Parenthood. (2015) Retrieved from: https://www.plannedparenthood.org/files/3614/2773/6927/AA_Disparities.pdf
3. Lifecourse Initiative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

Health Outcomes: Diabetes

- In Dane County, the age-adjusted hospitalization rate due to diabetes is 12.8 hospitalizations per 10,000 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 14.7 deaths per 100,000, the rate for Black Dane residents is more than 4 times that of Whites.[2]

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

Race/Ethnicity	deaths/100,000 population
Black	37.6
Hispanic	36.7
White	14.2
Overall	14.7

Source: Wisconsin Department of Health Services (2014–2016)

Data Sources:
1. WHA Information Center. (2013-2015) Retrieved from: http://healthydane.org
2. Wisconsin Department of Health Services. (2014-2016) Retrieved from: http://healthydane.org
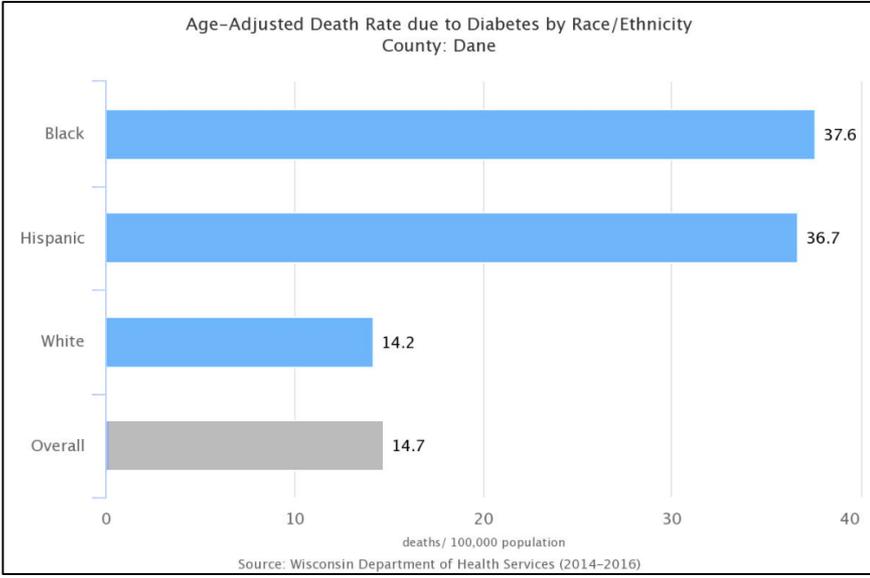
# Health Outcomes: Heart Disease & Stroke

Health Outcomes → Length of Life (50%) / Quality of Life (50%)

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.

Age-Adjusted Death Rate due to Heart Disease

County: Dane

124.9 deaths/ 100,000 population

COMPARED TO: WI Counties, WI Value (154.5), US Value (168.4 in 2013-2015), Prior Value (129.3), Trend

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

- Asian: 58.5
- Black: 153.5
- Hispanic: 74.0
- White: 124.5
- Overall: 124.9

deaths/ 100,000 population
Source: Wisconsin Department of Health Services (2014–2016)

Age-Adjusted Death Rate due to Stroke

County: Dane

29.6 deaths/ 100,000 population

COMPARED TO: WI Counties, WI Value (34.3), US Value (36.8 in 2013-2015), Prior Value (31.2), Trend, HP 2020 Target (34.8)

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

- Asian: 47.0
- Black: 78.7
- Hispanic: 41.2
- White: 28.2
- Overall: 29.6

deaths/ 100,000 population
Source: Wisconsin Department of Health Services (2014–2016)

Health Outcomes: Hypertension

Health Outcomes — Length of Life (50%) / Quality of Life (50%)

The age-adjusted hospitalization rate due to hypertension in Dane is 2.9 hospitalizations per 10,000 population ages 18 or older.[1]

COMPARED TO

WI Counties | WI Value (3.2)

Hospitalization Rate due to Hypertension by Age
County: Dane

Age	hospitalizations / 10,000 population
25–44	1.0
45–64	2.7
65–84	7.6
85+	25.7
Overall	2.9

Source: WHA Information Center (2013–2015)
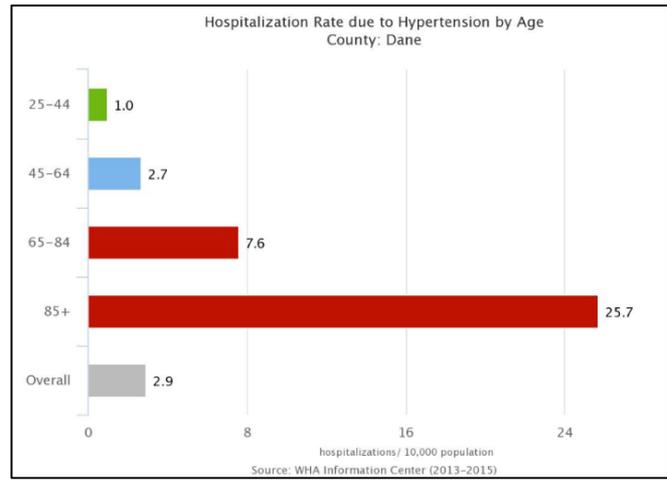
Why it Matters:

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.

Data Sources:
1.   WHA Information Center. (2013-2015) Retrieved from: http://healthydane.org

Health Outcomes: Asthma

Health Outcomes → Length of Life (50%) | Quality of Life (50%)

- 9.4% of adults in Dane County have been diagnosed with asthma, slightly worse than statewide rates.[1]

COMPARED TO ⓘ

WI Counties | WI Value (9.5%) | Prior Value (10.1%) | Trend

- Hospitalization rates due to asthma are highest among young children and adults over age 65.

Hospitalization Rate due to Asthma by Age
County: Dane

Age	hospitalizations/ 10,000 population
0–4	9.5
5–9	6.7
10–14	2.4
15–17*	1.9
20–24	1.7
25–44	3.4
45–64	7.7
65–84	14.1
85+	12.9

Source: WHA Information Center (2013–2015)
*Value may be statistically unstable and should be interpreted with caution.
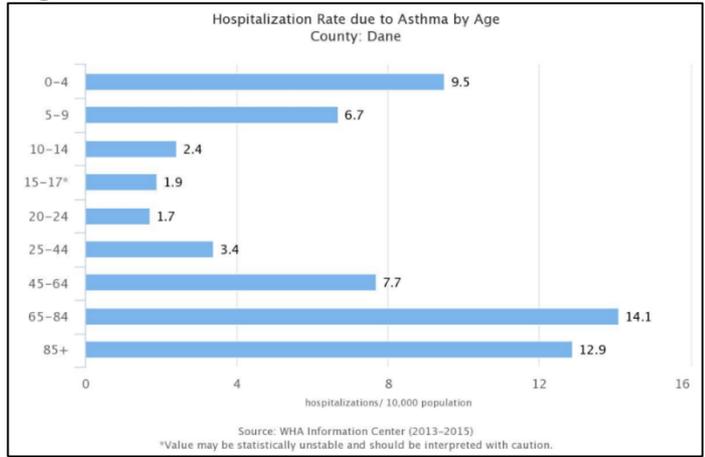
Why it Matters:

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 Sources:
1. Wisconsin Department of Health Services. (2014-2016) Retrieved from: http://healthydane.org

Health Outcomes: 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]

- Every day in Dane County, 62 people visit an emergency department and 11 people are hospitalized for treatment of an injury.[1]

- Age-adjusted death rate due to falls in Dane County is higher than State (18.1), National (8.8) and HP 2020 target (7.2) at 24.5 deaths per 100000 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 6.6 deaths per 100,000 people.[2]

Health Outcomes
- Length of Life (50%)
- Quality of Life (50%)

Why it Matters:

Injuries are predictable and preventable. Primary prevention has a proven track record of eliminating unnecessary death and reducing the burden of family and healthcare costs due to injury. Safety devices, when used correctly, are highly effective in preventing injuries and lives saving.

COMPARED TO

| WI Counties | WI Value (18.1) | US Value (8.8 in 2013-2015) |
| Prior Value (22.5) | Trend | HP 2020 Target (7.2) |
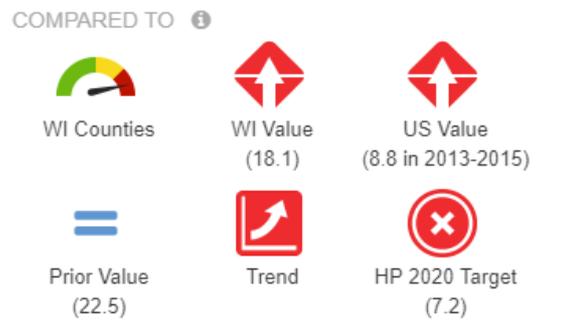
Data Source:
1. Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, https://www.dhs.wisconsin.gov/wish/index.htm, Injury Mortality, hospitalization and emergency department Module, accessed 10/14/2016.
2. Wisconsin Dept. of Health Service. (2014-2016) Retrieved from: http://healthydane.org

Health Outcomes: Injury

Health Outcomes
- Length of Life (50%)
- Quality of Life (50%)

- While the age-adjusted death rate due to suicide in Dane County is less that state and national rates at 12.7 deaths per 100,000, it is higher than the Healthy People 2020 Target.[1]

WI Counties

WI Value (14.0)

US Value (12.9 in 2013-2015)

Prior Value (12.4)

Trend

HP 2020 Target (10.2)

- The age group with the highest suicide rate in Dane County was ages 45-64. This was the only age group with a higher rate (22.4) than Wisconsin's (19.7).[2]

- Males had an age-adjusted suicide rate of 19.1 while females had a rate of 6.6.[2]

Data Sources:
1. Wisconsin Department of Health Services. (2014-2016) 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 7/30/2018.

Health Outcomes: Depression & Anxiety

Health Outcomes — Length of Life (50%) / Quality of Life (50%)

- According to the 2014 Survey of the Health of Wisconsin (SHOW), 12% of adult respondents in Dane County screened positive for major depression, while 1 in 5 adults screened positive for moderate or severe anxiety.[1]

- Rates of depression among Medicare beneficiaries in Dane County are higher at 17.7%. Medicare beneficiaries include adults over age 65, individuals with disabilities and end-stage renal disease.[2]

COMPARED TO

| WI Counties | U.S. Counties | WI Value (17.0%) | US Value (16.7%) | Prior Value (17.3%) | Trend |
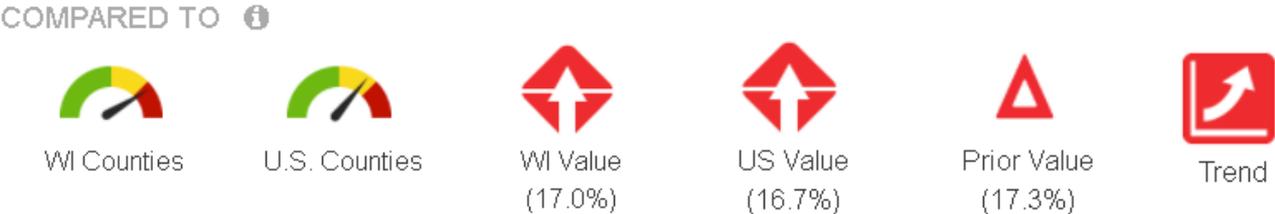
Data Sources:
1. SHOW. (2014)
2. CMS. (2015) Retrieved from: http://healthydane.org
3. Wisconsin Department of Health Services. (2014-2016) Retrieved from: http://healthydane.org

Health Outcomes: Depression & Anxiety

| Health Outcomes | Length of Life (50%) |
| | Quality of Life (50%) |

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

"…I really really really worry about the mental health in the community because we see it all the time with the kids and the adults because the systems aren't in place in the county to help our community. There's just not enough resources."

-Latinx* Leader Key Informant Interview

"…Postpartum depression is common, but I didn't think that I had it… I didn't know I had it."

-SSM Health Patient Advisory Council Participant

Definitions:
1. Latinx: of, relating to or marked by Latin American heritage; used as a gender-neutral alternative to Latinx or Latina (Merriam-Webster); a gender neutral pronoun that is inclusive of all people of Latin American descent (Cuéntame Más, 2016) https://www.unitedwaydanecounty.org/wp-content/uploads/2016Latinx-HEALTHCARE-exec-summary-reader.pdf

Health Outcomes: Depression & Anxiety

- 54.7% of Dane County high school students reported feeling nervous or anxious always or often in the past 30 days.[1]

- Over 36% of African-American Dane County high school students say they feel anxious always or often. That percentage increases to 48% for African-American girls.[1]

- 26% of Dane County high school students have felt sad or hopeless almost every day for at least 2 weeks in a row that stopped [them] from doing some usual activities.[1]

- 24.9% of high school females reported long-term (more than 6 months) depression.[1]

Health Factor: Health Behaviors

Health behaviors such as tobacco use, diet, exercise, alcohol and drug use and sexual activity all impact health outcomes.
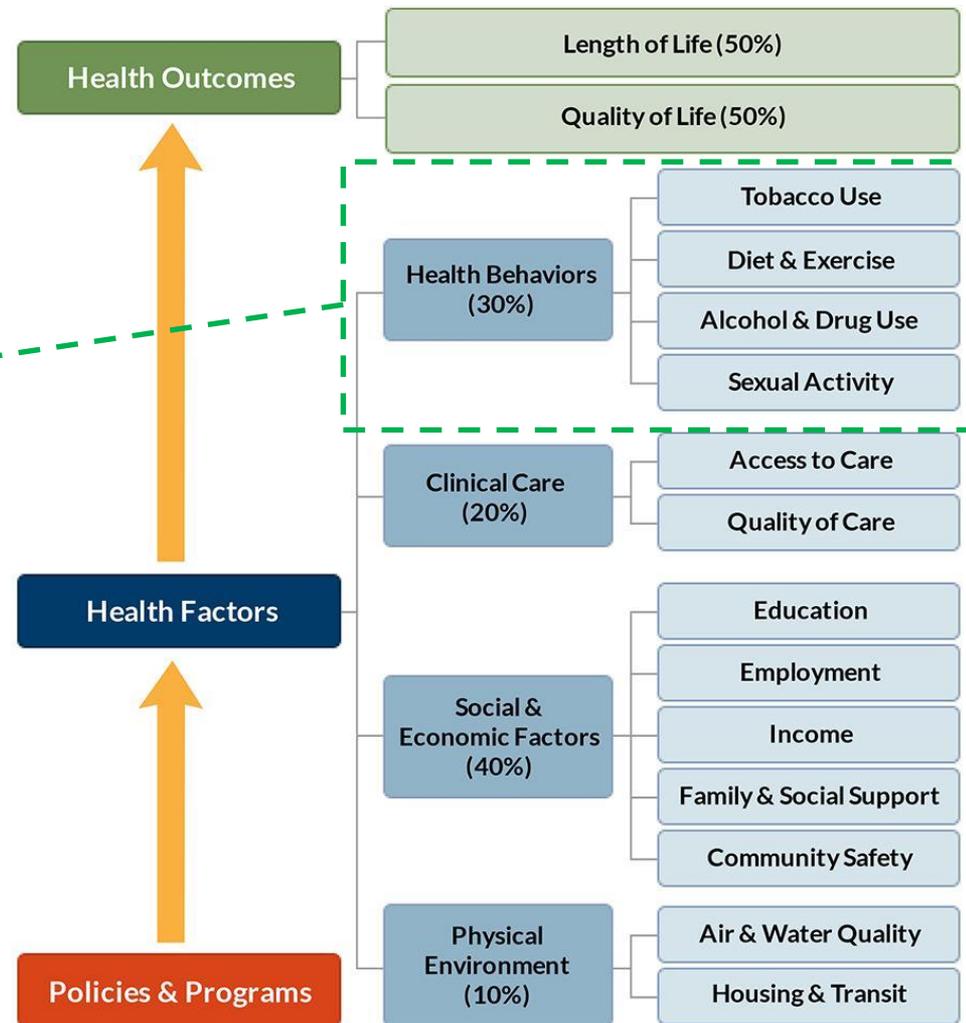
County Health Rankings model © 2014 UWPHI

