2016
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 2016-2018 CHNA builds on the CHNA’s completed by Healthy Dane partners, Unity Point Health Meriter, SSM Health St. Mary’s and Stoughton Hospital. It combines population health data in addition to feedback gathered from the community in the form of surveys, focus groups 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 disparities 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.

UW Health is proud to share the 2016-2018 CHNA with the community.
Healthy Dane Collaborative Partners

Group Health Cooperative of South Central Wisconsin
ghcscw.com

SSM Health
stmarysmadison.com

MERIT
UnityPoint Health
unitypoint.org/madison

Stoughton Hospital
stoughtonhospital.com

Public Health Madison & Dane County
publichealthmdc.com

UW Health
uwhealth.org

Healthy Dane Collaborative
healthydane.org
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2. Community Needs and Assets

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PART 1:
DANE COUNTY PROFILE
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.
- Dane County has approximately 572,000 acres (about 72% of the total land) in agricultural use, and it leads Wisconsin in the total market value of agricultural products¹.
- Despite these strong agricultural underpinnings, Dane County is classified by the United States Census Bureau as a metropolitan area.

Data Source:
Photo Credit: UW Med Flight
Community Profile

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 services are the largest industry sub-sector in the county, followed by food services, professional and technical services, hospitals, and administrative and support services ₹.

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

• The population grew 14.4% between 2000 and 2014, bringing the total population to 516,284.

• Madison has 245,691 residents, almost half of the county’s population. Among its residents are more than 43,000 UW students.

Data Source:
Community Selection for CHNA

UW Health selected Dane County as the community of focus for this needs assessment. The county is the primary service area for UW Health’s Wisconsin hospitals and the home to the majority of our employees. In addition, UW Health is a member of the Healthy Dane collaborative, which provides a strong foundation for completing this assessment and implementing community health improvement actions.
PART 2: COMMUNITY NEEDS & ASSETS
Framework for Assessment

- 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.
Quantitative and Qualitative Data

Both community input and secondary data were used to assess the needs and assets of Dane County.

**Sources of Community Input**

- 2015 Community Perception Survey
- 2016 African American Health Network Focus Group
- 2016 Latino Health Council Focus Group
- 2016 Voices of our Communities Video Interview Project
- 2016 Transgender and OutReach Community Center Email Interviews

**Secondary Data**

- Our primary source of secondary data is [healthydane.org](http://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.

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

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 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.

Other Icons

- The time period when this data was collected.

The “Why It Matters” sections throughout this assessment also come directly from HealthyDane.org.
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.

• The 2015 Community Perception Survey was distributed using a convenience or “snowball” method meaning people were asked to complete the survey and pass it on to others. The respondent population did not reflect the community population, with greater representation of White (87%), middle aged (84% between ages 30 – 69) and high income (46% earning more than $75,000) individuals. Thus focus groups and community member interview discussions were designed to get input from communities of color and/or individuals with lower income.

• 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 always reflect a desired state of health.

• When assessing distribution of factors and outcomes, many disparities are observed.

• Community members voiced:
  • A desire for equal opportunity, resources and respect
  • Resiliency and commitment to the community
## Summary of Community Health Needs Identified

<table>
<thead>
<tr>
<th>Identified Community Needs (Dane County, WI)</th>
<th>Voiced by Community¹</th>
<th>Dane Data Worse than Benchmark²</th>
<th>Data Show Disparities³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Outcomes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant mortality</td>
<td></td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Death rate due to stroke</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Death rate due to diabetes</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Low birth weight babies</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Obesity prevalence</td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>Asthma exacerbation</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Mental health conditions prevalence</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Health Behaviors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unhealthy eating</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Tobacco use</td>
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<td></td>
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<tr>
<td>Alcohol use</td>
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<tr>
<td>Drug use</td>
<td>✓</td>
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<tr>
<td>Chlamydia incidence</td>
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<tr>
<td>Clinical Care</td>
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<tr>
<td>Access to health insurance</td>
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<td></td>
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<tr>
<td>Affordability of health care</td>
<td>✓</td>
<td></td>
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<tr>
<td>Ability to access care due to location and hours of operation</td>
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<td></td>
<td></td>
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<tr>
<td>Availability of culturally appropriate health care services</td>
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<tr>
<td>Access to dental care</td>
<td>✓</td>
<td></td>
<td>✓</td>
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<tr>
<td>Access to mental health services</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Social and Economic Factors</td>
<td></td>
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<tr>
<td>Access to higher education</td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>High school graduation</td>
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<td>✓</td>
</tr>
<tr>
<td>Income</td>
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<td></td>
<td>✓</td>
</tr>
<tr>
<td>Older adults living alone</td>
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<td>✓</td>
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<tr>
<td>Community relationships with law enforcement and the criminal justice system</td>
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<tr>
<td>Physical Environment</td>
<td></td>
<td></td>
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<tr>
<td>Stressed housing</td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>Unaffordable housing</td>
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<td></td>
<td>✓</td>
</tr>
<tr>
<td>Number of high ozone days</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

