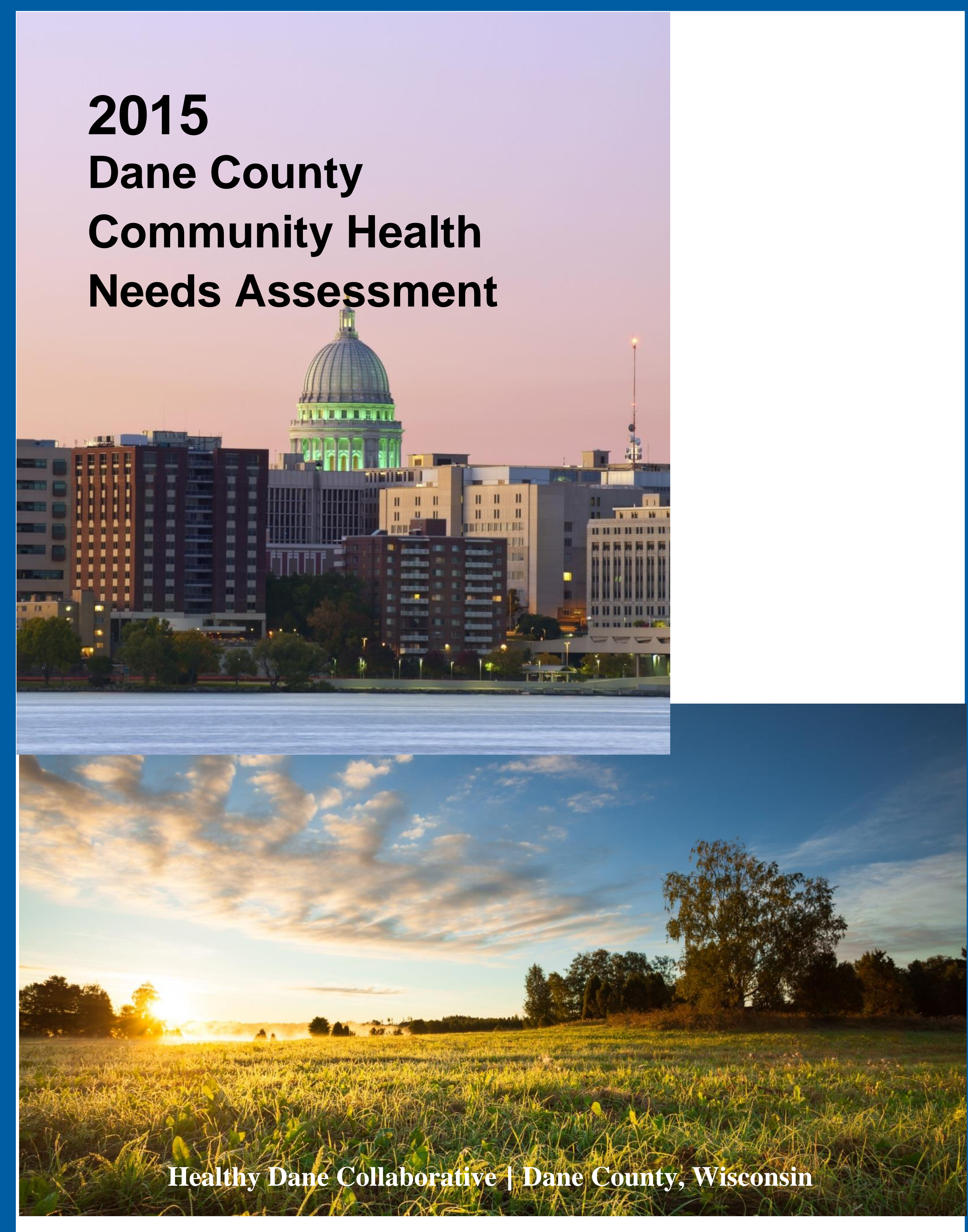

2015 Dane County Community Health Needs Assessment

Healthy Dane Collaborative | Dane County, Wisconsin

October 2015

Message to the Community

Visit us online to learn more about the Healthy Dane Collaborative: healthydane.org

Dane County has a unique history of collaborating with local healthcare 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 (HDC). This collaborative includes Group Health Cooperative of South Central Wisconsin, Meriter Hospital, Public Health Madison and Dane County, St. Mary's Hospital, Stoughton Hospital, and University of Wisconsin (UW) Health. Since the development of the 2012 Community Health Needs Assessment (CHNA), the HDC continues to work together and pursue various collaborative approaches to improve the health of Dane County.

This 2016-2018 CHNA combines population health statistics, in addition to feedback gathered from the community in the form of surveys and focus groups. The HDC has contracted with Healthy Communities Institute to provide health rankings data to supplement hospitalization data provided by partners of the collaboration. When combined, findings from the data and community feedback are particularly useful in identifying priority health needs and developing action plans to meet those needs. The HDC wishes to highlight that while many indicators of health are positive overall, the Healthy Communities Institute data and data from other sources makes it extremely apparent those populations within the county experience significant disparities in terms of health status and the inputs to health. The collaborative advises this report should be considered with that in mind.

The HDC recognizes the health needs of the community, as well as the resources available, are constantly evolving. The CHNA is a valuable benchmarking tool as we continue to work to create a healthier Dane County. The HDC will continue to update our implementation plans associated with this CHNA, in an effort to strive for continuous improvement.

We are proud to share the 2016-2018 assessment with the community.

HEALTHY DANE PARTNERS

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:

Juli Aulik, University of Wisconsin Hospital and Clinics

Lisa Bell, SSM Health St. Mary's Hospital

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Tobi Cawthra, Meriter UnityPoint Health

Brenda Gonzales, Group Health Cooperative of Southcentral Wisconsin

Laura Mays, Stoughton Hospital

Mary Michaud, Public Health Madison Dane County

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.

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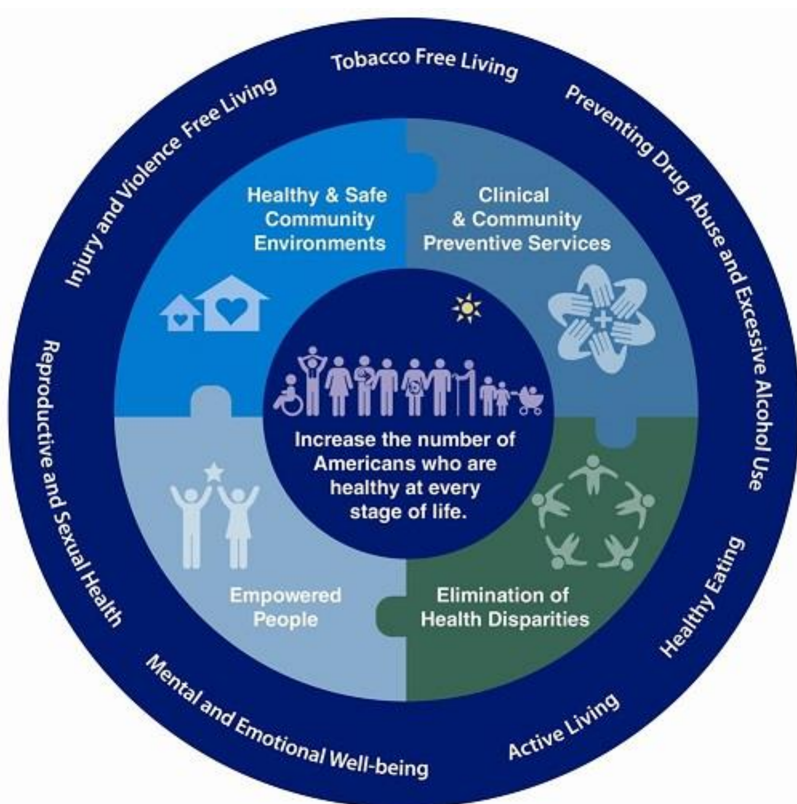
Introduction

A Community Health Needs Assessment (CHNA) looks at the health of a community by using data and collecting community input. CHNAs look at community health from a big-picture view and consider risk factors, quality of life, mortality, morbidity, access to health care and more. A CHNA assists in establishing priorities for community health as well as in developing, implementing and evaluating community health programming. CHNAs take a broad-brush view of health, encompassing more than vital statics. The assessment also includes information on social determinants of health, such as the local economy, education, the environment, public safety, social environment and transportation.

The current and broad nature of the website allows health care, public health and community partners to refine their programmatic efforts to reflect the changing needs of the community. The hope is that all involved will be increasingly successful in addressing the community's most pressing health-related issues.

Public Health Madison and Dane County, a Healthy Dane Collaborative partner, uses the US Department of Health and Human Services National Prevention Strategy as a model of their work. This framework guides the development of this CHNA as well as the development of the individual hospitals' implementation plans. The vision for this strategy is to create a prevention-oriented society, where all sectors of a community work together to create a healthier community for all.



About Our Healthy Dane Partners

Group Health Cooperative of South Central Wisconsin

Group Health Cooperative of South Central Wisconsin (GHC-SCW) is a non-profit cooperative health maintenance organization (HMO) representing 80,000 cooperative members. GHC-SCW, as a consumer sponsored health plan, provides or arranges for the delivery of both primary and specialty health care and health insurance products to members living or working in and around Dane County, Wisconsin. GHC-SCW clinic services focus on primary care and select specialty care services.

The vision of the founding members has been validated as GHC-SCW continues to be recognized as one of the highest quality HMOs in the country. The organization has been recognized by the National Committee for Quality Assurance (NCQA) as they rated GHC-SCW the top health plan in Wisconsin in each of the last eight years.
The mission of Group Health Cooperative of South Central Wisconsin (GHC-SCW) is to provide accessible, comprehensive, high quality health care and outstanding service in an efficient and personalized manner.

GHC-SCW is a unique organization in that we are a non-profit, consumer-sponsored health care delivery system whose overall vision is to provide "superb care and impeccable service." We exist to serve our members. What drives the success of GHC-SCW is our unwavering belief in five Common Values which shape the way we behave each day in order to deliver the best possible member experience. These values guide our work:

- We are innovative ~ we create a culture of openness, honesty and the freedom to generate and express new ideas which provide solutions and enhance services to members.
- We are quality-driven ~ we foster personalized excellence in primary care for members.
- We are patient-centered ~ we encourage member involvement in their care and we devote ourselves to the health of our members.
- We are community involved ~ we work to cultivate partnerships with our community by performing good deeds, and contributing to and aiding community organizations.
- We are a non–profit cooperative ~ we empower our members to set service standards and to have "a voice" in their health care while recognizing the unique nature and opportunities of our non-profit, cooperative governance structure.

The staff and Leadership of GHC-SCW believe it is our responsibility to make a meaningful difference in our community. To maximize our efforts addressing the needs of our community, we focus our community in four areas:

- Improving Access to Health Care
- Building Partnerships to Strengthen the Health Care Safety Net
- Develop Community Health Programs
- Bridges to Access Programs

Because we believe in these Common Values, we are able to act according to our brand promise, "Better Together." This is a promise we make each day to ourselves and to our key stakeholders—our members, our group leaders, our agents, our community, and each other. The essence of "Better Together" is the belief that we are stronger together than alone. This belief has been the guide for our organization since we saw our first patient in 1976 and it will continue to guide us in the future.

About Our Healthy Dane Partners

Meriter – UnityPoint Health

More than 110 years ago, the Madison community came together to form Madison's first hospital. Since that time, this hospital has cared for the health of the community. Today, that hospital is Meriter Hospital, part of Meriter-UnityPoint Health. And, the commitment to the community has not changed. Meriter-UnityPoint Health is dedicated to providing comprehensive, coordinated care through our clinics, hospital and home care services for patients located in South Central Wisconsin. With a combined staff of 3,500 employees, Meriter offers primary and specialty care, most often recognized for heart and vascular, orthopedics and women's services. Meriter has been named one of the nation's 100 Top Hospitals ® by Truven Health Analytics three times since 2010. Meriter is are proud to be part of UnityPoint Health, one of the nation's most integrated health systems. UnityPoint Health provides care throughout Iowa, Illinois and Wisconsin through more than 280 physician clinics, 32 hospitals in metropolitan and rural communities and home care services. Meriter provides high quality of care to residents in Madison, Dane County and the surrounding communities. Meriter operates:

- Meriter Hospital, a nonprofit, 448 bed community hospital, providing a complete range of medical and surgical services. Services include:
- The busiest birthing center in the Wisconsin
- The most extensive cardiovascular program in the region
- The only inpatient Child and Adolescent Psychiatry facility in the region
- Medical Clinics, dedicated to outstanding patient access at, providing service at the following primary care clinics: DeForest- Windsor Clinic, Fitchburg Clinic, McKee Clinic, Middleton Clinic, Monona Clinic, Stoughton Clinic and West Washington Clinic
- Home Health provides comprehensive home health care services and medical products to southern Wisconsin.
- Laboratories, a trusted provider of reference lab services for area clinics, hospitals, researchers and nursing homes.
- Meriter Foundation, a nonprofit foundation responsible for managing gifts, grants, community philanthropic activities and investments to support Meriter programming and services.
- Partnerships and Collaborations, Meriter has several partnerships and joint ventures focused on creating the highest quality and cost efficient health systems in the community.