Findings: Tobacco Use

- The overall smoking rate for adults in Dane County is low at 7% however, smoking rates are higher among those with lower incomes. 27% of adults with incomes less than 200% of the Federal Poverty Level (FPL) reported current smoking as compared to only 4% of adults with higher incomes.[1]

- 2.9% of Dane County high school youth said they used a regular cigarette in the past 30 days.[2]
- 18.8% of Dane County high school youth said they an used e-vaping product in the past 30 days.[2]
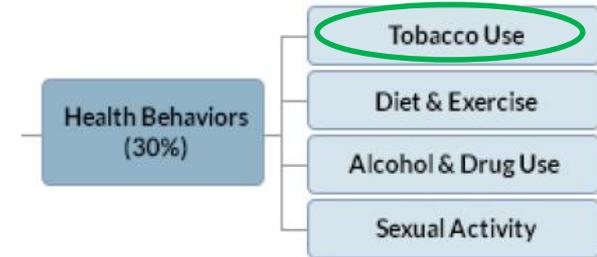
Why it matters:

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 use[1].

Data Sources:
1. 2014 Survey of the Health of Wisconsin (SHOW).
2. 2018 Dane County Youth Assessment, Dane County Youth Commission.

Findings: Tobacco Use

Tobacco Use

Health Behaviors (30%)

Diet & Exercise

Alcohol & Drug Use

Sexual Activity
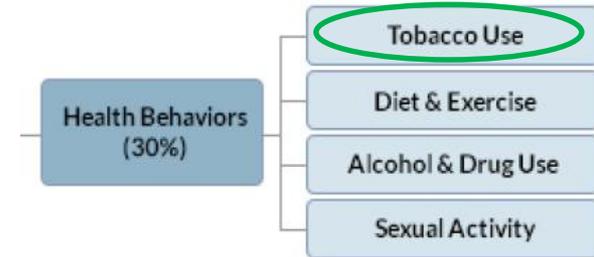
- Overall, 6.2% of Dane County mothers reported smoking during pregnancy. However, higher rates of smoking where found among Black and multiracial pregnant women.[1]

COMPARED TO

| WI Counties | WI Value (12.1%) | US Value (8.2% in 2013-2015) | Prior Value (6.6%) | Trend | HP 2020 Target (1.4%) |

Mothers who Smoked During Pregnancy by Maternal Race/Ethnicity County: Dane

Race/Ethnicity	Percent
American Indian/Alaska Native, non-Hispanic	46.2%
Black/African American, non-Hispanic	16.2%
Hispanic	2.4%
Laotian or Hmong, non-Hispanic	3.7%
Two or More Races, non-Hispanic	15.9%
White, non-Hispanic	5.8%
Overall	6.2%

Source: Wisconsin Department of Health Services (2015)

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.

Data Sources:
1. Wisconsin Department of Health Services (2015). Retrieved from: http://healthydane.org

Findings: Obesity

Health Behaviors (30%)
- Tobacco Use
- Diet & Exercise
- Alcohol & Drug Use
- Sexual Activity

- 52.2% of adults living in Dane County are overweight or obese.[1]

COMPARED TO

WI Counties | WI Value (61.3%) | Prior Value (54.8%) | Trend

- Although this is below state and national rates, it does not reflect a desired state of health.
- The median rate of overweight and obesity among all Dane County schools was 22.2%, ranging from 16.8% to 26.8%.[2]
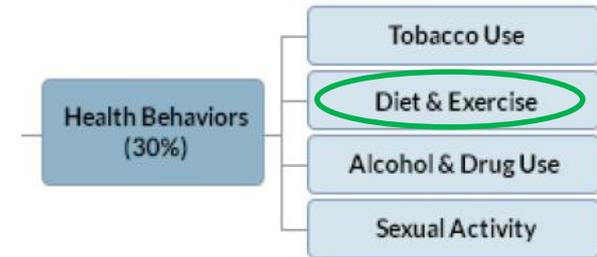
Why it Matters:

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.

Data Sources:
1. Wisconsin Department of Health Services. (2014-2016) Retrieved from: http://healthydane.org
2. Rates of Childhood Overweight and Obesity: An Overview of EHR Data in Madison and Dane County. Public Health Madison and Dane County. (2016).

Findings: Diet
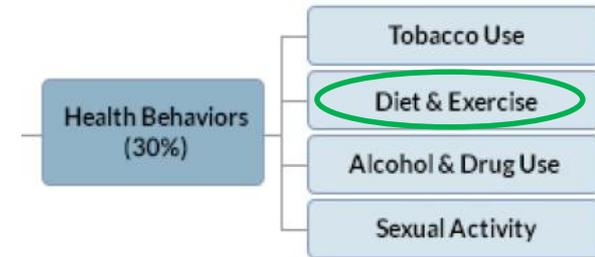
- A number of social and environmental factors contribute to people's ability to maintain a healthy diet, including whether or not they have access to healthy food.[1]

- People's access to healthy food may be limited by their income and/or their ability to easily access a grocery store.[1]

Data Sources:
1. Hunger and Food Insecurity in Wisconsin and Dane County. Public Health Madison and Dane County. Retrieved from: https://www.publichealthmdc.com/documents/foodSecurityWhitePaper.pdf

Findings: Diet

Health Behaviors (30%)
- Tobacco Use
- Diet & Exercise
- Alcohol & Drug Use
- Sexual Activity

- Food insecurity occurs when food access is insufficient or uncertain for at least one person in the household at some point in the year.[1]
- 11.8% of all people and 17.5% of children living in Dane experienced food insecurity at some point during 2014.[1]
- Although these rates are less than state rates of 12.4% of all people and 20.4% of children, food insecurity disproportionately impacts communities of color and households with low incomes.

Food Insecurity in Dane County Households (2014)

Household Characteristics	% Reporting Food Insecurity
One person living with a disability	37.7%
Latinx/Hispanic	34.5%
African American	34.6%
Income below 100% FPL	37.3%

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.

Data Sources:
1. Hunger and Food Insecurity in Wisconsin and Dane County. Public Health Madison and Dane County. Retrieved from: https://www.publichealthmdc.com/documents/foodSecurityWhitePaper.pdf

Findings: Diet

	Tobacco Use
Health Behaviors (30%)	Diet & Exercise
	Alcohol & Drug Use
	Sexual Activity

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

Data Sources:
1. Access to Affordable and Nutritious Food-Measuring and Understanding Food Deserts and their Impact: A Report to Congress. USDA Economic Research Service. (2009) Retrieved from: http://ers.usda.gov/publications/pub-details/?pubid=42729

Findings: Diet

- In Dane County there are 0.15 grocery stores per 1,000 population.[1]

- 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, there were 41,908 FoodShare participants per month on average in 2017.[2]

- The green 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. These areas are often referred to as Food Deserts.[3]
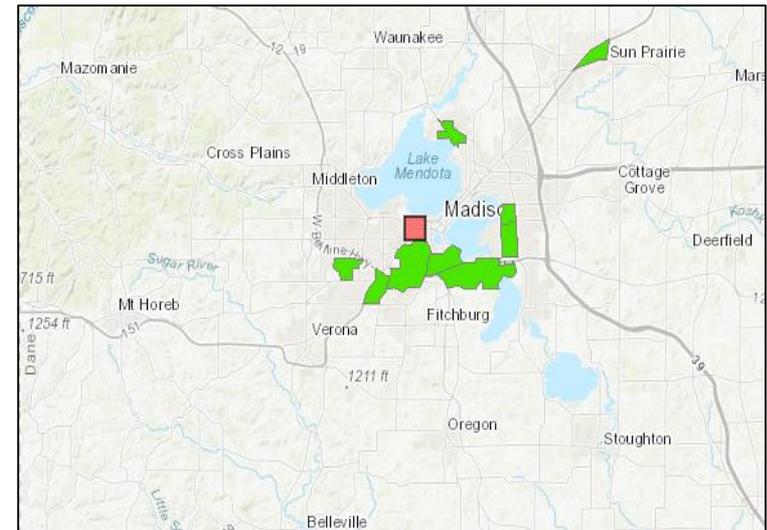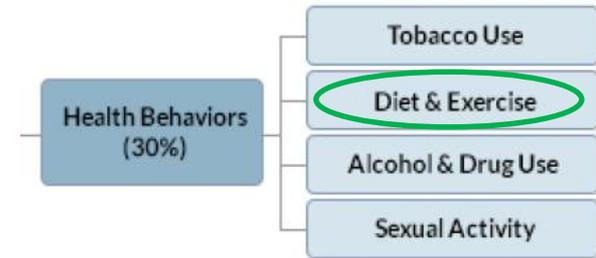
Findings: Exercise

Health Behaviors (30%)
- Tobacco Use
- Diet & Exercise
- Alcohol & Drug Use
- Sexual Activity
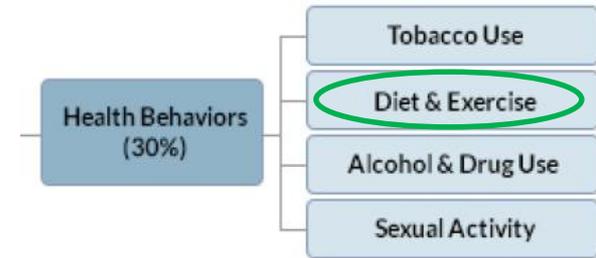
- In Dane County, 14.9% of adults reported *not* participating in any physical activities during the past month.[1]

COMPARED TO ⓘ

| WI Counties | WI Value (20.4%) | Prior Value (17.0%) | Trend | HP 2020 Target (32.6%) |

- 13.4% of Dane County high school students report being physically active for 60 minutes per day for the past 7 days.[2]

- 94.9% 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] However, focus group members from communities of color voiced safety concerns as a barrier to using some public parks.

Data Sources:
1. Wisconsin Department of Health Services (2014-2016). Retrieved from: http://healthydane.org
2. 2018 Dane County Youth Assessment, Dane County Youth Commission.
3. County Health Rankings (2018). Retrieved from: http://healthydane.org

Findings: Alcohol Use

Health Behaviors (30%) — Tobacco Use, Diet & Exercise, **Alcohol & Drug Use**, Sexual Activity
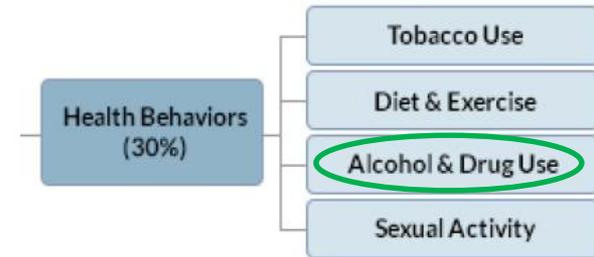
- Binge drinking is defined as consuming 5 or more drinks on one occasion for men, and 4 or more drinks on one occasion for women.

- 24.7% of adults in Dane County report binge drinking at least once in the last 30 days.[1]

COMPARED TO

WI Counties | WI Value (24.6%) | Prior Value (24.0%)

Trend | HP 2020 Target (24.2%)

- Alcohol is involved in 37.6% of motor vehicle crash deaths in Dane County.[2]

COMPARED TO

WI Counties | U.S. Counties | WI Value (35.7%) | US Value (29.3%) | Prior Value (41.1%) | Trend

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.

Findings: Alcohol Use
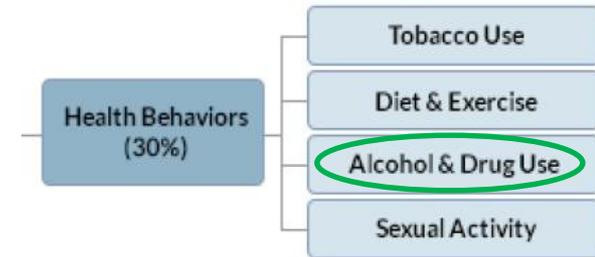
- 30.9% of Dane County high school youth reported they drank alcohol at least one time in the past 12 months.

- 21.9% of Dane County high school youth reported they drank alcohol at least one time in the past 30 days.

- 10.3% of Dane County high school youth reported having 5 or more alcohol drinks at one time, in a row, within a couple of hours (binge drinking) in the past month.[1]

Why it Matters:

Underage alcohol use increases the risk of academic failure and is correlated with injuries, poisoning, illegal drug use, risky sexual behavior, violence and suicide. Regular use of alcohol in the teen years can impact brain development and may have consequences beyond adolescence. Youth who begin drinking alcohol before age 14 are more likely to experience alcohol dependence as adults compared to those who postpone their first drink of alcohol until age 21 or older[1].

Data Sources:
1. 2018 Dane County Youth Assessment, Dane County Youth Commission.