¹This represents concerns identified through the perception survey, focus groups, video project and other input received as part of the 2015/2016 Dane County Community Health Needs Assessment; ²This 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; ³This 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.
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.
Findings: Air & Water Quality

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. The smaller the particulate matter, the more hazardous it is to health.

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. Although everyone is susceptible to these effects, children, people with lung disease, and older adults tend to be more sensitive to ozone.

- 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 2016 report, Dane received a B for Particle Pollution and a F for High Ozone Days¹.

- There were no reported drinking water violations in Dane from 2013-2014².

Data Sources:
Findings: Housing

• 17.1% of Dane households have experienced at least one of the following housing problems¹:
  • Overcrowding
  • High housing costs
  • Lack of kitchen or plumbing

• Latinos, African Americans and Asians are more likely to experience overcrowded housing than Whites².

Data Sources:
Findings: Housing

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.

• 50.5% of Dane renters spend 30% or more of their household income on rent¹.

• Young adults and adults over age 65 are more likely to report unaffordable rent¹.

Data Sources:
Findings: Housing

• When asked, “What is the best part about living in Dane County?” respondents of the Community Perception Survey ranked “adequate housing” last¹.

• Homelessness is one consequence of a lack of affordable housing. A recent report in the Wisconsin State Journal found that rates of homelessness in Wisconsin are increasing as the national rate declines².

Data Sources:
Findings: Transit

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.

• 23.1% of Dane residents report driving alone to work with a commute of 30 minutes or more¹.

• 5.1% of Dane 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 target¹.

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

• Madison was one of 5 cities in the US awarded the Platinum Award for Bicycle Friendly Communities by the League of American Bicyclists².

• Several Madison neighborhoods also receive high “walkability” scores.

Data Sources:
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.
Findings: Education

- Dane’s 86% high school graduation rate is among the lowest in the state, with even lower rates for many students of color.¹

Graduation Rates by race/ethnicity for students in the Madison Metropolitan School District (MMSD)²

- An opportunity gap exists between White students and students of color in Dane evidenced by disparities in educational outcomes.

Data Sources:
2. High School Completion Update. MMSD. Retrieved from https://accountability.madison.k12.wi.us/
Findings: Education

• In Dane, 47.6% of people age 25 or older have a Bachelor’s Degree or higher¹.

“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 Latinos, 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

• However, rates among the Black and Latino populations are much lower¹.

Data Sources:
Findings: Employment

• In June 2016, Dane had the lowest unemployment rate in Wisconsin at 3.3%¹, however communities of color continue to be disproportionally impacted by unemployment.

• The Economic Policy Institute found that the 2014 Black unemployment rate in Wisconsin was the highest in the nation at 19.9%. Wisconsin’s Latino unemployment rate was the eighth highest in the nation at 9.1%².

• Similar levels of disparity exist in Dane.

Data Sources:
Findings: Income

• Median household income in Dane is higher than state and national values at $62,303¹.

• 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 below $30,000¹.

Data Sources:
Findings: Income

- The overall poverty rate in Dane is lower than state and national rates at 14.7\%\(^1\).

However, poverty rates among communities of color in Dane exceed state and national poverty rates with 40% of the Black population living in poverty\(^1\).

Data Sources:
Findings: Income

- The disproportionate impact of poverty on communities of color is even more profound when looking at rates of children living in poverty\(^1\).