- Admissions: 19,513
- Outpatient Visits: 175,509
- ER Visits: 45,142
- Births: 3,875
- Beds: 448
- Employees: 3,268
- Medical Staff: 1,190
- Volunteers: 570

About Our Healthy Dane Partners

Public Health Madison and Dane County

Local public health departments assess the health of the community--past, present and future. Public Health Madison and Dane County (PHMDC) employs 135 staff that work with community members to shape priorities to help safeguard and promote health and health equity across the population.

PHMDC has long worked with community partners to assure that people and organizations follow specific rules and regulations to safeguard health. PHMDC's Division of Environmental Health is helps ensure food safety and air and water quality, as well as providing animal services across the County. A diverse collection of environmental health professionals annually inspect more than 2,700 licensed establishments in Dane County, ensuring safe practices for food handling, as well as occupational and consumer safety. Emergency preparedness staff ensure that appropriate plans are in place to respond to a range of natural disasters, terrorism threats or communicable disease incidents.

Each year, a range of PHMDC community health programs reach individuals with significant health risks. Public health nurses provide case management for nearly 250 women with high-risk pregnancies, helping them access primary care and other support services. PHMDC also offers free immunizations for uninsured Dane County residents and children on BadgerCare. Staff respond to reports of communicable disease, taking measures to identify sources and prevent transmission of vaccine-preventable measles, mumps, and pertussis (whooping cough). PHMDC also monitors and helps reduce infection rates of HIV, chlamydia, gonorrhea, human papilloma virus, hepatitis C and syphilis. Over the past two years, our syringe exchange program, a powerful approach to reduce disease transmission, has seen dramatic increases in demand for needles, reflecting a heroin and opiate epidemic in our community.

The federally-funded Nutrition Supplement Program for Women, Infants and Children (WIC) serves more than 6,000 Dane County families each month. Low-income women and infants receive health screenings, nutrition counseling and modest financial support to purchase healthy foods at local groceries and farmers' markets. WIC clients also receive breastfeeding support.

Recognizing that health begins where people live, work, play and learn, PHMDC works with community partners to shape systems and public policy to promote long-term population health. The PHMDC division of policy, planning and evaluation assesses the health of Madison and Dane County, promoting health equity according to prevention priority areas outlined in the National Prevention Strategy, as well as locally-identified priority areas. Staff help community partners identify evidence-based, data-driven approaches to improve decision making and action planning. The division also provides technical assistance in program development and evaluation, ensuring that public projects identify appropriate goals, clear criteria for success and metrics to track results.

Teams of staff with training in public policy, public health, public affairs, law, social science, nursing, health education and urban and regional planning increasingly work with partners to pursue a Health in All Policies approach within the City and County. This might include the design of health-promoting transportation systems, equitable paths to economic development, sustainable approaches to our use of natural resources and how we plan for the health implications of climate change. Staff apply specific approaches, such as Health Impact Assessments, to systematically examine the health implications of policies, system design and resource allocation, estimating how each of these affects distinct populations in the community.

About Our Healthy Dane Partners

St Mary's – SSM Health

SSM Health is a Catholic, not-for-profit health system that has provided exceptional care to community members regardless of their ability to pay for more than 140 years. Guided by its Mission and Values, SSM Health is one of the largest integrated care delivery networks in the nation, serving the comprehensive health needs of communities across the Midwest.

SSM Health strives to provide a consistently exceptional experience through excellent service and high-quality, accessible and affordable care.

The SSM Health system spans four states, with care delivery sites in Illinois, Missouri, Oklahoma and Wisconsin. SSM Health includes 19 hospitals, more than 60 outpatient care sites, a pharmacy benefit company, an insurance company, two nursing homes, comprehensive home care and hospice services, a telehealth and technology company and two Accountable Care Organizations. With more than 30,000 employees, 1,300 employed physicians and 7,000 medical staff physicians, SSM Health is one of the largest employers in every community it serves.

St. Mary's Hospital offers a comprehensive array of acute inpatient services, along with an ambulatory network consisting of convenient care, primary care, and specialist providers

Community benefit
In 2014, St. Mary's Hospital provided $41.5 million in unreimbursed care and $12.7 million in other community benefits for a total of over $54 million.
Community partnerships
Over 125 community partnerships including:

- Parish Nurse Program
- St. Mary's Hospital
  Asthma Clinic
- Our Lady of Hope Clinic
- Lincoln Elementary School Adopt-A-School
- Hands on Hearts

Additional affiliations and partnerships

- University of Wisconsin Family Medicine Residency Program
- Turville Bay Radiation Oncology and MRI Center
- Shared Imaging Services
- Access Community Health Center
- Wisconsin Collaborative for Healthcare Quality

Admissions: 20,079
Outpatient Visits: 81,054
ER Visits: 47,079
Births: 3,480
Beds: 440
Employees:2,390
Medical Staff: 890+
Volunteers: 670

About Our Healthy Dane Partners

Stoughton Hospital

Stoughton Hospital is an acute care hospital fully accredited by the Joint Commission and licensed by the State of Wisconsin. It is an independent community hospital owned and operated by the Stoughton Hospital Association while also being an affiliate of SSM Health Care of Wisconsin.

Services

Stoughton Hospital is a community hospital providing a wide range of services, including: ambulatory infusion center, business health and wellness, cardiac rehab, complementary medicine, emergency/urgent care, geriatric psychiatry, home health, inpatient rehabilitation (swing bed), intensive care unit, lab services, Lifeline Emergency System, medical imaging, medical/surgical unit, sleep disorders center, supportive care, surgical services, rehabilitation/sports medicine and Trusted Hands home care/companionship service. The hospital also has a rehab and urgent care facility in neighboring Oregon.

Community Partnerships

We are involved in many community partnerships to improve the health and welling being of our service area including:

- American Lung Association
- Building a Stronger Evansville (BASE)
- Dane County Public Health
- Oregon Area Wellness Coalition
- Shalom Free Wellness Clinic
- St. Mary’s Free Asthma Clinic
- St. Mary’s Hospital Janesville
- St. Mary's Hospital
- Stoughton Cares
- Stoughton Wellness Coalition
- Wisconsin Asthma Coalition

Additional Affiliations and Partnerships

Stoughton Hospital is an open medical campus with physicians practicing from Dean, UW Health, Meriter and independent clinics. We also work with Madison Emergency Physicians, Madison Pathology, Madison Radiologists, Physician’s for Women, and Southern Wisconsin Emergency Physicians.

- Beds: licensed for 35
- Employees: 376
- Volunteers: 105
- Physicians: 137

About Our Healthy Dane Partners

UW Health

UW Health is an academic health system associated with the University of Wisconsin-Madison. It encompasses the research, education and patient care activities that take place at the UW School of Medicine and Public Health and within UW Hospitals and Clinics Authority.
UW School of Medicine and Public Health is the nation's only combined school of medicine and public health. Its 1,500 faculty in 10 basic science and 17 clinical departments engage in research, education and clinical care at UW Hospitals and Clinics, other Madison hospitals and approximately 90 regional locations.
UW Hospitals and Clinics Authority is a nationally recognized regional health system that includes:

- UW Hospital and Clinics, a 648-bed regional referral center that is home to a Level One adult and pediatric trauma center, American College of Surgeons-verified Burn Center, one of the nation's largest organ transplant programs, one of the nation's first certified comprehensive stroke centers and the UW Carbone Cancer Center, one of 41 National Cancer Institute-designated comprehensive centers in the country
- UW Health at The American Center, a 56-bed, community-based health and wellness facility
- American Family Children's Hospital, a nationally-ranked, 87-bed facility with pediatric and surgical neonatal intensive care unit
- UW Medical Foundation, the state's second-largest medical practice group, representing the 1,300 faculty physicians of the UW School of Medicine and Public Health
- A regional division that extends to Rockford, Illinois, and includes the 333-bed Swedish American Hospital, an associated 34- bed inpatient/outpatient medical center in Belvidere, Illinois, and regional cancer center in Rockford

Six regional cancer centers:

- Beloit Hospital (Beloit, Wis.)
- FHN Leonard C. Ferguson Cancer Center (Freeport, Ill.)
- Swedish American Hospital (Rockford, Ill.)
- UW Cancer Center at ProHealth Care (Pewaukee, Wis.)
- UW Cancer Center Johnson Creek (Johnson Creek, Wis.)
- UW Cancer Center Riverview (Wisconsin Rapids, Wis.)

Regional outreach clinics in approximately 65 locations.
The new UW Health Rehabilitation Hospital, a 50-bed, post-acute inpatient program, will open in September 2015.
Other health system components include Unity Health Insurance Corporation, a subsidiary health insurance plan with 175,000 members in a 20-county region, and University Health Care, a not-for-profit membership corporation that facilitates clinical and contracting relationships with insurance companies and regional providers.

Demographics of the Community

Geography

Dane County is located in south-central Wisconsin and is home to Wisconsin's capital, Madison, also 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 products. Corn is the largest crop, followed by hay and soybeans. The county has the second largest cattle herd in the state, including 51,000 dairy cows.[1] Despite these strong agricultural underpinnings, Dane County is classified by the United States Census Bureau as a metropolitan area.

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 is the largest industry sub-sector in the county, followed by food services, professional and technical services, hospitals, and administrative and support services.[2]

Population

Dane County is the second most densely populated county in Wisconsin, and Madison is the second largest city in the state. The population of Dane County grew 14.4% between 2000 and 2014, bringing the total population to 516,284.[3] Madison has 245,691 residents, almost half of the county's population.[4] Among its residents are more than 43,000 UW students.[5]

The ethnic/racial demographics of Dane County are changing. Since 2000, the percentage of the population that is white decreased from 87.4% to 81.8%. The greatest growth among minority groups was seen in the Hispanic population. Compared with Wisconsin as a whole, Dane County has more ethnic diversity, a larger percent of foreign-born residents (8.0%), and a larger percent that speaks a language other than English in the home (11% in Dane County; 14.8% in Madison). Minorities are more concentrated in the City of Madison. Over half of all students in Madison public schools are of racial/ethnic minority groups.[6] Hmong are one of the largest Asian groups in Dane County, and Dane County has one of the largest Hmong populations in Wisconsin.[7]

Factors affecting Health Outcomes

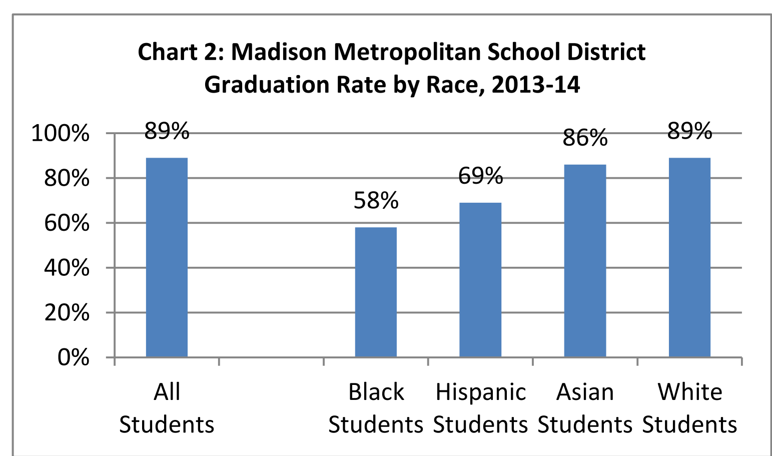
The factors affecting health is much more than access to healthcare. Using the illustration from the County Health Rankings, clinical care comprises about 20% of the total health picture with health behaviors (30%), social and economic factors (40%) and physical environment (10%) rounding out the total.[8]

The environmental and social factors that affect the county residents helped shape our understanding of both primary and secondary data in the community health needs assessment.

Education and Income

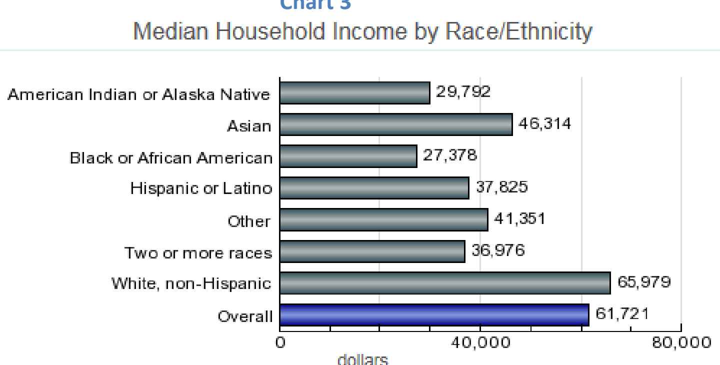
Examination of data for Dane County reveals a large gap in education and income between an affluent majority population and a growing low-income, less educated population.