44

Findings: Drug Use
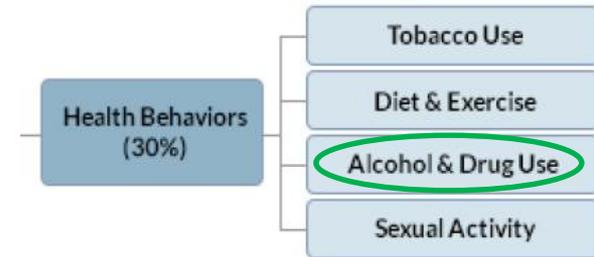
- Dane County's age-adjusted death rate due to unintentional poisonings is 14.6 deaths per 100,000 population, higher than state and national rates.[1]

COMPARED TO ⓘ

WI Counties	WI Value (14.8)	US Value (13.4 in 2013-2015)	Prior Value (13.5)	Trend

- Narcan is a drug that counters the effects of an opiate overdose.[3]
  - In 2016, Dane County EMS administered 701 doses of Narcan and 901 doses in 2017.[4]
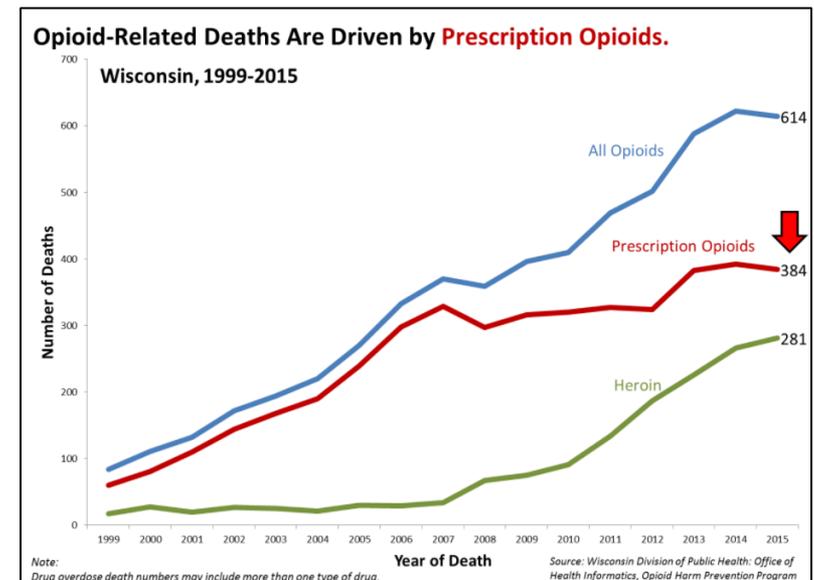
- Between 2006 and 2015, the rate of opioid-related overdose deaths in Dane County increased by almost 81%.[2]

Opioid-Related Deaths Are Driven by **Prescription Opioids.**
Wisconsin, 1999-2015

Note: Drug overdose death numbers may include more than one type of drug.

Source: Wisconsin Division of Public Health: Office of Health Informatics, Opioid Harm Prevention Program

Data Sources:
1. Wisconsin Department of Health Services (2014-2016). Retrieved from: http://healthydane.org
2. Wisconsin Department of Health Services, Division of Public Health (2017). Retrieved from: https://www.dhs.wisconsin.gov/opioids/data-reports-studies.htm
3. Parent Addiction Network. Safe Communities. Retrieved from: https://safercommunity.net/parent-addiction-network/emergency-help/
4. Dane County Expands Opioid Recovery Program. Wisconsin Public Radio (2018). Retrieved from: https://www.wpr.org/dane-county-expands-opioid-recovery-program

Findings: Drug Use

Health Behaviors (30%)
- Tobacco Use
- Diet & Exercise
- Alcohol & Drug Use
- Sexual Activity
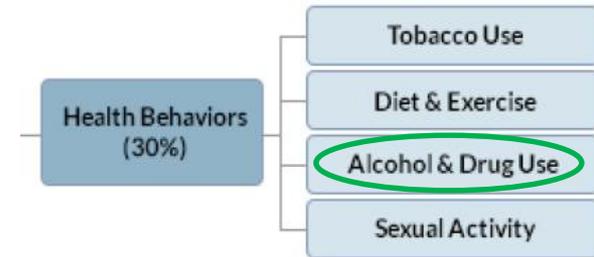
- Despite the decrease in total drug overdose deaths in Dane County from 2016 to 2017, heroin overdoses and deaths continue to increase with June 2018 being one of the worst months for heroin deaths.[1,2]
  - Heroin mortality rates were nearly 2 times as high from 2012-2016 for Black Dane County residents when compared to White residents.[3]

Drug overdose deaths in Dane County
Number of fatalities, 2000-17, by type of drug:

Opioids: 85, 73
Non-opioids: 13, 12, 22, 15

SOURCE: Wisconsin Department of Health Services
State Journal

Suspected heroin overdoses and deaths
Suspected overdoses and deaths in 2018 from heroin use in Madison, using data gleaned through Madison police investigations.

Overdoses: 16, 18, 27, 18, 30, 35
Deaths: 1, 4, 4, 1, 5, 11
Jan Feb Mar Apr May Jun
2018

SOURCE: Madison Police Department
State Journal

Data Sources:
1. Wisconsin Department of Health Services 2017. Retrieved from: https://madison.com/wsj/news/local/health-med-fit/as-opioid-deaths-persist-madison-addresses-challenge-at-town-hall/article_b7e61dfe-5738-5bf7-beaa-048da4790505.html
2. Madison Police Department 2018. Retrieved from: https://madison.com/wsj/news/local/crime/heroin-deaths-at-all-time-high-in-madison-and-could/article_b889139a-7a59-54fa-afff-2128e30248e9.html
3. Heroin and synthetic opioids 2018. Public Health Madison Dane County. Retrieved from: https://www.publichealthmdc.com/documents/Heroin2018.pdf

Findings: Drug Use
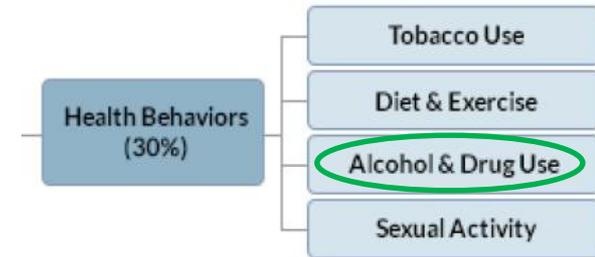
Drug use at least once in the past 30 days	Percent
Marijuana	15
Prescription Drug w/out a doctor's prescription	15
Over the counter medication in a way other than it was intended	6.2
Cocaine or Crack	1.5
Inhalant (glue, paint, spray can, markers)	1.9
Speed, crystal meth, crank	1.1
Heroin	1.1
Ecstasy (Molly)	1.5
Bath Salts	1.5
Steroids, HGH	1.1
Synthetic Marijuana (K-2, Spice, Blaze)	2.4

- 21.1% of Dane County high school youth used marijuana at least one time in the past 12 months, demonstrating a downward trend.[1]

- 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 left.[1]

Findings: Sexual Activity
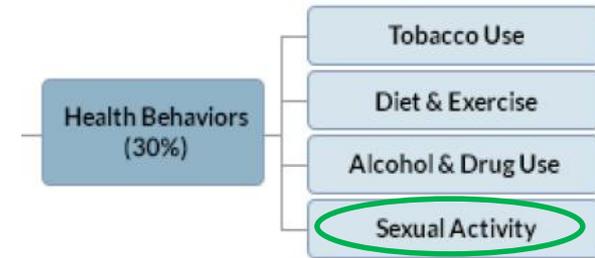
- 74.3% of Dane County high school youth always use a condom to prevent pregnancy when having vaginal sexual intercourse and 55.3% always use a condom to prevent sexually transmitted infections (STI) when having sex.[1]

- 33.1% of Dane County high school youth have had sex while under the influence of alcohol, marijuana or other drugs.[1]

- 21.5% of high school youth reported not knowing where to get health care for sexual or reproductive concerns.[1]

- Dane County's teen birth rate is lower than state and national rates at 10.5 live births per 1,000 females aged 15-19.[2]

COMPARED TO ⓘ

| WI Counties | WI Value (16.4) | US Value (24.2 in 2014) | Prior Value (12.6) | Trend |

Data Sources:
1. 2018 Dane County Youth Assessment, Dane County Youth Commission.
2. Wisconsin Department of Health Services. (2015) Retrieved from: http://healthydane.org

Findings: Sexual Activity
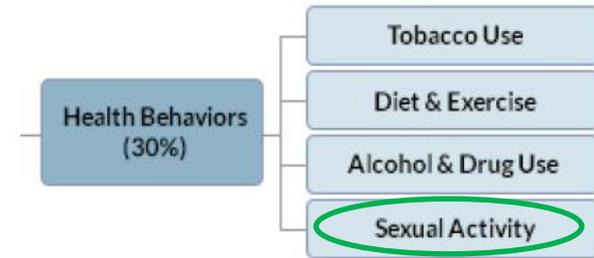
- Dane County's chlamydia incidence rate is among the highest in the state at 481 cases per 100,000 population.[1]

- Chlamydia disproportionally impacts communities of color.[1]

- Differences in infection rates cannot be fully explained by differences in individual risk behaviors. Social factors impacting communities of color can make it more difficult for people to stay sexually healthy, including:
  - Poverty
  - Racism
  - Difficulty accessing health services
  - Fear or mistrust of the health system based on experiences of discrimination[2]
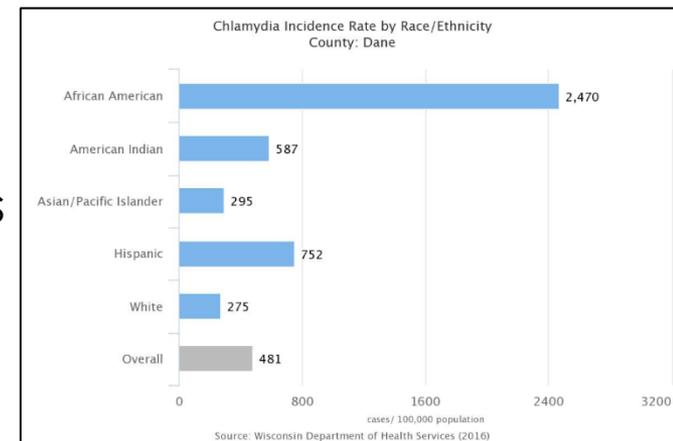
COMPARED TO

| WI Counties | WI Value (470) | US Value (458.2 in 2013-2015) | Prior Value (422) | Trend |

Chlamydia Incidence Rate by Race/Ethnicity County: Dane

Race/Ethnicity	cases/ 100,000 population
African American	2,470
American Indian	587
Asian/Pacific Islander	295
Hispanic	752
White	275
Overall	481

Source: Wisconsin Department of Health Services (2016)

Data Sources:
1. Wisconsin Department of Health Services. (2016) Retrieved from: http://healthydane.org
2. STD Health Equity. CDC. Retrieved from: https://www.cdc.gov/std/health-disparities/

Health Factor: 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.

Health Outcomes
- Length of Life (50%)
- Quality of Life (50%)

Health Behaviors (30%)
- Tobacco Use
- Diet & Exercise
- Alcohol & Drug Use
- Sexual Activity

Clinical Care (20%)
- Access to Care
- Quality of Care

Health Factors

Social & Economic Factors (40%)
- Education
- Employment
- Income
- Family & Social Support
- Community Safety

Physical Environment (10%)
- Air & Water Quality
- Housing & Transit

Policies & Programs
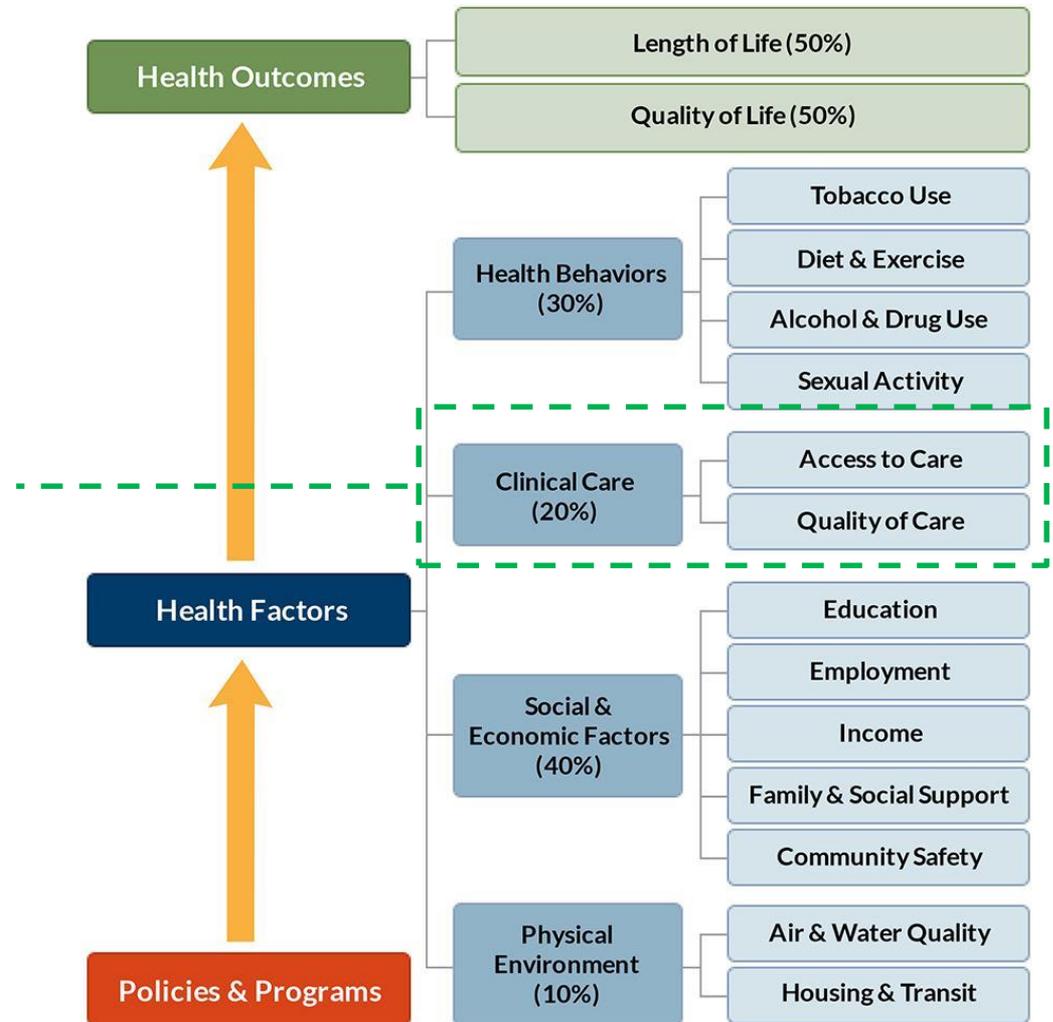
County Health Rankings model © 2014 UWPHI

Findings: Access to Care

Clinical Care (20%)
— Access to Care
— Quality of Care
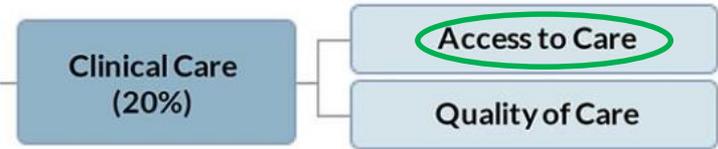
HEALTH INSURANCE LANDSCAPE IN DANE COUNTY

2015 DANE COUNTY POPULATION ~500,000

EMPLOYER SPONSORED INSURANCE (ESI)
~358,000 PEOPLE
(~88% with ESI alone)

MEDICARE
~76,000 PEOPLE
Including 55,000 who are 65+

MEDICAID FOR ELDERLY/DISABLED
~13,000 PEOPLE
(all have Medicare)

ACA PLANS
~13,000 PEOPLE

BADGERCARE PLUS
~51,000 PEOPLE

PRIVATE, NON-GROUP PLANS
~13,000 PEOPLE

MILITARY/VA ONLY
~4,000 PEOPLE

UNINSURED <AGE 65
~24,000 PEOPLE

Enrollment in health care coverage is dynamic. This graphic displays actual enrollment figures (rounded) and estimated enrollment in various types of public and private health care coverage, using the most current data available.