- During the 2015-2016 school year, 50% of students in the Madison Metropolitan School District were eligible for free or reduced price lunch\(^2\).

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Data Sources:
Findings: Family & Social Support

• 15.4% of adults in Dane report not getting the social and emotional support that they need¹.

• Levels of family and social support can be measured in many ways, including looking at the number of older adults living alone.

• In Dane, 29.6% of adults over the age of 65 live alone².

Data Sources:
Findings:
Family & Social Support

• 28.2% of children in Dane live in single-parent households¹.

Why it matters:
Adults and children in single-parent households are at a higher risk for adverse health effects, such as emotional and behavioral problems, compared to their peers. Children in such households are more likely to develop depression, smoke, and abuse alcohol and other substances. Consequently, these children experience increased risk of morbidity and mortality of all causes. Similarly, single parents suffer from lower perceived health and higher risk of mortality.

Data Sources:
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 parent¹.

- 55.3% of Dane residents report experiencing at least 1 ACE during childhood².

<table>
<thead>
<tr>
<th>Adverse Childhood Experiences (ACEs)</th>
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</thead>
<tbody>
<tr>
<td>Dane Co. ACEs estimates, 2014-15 WI Behavioral Risk Factor Survey</td>
</tr>
<tr>
<td><strong>Number of ACEs</strong></td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>44.70%</td>
</tr>
</tbody>
</table>

- As the number of ACEs increases so does the risk for negative health and well-being outcomes².

Why it Matters:

Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. ACEs have been shown to have lasting effects on:
- **Health**: obesity, diabetes, depressions, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones
- **Behaviors**: smoking, alcoholism, drug use
- **Life Potential**: graduation rates, academic achievement, lost time from work

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

Data Sources:
1. Adverse Childhood Experiences. CDC. Retrieved from: [https://www.cdc.gov/violenceprevention/acesstudy/](https://www.cdc.gov/violenceprevention/acesstudy/)
Findings: Community Safety

• The violent crime rate in Dane is 239.1 crimes per 100,000 population. While this ranks in the bottom quartile of WI counties, it is lower than the overall state rate¹.

  COMPARED TO

  - WI Counties
  - WI Value (255.5)
  - Prior Value (242.9)

• 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.

Data Source:
Findings: Community Safety

“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

“I think one of the biggest pieces when I think about health for Latino communities, and also just communities of color, is the difference in which parents of color have to parent their kids...about whether police are a safe resource for them...”

-Latino Health Council Focus Group Participant

“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
Findings: Community Safety

While only 7.2% of Madison’s population is Black, nearly half of the people arrested by the Madison Police Department in 2013 and 2014 were Black. Blacks were arrested at a rate more than 10 times higher than Whites¹.

“[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

DATA SOURCES:
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.
Findings: Access to Care

• Many Dane 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. This is lower than uninsured rates at the national and state level which are currently 10% and 8% respectively.

• Of the remaining uninsured, Latinos are disproportionately represented, in part due to ineligibility for coverage as a result of immigration status. National data suggests that 30% of the remaining uninsured population are Latinos.

Data Sources:
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.

• Other barriers to accessing health care include:
  • Availability of providers and services, and coordination of those services
  • Accessibility (e.g. location, transportation)
  • Accommodation (e.g. hours of operation, appointment systems, language and health literacy, navigation assistance)
  • Acceptability (e.g. sensitive care)¹

Data Sources:
Findings: Access to 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

“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

“The Latino or the community I know, doesn’t earn enough to cover a [medical] bill. They just don’t go to the doctor. They go when they can’t take it anymore.”

-Voices of our Communities Interviewee

“Some people can’t afford to take that time off of work to go [to the doctor].”

-Voices of our Communities Interviewee
Findings: Access to Care

- Dane ranks best in the state for availability of mental health providers with one for every 290 persons. This is also well within the top decile nationally (370:1)\(^1\).

- However, Dane residents who have BadgerCare or Medicaid coverage report that it is 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, only 37% are currently enrolled as Medicaid providers and only a small fraction of those providers are accepting new Medicaid patients\(^3\).