The percent of the population that has at least a bachelor's degree is much higher in Dane County than in Wisconsin and the U.S., and it is higher yet in Madison (Dane County 46.6%, Madison 53.8%, Wisconsin 26.8%, U.S. 28.8%).[9] However, Dane County's current 86% high school graduation rate is one of the lowest among Wisconsin counties.[10] In recent years, attention has been paid to the "achievement gap" and lower graduation rates for some racial minority groups in Madison, but Dane County's other 16 public school districts face the same challenge. In 2014, the four-year graduation rate for all students in the Madison Metropolitan School District was 89% but there was considerable variation by racial group, as displayed in Chart 2.[11] In the past 3 years, there have been improvements across the board in graduation rates and the gaps have narrowed very slightly.

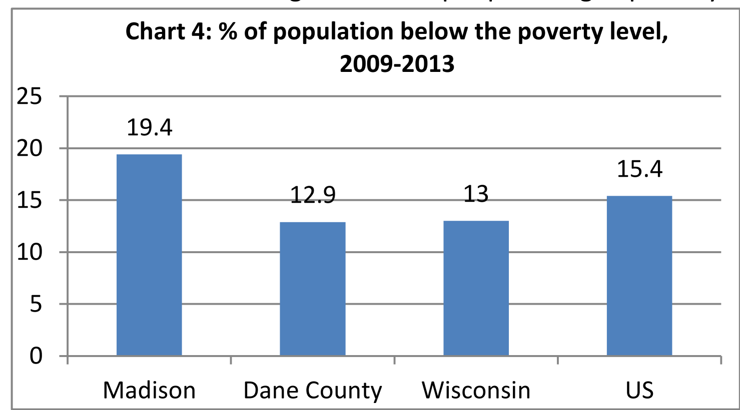


The median household income for Dane County is $61,721 as compared to $52,413 in Wisconsin .[12] Madison's median household income is $53,464, which is lower than household incomes in the remainder of Dane County. [13]

However, there is considerable variability when you disaggregate median household income by race and ethnicity as evidenced in Chart 3.[14]



Despite the high median household income and a relatively low unemployment rate (4.6%), Dane County is faced with an increasing number of people living in poverty. Chart 4 demonstrates the varying poverty levels between Dane County and the city of Madison. 12.9% of Dane County residents live below the federal poverty level (2009-2013), a statistic that is comparable to the state poverty rate.[15] In Madison, the poverty rate is higher at 19.4%.[16]



35% of students in Dane County are eligible for federal free or reduced-price school lunch in the 2012-2013 school, an increase from 2000 when only 19% of students were eligible[17]

Poverty levels are particularly striking for children in the county. Chart 5 demonstrates the racial/ethnic breakdown of children living in poverty in Dane County.[18]

Chart 5

Children Living Below Poverty Level by Race/Ethnicity

American Indian or Alaska Native 29.6
Asian 20.3
Black or African American 52.7
Hispanic or Latino 30.8
Native Hawaiian or Other Pacific Islander 0.0
Other 26.6
Two or more races 25.2
White, non-Hispanic 5.1
Overall 13.4

0 10 20 30 40 50 60
percent

Secondary Data Collection and Analysis

Our secondary data vendor, Health Communities Institute, 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 look of the community's health. The data and data sources can be viewed on the website www.healthydane.org. The data used in this website are continually updated as they become available, providing the community with a current overview of Dane County. This electronic approach is far better than traditional paper reports, which are static and often out of date soon after printing.

The following data sources were used in this assessment process:

- The ***Healthy Dane*** website, www.healthydane.org, was the primary data source that informed the community health needs assessment process. It ranks Dane County on a large set of the most-up-date community indicators, from over 20 sources and covering 20 topics in the areas of population health, determinants of health, and quality of life compiled from existing data sources including *County Health Rankings*, the Wisconsin Hospital Association, Wisconsin Division of Public Health and the U.S. Census Bureau. Appendix A provides a scorecard of the rankings from the Healthy Communities Institute scorecard.

- *County Health Rankings* report: www.countyhealthrankings.org/app/wisconsin/2015/dane/county/1/overall

- An analysis of injury related deaths, drug poisonings, and data from the Wisconsin Division of Public Health WISH data query system (www.dhs.wisconsin.gov/wish)

- The Wisconsin Behavioral Risk Factor Survey (BRFS) is a survey of state residents 18 years and older, done in conjunction with the Center for Disease Control and Prevention. The BRFS addresses behavioral risk factors such as tobacco use, alcohol use as well as the prevalence of chronic diseases such as asthma and diabetes. https://www.dhs.wisconsin.gov/stats/brfs.htm.

Prior to review of the data, a list of criteria was developed to aid in the selection of priority areas. During the data-review process, attention was directed to health issues that met any of these criteria:

- Health issues that impact a lot of people or for which disparities exist, and which put a greater burden on some population groups
- Poor rankings for health issues in Dane County as compared to Wisconsin, other counties or Healthy People 2020 national health targets (Dane County is the primary service area for the collaborating hospitals)
- Health issues for which trends are worsening

The Healthy Dane collaborative also considered indicators that relate to problems the Public Health Department had already identified through its focus on prevention and the National Prevention Strategies. In addition to the 7 areas of focus, Public Health Madison and Dane County is also working to address oral health and access to care.

In addition, the collaborative examined "social determinants of health," or factors in the community that can either contribute to poor health outcomes or support a healthy community. These data are available on the, www.healthydane.org site and in the County Health Rankings Report for Dane County.

The collaborative shares the observation that, while some health status indicators for Dane County are better than average, they may still represent problems that are highly prevalent, place a heavy burden on our population, and might be worsening or fall short of benchmarks. In addition, aggregate health data for the entire population often masks the unfair, heavy burden on some population groups.

After review and consideration of all available data including focus group and key stakeholder input, and guided by our criteria, the HDC identified twelve health issues that showed evidence of need in our county listed below in rank order. (See Appendix G for prioritization matrix).

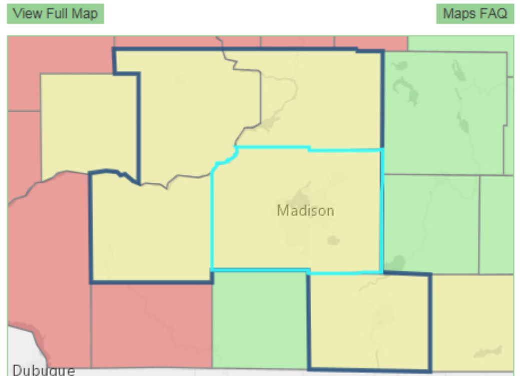
1. Mental Health
2. Alcohol and Drug Abuse Prevention
3. Maternal Child Health
4. Obesity Prevention/Type 2 Diabetes and Heart disease
5. Oral Health
6. Healthy Eating/Food Insecurity
7. Access to Care
8. Infectious Disease
9. Respiratory Disease
10. Injury/Violence Free Living
11. Cancer
12. Tobacco Free Living

Upon further review, we agreed that there were a number of links between health issues. In particular, healthy eating and food insecurity are inextricably linked to obesity prevention and oral health is connected to access to care.

The list of identified issues is far too long to provide an exhaustive review in a single document, a review of data and community input on the top concerns follows. Unless otherwise noted, data are from www.healthydane.org and data sources are noted in the Healthy Dane indicator description. If viewing in black and white, indicator color is green on left, yellow in the middle and red on the right.

In November 2015, Public Health Madison and Dane County released a report outlining the status of access to care in Dane County. Although this report is not included in the contents of the Community Health Needs Assessment, it reflects important needs in the community. The report is available at: http://www.publichealthmdc.com/publications/documents/AccessHealthCareDC.pdf

On occasion, maps from the Healthy Dane Website are used. These maps can be useful as they show how a health indicator or outcome is better, worse or the same in surrounding counties. Counties are outlined on the map. On the adjacent map, you will see that Dane County is outlined in light blue. Green and Rock counties are south of Dane County, Columbia County is north, Jefferson is west, etc.

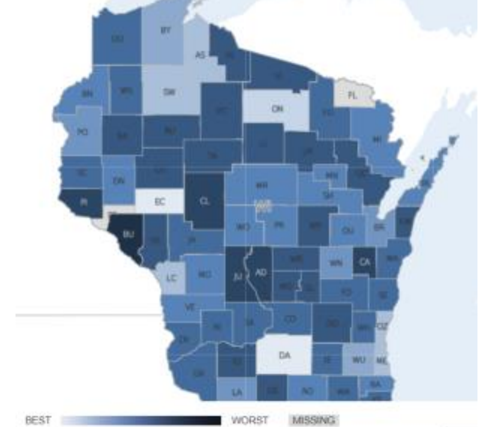


Health Issue: Mental Health

According to the Center for Disease Control, mental health is a state of well-being where someone realizes their own abilities, can cope with normal stresses, works productively and contributes to the community. Research indicates that positive mental health is associated with improved physical health outcomes.

Access to Mental Health Providers

The County Health Rankings used the ratio of mental health providers to residents as one of its measure. The shades of blue on the adjacent map represent number of provers per resident in the county. The lighter the shade represents more providers per resident.

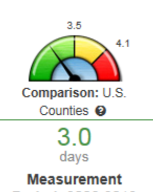


Although Dane County has a high rate of mental health providers as compared to other counties in Wisconsin, those who commented on our community perception survey and in our focus groups felt there were not enough.

Poor Mental Health Days

The Behavioral Risk Factor Survey is a large national survey that asks respondents about various health issues. Results can be viewed at a county level. Among other questions, respondents are asked about the number of poor mental health days they experienced in the past 30 days. Dane County residents consistently report few days as “poor”. As seen on the Time Series graph, these results have been consistent for a number of years.

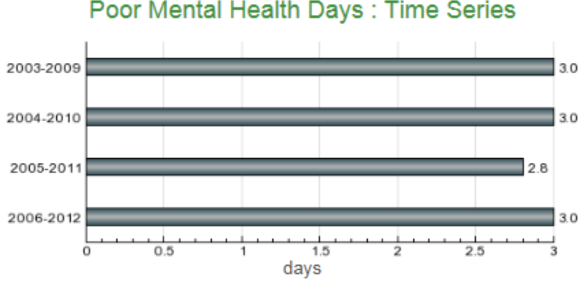
Poor Mental Health Days



County: Dane

Located in: State: Wisconsin
View Every County

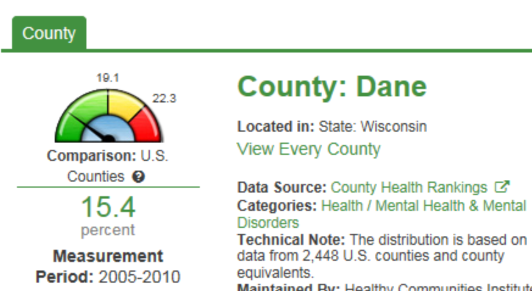
Data Source: County Health Rankings
Categories: Health / Mental Health & Mental Disorders
Technical Note: The distribution is based on data from 2,589 U.S. counties and county equivalents.
Maintained By: Healthy Communities Institute
Last Updated: April 2014

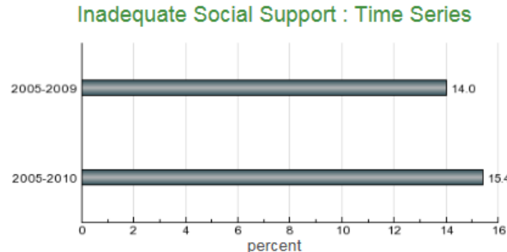


Social support is an essential element for mental health. It is the sense of feeling loved and cared for by those around us. Research shows that those with adequate social and emotional support have better health outcomes compared to those who do not.

Inadequate Social Support

This indicator shows the percentage of adults who report they do not get the social and emotional support they need.

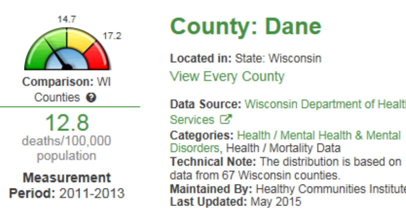


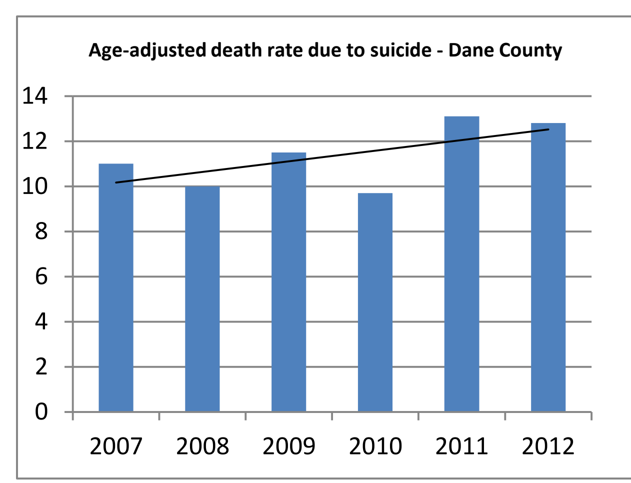


<u>Suicide</u>

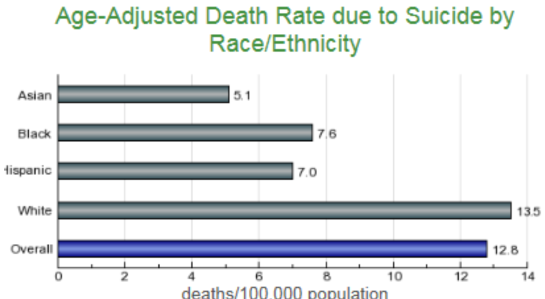
Suicide is the 2nd leading cause of injury related death in Dane County. Although, Dane County's rate of suicide is lower than other counties in Wisconsin, the rate has been trending upwards.