It is important to note that some people carry more than one type of coverage so the categories are not exclusive.

For methodology and data sources, see http://www.publichealthmdc.com/documents/HealthInsLandscapeDC.pdf

- Many Dane County residents gained access to health insurance after implementation of the Affordable Care Act (ACA), however an estimated 4.8% of people under age 65 remain uninsured.[1] This is lower than uninsured rates at the national and state level which are currently 10% and 8% respectively.[2]

- Of the remaining uninsured, Latinx are disproportionately represented, in part due to ineligibility for coverage as a result of immigration status.[1]

Data Sources:
1. Access to Health Care in Dane County. (2015) Public Health Madison and Dane County. Retrieved from: https://www.publichealthmdc.com/publications/documents/AccessHealthCareDC.pdf
2. Health Insurance Coverage of the Non-Elderly. (2016) Kaiser Family Foundation. Retrieved from: http://kff.org/other/state-indicator/nonelderly-0-64/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

# Findings: Access to Care

Clinical Care (20%) — Access to Care / Quality of Care

- Since January 2014, the United Way of Dane County's HealthConnect program provided health insurance premium subsidies to over 2,000 Dane County residents with incomes between 100-150% Federal Poverty Level who purchased Silver-level marketplace plans.[1]

- Plan retention is high, with an average 83% of HealthConnect enrollees staying on their plans throughout the year. About two-thirds maintained their health insurance coverage with premium assistance for two years or more.[1]

Findings: Access to Care

- Although having health insurance is critical for accessing health care, it does not ensure that people can access all of 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 competent care

    Which can lead to:
    - Unmet health needs
    - Delays in receiving appropriate care
    - Inability to get preventive services
    - Financial burdens
    - Preventable hospitalizations[1]

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 like 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]

Data Sources:
1. Access to Health Services. (2016). Retrieved from: https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

Findings: Access to Care

Clinical Care (20%) — Access to Care / Quality of Care

"They know [she] speak[s] Spanish but they kept calling her and leaving her a message in English.. So how is she going to reach out to them if she is not understanding this… I think that access is the most important thing"

-Latino Health Council Focus Group Participant

" [Our community's health is] broken and not affordable."

-Harambee Village Doulas Focus Group Participant

"Trying to find a gender therapist on state insurance [Medicaid] is impossible."

-2017 Wisconsin Transgender Youth Community Needs Assessment

"Go where the need is at. You can't expect people to meet you. You have to have hours that are conducive for folks …And you may need to set-up on site at community schools or community centers …."

-African American Health Network Focus Group Participant

54

Findings: Access to Care

Clinical Care (20%) — Access to Care / Quality of Care
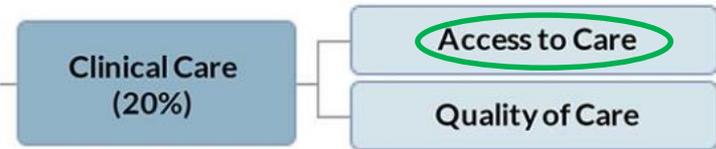
As the first of its kind in the state and the country, the 2017 Wisconsin Transgender Youth Community Needs Assessment survey directly asked transgender, nonbinary, and gender expansive/nonconforming (TNG) youth about their resource and healthcare needs.

- Of the total 104 youth that responded from Dane County, 21% are youth of color, 70% live in the Madison metropolitan area, 45% are under the age of 18, and 18% are homeless.[1]

The 2017 survey found that in Dane County:

- 67% of TNG youth do not have a medical provider of any kind who is competent in their health needs as a TNG person.
- 29% of respondents avoided or were unable to access necessary healthcare in the last year.
- Less than half of TNG youth have coverage for some TNG-specific or transition-related healthcare and only 4% have health insurance that includes coverage for mental health care, puberty blockers, gender-affirming hormones, and gender confirmation surgeries.[1]

Data Sources:
1. 2017 Wisconsin Transgender Youth Community Needs Assessment. Retrieved from: https://www.med.wisc.edu/media/medwiscedu/documents/about-us/CH-174891-18-TNG-Youth-Report-Full.pdf

Findings: Access to Care
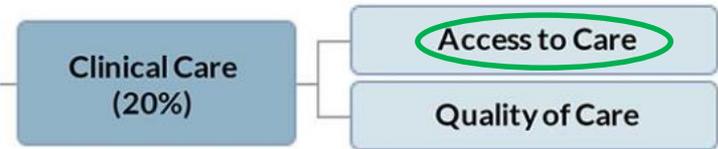
- Dane County ranks best in the state for availability of mental health providers with one for every 270 persons. This is also well within the top decile nationally (330:1).[1]

- However, Dane County residents who have BadgerCare or Medicaid coverage report that is it difficult to find psychiatrists and dentists that accept their insurance and are taking new patients.[2]

- According to Public Health Madison and Dane County, of the 311 dentists practicing in Dane County, only 37% are currently enrolled as Medicaid providers and only a small fraction of those providers are accepting new Medicaid patients.[3]

"Dental care is very important and a lot of people have insurance, however it's hard still to get dental care."

-Voices of our Communities Interviewee

Data Sources:
1. County Health Rankings. (2018) Retrieved from: http://www.countyhealthrankings.org/app/wisconsin/2018/measure/factors/62/data
2. Access to Health Care in Dane County. (2015) Public Health Madison and Dane County. Retrieved from: https://www.publichealthmdc.com/publications/documents/AccessHealthCareDC.pdf
3. Oral Health in Dane County. (2016) Public Health Madison and Dane County. Retrieved from: http://publichealthmdc.com/documents/OralHealth201610.pdf

Findings: Access to Care

Clinical Care (20%) — Access to Care / Quality of Care

- Poor access to routine dental care disproportionally impacts communities of color. Without access to routine preventive dental services, many are forced to rely on the ER for dental health needs. In 2015, the rate of Black Dane County residents who visited the ER for dental pain was 270 per 10,000 compared to only 30 per 10,000 for Whites.[1]

- Black students in the Madison Metropolitan School District were also more likely to report urgent dental care needs.[2]

MADISON METROPOLITAN SCHOOL DISTRICT (MMSD), between September 2014 and June 2015[12]

6,964 dental-related school health office visits occurred.

361 encounters were for urgent dental care needs relating to abscess, caries, and pain.

Black children made up the highest percentage of MMSD students reporting urgent dental care needs.

Black	Hispanic/Latino	White	Asian
47%	19%	14%	5%

Data Sources:
1. A Report on Dane County Hospital Emergency Department & Urgent Care Visits for Non-Traumatic Dental Pain. (2016) Public Health Madison and Dane County. Retrieved from: https://www.publichealthmdc.com/documents/ED-UCCDentalDataRpt201703.pdf
2. Oral Health in Dane County. (2016) Public Health Madison and Dane County. Retrieved from: http://publichealthmdc.com/documents/OralHealth201610.pdf

Findings: Quality of Care

Clinical Care (20%) — Access to Care — Quality of Care
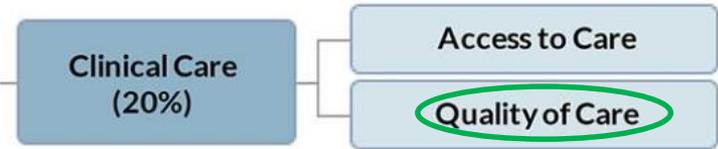
- Quality of clinical care can be measured in many ways including looking at number of preventable hospitals stays.

- 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 per 1,000 Medicare enrollees.[1]

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.

COMPARED TO

WI Counties	U.S. Counties	WI Value (45.1)	US Value (49.9)	Prior Value (38.2)	Trend

Data Source:
1.   County Health Rankings. (2015). Retrieved from: http://www.countyhealthrankings.org/app/wisconsin/2018/measure/factors/5/data

Findings: Quality of Care
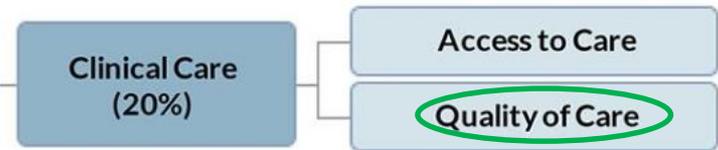
- Quality of clinical care can also be measured by looking at rates of screening needed for proper management of chronic disease and rates of preventative screening.

COMPARED TO ⓘ

WI Counties U.S. Counties WI Value (90.5%)

US Value (85.2%) Prior Value (94.0%) Trend
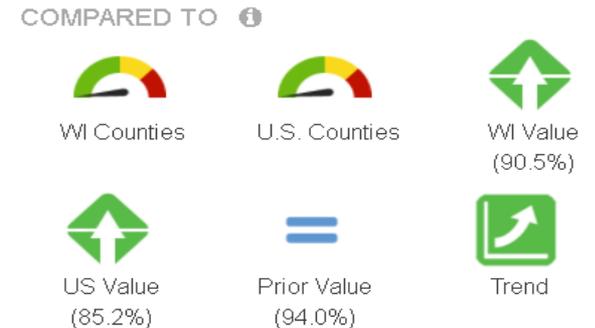
- 94.5% of Dane County residents who have Medicare coverage and have been diagnosed with diabetes received necessary blood sugar (HbA1c) screening tests in the past year.[1]

COMPARED TO ⓘ

WI Counties U.S. Counties WI Value (71.6%)
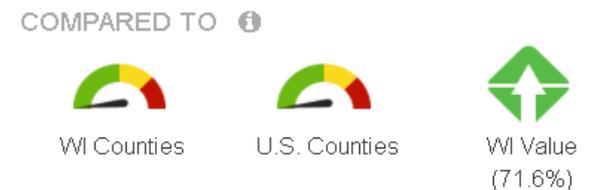
- 75.3% of women in Dane County who have Medicare coverage and are between age 67-69 have had a mammogram in the past 2 years.[1]

US Value (63.1%) Prior Value (73.9%) Trend

Data Source:
1.   The Dartmouth Atlas of Health Care. (2014) Retrieved from: http://healthydane.org
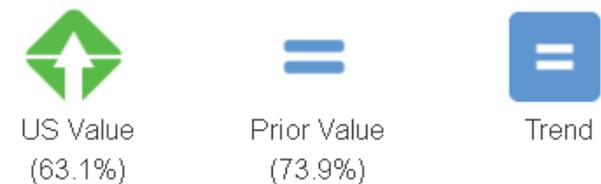
Findings: Quality of Care

Clinical Care (20%) — Access to Care — 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

"Diversifying the health practitioners would be a healthy community for me."

-African American Health Network Focus Group Participant

"Believe me when I say I am in pain. Don't just give me a pill and send me away. I know you're busy but talk to me and find out what is going on."

-Voices of our Communities Interviewee

Findings: Quality of Care
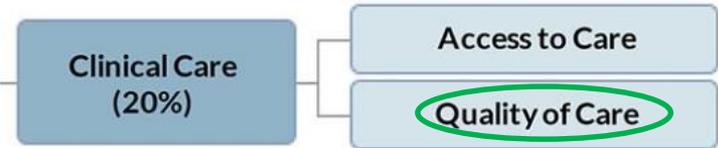
The 2017 Wisconsin Transgender Youth Community Needs Assessment survey found that in Dane County:[1]

- Of respondents who disclosed their gender identity when accessing care, 64% had at least one negative experience with a medical provider and 55% with a mental health provider including:
    - Negative language
    - Denial of care
    - Denial of identity
    - Incompetence

- More than 1 in 2 TNG youth experienced multiple instances of these harms from medical providers, while more than 1 in 3 experienced multiple instances from mental health providers.

Data Sources:
1.   2017 Wisconsin Transgender Youth Community Needs Assessment. Retrieved from: https://www.med.wisc.edu/media/medwiscedu/documents/about-us/CH-174891-18-TNG-Youth-Report-Full.pdf

Findings: Quality of Care

Clinical Care (20%)

Access to Care

Quality of Care

"I rarely go to the doctor when I need to, even for serious issues, because all health care professionals I've met and talked with have disrespected my identity or dismissed it completely."

-Wisconsin Transgender Youth Community Needs Assessment

*"I live in this body. The decisions you make on my behalf will affect me for life. Make decisions with me instead of for me."*

-Harambee Village Doulas Community Input Session

"I need to feel heard. Do not dismiss my concerns based on the color of my skin."

-Harambee Village Doulas Community Input Session

"I wish the health care system would drop their barrier and realize we're real people. Just come and get to know the community... Try to see your place in the puzzle and don't disregard that there is a lot of knowledge here."