Data Sources:

“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
Findings: Access to 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 2013, the rate of Black Dane residents who visited the ER for dental pain was 229.7 per 10,000 compared to only 25.8 per 10,000 for Whites¹.

• Black students in the Madison Metropolitan School district were also more likely to report urgent dental care needs¹.

Data Sources:
Findings: 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 the hospital discharge rate for ambulatory care-sensitive conditions is 38 per 1,000 Medicare enrollees¹.

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.

Data Source:
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.

• 94% of Dane residents who have Medicare coverage and have been diagnosed with diabetes received necessary blood sugar (HbA1c) screening tests in the past year¹.

• 74% of women in Dane who have Medicare coverage and are between age 67-69 have had a mammogram in the past 2 years¹.

Data Source:
Findings: 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:

- Practiced cultural humility
- Employed staff representative of Dane’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

“LGBT people experience a lot of discrimination and poor treatment from doctors and health care facilities...”

-OutReach Community Center Representative
Findings: Quality of Care

“I want to see numbers change. I don’t want to keep seeing African Americans at the top of every list [for poor outcomes].”

-African American Health Network Focus Group Participant

“[Health care providers] need to make sure they respect people as individuals, respect different backgrounds that they come from..”

-Voices of our Communities Interviewee

“So for example, mental health – people say ‘oh they [Latinos] don’t want care, oh they don’t want to talk about these issues, or they are very lost, they don’t talk about it’ – and it is a lie. We need services, we are eager to tell our stories.”

-Latino Health Council Focus Group Participant
Health Factor: Health Behaviors

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

- The overall smoking rate for adults in Dane is low at 7% however, smoking rates are higher among those with lower incomes\(^1\).

- 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\(^1\).

- 12.6% of Dane high school youth said they had smoked a whole cigarette in their lifetime. 46.5% of those youth reported going on to become current smokers\(^2\).

Data Sources:
2. 2015 Dane County Youth Assessment, Dane County Youth Commission. Retrieved from: [www.danecountyhumanservices.org/family/youth/dane_county_youth_commission.aspx](http://www.danecountyhumanservices.org/family/youth/dane_county_youth_commission.aspx)
Findings: Tobacco Use

- Overall, 6.6% of Dane mothers reported smoking during pregnancy. However, higher rates of smoking were found among Black and multiracial pregnant women².

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 SIDS (Sudden Infant Death Syndrome), asthma onset, and stunted growth.

Data Sources:
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 food¹.

- People's access to healthy food may be limited by their income and/or their ability to easily access a grocery store¹.

Data Sources:
Findings: Diet

- Food insecurity occurs when food access is insufficient or uncertain for at least one person in the household at some point in the year\(^1\).
- 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.

<table>
<thead>
<tr>
<th>Household Characteristics</th>
<th>% Reporting Food Insecurity</th>
</tr>
</thead>
<tbody>
<tr>
<td>One person living with a disability</td>
<td>37.7%</td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td>34.5%</td>
</tr>
<tr>
<td>African American</td>
<td>34.6%</td>
</tr>
<tr>
<td>Income below 100% FPL</td>
<td>37.3%</td>
</tr>
</tbody>
</table>

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:
Findings: Diet

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

“We should have a grocery store in areas of our community that are poor and underserved.”

-African American Health Network Focus Group 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
Findings: Diet

- In Dane there are 0.14 grocery stores per 1,000 population\(^1\).

- 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\(^2\).

- 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 Co., 0.5 stores per 1,000 population are certified to accept SNAP benefits\(^1\).

Data Sources:
Findings: Exercise

• In Dane, 17.1% of adults reported not participating in any physical activities during the past month¹.

• 20% of Dane high school students report engaging in 60 minutes of daily activity².

• 95.1% of Dane residents live close to a park or recreational facility, ranking Dane among the top counties in the state for access to exercise opportunities³. However, focus group members from communities of color voiced safety concerns as a barrier to using some public parks.

Data Sources:
Findings: Alcohol Use

- Prevalence of alcohol abuse was a top concern of respondents who completed the 2015 Community Perception Survey.

- 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.

- 24.6% of adults in Dane report binge drinking at least once in the last 30 days¹.