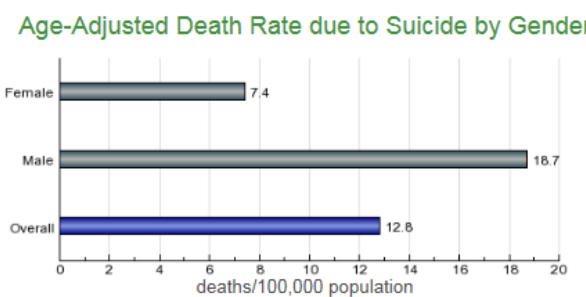
Age-Adjusted Death Rate due to Suicide





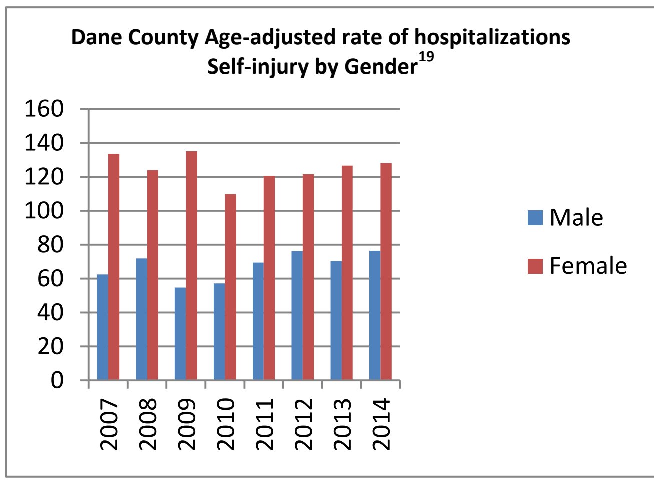
Suicide deaths disproportionately affect white men.

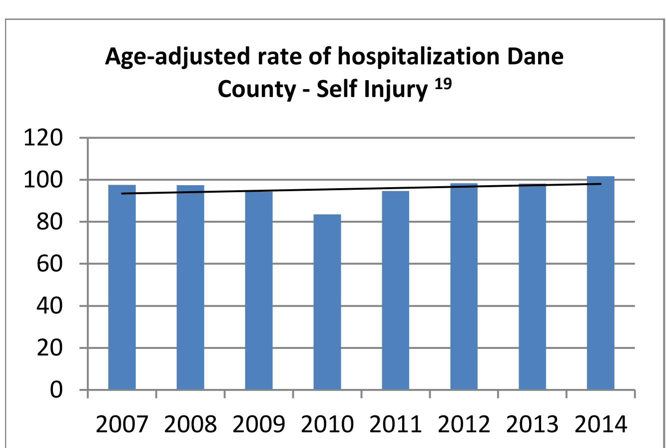




Suicide - continued

Although death rates due to suicide are higher for males, there are higher rates of hospitalizations due to self-injury for females. Hospitalization rates have remained fairly level over time in Dane County.





What our community is telling us:

Mental health was repeatedly discussed as a central concern for the health of community in focus groups, at community events and on the community perception survey. When combined with substance use issues, this category was far and away the greatest concern for respondents. There were expressed concerns that not enough mental health providers were available to the community or that people were not aware of the services available. Although there seemed to be a greater understanding of the prevalence of mental health issues, considerable discussion focused on issues of stigma and a considerable portion of those responding to the community perception survey did not seek mental health care because they were concerned about how other's would perceive them.

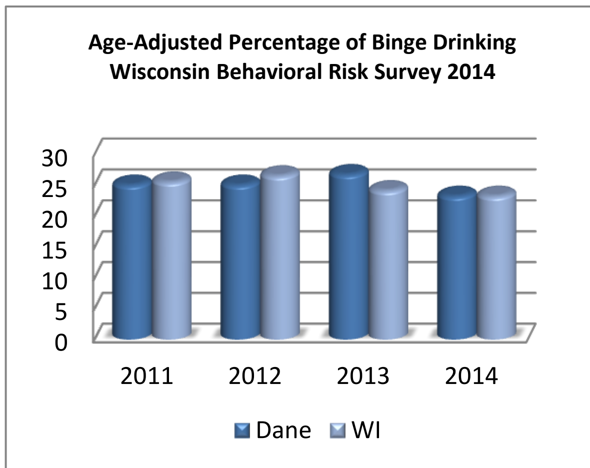
Health Issue: Drug and Alcohol Prevention

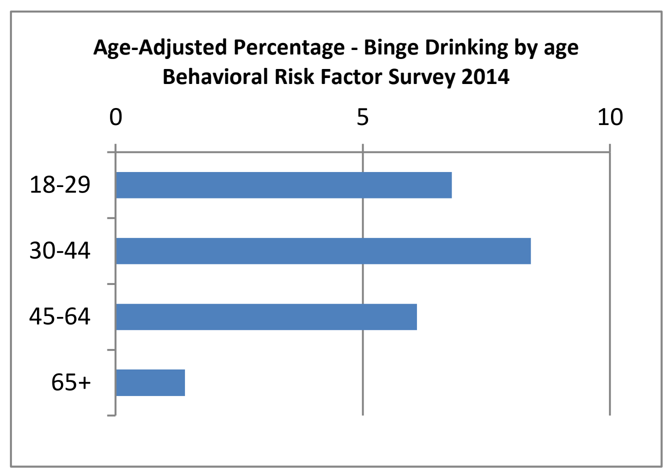
Preventing drug and excessive alcohol increases the chance for someone to live a longer and healthier life. Alcohol and drugs can impede judgement, leading to injuries or can play a negative role in chronic health issues.[20]

Binge Drinking:

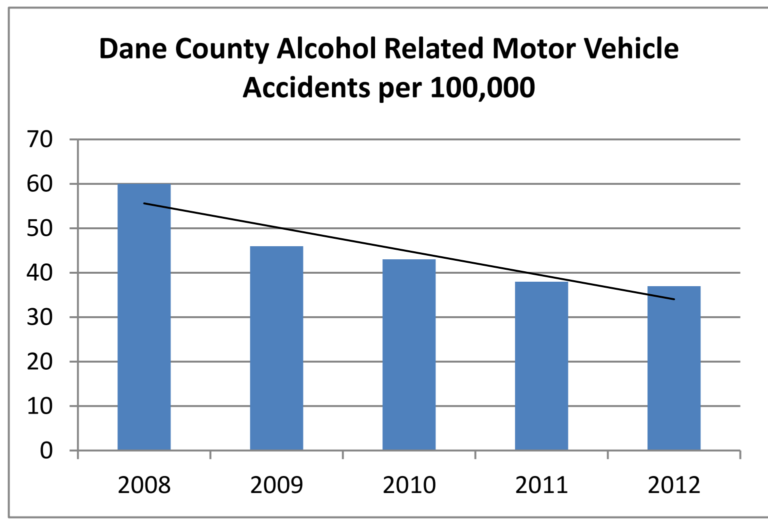
Binge drinking is classified as 5 or more drinks for men or 4 or more drinks for women in a 2-hour period. Binge drinking is associated with a number of health concerns including unintentional and intentional injuries, high blood pressure, stroke, cardiovascular diseases, poor control of diabetes, unintended pregnancy, sexually transmitted diseases and more. In Dane County and in Wisconsin, binge drinking is prevalent.

Although some perceive binge drinking is a problem in the community due in part to the university, higher rates of binge drinking are reported in those between the ages of 30-44.





Alcohol related motor vehicle accidents have decreased since 2008, as reported in the Wisconsin Epidemiological Profile for Alcohol and Other Drug Use, 2014.



Health Issue: Drug and Alcohol Prevention -Continued

Unintentional Poisonings

According to the Center for Disease Control and Prevention, nearly all poisoning deaths are due to drugs and drug poisonings of legal and illegal drugs.[21]

In Dane County, deaths due to unintentional poisonings are on the rise.

Age-Adjusted Death Rate due to Unintentional Poisonings

9.1
12.8

Comparison: WI Counties

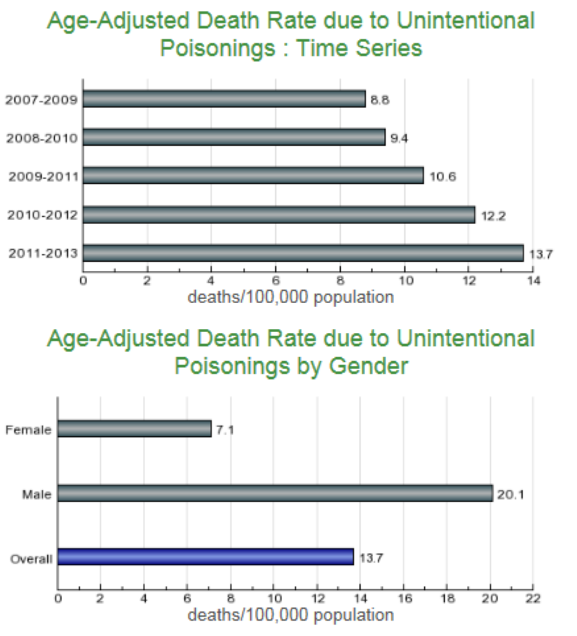
13.7
deaths/100,000 population

Measurement Period: 2011-2013

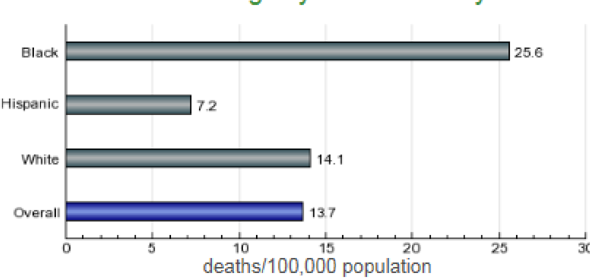
County: Dane

Located in: State: Wisconsin
View Every County

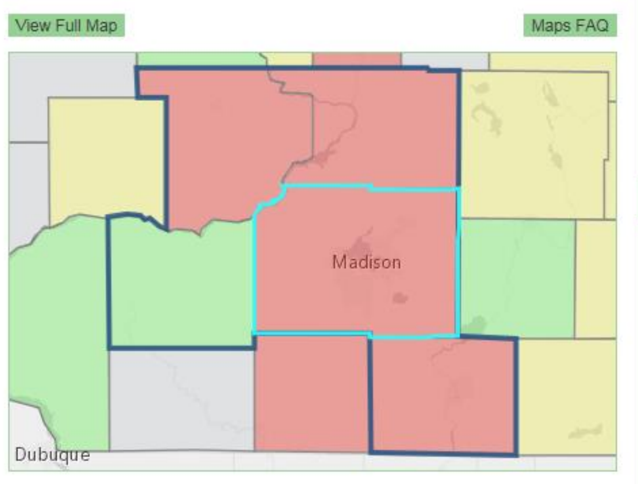
Data Source: Wisconsin Department of Health Services
Categories: Health / Prevention & Safety, Health / Mortality Data
Technical Note: The distribution is based on data from 49 Wisconsin counties.
Maintained By: Healthy Communities Institute
Last Updated: May 2015



Unintentional poisonings affect more men than women and higher rates of African Americans than whites.



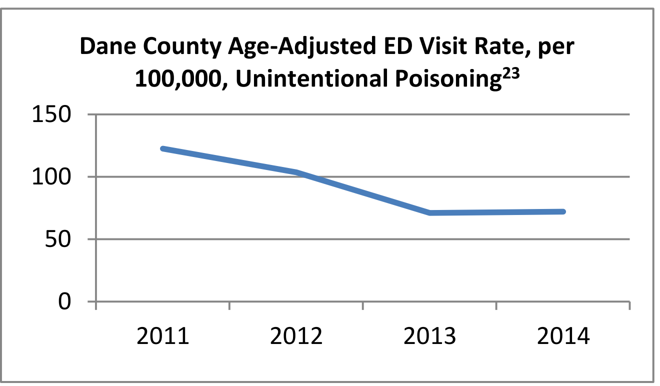
Dane County is not alone in its high rate of poisonings as evidenced by the map below.