-Latinx Key Informant Interview

62

Health Factor: Social & Economic Factors

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.
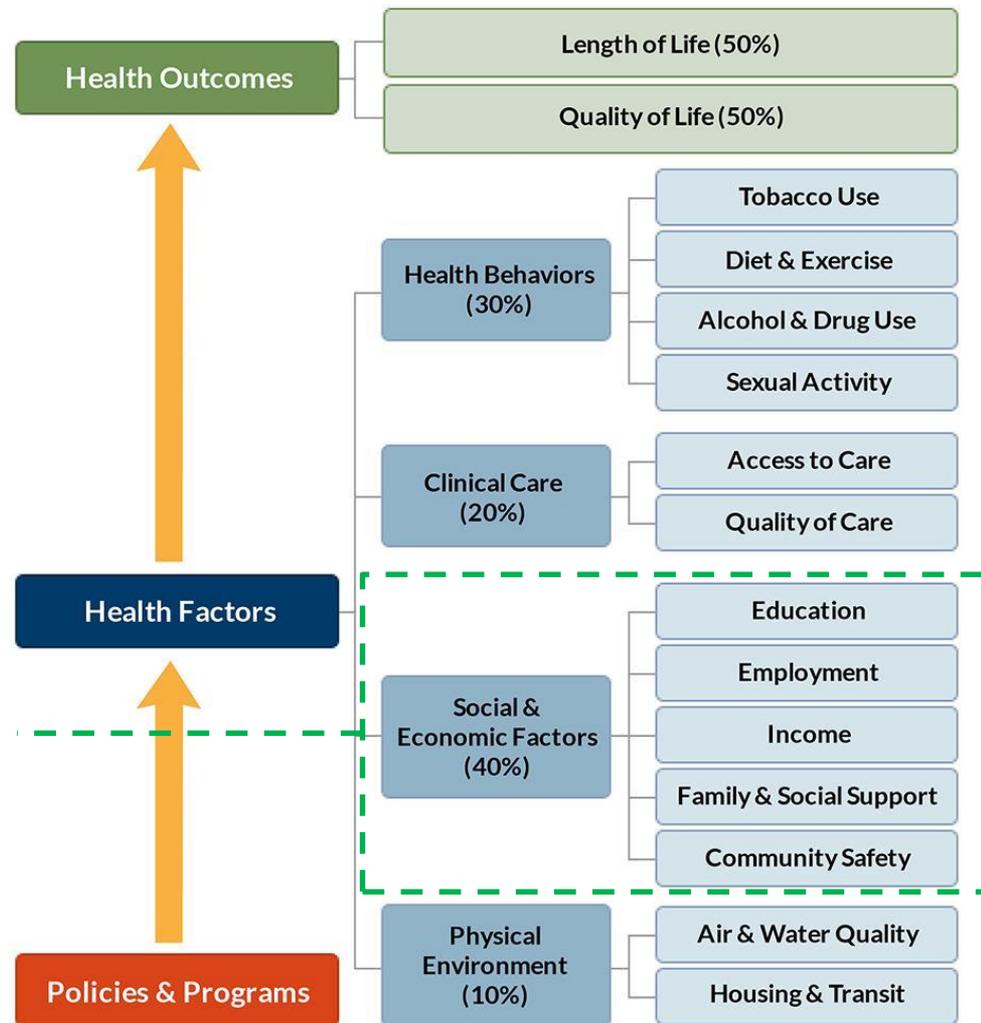
County Health Rankings model © 2014 UWPHI

Findings: Education
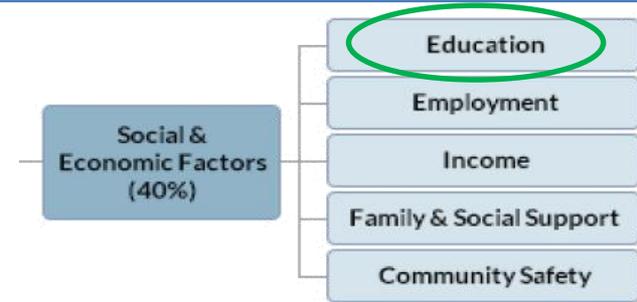
- Dane County's 87.1% high school graduation rate is among the lowest in the state.[1]

COMPARED TO

WI Counties

WI Value (88.4%)

US Value (83.2%)

Prior Value (86.0%)

Trend

HP 2020 Target (87%)
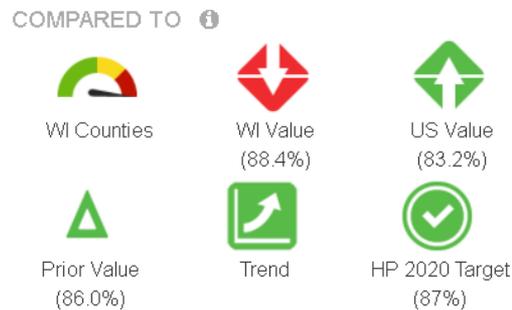
- An opportunity gap exists between White students and students of color in Dane County evidenced by disparities in educational outcomes.

Data Sources:
1. County Health Rankings. (2014-2015) Retrieved from http://healthydane.org
2. High School Completion Update. MMSD. Retrieved from https://accountability.madison.k12.wi.us/files/accountability/2016-12-6%20High%20School%20Completion%20Report%20-%20Class%20of%202016.pdf

Findings: Education
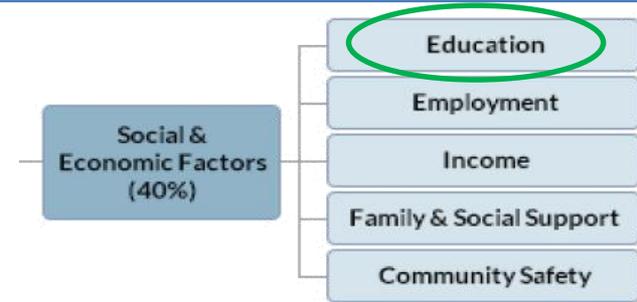
- In Dane County, 49% of people age 25 or older have a Bachelor's Degree or higher.[1]

COMPARED TO

WI Counties	U.S. Counties	WI Value (28.4%)	US Value (30.3%)	Prior Value (47.9%)	Trend

- However, rates among the Black and Latinx populations are much lower.[1]

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

|	percent
American Indian or Alaska Native	14.8%
Asian	66.4%
Black or African American	21.7%
Hispanic or Latino	25.4%
Native Hawaiian or Other Pacific Islander	5.1%
Other	11.8%
Two or More Races	52.5%
White, non-Hispanic	50.7%
Overall	49.0%

Source: American Community Survey (2012–2016)
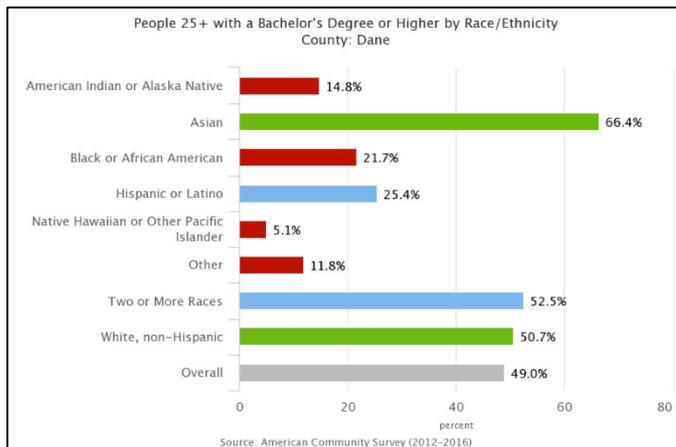
"Just getting your children a good education, the possibility for them to go to college, to finish college, to have a career, for immigrants, for Latinx, for minorities, it's so difficult…So a healthy community, I really think would have more opportunities for higher education.

-Latino Health Council Focus Group Participant

Data Sources:
1. U.S. Census Bureau American Community Survey. (2012-2016) Retrieved from www.healthydane.org

Findings: Employment
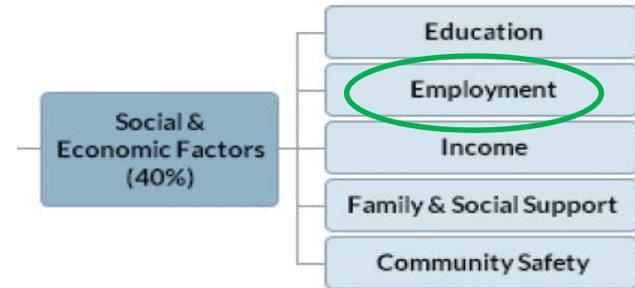
- In June 2018, Dane County had the second to the lowest unemployment rate in Wisconsin at 2.8%.[1]
- However communities of color continue to be disproportionally impacted by unemployment.

Dane County Unemployment Rate

Legend: White ■ Black or African American ■ Hispanic or Latino origin (of any race)

Year	White	Black or African American	Hispanic or Latino origin (of any race)
2009	5.3%		
2010	5.7%	23.2%	5.9%
2011	4.8%	25.2%	
2012	4.7%	11.9%	
2013	4.0%		9.7%
2014	4.7%	7.8%	6.7%
2015	3.3%		
2016	2.6%	7.4%	4.8%

Source: U.S. Census Bureau American Community Survey 1-Year Estimates
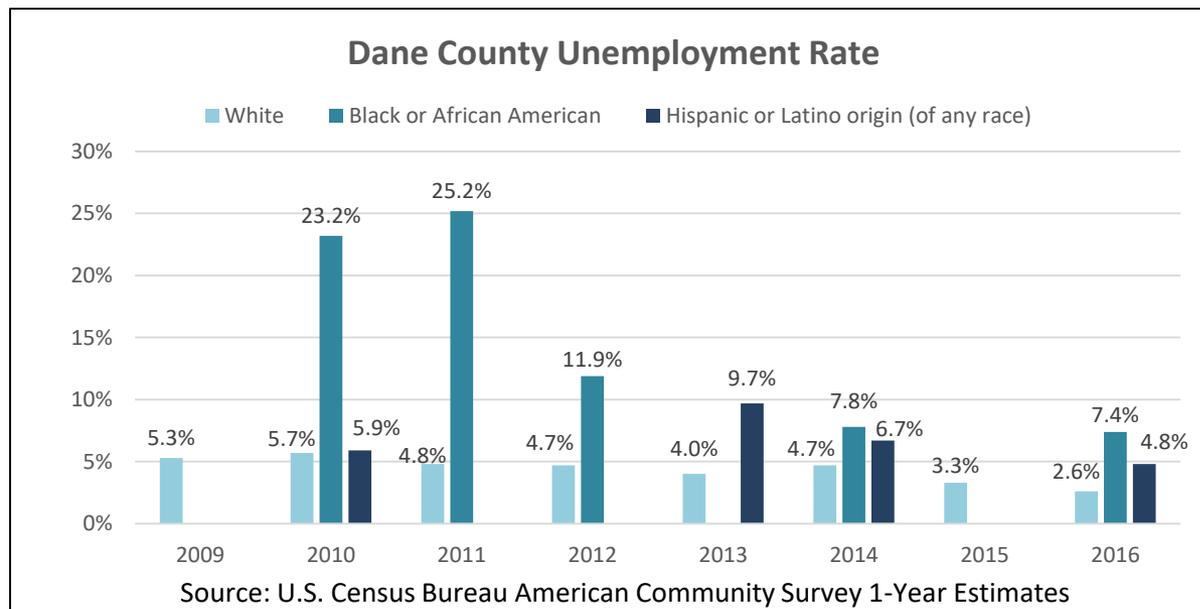
Disclaimer: Data not available by race/ethnicity for all years.

Findings: Income
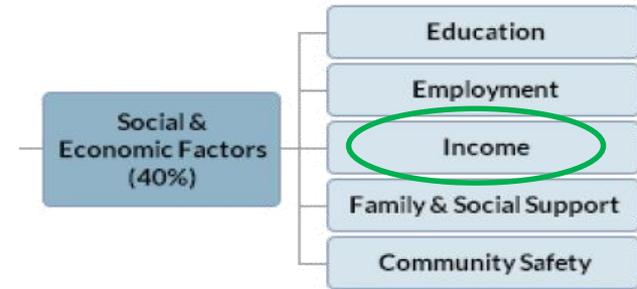
- Median household income in Dane County is higher than state and national values at $64,773.[1]
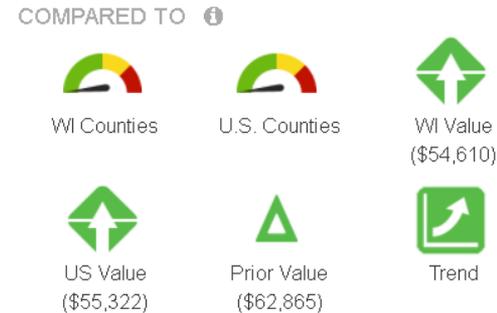
- Despite a high median income for the overall population, there are inequities in median household income by race and ethnicity with median income for Black households in Dane County closer to $30,000.[1]
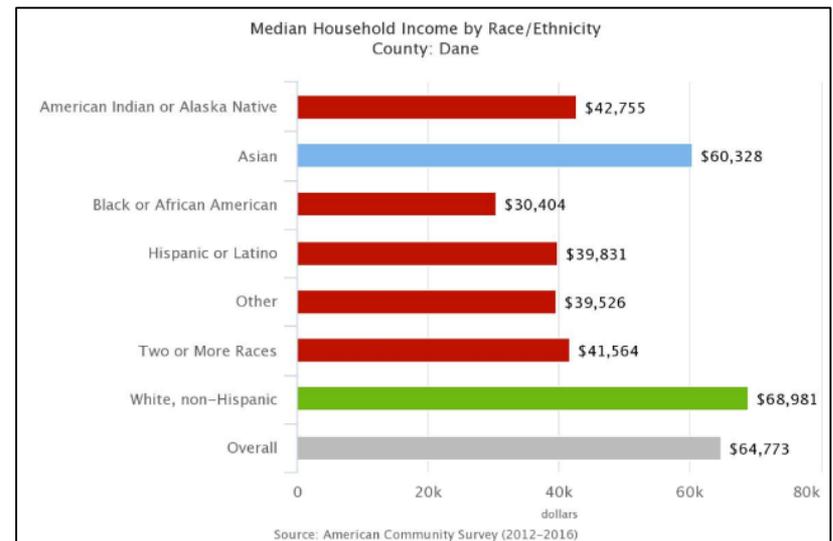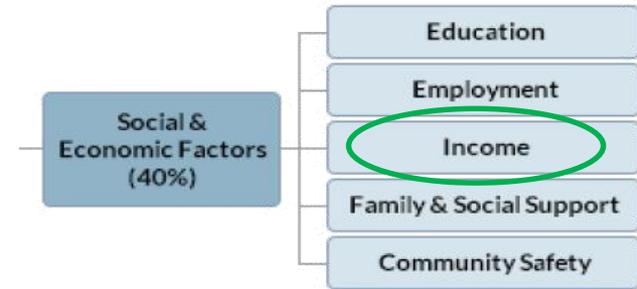

Median Household Income by Race/Ethnicity
County: Dane

American Indian or Alaska Native	$42,755
Asian	$60,328
Black or African American	$30,404
Hispanic or Latino	$39,831
Other	$39,526
Two or More Races	$41,564
White, non–Hispanic	$68,981
Overall	$64,773