- Alcohol is involved in 42.9% of motor vehicle crash deaths in Dane².

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.

Data Sources:
Findings: Alcohol Use

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\(^1\).

- 49.9% of Dane high school youth said they have had a drink of alcohol in their lifetime.
- Among this group, nearly half (46.6%) had their first drink at the age of 15 or older.
- 34.8% of high school youth and 8.1% of middle school youth said they drank alcohol in the past 12 months. These percentages are lower than 43.1% and 12.3% respectively for 2012\(^1\).

Data Sources:
Findings: Drug Use

- Drug use was a top concern voiced by respondents of the 2015 Community Perception Survey.

- Dane’s age-adjusted death rate due to unintentional poisonings is 13.7 deaths per 100,000 population, higher than state and national rates¹.

- Between 2002 and 2013, the rate of opioid-related overdose deaths in Dane increased by almost 350%².

Data Sources:
2. Dane County Poisoning/Drug Harm Data Brief (2016). Public Health Madison and Dane County
Findings: Drug Use

- The percentage of Dane high school youth who reported smoking marijuana in the last 12 months has been decreasing since 2009¹.

- The percentage of high school youth who reported drug use other than marijuana in the last 12 months is outlined in the table to the right¹.

Data Sources:
Findings: Sexual Activity

- 37% of Dane high school youth have engaged in sexual activity that can result in pregnancy or a sexually transmitted infection (STI).¹

- 35.1% of sexually active high school youth have had sex while under the influence of alcohol or drugs.¹

- 30.5% of high school youth reported not knowing where to get health care for sexual or reproductive concerns.¹

- Dane’s teen birth rate is lower than state and national rates at 12.6 live births per 1,000 females aged 15-19.²

Data Sources:
Findings: Sexual Activity

- Dane’s chlamydia incidence rate is among the highest in the state at 394 cases per 100,000 population\(^1\).
- In Dane, chlamydia disproportionately 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\(^2\)

Data Sources:
2. STD Health Equity. CDC. Retrieved from: [https://www.cdc.gov/std/health-disparities/](https://www.cdc.gov/std/health-disparities/)
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
Health Outcomes:
Life Expectancy

- In Dane, life expectancy is 79.2 years for males and 83.2 years for females compared to national rates of 76.1 years and 80.8 years respectively. However, disparities exist in life expectancy between Black and White populations¹.

- 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 grew².

- During this period the life expectancy gap between Black and White women in Wisconsin grew from 4.9 years to 6.4 years².

Data Sources:
Health Outcomes: Infant Mortality

Dane’s infant mortality rate is lower than state and national rates at 4.4 deaths per 1,000 live births, however rates are higher among Blacks and people who identify with two or more races¹.

Many factors can impact pregnancy and childbirth outcomes including²:
- Preconception health status
- Maternal age
- Access to appropriate preconception and inter-conception health care
- Poverty

Data Sources:

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.
Health Outcomes: Quality of Life

• Dane residents report an average of 3.2 “poor physical health” days per month, and 3.3 “poor mental health” days per month. This is slightly better than statewide responses of 3.7 “poor physical health” days and 3.7 “poor mental health” days per month¹.

• Despite few days reported as physically or mentally unhealthy, prevalence of certain health conditions is high among Dane residents and many disproportionately impact communities of color.

Data Sources:
2. Photo Credit: Daniel Stout
Health Outcomes: Low Birth Weight

- African American and Latino 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 babies¹.

- 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 weight².

**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. The most important things an expectant mother can do to prevent low birth weight are to seek prenatal care, take prenatal vitamins, stop smoking, and stop drinking alcohol and using drugs.

Health Outcomes: Obesity

- 56.8% of adults living in Dane are overweight or obese¹.

  **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.

- Although this is below state and national rates, it does not reflect a desired state of health. Obesity was voiced as a top concern by respondents of the 2015 Community Perception Survey.

Data Sources:
Health Outcomes: Obesity

• According to 2011-12 clinical data, the median overweight and obesity rate among Madison Metropolitan School District (MMSD) elementary schools was 22.6%¹.

• Overweight/obesity rates among MMSD schools ranged from 9% to 27%¹.