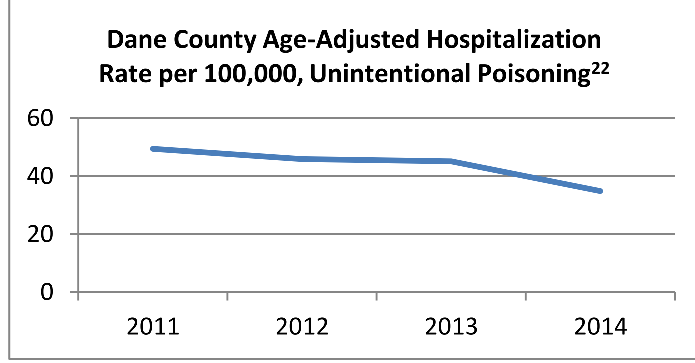


Health Issue: Drug and Alcohol Prevention -Continued

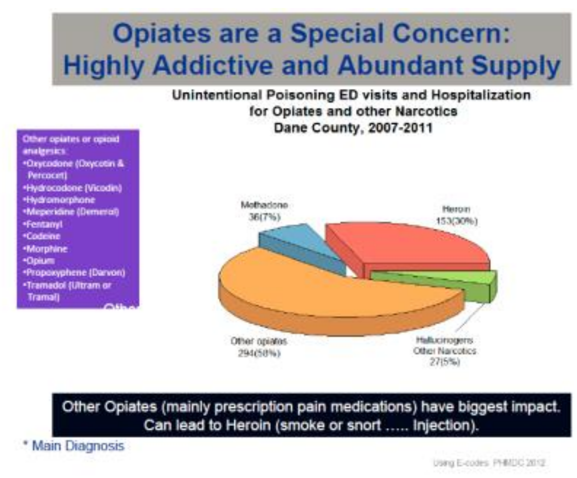
Unintentional Poisonings - continued

Although the rate of fatalities due to poisonings has been on the rise, there was been a decrease in emergency room visits in 2013 and 2014 as well as a decrease in hospitalizations in 2014.





Prescription drugs have been the main source of overdoses in Dane County Emergency Rooms.[24]



What our community is telling us:

Respondents in the community perception survey perceived drug use to be one of the more significant problems for the community and was the most frequently named risky behaviors in the community. Car crashes was not as frequently mentioned as a health problem as drug use, but still was mentioned particularly in reference to drug and alcohol use. Focus group respondents felt that automobile accident deaths may be down but the reason isn't fewer car crashes but safer automobiles and higher seatbelt use. According to participants, impaired driving is on the rise.

Drug use was frequently mentioned by focus-group and community event participants as a significant problem in Dane County. The belief that was expressed is that there is greater understanding that addiction is a disease. Focus group participants felt that youth drug use was higher than has been publicly reported and that may families may be unaware of what to look for or struggle to believe their child might be using drugs.

Health Issue: Maternal-Child Health

The health of mothers and infants plays an important role in determining the health of the next generation and can provide early indicators for upcoming health challenges for the future.

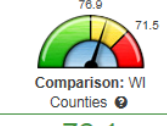
Prenatal Care

Prenatal care is an important indicator of a healthy infant. Infants whose mothers do not receive prenatal care are more likely to be born at a low birth weight and are also more likely to die, although there are many other factors that can affect these two measures.

Mothers who Received Early Prenatal Care by Age

Age	percent
15-17	57.4
18-19	55.7
20-24	67.8
25-29	75.8
30-34	79.8
35-39	78.3
40-44	72.5
Overall	76.1

Mothers who Received Early Prenatal Care



Comparison: WI Counties

76.1
percent

Measurement Period: 2013

County: Dane

Located in: State: Wisconsin
View Every County

Data Source: Wisconsin Department of Health Services
Categories: Health / Maternal, Fetal & Infant Health
Technical Note: The distribution is based on data from 72 Wisconsin counties.
Maintained By: Healthy Communities Institute
Last Updated: January 2015

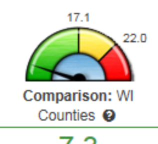
View Full Map   Maps FAQ

Madison
Dubuque

Maternal Smoking

If a pregnant women smokes, there is an increased risk that her baby will be born at a low birth weight. 7.3% of Dane County mothers smoke. While this number is decreasing overall, the rate of smoking for younger mothers (18-24) is high.

Mothers who Smoked During Pregnancy



Comparison: WI Counties

7.3
percent

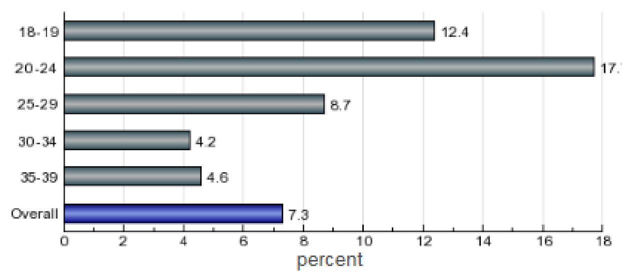
Measurement Period: 2013

County: Dane

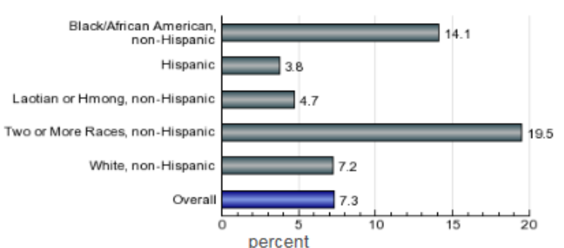
Located in: State: Wisconsin
View Every County

Data Source: Wisconsin Department of Health Services
Categories: Health / Maternal, Fetal & Infant Health, Health / Substance Abuse
Technical Note: The distribution is based on data from 70 Wisconsin counties.
Maintained By: Healthy Communities Institute
Last Updated: January 2015

Mothers who Smoked During Pregnancy by Age



Mothers who Smoked During Pregnancy by Race/Ethnicity



<u>Low and Very Low Birth Weight Infants</u>

Low birth weight (5lbs, 8oz or less) babies are more likely to have health complications and need specialized care in a neonatal care unit. Low birth weight can result from babies being born early (preterm) and fetal growth restrictions. Maternal health including prenatal care, smoking and alcohol use, and other factors can influence the birth of a baby.

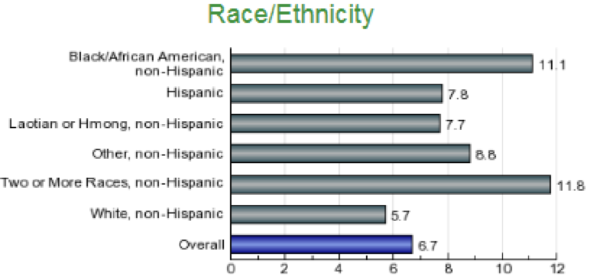
Dane County's percentage of low birth weight infants has been consistent for several years with a low of 5.8% in 2009 to a high of 6.9% in 2011.

Babies with Low Birth Weight

Babies with Low Birth Weight by Maternal Age

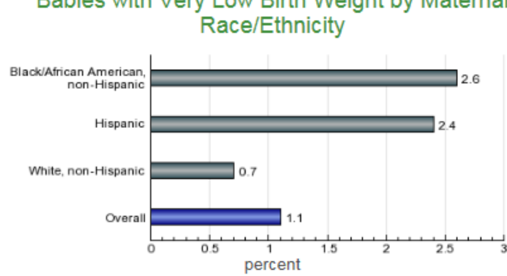
Maternal Age	percent
15-17	10.6
18-19	8.7
20-24	8.2
25-29	6.2
30-34	5.7
35-39	6.9
40-44	13.2
Overall	6.7

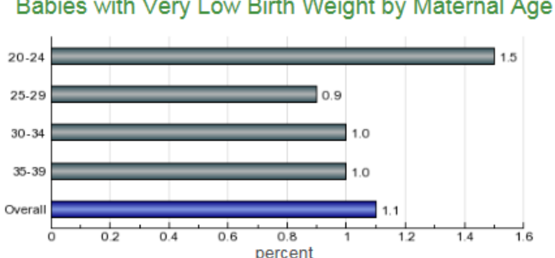
Maternal age is a factor that may influence infant weight. In recent years, teen births have fallen which could have a positive impact of the percent of infants born at a low birth weight.



Very low birth weight babies have even more health concerns. The percentage of very low birth weight infants in Dane County is low but the impact on families is significant.

Babies with Very Low Birth Weight



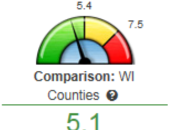


Infant Mortality

The infant mortality rate measures the number of infant deaths under 1 year of age per 1,000 live births.

Infant mortality in Dane County appear relatively low however this fact does not hold true for all segments of the population.

Infant Mortality Rate



Comparison: WI Counties

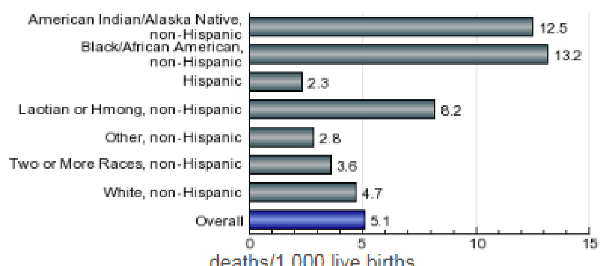
5.1
deaths/1,000 live births

Measurement Period: 2010-2012

County: Dane

Located in: State: Wisconsin
View Every County

Data Source: Wisconsin Department of Health Services
Categories: Health / Maternal, Fetal & Infant Health, Health / Mortality Data
Technical Note: The distribution is based on data from 67 Wisconsin counties.
Maintained By: Healthy Communities Institute
Last Updated: May 2014



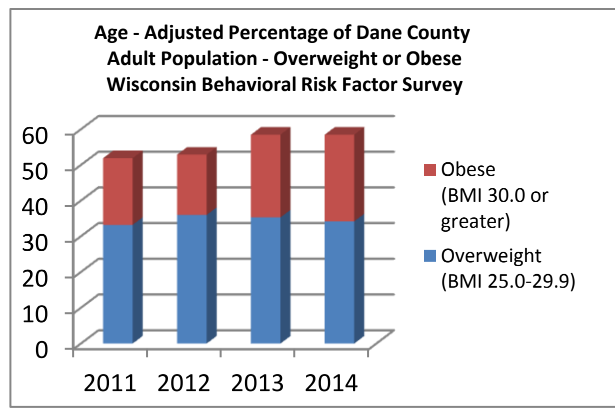
What our community is telling us:

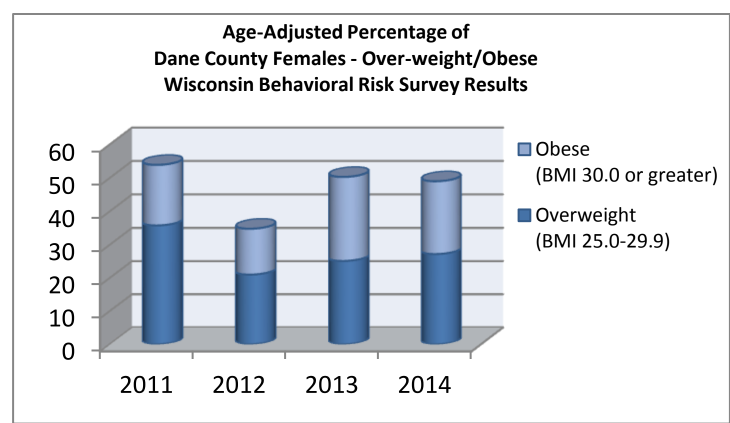
In general, respondents to the community perception survey see Dane County as a good palce to raise a family. Therefore, protecting maternal/child health is a vlaue expressed. In terms of perceptions of risky behavior, respondents expressed concerns about a lack of care during pregnancy.

Health Issue: Obesity Prevention

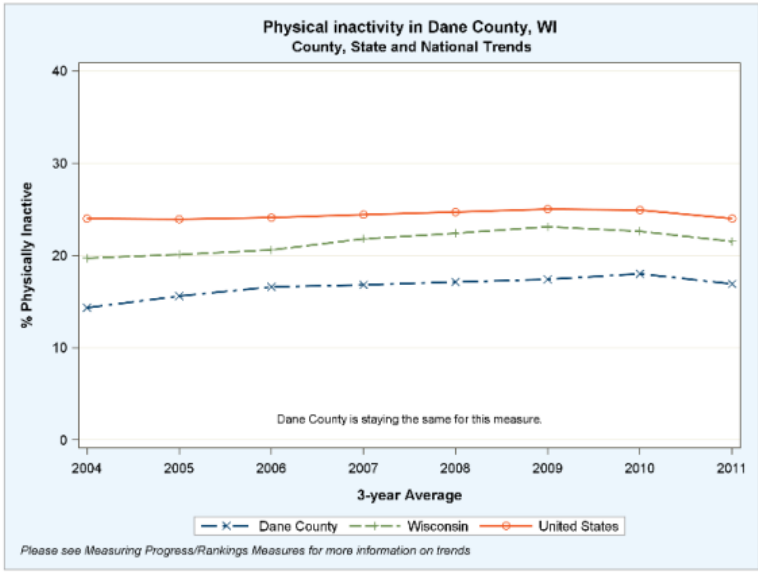
Obesity can have a negative impact on life expectancy and increases the risk of other chronic illnesses including heart disease and diabetes. In the U.S., obesity impact the economy by generating $147 billion in healthcare costs.[25]

According to the Behavioral Risk Factor Survey results, the total percentage of overweight and obese adults is increasing in Dane County. A measure for women is included separately as excessive weight in females, specifically in women who become pregnant, can have a negative health impact on the mother and the infant. The percentage of overweight and obese women, although still high, appears to be somewhat stable.





According to the County Health Rankings (see chart below), Dane County has a low level of physical inactivity. This is a good indicator for total health including obesity prevention and mental well-being.