Source: American Community Survey (2012–2016)

Findings: Income

- The overall poverty rate in Dane County is lower than state and national rates at 12.7% .[1]

- However, poverty rates disproportionately affect communities of color with 34% of the Black population living in poverty and 29% of the Latinx population.[1]


People Living Below Poverty Level by Race/Ethnicity
County: Dane

Race/Ethnicity	Percent
American Indian or Alaska Native	24.8%
Asian	22.8%
Black or African American	33.9%
Hispanic or Latino	28.9%
Native Hawaiian or Other Pacific Islander	32.0%
Other	27.3%
Two or More Races	22.9%
White, non-Hispanic	9.2%
Overall	12.7%

Source: American Community Survey (2012-2016)

Findings: Income

Social & Economic Factors (40%)
- Education
- Employment
- **Income**
- Family & Social Support
- Community Safety

- The disproportionate impact of poverty on communities of color is even more profound when looking at rates of children living in poverty.[1]
- 31% of children in Dane County are eligible for free or reduced price lunch.[2]
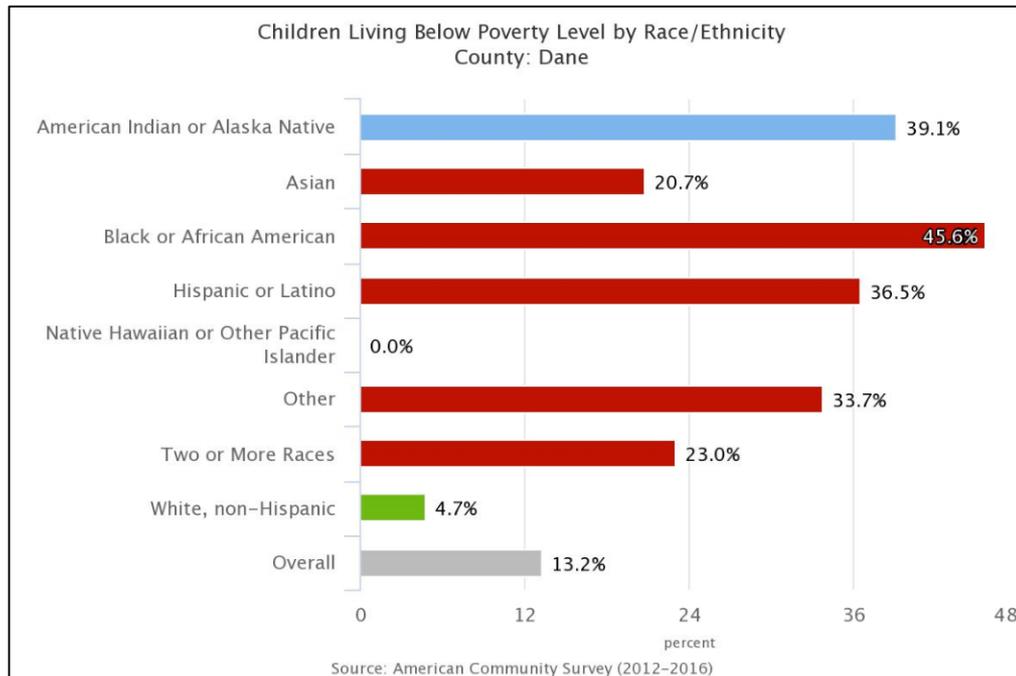
Children Living Below Poverty Level by Race/Ethnicity
County: Dane

Race/Ethnicity	Percent
American Indian or Alaska Native	39.1%
Asian	20.7%
Black or African American	45.6%
Hispanic or Latino	36.5%
Native Hawaiian or Other Pacific Islander	0.0%
Other	33.7%
Two or More Races	23.0%
White, non–Hispanic	4.7%
Overall	13.2%

Source: American Community Survey (2012–2016)

Data Sources:
1. U.S. Census Bureau American Community Survey. (2012-2016) Retrieved from: www.healthydane.org
2. County Health Rankings. (2018) Retrieved from: http://www.countyhealthrankings.org/app/wisconsin/2018/measure/factors/65/data

Findings:
Family & Social Support
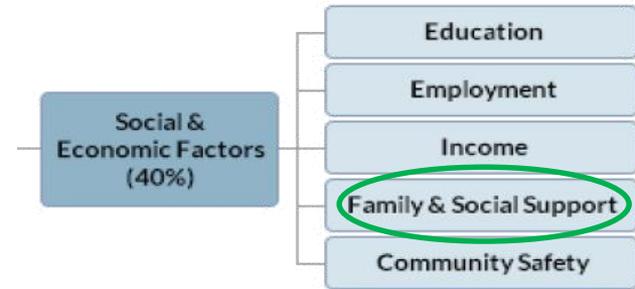
- 15.4% of adults in Dane County report not getting the social and emotional support that they need.[1]

COMPARED TO ⓘ

WI Counties   U.S. Counties   WI Value
(16.7%)

- In Dane County, 29.4% of adults over the age of 65 live alone.[2]

COMPARED TO ⓘ

WI Counties   U.S. Counties   WI Value   US Value   Prior Value   Trend
(29.0%)   (26.4%)   (29.6%)

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.

Data Sources:
1. County Health Rankings. (2005-2010) Retrieved from: http://healthydane.org
2. U.S. Census Bureau American Community Survey. (2012-2016) Retrieved from: http://healthydane.org

Findings:
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.[1]
- 59% of Dane County residents report experiencing at least 1 ACE during childhood.[2]

Adverse Childhood Experiences (ACEs)			
Dane Co. ACEs estimates, 2014-2017 WI Behavioral Risk Factor Survey (n = 1,202)			
Number of ACEs			
0	1	2 to 3	4+
41%	23%	21%	15%

- As the number of ACEs increases so does the risk for negative health outcomes.[2]
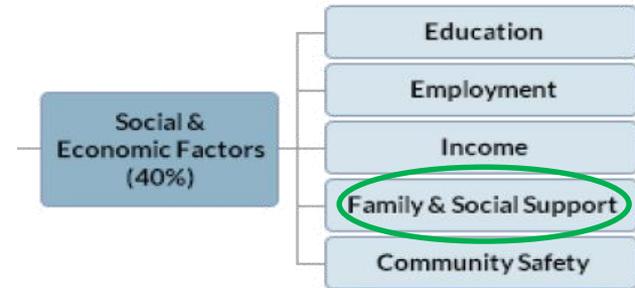
Why it Matters:

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 community[2].

Data Sources:
1. Adverse Childhood Experiences. CDC. Retrieved from: https://www.cdc.gov/violenceprevention/acestudy/
2. WI Behavioral Risk Factor Survey, Office of Health Informatics, Division of Public Health. Retrieved from: https://www.dhs.wisconsin.gov/stats/brfs.htm

Findings:
Community Safety
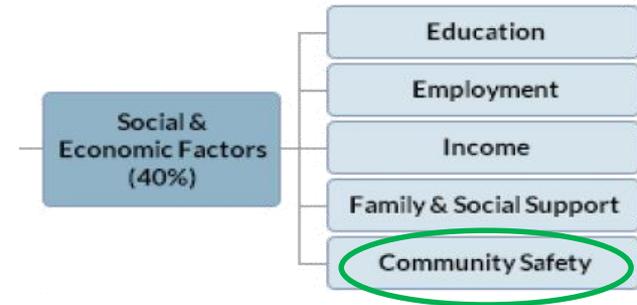
- The violent crime rate in Dane County is 230.7 crimes per 100,000 population. This is lower than the overall state rate of 283 per 100,000.[1]

- For the three year span of 2015-2017, 31 lives were lost due to homicide in Dane County. This is the highest three year trend seen in homicides in the last 14 years. In 2017, eleven of these occurred in Madison.
  - All homicides were perpetrated by adults, no juveniles were involved.[2]

Total homicides by year
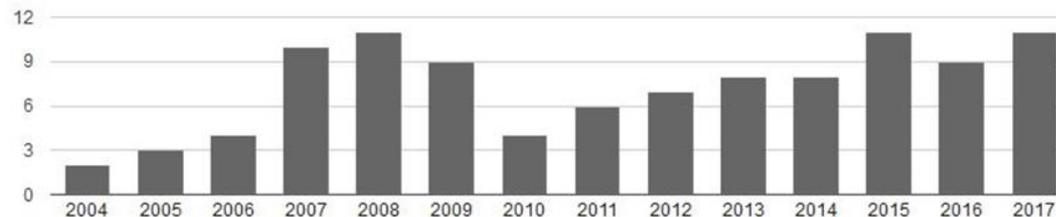
SOURCE: State Journal research by Dennis McCormick
JASON KLEIN - State Journal

Data Source:
1. County Health Rankings. (2012-2014) Retrieved from: http://healthydane.org
2. Wisconsin Department of Justice (2017). Uniform Crime Reporting Data Dashboard. Retrieved from: https://www.doj.state.wi.us/dles/bjia/ucr-arrest-data

Findings: Community Safety

Social & Economic Factors (40%)
- Education
- Employment
- Income
- Family & Social Support
- **Community Safety**
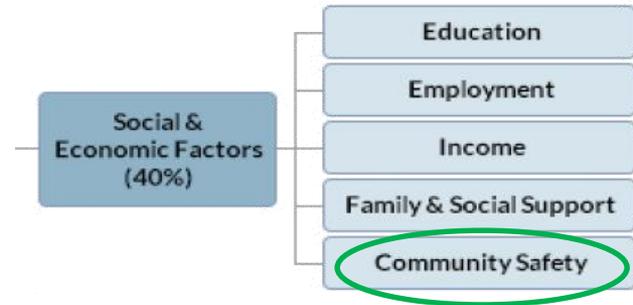
"We [African Americans] don't own our communities, we don't police our communities, we are not part of our communities. And so when our children leave our homes, there is a fear …What allegations are going to come your way?" **-African American Health Network Focus Group Participant**

"[A healthy community would look like] current and former individuals experiencing homelessness are NOT targeted by the police." **-H2 Housing and Healthcare Community Input Session**

"So, what if every day when you go out of your house, you don't know if you are coming back because immigration has detained you or the police is going to stop you and you are taken away? …These issues are definitely a big part of our communities and surviving every day." **–Latino Health Council Focus Group Participant**

"[A healthy community is] kids [of color] playing outside and not considered a gang if there are 2 or 3 of them... We don't want our kids to be accused…It's all about safety and survival." **-African American Health Network Focus Group Participant**

Findings:
Community Safety

Social & Economic Factors (40%)
- Education
- Employment
- Income
- Family & Social Support
- **Community Safety**
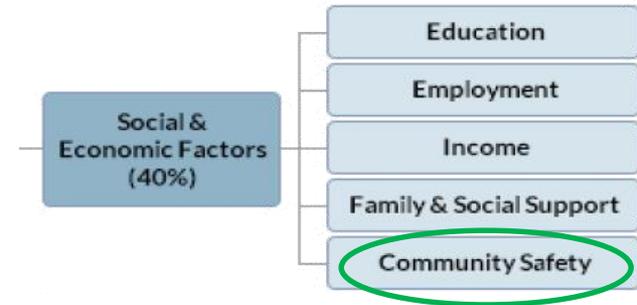
- In Dane County in 2016, Blacks made up approximately 10% of the juvenile population ages 12-17, but 70.5% of the juveniles in detention.[1]
  - A Dane County Black youth was 23.5 times more likely to spend time in the county's secure detention program than a White youth.[1]

- 246 juveniles were arrested in Dane County in 2016 for violent crimes against another person (aggravated assault, forcible rape, simple assault, and sex offenses).[2] 129 of these arrests occurred in the City of Madison.
  - Of these 129 arrests, 27 were White, 96 were Black, 2 were Native American and 4 were unknown/other.[3]

Juvenile arrests

Number of juvenile arrests in Dane County.

White
Black: 1,474
Other: 64
1,319

SOURCE: Dane County Department of Human Services

State Journal
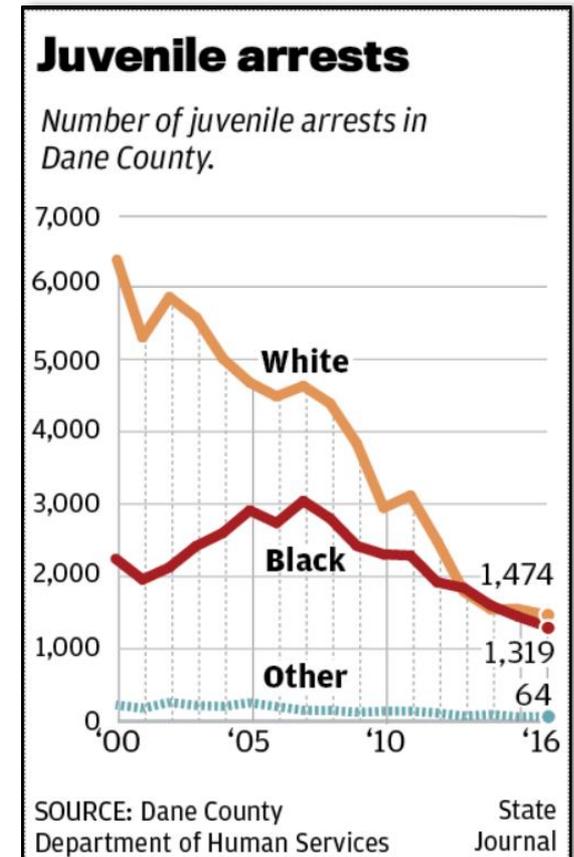
Data Sources:
1. Analysis from Dane County Juvenile Court Program Annual Report 2016
2. Wisconsin Department of Justice (2017). Uniform Crime Reporting Data Dashboard. Retrieved from: https://www.doj.state.wi.us/dles/bjia/ucr-arrest-data
3. Madison Police Department (2016). 2016 Annual Report. Retrieved from: http://www.cityofmadison.com/police/chief/annualreports.cfm

Findings: Community Safety

Social & Economic Factors (40%)
- Education
- Employment
- Income
- Family & Social Support
- **Community Safety**
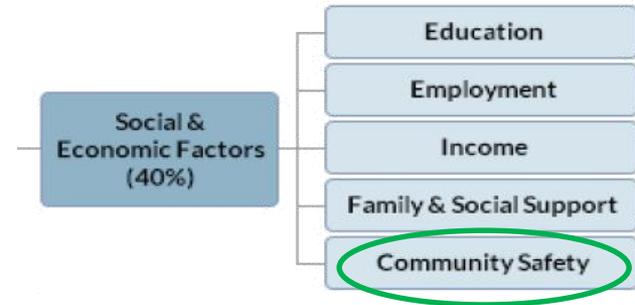
- In 2017, 40% of all male admissions to the Dane County Jail were black, as were 29% of all female admissions, although blacks make up just 5.3% of the population.[1]

- 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 did repeatedly voice 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]

Data Source:
1. Wisconsin State Journal. (2018) Retrieved from: https://madison.com/wsj/news/local/crime/cycles-of-incarceration-hit-african-americans-children-especially-hard/article_21279210-8f89-544a-ae6a-d6353bc68d19.html

Health Factor: 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.