• The median rate of overweight and obesity among all Dane schools was 22.2%, ranging from 16.8% to 26.8%¹.

Why it Matters:

Childhood obesity has both immediate and long-term health impacts. Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and are more likely than normal weight peers to be teased and stigmatized which can lead to poor self-esteem. Moreover, obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. Finally, overweight and obese youth are more likely than normal weight peers to be overweight or obese adults and are therefore at risk for the associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.

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:
Health Outcomes: Diabetes

- In Dane, the age-adjusted hospitalization rate due to diabetes is 12.4 hospitalizations per 10,000 population ages 18 or older\(^1\).

- While the overall age-adjusted death rate due to diabetes in Dane is lower than state and national rates at 14.3 deaths per 100,000, the rate for Black Dane residents is more than 4 times that of Whites\(^1\).

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

**Age-Adjusted Death Rate due to Heart Disease**

**County: Dane, WI**

**Value:** 129.8 deaths/100,000 population

**Compared to:**
- WI Counties: 157.8
- US Value: 188.1
- Prior Value: 132.7

**Age-Adjusted Death Rate due to Stroke**

**County: Dane, WI**

**Value:** 32.1 deaths/100,000 population

**Compared to:**
- WI Counties: 39.2
- US Value: 36.5
- Prior Value: 32.5

Data Sources:
Health Outcomes: Hypertension

The age-adjusted hospitalization rate due to hypertension in Dane is 2.5 hospitalizations per 10,000 population ages 18 or older¹.

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:
Health Outcomes: Asthma

- 9.8% of adults in Dane have been diagnosed with asthma, slightly worse than statewide rates\(^1\).

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

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:
Health Outcomes: Injury

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

- Injuries, including violence, are the leading cause of death in Dane for residents ages 1 – 59 years.
- On average, 282 Dane residents die from an injury every year.
- Every day in Dane, 62 people visit an emergency department and 11 people are hospitalized for treatment of an injury.

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 saving lives.

Data Sources:
Health Outcomes: Depression & Anxiety

• According to the 2014 Survey of the Health of Wisconsin (SHOW), 12% of adult respondents in Dane screened positive for major depression, while 1 in 5 adults screened positive for moderate or severe anxiety¹.

• Rates of depression among Medicare beneficiaries in Dane are higher at 17.3%. Medicare beneficiaries include adults over age 65, individuals with disabilities and end-stage renal disease².

• While the age-adjusted death rate due to suicide in Dane is less than state and national rates at 12.5 deaths per 100,000, it is higher than the Healthy People 2020 Target³.

Data Sources:
1. SHOW. (2014)
Health Outcomes: Depression & Anxiety

Prevalence of mental health issues was a top concern voiced by respondents of the 2015 Community Perception Survey. It was also voiced as a concern by focus group members and interviewees.

“...Given that we are an immigrant community, we don’t feel like we have a voice or a place here...Obviously that is a big thing for mental health because if you don’t feel like you are somewhere you belong or if you are here and you are lost.”

-Latino Health Council Focus Group Participant

[In some areas] there are few social opportunities, few social services, few doctors that are competent, few businesses that are supportive... This effects that mental health of LGBT people in those areas.”

-OutReach Community Center Representative

Data Sources:
1. SHOW. (2014)
Health Outcomes: Depression & Anxiety

• 25.7% of Dane middle school youth reported feeling anxious.

• Nearly 30% of African-American Dane high school students say they feel anxious always or often. That percentage goes to 45% for African-American girls.

• 21.9% of all 7th-12th grade youth have had sustained sadness that inferred with their activities in the past 12 months.

• 30.3% of high school females reported depressive symptoms¹.