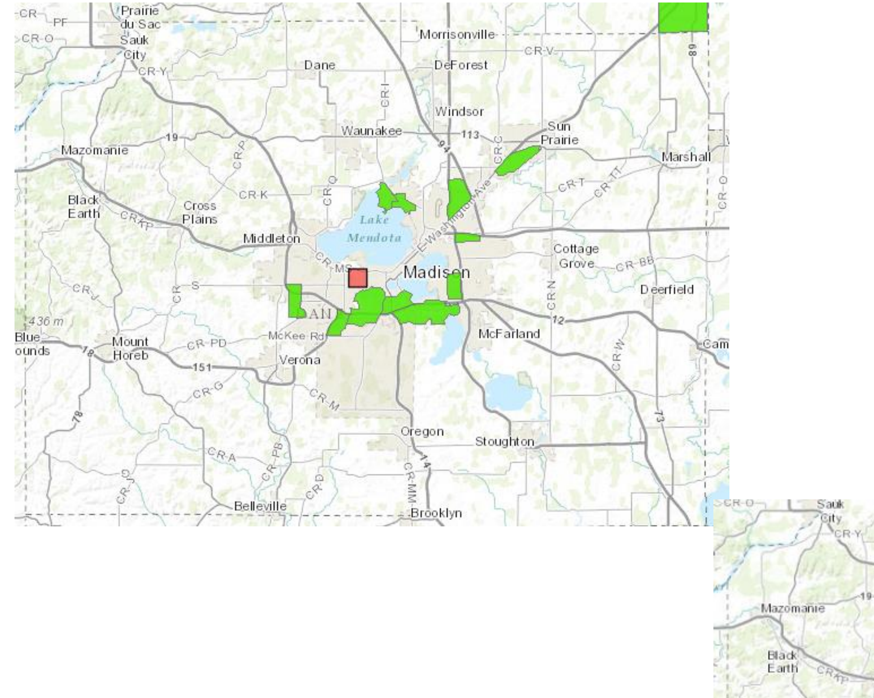
Food insecurity and obesity

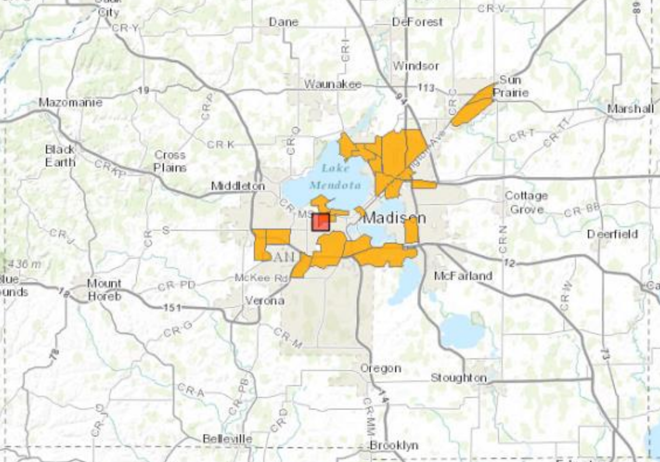
Food insecurity means that one does not have reliable access to a sufficient quantity of affordable, nutritious foods. It may seem contradictory that that those who are food insure may also be obese. Those who are food insecure are often in poverty and live in neighborhoods without access to a full service grocery store. There is academic literature indicating that those who have access to supermarkets and little access to convenience stores have healthier diets and a lowered risk for obesity.[26]

Food desert & vehicle access:

The US Department of Agriculture considers areas that are low income and have low access to food as a Food Desert. The areas in green represent low income neighborhoods who have food access at a distance of 1 mile or greater.

However, without access to a vehicle, even distances of 1 mile to food access can be a barrier. So the USDA added an additional filter to evaluate areas that are low income with food access at .5 miles or greater. The map below indicates these areas in orange.[27]



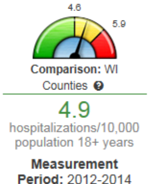


Type 2 Diabetes

The incidence of type 2 diabetes has increased dramatically in the U.S., as a result of the rapid rise in obesity over the past 30 years. Insulin resistance now develops in children, adolescents and young adults. African-Americans, Hispanics, Native Americans and Asians have higher rates of type 2 diabetes. [28] Adults with diabetes have dramatically higher rates of cardiovascular disease risk factors than non-diabetics, including excess fat and obesity, high blood pressure, high cholesterol and lack of physical activity. [29] Diabetics are at increased risk for myriad of other diseases, including coronary heart disease, stroke, peripheral vascular disease and chronic kidney disease.[30] Many people who are developing diabetes are not aware of it, eliminating their opportunity to reverse the disease course.

Short-term complications of diabetes from diabetes can include hyper- or hypoglycemia, diabetic ketoacidosis, and hyperosmolar nonketotic coma. These statistics do not include gestational diabetes. Rates of hospitalization are increasing and are highest among 20-24 year-olds

Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes

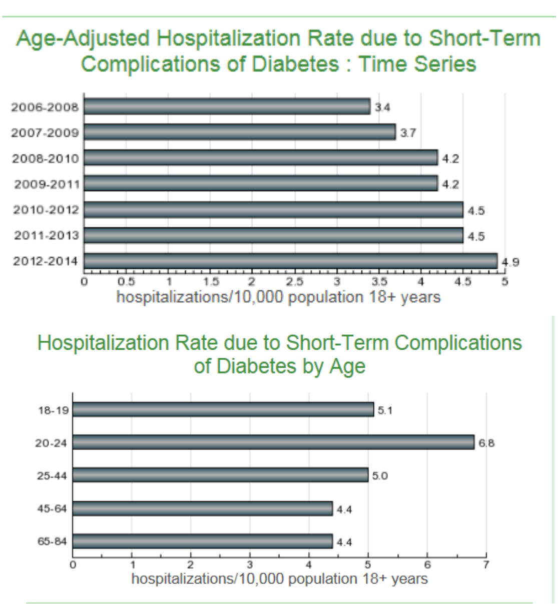


County: Dane

Located in: State: Wisconsin
View All Location Types

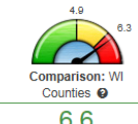
Data Source: WHA Information Center
Categories: Health / Diabetes
Technical Note: The distribution is based on data from 65 Wisconsin counties.

Rates were calculated using population figures from the 2010 U.S. Census. Rates based on fewer than 10 hospitalizations are unstable and are not reported. Rates for zip codes with a population of less than 300 are not reported.
Maintained By: Healthy Communities Institute
Last Updated: August 2015



Long-term complications of diabetes could include heart disease, stroke, blindness, amputations, kidney disease and nerve damage.The more years that a person has diabetes, especially uncontrolled diabetes, the greater the risk of long-term complications. It is not surprising that hospitalizations increase dramatically as the population ages.

Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes



hospitalizations/10,000 population 18+ years

Measurement Period: 2012-2014

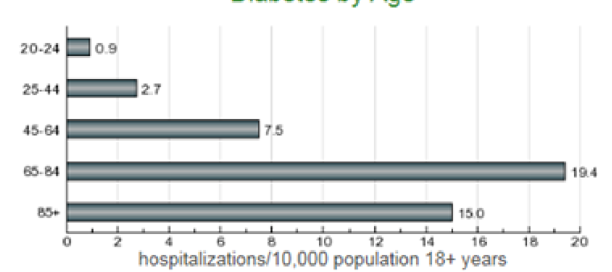
County: Dane

Located in: State: Wisconsin
View All Location Types

Data Source: WHA Information Center
Categories: Health / Diabetes
Technical Note: The distribution is based on data from 67 Wisconsin counties.

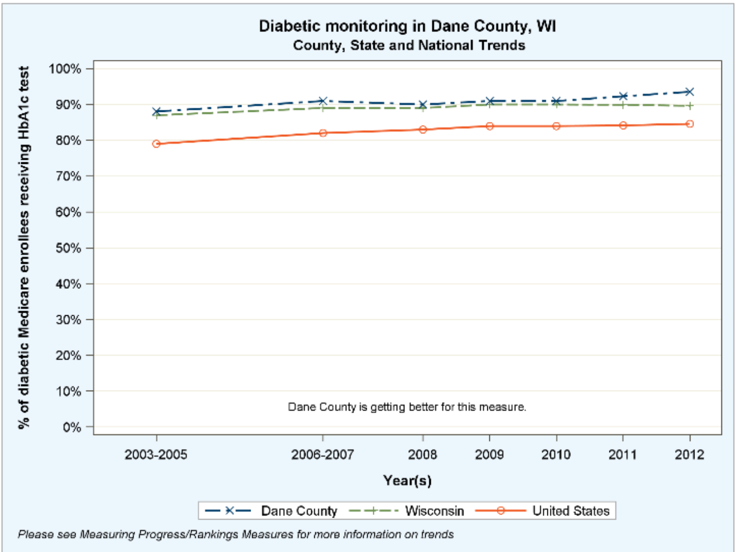
Rates were calculated using population figures from the 2010 U.S. Census. Rates based on fewer than 10 hospitalizations are unstable and are not reported. Rates for zip codes with a population of less than 300 are not reported.
Maintained By: Healthy Communities Institute
Last Updated: August 2015

Hospitalization Rate due to Long-Term Complications of Diabetes by Age

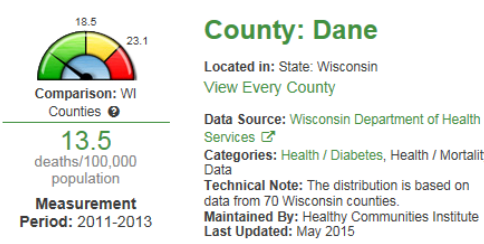


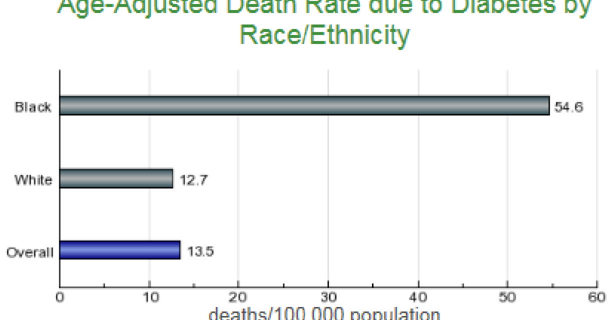
Diabetes - continued

A good news piece is that Dane County has high diabetic monitoring compliance which can be helpful with short and long-term complications of diabetes, as seen in the chart below from the County Health Rankings..



Although the age-adjusted death-rate for diabetes inDane County appears to be good, the story is not true for all members of the county. Rates are considerably higher for African Americans in Dane County as compared to Whites.

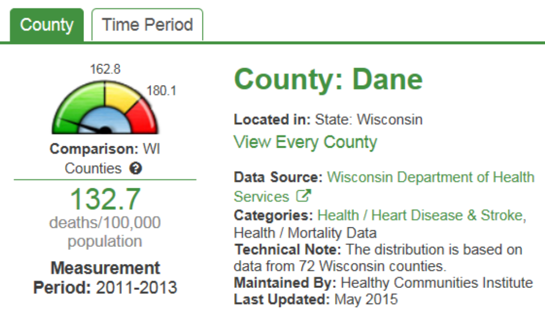


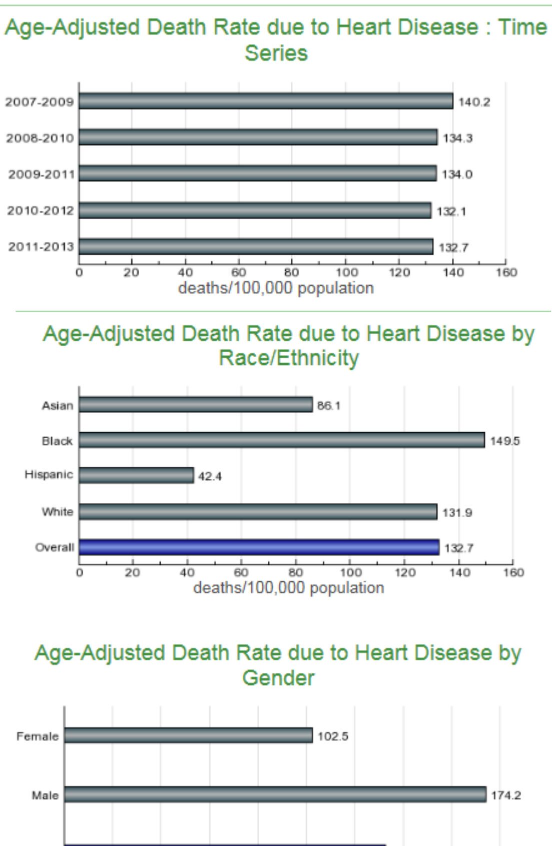


Heart Disease

Heart Disease is the 2nd leading cause of death and stroke (cerebrovascular disease) is the 6th leading cause in Dane County, which is the same for the state of Wisconsin.[31] (WISH). Nationally, heart disease is the leading cause and stroke, the 5th.

Age-Adjusted Death Rate due to Heart Disease





Heart disease affects more men than women and is more prevalent in white and African American indivivuals than those who are Hispanic or Asian.