County Health Rankings model © 2014 UWPHI
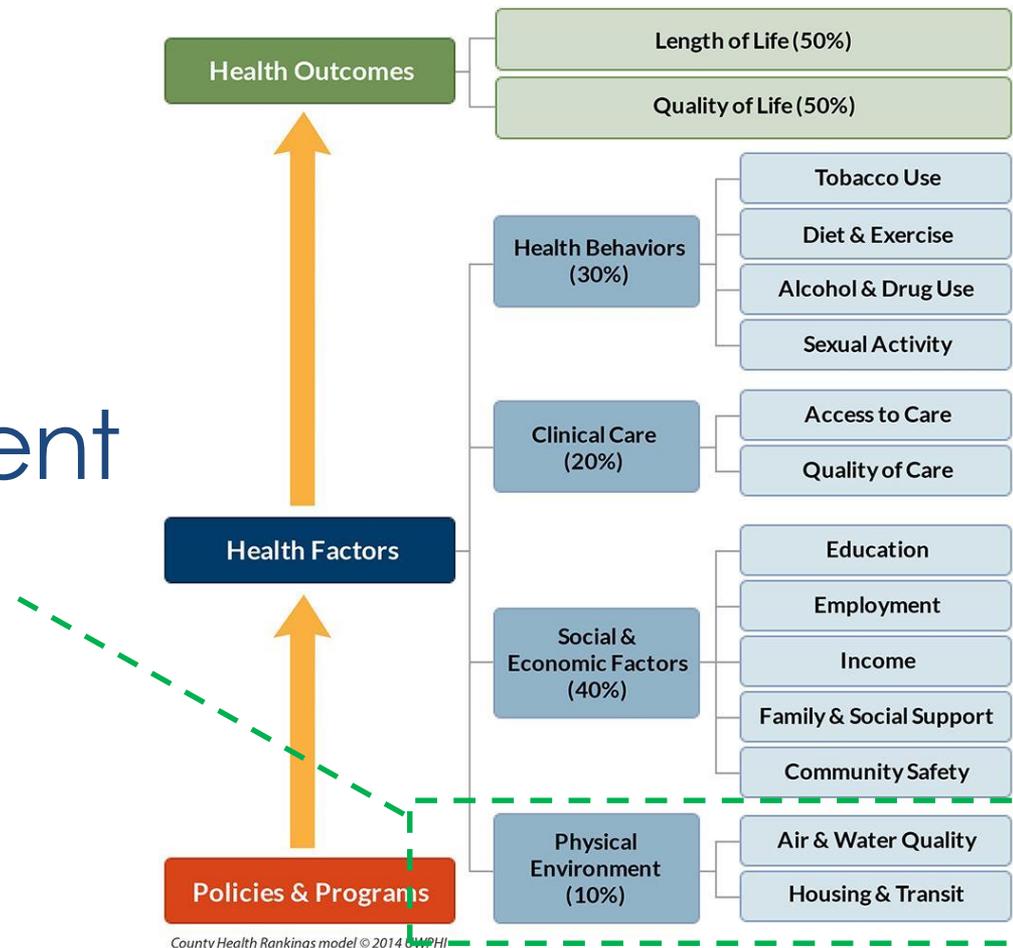
Findings:
Air & Water Quality

- The American Lung Association (ALA) assigns grades A-F to U.S. counties based on the number of days air particle pollution and ozone levels exceed U.S. standards.
  - According to the ALA's 2017 report, Dane County received a B for Particle Pollution and a B for High Ozone Days.[1]

- The Wisconsin Department of Natural Resources (DNR) reported drinking water violations in Dane County in 2017. The problems encountered most often were lead, nitrate & pesticides, chlorides and sodium.[2]

Why it Matters:

Particle pollution refers to the amount of particulate matter in the atmosphere. Inhaling particulate matter can adversely affect health through illnesses such as asthma or cardiovascular problems, or premature death.

While ozone is an important shield against UV rays in the Earth's upper atmosphere, it is a pollutant at ground level. Ozone primarily affects the respiratory tract, causing breathing difficulties, aggravating existing lung diseases, and inflaming lung tissues.

Recent studies estimate that contaminants in drinking water sicken 1.1 million people each year. Ensuring the safety of drinking water is important to prevent illness, birth defects, and death for those with compromised immune systems.[3]

Data Sources:
1. ALA. State of the Air Report. (2017) Retrieved from: http://www.lung.org/our-initiatives/healthy-air/sota/city-rankings/states/wisconsin/
2. Water Quality in Dane County. Public Health Madison & Dane County. (2017) Retrieved from: https://www.publichealthmdc.com/documents/WaterQualityReport201707.pdf
3. County Health Rankings. (2018) Retrieved from: http://www.countyhealthrankings.org/app/wisconsin/2018/measure/factors/124/data

Findings:
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[1]
- The 2017 State of the Lakes annual report found overall "good" water clarity, generally "fair" phosphorus with beach and lake access point open 94% of the time in all five Yahara lakes.
  - 68% of closures were due to blue-green algal blooms sometimes in combination with high *E. coli* bacteria.[2]
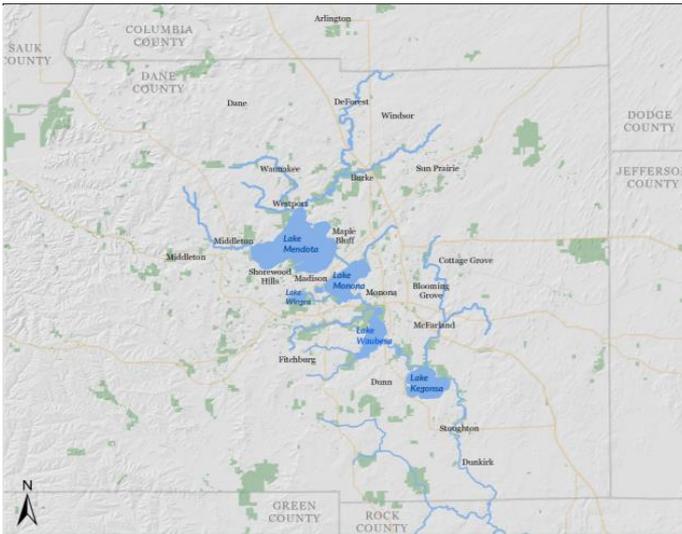
Data Sources:
1. Water Quality in Dane County. Public Health Madison & Dane County. (2017) Retrieved from: https://www.publichealthmdc.com/documents/WaterQualityReport201707.pdf
2. 2017 State of the Lakes & Clean Lakes Alliance Annual Report. (2017) Retrieved from: file:///C:/Users/dxm324/Downloads/_2017-Annual-Report_no-print-marks.pdf

Findings: Housing
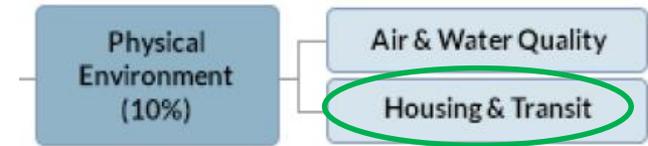
- 17.2% of Dane County households have experienced at least one of the following housing problems:[1]
  - Overcrowding
  - High housing costs
 - Lack of kitchen or plumbing

COMPARED TO					
WI Counties	U.S. Counties	WI Value (15.4%)	US Value (18.8%)	Prior Value (17.2%)	Trend

- Latinx, African Americans and Asians are more likely to experience overcrowded housing than Whites.[2]

Figure 24: Overcrowding Rates by Race in Dane County 2009 – 2014
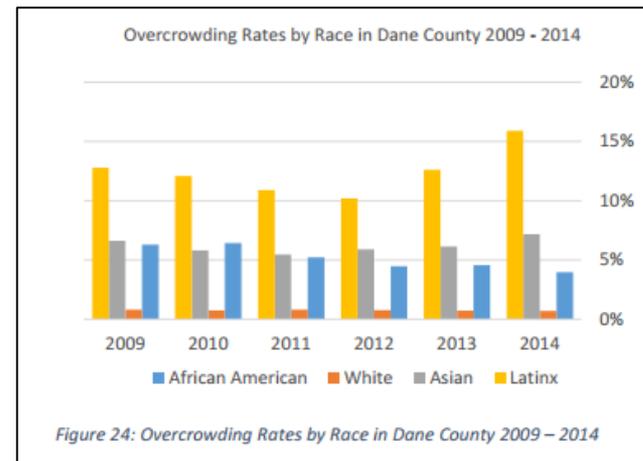
Data Sources:
1. County Health Rankings. (2010-2014) Retrieved from www.healthydane.org
2. Dane County's Latino Community Call to Action. United Way. Retrieved from: https://www.unitedwaydanecounty.org/wp-content/uploads/cue%CC%81ntame_ma%CC%81s_report_1.1.pdf

Findings: Housing
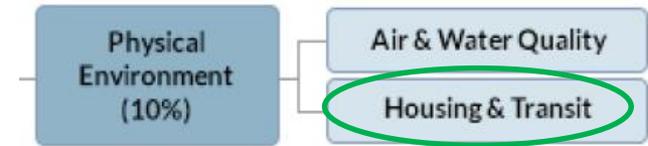
- 47.1% of Dane County renters spend 30% or more of their household income on rent.[1]
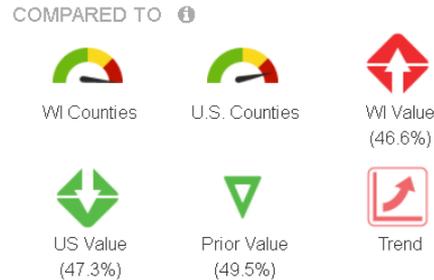
- Young adults and adults over age 65 are more likely to report unaffordable rent.[1]

COMPARED TO

WI Counties

U.S. Counties

WI Value (46.6%)

US Value (47.3%)

Prior Value (49.5%)

Trend

Renters Spending 30% or More of Household Income on Rent by Age
County: Dane

Age	percent
15–24	69.1%
25–34	37.8%
35–64	42.3%
65+	63.3%
Overall	47.1%

Source: American Community Survey (2012–2016)

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.

Data Sources:
1. U.S. Census Bureau American Community Survey. (2012-2016) Retrieved from www.healthydane.org

Findings: Housing
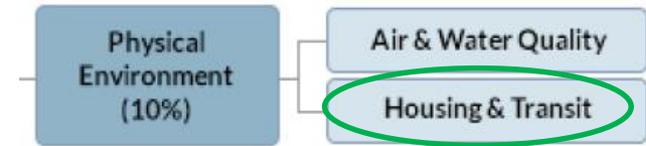
- Homelessness is one consequence of a lack of affordable housing.
- Compared to the 2017 January Point-in-Time (PIT) Count of Homelessness report, the recent 2018 PIT showed:
  - 4.9% increase overall in people experiencing homelessness
  - 22.6% decrease for families
  - 42.5% increase for chronically homeless
  - 7.3% increase for veterans
  - 37.7% increase in the unsheltered count[1]
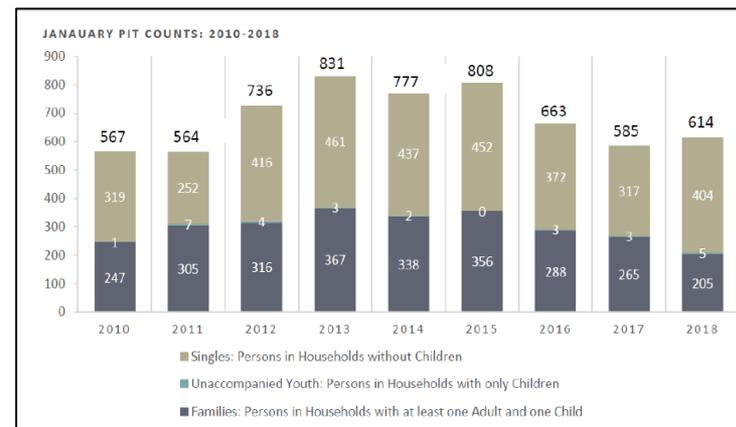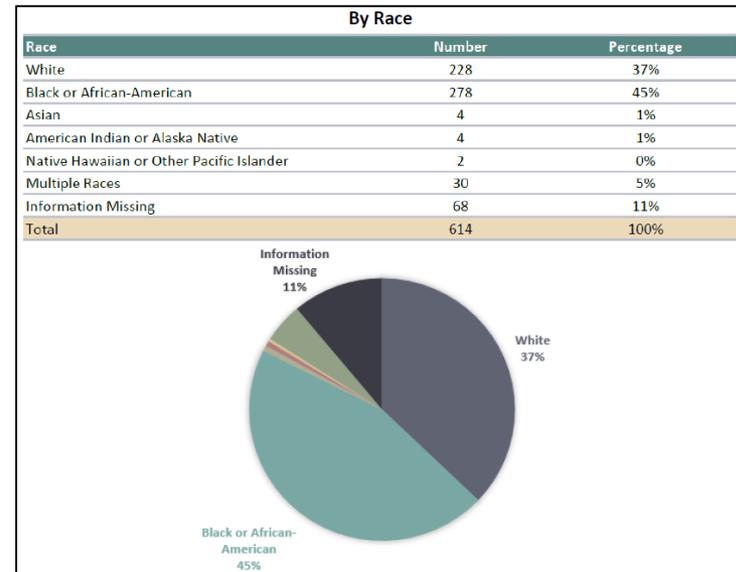
By Race		
Race	Number	Percentage
White	228	37%
Black or African-American	278	45%
Asian	4	1%
American Indian or Alaska Native	4	1%
Native Hawaiian or Other Pacific Islander	2	0%
Multiple Races	30	5%
Information Missing	68	11%
Total	614	100%

JANAUARY PIT COUNTS: 2010-2018

- Singles: Persons in Households without Children
- Unaccompanied Youth: Persons in Households with only Children
- Families: Persons in Households with at least one Adult and one Child

Findings: Transit

Physical Environment (10%) — Air & Water Quality / **Housing & Transit**
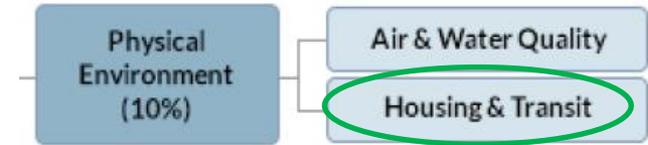
- 23.4% of Dane County residents report driving alone to work with a commute of 30 minutes or more.[1]

- Individuals living in rural areas of the county may have limited access to public transportation.