Data Sources:
PART 3:
PRIORITY ISSUES
Prioritization Process

Areas of high community need and priority focus were identified using the following criteria:

- Community voiced need
- Data indicated that Dane County outcomes are worse than state or national outcomes
- Data indicated a disparity or notable differences in outcomes within the population

Limitations to this process:

- We may not have captured all constituents concerns in the community (e.g. rural community members).
- In some cases the state and national averages may not represent ideal outcomes, so even where the county performs better, there may still be a health need.
- We do not have data to assess if disparities exist for all measures considered in this assessment.
### Summary of Community Health Needs Identified

<table>
<thead>
<tr>
<th>Identified Community Needs (Dane County, WI)</th>
<th>Voiced by Community¹</th>
<th>Dane Data Worse than Benchmark²</th>
<th>Data Show Disparities³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants mortality</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Death rate due to stroke</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Death rate due to diabetes</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Low birth weight babies</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Obesity prevalence</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Asthma exacerbation</td>
<td></td>
<td></td>
<td>✓</td>
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<tr>
<td>Mental health conditions prevalence</td>
<td>✓</td>
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<td>✓</td>
</tr>
<tr>
<td>Health Behaviors</td>
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<td></td>
<td></td>
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<tr>
<td>Unhealthy eating</td>
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<td>✓</td>
</tr>
<tr>
<td>Tobacco use</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Alcohol use</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Drug use</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Chlamydia incidence</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Clinical Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to health insurance</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affordability of health care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to access care due to location and hours of operation</td>
<td>✓</td>
<td></td>
<td></td>
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<tr>
<td>Availability of culturally appropriate health care services</td>
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<td></td>
</tr>
<tr>
<td>Access to dental care</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Access to mental health services</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Social and Economic Factors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to higher education</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school graduation</td>
<td></td>
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<tr>
<td>Income</td>
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</tr>
<tr>
<td>Older adults living alone</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Community relationships with law enforcement and the criminal justice system</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Environment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stressed housing</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Unaffordable housing</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Number of high ozone days</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

¹This represents concerns identified through the perception survey, focus groups, video project and other input received as part of the 2015/2016 Dane County Community Health Needs Assessment;
²This 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;
³This 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.
Health Outcomes Priority Focus Needs

1. Maternal / Child Health
   - Infant mortality
   - Low birth weight babies

2. Chronic Conditions
   - Death rate due to stroke
   - Death rate due to diabetes
   - Obesity prevalence
   - Asthma exacerbation

3. Mental Health
   - Anxiety prevalence
   - Depression prevalence
Factors Contributing to Health Outcomes

The factor below were identified as a community need by more than one criteria. These may provide focus and be given priority consideration in designing community interventions.

- **Health Behaviors**
  - Unhealthy Eating/Food Insecurity
  - Tobacco Use
  - Drug Use
  - Alcohol Use

- **Clinical Care**
  - Access to Dental Care
  - Access to Mental Health Services

- **Social and Economic Factors**
  - High School Graduation
  - Income
  - Relationship with Law Enforcement / Criminal Justice

- **Physical Environment**
  - Stressed Housing
  - Unaffordable Housing
Impact of Actions Since Last CHNA

- Monthly meetings of Healthy Dane to collaborate on funding and program development around shared priority areas. Featured project: “Double Dollars”: https://www.cityofmadison.com/mayor/doubledollars
- Focused attention on maternal and child health as well as racial and ethnic disparities in birth outcomes.
  - Exploration underway regarding a “HUB/Pathways” model that would improve outcomes, potentially starting with this population.
- Annual inventory of community benefits that impact CHNA priorities.
- Alignment of existing resources around priorities.
PART 4: ADDITIONAL RESOURCES
Resources: County Level Secondary Data

County Health Rankings and Roadmaps
Countyhealthrankings.org

Healthy Dane
Healthydane.org

Race to Equity Report
racetoequity.net

Public Health Madison and Dane County
Publichealthmdc.com

Dane County Human Services
danecountyhumanservices.org
Resources: Community Input

African American Health Council Focus Group Summary
uwhealth.org/files/uwhealth/docs/CHNA/african-american-health-network.pdf

Latino Health Council Focus Group Summary
uwhealth.org/files/uwhealth/docs/CHNA/latino-health-council.pdf

Voices of our Communities Video Interviews
uwhealth.wistia.com/medias/kosalj53nl
Resources: Local Community Health Improvement Initiatives

African American Health Network
aahnmadison.org

Latino Health Council
latinohealthcouncil.org

United Way of Dane County
unitedwaydanecounty.org

UW Health Community Relations
uwhealth.org/health-charity-serving/community-relations

UW Population Health Institute
uwphi.pophealth.wisc.edu