- 5.3% 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 target.[1]

COMPARED TO

WI Counties | U.S. Counties | WI Value (26.5%)

US Value (34.7%) | Prior Value (23.4%) | Trend

COMPARED TO

WI Counties | U.S. Counties | WI Value (1.9%)

US Value (5.1%) | Prior Value (5.4%) | Trend

HP 2020 Target (5.5%)
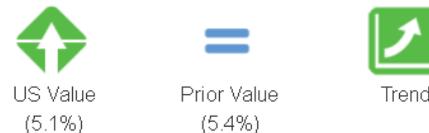
Why it matters:

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.

Data Sources:
1. County Health Rankings. (2012-2016). Retrieved from: http://healthydane.org

PART 3:
PRIORITY ISSUES

Summary of Community Health Needs Identified

	Identified Community Health Needs (Dane County, WI)	Voiced by Community[1]	Dane Data Worse than Benchmark[2]	Data Show Inequities[3]
Health Outcomes	Low birthweight births	✓		✓
	Infant mortality	✓		✓
	Death rate due to diabetes	✓		✓
	Death rate due to stroke			✓
	Obesity prevalence	✓		✓
	Asthma exacerbation		✓	✓
	Mental health conditions prevalence	✓	✓	✓
Health Behaviors	Food insecurity/Unhealthy eating	✓		✓
	Tobacco use		✓	✓
	Alcohol use	✓	✓	✓
	Drug use	✓	✓	✓
	Chlamydia incidence			✓
Clinical Care	Access to health insurance	✓		✓
	Affordability of health care	✓		✓
	Ability to access care due to location and hours of operation	✓		✓
	Availability of culturally appropriate health care services	✓		*
	Access to dental care	✓		✓
	Access to mental health services	✓		✓
Social and Economic Factors	Access to higher education	✓		✓
	High school graduation		✓	✓
	Income	✓		✓
	Older adults living alone	✓	✓	*
	Community relationships with law enforcement and the criminal justice system	✓		✓
Physical Environment	Stressed housing	✓	✓	✓
	Unaffordable housing	✓	✓	✓
	Number of high ozone days		✓	*

Factors Contributing to Health Outcomes in Dane County, WI

[1]This represents concerns identified through the 2016 community voices video project, 2016 focus groups, and 2017-2018 community input sessions as part of the 2019-2021 Dane County Community Health Needs Assessment; [2]This represents areas where secondary data indicated the Dane County average is worse than state and/or national averages or established targets. This is limited to areas where comparison data exists, and does not reflect actual performance compared to ideal performance; [3]This represents areas where ethnic/racial, insurance payer, age, gender and/or income breakdowns show observable differences between subgroups. This is limited to areas where comparative data are available. *Comparative local and/or county level data broken down by subgroup is unavailable .

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.

Priority Health Outcomes

Maternal and Child Health

Chronic Conditions

Mental Health/Behavioral Health

Substance Use Disorders

PART 4:
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 Assessments.

Priority Area: Mental Health

- Partnership with Catholic Charities – Mental Health in Rural Schools of Dane County
  - FACE-Kids Mental Health
  - CHOICES AODA prevention groups
  - Staff / teacher trainings
  - Ongoing consultations/ training in districts with crisis
- Safe Communities – Pilot Partner in Madison for Recovery Coach and Pregnancy to Recovery programs
- Active partners in Zero-Suicide Initiative
- Mindfulness, Suicide Prevention, Mental Health First Aid programs with partners including: NAMI, Journey Mental Health, community centers and schools

Priority Area: Chronic Disease

- Diabetic Wellness Program – 9month program with diabetic friendly food boxes and education through Second Harvest food pantries.
  - 332 served with 73% completion rate and decrease in Emergency Department visits due to program support.
- Multi-year Partnership with Rebalanced Life Wellness – 1st Men's Health Center in a local barber shop. Supporting, educating, engaging African American Men where they feel comfortable.
- Community Action Coalition – Double Dollars – stretching dollars for healthy local produce and supporting local farmers.
- REAP Food Group – Farm to School Program – enhancing lunch and snack programs in all MMSD schools.

Priority Area: Maternal and Child Health

- Dane County Health Council has begun significant work to improve birth outcomes in the African American community. Partnering with Foundation for Black Women's Wellness on 9 month data collection/ focus groups/ community conversations – held for Black women by Black women

- Wisconsin Women's Health Foundation – First Breath program. Getting moms and other family members to stop smoking during and after pregnancy. WPP grant has expanded program to entire state

- March of Dimes – support, education and programming around healthy pregnancies

- Access Community Health Centers – funding support of prenatal care.

- Group Prenatal Care – Pilot Program in Sun Prairie going well – expansion planned

Priority Area: Mental Health

- **Collaborations:** Through continued collaboration with Safe Communities, Journey Mental Health and Stoughton Wellness Coalition, trained 9 Stoughton Hospital staff members in the Zero Suicide Program and 33 community members with Mental Health First Aide.   Beginning implementation of evidence based program- *Safe School Ambassador Program* with Stoughton Middle School with focus on positive decision making and leadership skill building.

- **Strengthen Dementia Friendly Efforts:** 1st Dane County Hospital to be designated a dementia friendly hospital, provided guidance to VA Hospital in Madison to become dementia friendly, organized a dementia friendly coalition which trained 33 businesses in the community, supported monthly Memory Café, hosted talk by Governor Schreiber for over 100 attendees, and implemented multiple dementia live trainings and education for staff and public.

- **Community Giving:** Re-aligned community donations to organizations addressing mental health, provided local support for youth and older adult programs to encourage personal interaction, regular attendance and community involvement.

- **Media:** Implemented stigma-free media campaign via social media, flyers, banners, and website interaction.

Priority Area: Substance Misuse

Stoughton Hospital

- **Collaborations:** Teamed up with Stoughton Wellness Coalition (SWC) to receive a $625,000 Drug Free Community Grant, distributed 150 Med lock boxes and 40 refrigerator locks at shared booths and tables at local community events, provided three staff members at board level, provided support for graphic design, supported hospital staff in attending national prescription drug and heroin summit and multiple national trainings.

- **Education:** Met with local legislators to educate and discuss alcohol/drug health issues, recorded pharmacist podcast on "Good Drugs Gone Bad," educated over 300 community members with "Hidden in Plain Sight"(mock teenage room).

- **Community Giving**: Re-aligned community donations to organizations focused on supporting alcohol-free community family events and programs that encourage positive choices and interaction.

- **Media:** Conducted multi-media campaign with billboards, radio, digital for med drop box, Parents who Host Lose the Most and educational events.

- **Prescription Drug Monitoring:** Assured prescriber compliance with prescription drug monitoring program through the hospital emergency department.

Priority Area: Chronic Disease

Stoughton Hospital

- **Collaborations:** Collaborated with Oregon Area Wellness Coalition (OAWC) to engage participants on healthy nutrition and exercise, partnered with Kiwanis to provide healthy cooking children's class, partnered with nearby nursing home to offer small portion CSA's for all employees, recruited physicians to lead Community wide: walk, swim, run with docs, school events to educate over 100 community members and partnered with Healthy Kids Collaborative backpack project.

- **Education:** Presented multiple free educational trainings with dietitians on healthy eating to businesses, senior centers and community, offered *Healthy Living with Diabetes* six week course five different periods resulting in over 60 people indicating increase in knowledge, recorded Health Talks podcasts featured on website on a variety of health topics, participated with *Kids Get Fit* Program with the OAWC to educate 300+ children on harmful effects of tobacco and expanded and supported activity programs for older adults (Strong Woman, Yoga, Tai Chi, and more).

- **Community Giving:** Re-aligned community donations to organizations focused on supporting healthy nutrition and physical activity, provided resources and meeting space to Diabetes and Crohn's support groups.

- **Media:** Promoted 5210 Program on website, social media and with banners.

Priority Area: COPD/Asthma

- **Education:** Educated 500+ children and over 300 adults on health effects of tobacco with display of smokers simulated lungs and tar jar, recorded educational *Health Talk* radio podcast about harmful effects of smoking, and offered multiple free educational sessions on health heart related topics and COPD to businesses, community, and senior centers.
- **Collaborations:** Promoted Wisconsin Asthma Coalition and other resources on hospital website.
- **Media:** Displayed multiple social media posts promoting WI Tobacco Quitline, promoted smoking cessation with Tobacco Quitline on banners in lobby and hospital digital screens, promoted *First Breath Program* for pregnant mothers who smoke in hospital resource display and social media.
- **Screenings:** Offered Free COPD screenings, screening tool at intake to provide education to patients who use tobacco about cessation resources.

Priority Area:
Mental Health and Substance Abuse

- **Collaborative Care Model**:
  - Integrated Behavioral Health in Primary Care at West Washington Clinic
  - Launched Community Paramedicine Program
- **Community Giving**:
  - MMSD Behavioral Health in Schools pilot
  - Zero Suicide Initiative (Safe Communities)
  - Mental Health First Aid (Journey Mental Health Center)
  - Programmatic support to NAMI Dane County
- **Coordinated Delivery System:**
  - Enhancing access to services across the care continuum through Joint Operating Agreement with UW Health
- **Practice Change**:
  - Implemented Physician education for opioid tapering
  - Implemented Prescriber guidelines for opioids
  - Participation in WI Prescription Drug Monitoring Program

Priority Area: Maternal and Child Health

- **Collaboration:**
  - Worked with Dane County Health Council partners on shared goals to eliminate disparities in low birthweight babies born to African American women
  - Explored Pregnancy2Recovery Coaches partnership with Safe Communities
  - Partnered with United Way and Books for Babies initiative
  - March of Dimes support and programming
- **Community Giving**:
  - Re-aligned community giving strategy to organizations focused on improving maternal and child health in the African American community
- **Group prenatal classes:**
  - Focused for prenatal diabetic patients
- **Tobacco Cessation**:
  - Referred pregnant women to First Breath program, Wisconsin Women's Health Foundation

Priority Area:
Active Living and Healthy Eating

- **Collaboration**:
  - Launched Healthy Weight & Your Child partnership with YMCA
  - Launched Enhance Fitness partnership with YMCA
  - Provided dietician-led adult nutrition education through key community groups (e.g., Triangle neighborhood, Allied Wellness Center, Bayview Community Center)
  - Supported Exercise to Achievement Program, partnership with Tri4Schools
- **Community Giving:**
  - Re-aligned community giving strategy to organizations focused on preventing chronic conditions
- **Healthy Food Systems:**
  - Supported Double Dollars Program—food share match for farmers markets
  - Supported REAP Food Group – Farm to School Program – enhancing lunch and snack programs in MMSD schools
  - Partnered with the Bayview Foundation on an urban garden and nutrition education program for teens

Priority Area: Falls Prevention

- **Falls prevention programming**
  - Expanded access to evidence based programs to community locations(Safe Communities, Bayview)

Priority Area: Maternal and Child Health

UW Health

- **Collaboration:** Worked with Dane County Health Council partners on shared goal to eliminate disparities in low birthweight for babies born to African American women
- **Community Engagement:** Implemented foundational competency of "Nothing about us without us." Through Dane County Health Council, contracted with Foundation for Black Women's Wellness and EQT by Design to lead a collaborative community engagement campaign to address and identify solutions to lower the incidence of low birthweight babies born to African American women in Dane County
- **Tobacco Cessation:** Implemented First Breath Ask-Advise-Refer tobacco cessation program for pregnant women using tobacco in collaboration with Wisconsin Women's Health Foundation
- **CenteringPregnancy:** Planned implementation of group prenatal visits at East Madison Community Center in partnership with community-based organizations
- **Addressing Bias within Healthcare:** Completed baseline Diversity Engagement Survey, launched computer-based training on Implicit Bias and established longitudinal equity and inclusion training in primary care and prenatal care sites
- **Community Giving:** Re-aligned community donations to organizations focused on improving maternal and child health in African American community

Priority Area: Mental Health

- **Workforce Planning:** Approved comprehensive three-year plan to add more than 60 positions to behavioral health services

- **Collaborative Care Model:** Implemented integrated behavioral health care for depression and anxiety in two primary care sites with plans to expand to all primary care sites by 2021

- **Community Giving:** Re-aligned community donations to organizations addressing mental health with a focus on those serving communities of color and LGBTQ communities

- **Coordinated Delivery System:** Enhancing access to services across the care continuum through Joint Operating Agreement with UnityPoint Health – Meriter.

- Created an implementation of suicide prevention clinical guidelines in alignment with Community-wide Zero Suicide initiative

- Implemented Recovery Coaches in UW Hospital and TAC Emergency Department & evaluating Pregnancy to Recovery

Priority Area: Chronic Conditions

- **Community Engagement:** Partnered with the Latino Health Council of Dane County focused on screenings, education and engagement of the Latinx community through a monthly radio program and community workshops.

- **Collaboration:** Established collaborative partnership with the Foundation for Black Women's Wellness to address health inequities related to heart disease, obesity and other health conditions.

- **Healthy Food Systems:** Healthy Kids Collaborative created and launched survey to assess assets and opportunities to increase access to healthy food systems.

- **Safe Routes to School:** Healthy Kids Collaborative partnered with students, staff and families at Mendota and Leopold Elementary Schools to assess safety infrastructure and increase opportunities for students to walk or bike to school.

- **Active Communities:** Healthy Kids Collaborative advised five Dane County municipalities on becoming WI Active Together Communities. Partnered with six Dane County elementary schools to improve the health environments in their buildings; five Dane County schools received gold level Wisconsin School Health Awards.

- **Community Giving:** Re-aligned community donations to organizations focused on preventing chronic conditions

PART 5:
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

Wisconsin Transgender Youth Community Needs Assessment
www.med.wisc.edu/media/medwiscedu/documents/about-us/CH-174891-18-TNG-Youth-Report-Full.pdf

Hospital Board Approval Dates

SSM Health - St. Mary's: November 13, 2018

UnityPoint Health - Meriter: December 12, 2018

UW Health: December 20, 2018

Stoughton Hospital: January 28, 2019

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:

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Dianne Maglaque, UW Health
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Julia Olsen, Public Health Madison Dane County
Gina Salazar, UW Health
Gabrielle Thomas, Stoughton Hospital

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