Hypertension

Rates of hypertension are higher in older populations, particularly those older than 85 years old.

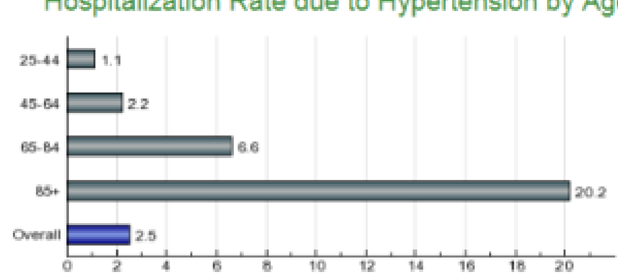
Age-Adjusted Hospitalization Rate due to Hypertension

County: Dane

Located in: State: Wisconsin
View All Location Types

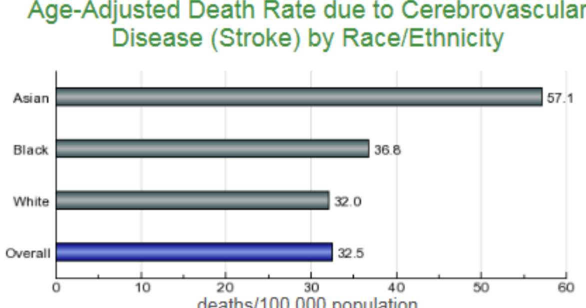
Data Source: WHA Information Center
Categories: Health / Heart Disease & Stroke
Technical Note: The distribution is based on data from 47 Wisconsin counties.

Rates were calculated using population figures from the 2010 U.S. Census. Rates based on fewer than 10 hospitalizations or a population of less than 300 are unstable and are not reported.
Maintained By: Healthy Communities Institute
Last Updated: August 2015



Cerebrovascular Disease/Stroke

In Dane County, deaths due to stroke affect more people in the Asian population than either Black or White populations.



What our community is telling us

When asked about most significant health problems and concerns in the community, we frequently heard diabetes and associated issues such as obesity. Heart disease was also mentioned as well as hypertension.

When asked about risky behavior affecting people's health, about half of respondents to the community perception survey regarded obesity as one of the top 3 risky behaviors.

Primary Data Collection and Analysis

The Healthy Dane Collaborative recognizes that Dane County's plan must start with deep understanding of the issues affecting our health and the assets we have available to use to improve health related outcomes. To provide as complete an overview of the health behaviors and perceptions of Dane County residents as possible, the HDC developed a 32 question community perception survey (Appendix B) The primary purpose of utilizing the community perception survey was to ensure that the voices of Dane County residents were heard, engaging those most impacted by health issues where they live, work, play and raise families. The survey addressed health and lifestyle behaviors, quality of life, and access to care.

The community perception survey utilized validated and reliable questions, which had been on state and national needs assessments including the PHQ9 depression screener, USDA food security screener and the Medical Expenditure Panel Survey. The survey passed through a rigorous health literacy review and was also translated in to Spanish.

A convenience, snowball sample (asking people to take it and pass it on, thus creating a snowball effect) was used for the community perception survey over a six week period. An invitation to complete an electronic questionnaire (in English or Spanish) was sent to contacts from a range of public and private social sector organizations in the community. Intentional and strategic outreach was key to getting a robust response rate. Many of the county school districts distributed the survey electronically to students' families. Similarly, the city and county governments sent the survey electronically to all employees.

The survey was sent electronically to a variety of social service and not for profit agencies, numerous well developed collaborative working with high risk, hard-to-reach populations and social media outlets. In turn, these contacts were asked to share the survey with their audiences, clients and networks. The HDC partners made the surveys available on their websites and included in electronic newsletters. Paper copies of the survey were made available at community events and food pantries. No incentives were used to promote participation. In total, 2,120 people completed the entire survey.

Focus Groups

In addition to the community perception survey, focus groups of key stakeholders, community partners and advocates were convened. The primary objective of the focus groups was to solicit input from content experts and those in the community with a vested interest in the health and well-being of Dane County residents. The focus groups were guided by a facilitator using a participatory analysis model.

The facilitator utilized data placemats, a unique strategy to engage participants and guide discussion around specific topics. Data placemats display thematically grouped data using charts, graphs, tables and quotes in an easy to understand format (Appendix F). There were three focus groups conducted consisting of between 7-11 participants. The participants were chosen based on content expertise or community involvement. The specific focus topics discussed were mental health, obesity and drug and alcohol use/abuse (Appendix C).

The discussions were centered on three general questions. A recorder was used for each focus group to assure participants responses were accurately synthesized.

• What surprises you about the data?

• What factors may explain some of the trends we are seeing?

• Does this lead to new questions?

Although not listed as an "intended" outcome of the focus groups, the HDC was pleased to be a catalyst to developing a shared respect and nurturing new partnership opportunities among participants. Furthermore, the HDC also used population specific events to gather data. In these settings, a simple prioritization tool helped gauge participants vision and perception about the health of Dane County.

Data analysis revealed that the community perception survey respondents agreed on several main themes related to the health issues faced by many residents of Dane County. Among those are mental health, obesity, diabetes, drug and alcohol use, cancer, heart disease and stroke and aging problems. At the same time, respondents felt strongly that Dane County provided positive opportunities including healthy outdoor activities, access to healthcare services, arts and culture, good place to raise a family, safe neighborhoods, diversity and a good economy.

After review and consideration of all available data including current and prior year CHNA data, focus group and key stakeholder input, and guided by our criteria, the HDC identified 12 health issues that showed evidence of need in our county. Given this collective prioritization exercise, the results clustered by top scores were as follows: mental health, alcohol and drug abuse prevention, maternal child health, obesity prevention (including addressing type 2 diabetes and heart disease), oral health, healthy eating/food insecurity, access to care, infectious disease, respiratory disease, injury/violence free living, cancer and tobacco-free living.

Through this assessment, the HDC has a much better understanding of the community's health and opportunity for improvement. The HDC knows this CHNA is not perfect, nor does it reflect each person's experience with health. In many cases, the assessment validated some of what the HDC already knew about the community, and in other cases, the HDC learned about unknown shortfalls in the community's health. There are many needs in Dane County, some of which are reflected in disparities of race, ethnicity, income, geography and education level.

To see the community perception survey, focus group comments, and how the community ranked health issues, please see the appendices.

Collaborative Input

In 2011, four hospital organizations and Public Health Madison & Dane County (PHMDC) entered into a collaborative agreement to develop the healthydane.org data website, which would be the foundation of the CHNA process and facilitate ongoing monitoring of the health status of Dane County. The four hospital organizations are Meriter Hospital, Stoughton Hospital, St. Mary's Hospital and University of Wisconsin Hospital and Clinics. The Public Health Department continued to serve as a partner through the hospitals' CHNA process. The group, known as Healthy Dane, expanded to include Group Health Cooperative of Southcentral Wisconsin.

In addition, the collaborative engaged other organizations in the CHNA through the Dane County Health Council, a group that meets regularly to consider issues affecting health in Dane County and ways to collectively address issues. Council organizations participating in the CHNA include the following:

- Access Community Health Centers
- Dane County Human Services
- Dean Health System
- Madison Metropolitan School District
- United Way of Dane County
- University of Wisconsin Medical Foundation

As described in the primary data section, the collaborative also hosted focus groups, and the process benefited from input from several individual community leaders representing diverse constituencies. Those leaders are listed with their affiliations in Appendices B : Focus Group Attendees.

Finally, the CHNA benefited from guidance and input from individuals with expertise in public health and CHNA process.

The collaborative's vendor, Healthy Community Institute (HCI), develops and maintains a high-quality data and decision-support information system to aid in indicator tracking, best-practice sharing and community development. The system provides access to a template, along with supporting services, to communities to help improve quality of life and outcomes.

HCI utilizes a multi-disciplinary team composed of experienced health care information technology staff including professional internet system developers and evaluators, academicians (health informatics experts, urban planners, epidemiologists) and former senior government officials. The company is rooted in work started in 2002 in concert with the Healthy Cities Movement and the University of California-Berkeley. The management team from Harvard University, Cornell University and the University of California-Berkeley has expertise in informatics, public health, urban sustainability, community planning and high-volume internet sites.

We fully recognize the necessity for such magnitude in this community service effort, for it is by reaching far and digging deep that we are best equipped to have a measurable impact toward creating a healthier community.

Reflecting on the 2012 CHNA Implementation Plans

In 2012, each hospital partner developed their individual health focus areas and implementation plans. However, the hospital partners independently selected Type 2 diabetes and Poor Birth Outcomes as areas of focus. Realizing that developing collaborative projects would offer the chance for the most significant impact, the Healthy Dane Collaborative extended its work beyond the confines of CHNA development to explore joint community health work.

The details of the hospitals' health plans focused primarily on shifting resources to the selected areas of focus and using the first implementation plan to more fully explore untapped and underutilized community resources.

The hospital partners worked together with the Pediatric Obesity Prevention Collaborative, now called the Healthy Kids Collaborative, to expand a family physical activity back-pack program offered through area day-cares. This effort allows families to "check-out" a back pack to take home and provides information on easy and free activities that families can do together. Hospital partners have also worked collaboratively with other community organizations to collaborate on education and other efforts.

The most significant work resulting from the first implementation plans was a greater understanding of the underlying issues in the community. Stronger relationships were developed with grass roots organizers and informal community leaders. Work with the community has been done in a more collaborative way and openness and trust has been a very beneficial outcome of the work.

Other Resources

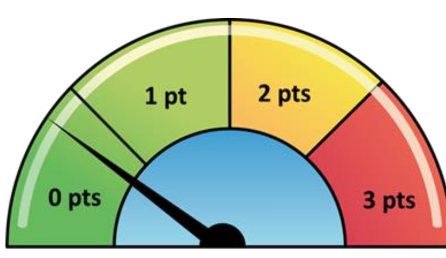
Significant resources in the community are already at work addressing specific health issues and important health factors. The collaborative has attempted to document some of the active work under way through joint initiatives. What follows is an incomplete and non-exhaustive list:

Dane County Health-Related Collaborations

Please note: Description of purpose is provided in parentheses if purpose is not evident from title.

- Alliance for Healthy South Madison (infant mortality)
- Area Agency on Aging
- Asthma Coalition
- Benevolent Specialists Project (BSP) Free Clinic (specialty medical care)
- Child Protection Collaborative
- Childhood Obesity Prevention Policy Collaborative
- Dane County Coalition to Reduce Alcohol Abuse
- Dane County Health Council (access to care, behavioral health)
- Elderly Services Network of Dane County
- Fetal Infant Mortality Review
- Health Literacy Wisconsin (SW/SC)
- Healthy Kids Collaborative
- Latino Health Council
- Oral Health Coalition of Dane County
- Pediatric Mental Health Collaborative
- Safe Communities Coalition
    - Drugs/Poisoning
    - Falls Prevention Task Force
    - MedDrop
    - Suicide Prevention
- Safe Kids Coalition
- Shalom Holistic Clinic (free clinic)
- South Madison Promise Zone
- START (Stoughton Area Resource Team—housing, health, employment and financial assistance)
- Stoughton AODA/Mental Health Team
- Stoughton CARES Coalition (drugs and alcohol-youth focused)
- Stoughton Resource Coordination Team
- Stoughton Transportation Group
- Stoughton Suicide Prevention Group
- Stoughton Wellness Coalition
- United Way Agenda for Change (health, education, safety)
    - Delegation to Promote Children's Physical Activity
    - Delegation on Healthy Food for Children
- Wisconsin Medical Society Advanced Care Planning Project
- YMCA & schools (community school model)

Appendix A: Healthy Communities Institute Scorecard



The healthy Dane Collaborative is pleased to make this source of community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement

Indicators below are pre-sorted in order of decreasing severity

Indicator HCI score correlates with severity gauge pictured

Updated data can be found online at www.healthydane.org

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
2.75	Age-Adjusted Death Rate due to Falls	deaths/100,000 population	19.1	15.5	8.3	7.2
2.58	Age-Adjusted Death Rate due to Unintentional Poisonings	deaths/100,000 population	13.7	11.4	11.8	
2.5	Households without a Vehicle	percent	8.5	7.1	9.1	
2.42	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/100,000 population	45.9	44.1	39.2	36.4
2.33	Asthma: Medicare Population	percent	4.8	4.7	4.9	
2.25	Severe Housing Problems	percent	16.8	15.2		
2.22	People 65+ Living Alone	percent	30.4	29.7	27	
2.17	Homeownership	percent	56.7	59.4	56.9	
2.17	Renters Spending 30% or More of Household Income on Rent	percent	50.3	48.4	52.3	
2.14	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/100,000 population	34.5	23.5	24	
2.11	Depression: Medicare Population	percent	16.5	15.6	15.4	
2.11	HIV Diagnosis Rate	cases/100,000 population	5	4		
2.08	Age-Adjusted Hospitalization Rate due to Hepatitis	hospitalizations/10,000 population 18+ years	1.7	1.2		
2.08	Alcohol-Impaired Driving Deaths	percent	43	38.8		
2	Fast Food Restaurant Density	restaurants/1,000 population	0.8			
1.92	Age-Adjusted Death Rate due to Suicide	deaths/100,000 population	12.8	13.2	12.5	10.2
1.89	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	hospitalizations/10,000 population 18+ years	2.5	1.5		
1.89	Osteoporosis: Medicare Population	percent	6.1	5.4	6.4	
1.89	SNAP Certified Stores	stores/1,000 population	0.5			
1.83	Age-Adjusted Hospitalization Rate due to Heart Failure	hospitalizations/10,000 population 18+ years	23.3	24.7		
1.78	Age-Adjusted Hospitalization Rate due to Asthma	hospitalizations/10,000 population	7.2	7.7		
1.78	Liquor Store Density	stores/100,000 population	9.4	7.1	10.4	
1.75	Chlamydia Incidence Rate	cases/100,000 population	423	412	447	
1.69	High School Graduation	percent	85.8	87.5	80	82.4
1.67	Breast Cancer Incidence Rate	cases/100,000 females	123.7	124.8	122.7	
1.67	Low-Income Preschool Obesity	percent	13			
1.64	Annual Particle Pollution	(blank)	2			
1.61	Age-Adjusted Hospitalization Rate due to Pediatric Asthma	hospitalizations/10,000 population under 18 years	6.9	8.4		
1.61	Cancer: Medicare Population	percent	7.3	7.4	7.9	
1.58	Death Rate due to Drug Poisoning	deaths/100,000 population	11.9	11.3		
1.58	Morbidity Ranking	(blank)	38			
1.56	Age-Adjusted Hospitalization Rate due to Adult Asthma	hospitalizations/10,000 population 18+ years	7.3	7.5		
1.56	Grocery Store Density	stores/1,000 population	0.2			
1.56	Violent Crime Rate	crimes/100,000 population	239.1	255.5		
1.53	Annual Ozone Air Quality	(blank)	2			
1.5	People Living Below Poverty Level	percent	12.9	13	15.4	
1.47	Mothers who Received Early Prenatal Care	percent	76.1	75.6	74.2	77.9
1.44	Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes	hospitalizations/10,000 population 18+ years	4.6	5.8		
1.44	Oral Cavity and Pharynx Cancer Incidence Rate	cases/100,000 population	11.3	11.3	11.2	
1.42	Adults who Drink Excessively	percent	22.9	24.4		25.4

Appendix A: Healthy Communities Institute Scorecard

Continued

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
1.42	Physical Environment Ranking	(blank)	28			
1.39	PBT Released	pounds	345			
1.39	Recognized Carcinogens Released into Air	pounds	9063			
1.33	Age-Adjusted Death Rate due to Motor Vehicle Collisions	deaths/100,000 population	7.4	10.2		
1.33	Age-Adjusted Hospitalization Rate due to Diabetes	hospitalizations/10,000 population 18+ years	11.7	13.9		
1.33	Age-Adjusted Hospitalization Rate due to Hypertension	hospitalizations/10,000 population 18+ years	2.6	3.4		
1.33	Low-Income and Low Access to a Grocery Store	percent	4.7			
1.31	Children Compliant with Immunization Requirements	percent	99.2	97.9		
1.31	Poor Mental Health Days	days	3	3		
1.28	Adults who are Overweight or Obese	percent	59.3		63.3	
1.28	Age-Adjusted Hospitalization Rate due to Alcohol Abuse	hospitalizations/10,000 population 18+ years	16.4	20.8		
1.25	Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes	hospitalizations/10,000 population 18+ years	0.6	0.8		
1.25	Clinical Care Ranking	(blank)	3			
1.25	Food Environment Index	(blank)	8.2	8		
1.25	Health Behaviors Ranking	(blank)	1			
1.25	Mortality Ranking	(blank)	10			
1.25	Social and Economic Factors Ranking	(blank)	8			
1.25	Social Associations	membership associations/10,000 population	13.1	11.8		
1.25	Student-to-Teacher Ratio	students/teacher	14	15.3		
1.22	Age-Adjusted Death Rate due to Prostate Cancer	deaths/100,000 males	23.4	24.3	22.3	21.8
1.22	Age-Adjusted Hospitalization Rate due to Bacterial Pneumonia	hospitalizations/10,000 population 18+ years	23.1	24.4		
1.22	Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes	hospitalizations/10,000 population 18+ years	6.2	7		
1.22	Age-Adjusted Hospitalization Rate due to Urinary Tract Infections	hospitalizations/10,000 population 18+ years	11	12.2		
1.17	Age-Adjusted Hospitalization Rate due to COPD	hospitalizations/10,000 population 18+ years	13.2	15.7		
1.17	Single-Parent Households	percent	27.3	30.7	33.3	
1.11	Mean Travel Time to Work	minutes	20.8	21.7	25.5	
1.08	Babies with Low Birth Weight	percent	6.7	7	8	7.8
1.08	Children with Health Insurance	percent	95.6	95.2		100
1.08	Drinking Water Violations	percent	0	4.9		
1.08	Inadequate Social Support	percent	15.4	16.7		
1.08	Solo Drivers with a Long Commute	percent	22.3	25.6		
1.06	Alcohol-Related Motor Vehicle Death Rate	deaths/100,000 population	2	4		
1.03	Preterm Births	percent	9.1	10	11.4	11.4
1	People Living 200% Above Poverty Level	percent	73.6	69.4	65.8	
0.97	Farmers Market Density	markets/1,000 population	0.1		0	
0.94	Age-Adjusted Death Rate due to Breast Cancer	deaths/100,000 females	20.2	21	22.2	20.7
0.94	Babies with Very Low Birth Weight	percent	1.1	1.3	1.4	1.4
0.92	Dentist Rate	dentists/100,000 population	65	61		
0.92	Mammography Screening: Medicare Population	percent	74.4	70		

Appendix A: Healthy Communities Institute Scorecard

Continued

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
0.89	Age-Adjusted Death Rate due to Heart Disease	deaths/100,000 population	132.7	160.9		
0.86	Age-Adjusted Death Rate due to Diabetes	deaths/100,000 population	13.5	18.3	21.3	
0.86	Child Abuse Rate	cases/1,000 children	3.1	3.7	9.1	8.5
0.86	Students Eligible for the Free Lunch Program	percent	27.6	35.3		
0.83	Adults who are Obese	percent	20.1		27	30.5
0.83	Adults who are Sedentary	percent	15.3			32.6
0.83	Adults with Health Insurance	percent	89.6	87.2	79.7	100
0.83	Age-Adjusted Hospitalization Rate due to Dehydration	hospitalizations/10,000 population 18+ years	3.8	4.8		
0.83	Children Living Below Poverty Level	percent	13.4	18.1	21.6	
0.83	Chronic Kidney Disease: Medicare Population	percent	12.1	15.8	15.5	
0.83	Families Living Below Poverty Level	percent	6.4	8.8	11.3	
0.83	Food Insecurity Rate	percent	11.8	12.4	15.8	
0.81	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/100,000 population	12.5	14.6	15.4	
0.81	Infants Born to Mothers with <12 Years Education	percent	7.7	11.8	15.9	
0.81	Mothers who Smoked During Pregnancy	percent	7.3	13.7	8.5	1.4
0.78	Hyperlipidemia: Medicare Population	percent	34.5	40.8	44.8	
0.75	Access to Exercise Opportunities	percent	96	82.7		
0.75	Adults with Diabetes	percent	6.3	8.8		
0.75	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/100,000 population	32.5	36.2	37	34.8
0.75	Non-Physician Primary Care Provider Rate	providers/100,000 population	109	76		
0.75	Primary Care Provider Rate	providers/100,000 population	123	82		
0.75	Self-Reported General Health Assessment: Poor or Fair	percent	9	11.8		
0.72	Homeowner Vacancy Rate	percent	1.4	1.9	2.2	
0.72	Prostate Cancer Incidence Rate	cases/100,000 males	121.6	139.2	142.3	
0.72	Workers who Drive Alone to Work	percent	72.7	80.2	76.3	
0.69	Cervical Cancer Incidence Rate	cases/100,000 females	4.8	5.9	7.8	7.1
0.64	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	deaths/100,000 population	29.6	39	42.1	
0.64	Infant Mortality Rate	deaths/1,000 live births	5.1	5.9	6.1	6
0.64	Recreation and Fitness Facilities	facilities/1,000 population	0.2		0.1	
0.64	Teen Birth Rate	live births/1,000 females aged 15-19	10.4	19.9	26.5	
0.61	Diabetes: Medicare Population	percent	19.3	23.4	27	
0.61	Households with Cash Public Assistance Income	percent	1.4	2.2	2.8	
0.61	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	22.2	26.1	29	
0.61	Unemployed Workers in Civilian Labor Force	percent	3.6	5.4	5.6	
0.61	Workers Commuting by Public Transportation	percent	5	1.8	5	5.5
0.61	Young Children Living Below Poverty Level	percent	15.1	21.6	24.7	
0.58	Adults who Smoke	percent	13.6	18.3		12
0.58	Diabetic Screening: Medicare Population	percent	93.5	90		
0.56	People 25+ with a High School Degree or Higher	percent	94.7	90.4	86	

Appendix A: Healthy Communities Institute Scorecard

Continued

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
0.56	Stroke: Medicare Population	percent	2.2	2.6	3.8	
0.5	Atrial Fibrillation: Medicare Population	percent	6.3	8	7.8	
0.5	Child Food Insecurity Rate	percent	17.5	20.4	21.4	
0.5	Life Expectancy for Females	years	83.2	81.6	80.8	
0.5	Life Expectancy for Males	years	79.2	77	76.1	
0.5	Median Household Income	dollars	61721	52413	53046	
0.42	Preventable Hospital Stays	discharges/1,000 Medicare enrollees	40	51		
0.39	COPD: Medicare Population	percent	6.1	8.8	11.3	
0.39	Hypertension: Medicare Population	percent	40.8	48.9	55.5	
0.39	People 25+ with a Bachelor's Degree or Higher	percent	46.6	26.8	28.8	
0.39	People 65+ Living Below Poverty Level	percent	4.6	7.8	9.4	
0.33	Alzheimer's Disease or Dementia: Medicare Population	percent	7.5	8.8	9.8	
0.33	Colorectal Cancer Incidence Rate	cases/100,000 population	36.6	41.8	43.3	38.6
0.33	Houses Built Prior to 1950	percent	16.2	26.9	18.9	
0.28	Age-Adjusted Death Rate due to Cancer	deaths/100,000 population	157.1	174.6	173.8	161.4
0.22	Age-Adjusted Death Rate due to Lung Cancer	deaths/100,000 population	39.6	46.8	48.4	45.5
0.17	Heart Failure: Medicare Population	percent	10	13	14.6	
0.17	Ischemic Heart Disease: Medicare Population	percent	18.5	24	28.6	
0.17	Lung and Bronchus Cancer Incidence Rate	cases/100,000 population	52.8	62.1	64.9	
0.17	Per Capita Income	dollars	33712	27523	28155	
0	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/100,000 population	11.3	14.8	15.9	14.5

Appendix B: Community Perception Survey Questions

What is your gender identity?

☐ Female
☐ Male
☐ Female to male transgender
☐ Male to female transgender
☐ Decline to answer
☐ Other

What year were you born?

____

How many people currently live in your household?

☐ 1 (myself)
☐ 2
☐ 3-4
☐ 5-6
☐ 7-8
☐ 9+

The zip code where you live is?

____

The highest grade you finished in school was:

☐ Grade school (1st-8th grade)
☐ Some high school/no diploma
☐ High school diploma/GED
☐ Some college/no degree
☐ Vocational or Trade School
☐ College degree
☐ Some graduate school/no degree
☐ Graduate degree

Identify your level of employment:

☐ Employed full time (40 hours per week)
☐ Employed part time (less than 40 hours per week)
☐ Unemployed
☐ Retired
☐ Student
☐ Unable to work due to a disability
☐ Stay at home parent

Your household's income before taxes) from all sources this year will be:

☐ $1-25,000
☐ $25001-50,000
☐ $50,001-75,000
☐ $75,001-100,000
☐ $100,001-150,000
☐ $150,000 +
☐ Prefer not to answer

Please select one or more of the following race categories you feel best identifies you:

☐ American Indian, Spanish American, American Indian, Alaska native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Decline to answer
☐ Other______________

Are you Hispanic/Latino (Cuban, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race)?

☐ Yes
☐ No

Is there another language other than English spoken in your home?

☐ Yes, it is_______________________
☐ No

Thank you for taking our survey.

Visit healthydane.org for more information about county-wide efforts to improve health in your community.

Appendix B: Community Perception Survey Questions

Continued

What things are most important in order to have a healthy community? Choose up to five.

☐Arts and Cultural Events
☐ Religious or Spiritual Values
☐ Good Place to Raise Children
☐ Good Jobs
☐ Clean Environment
☐ Low crime, Safe Neighborhoods
☐ Emergency Preparedness
☐ Transportation
☐ Affordable Housing
☐ Healthy Behaviors and Lifestyle
☐ Strong Family Life
☐ Access to Health Care

What are the five biggest health issues in your community?

☐ Cancers
☐ Heart Disease & Stroke
☐ Mental Health Problems
☐ Aging Problems
☐ Domestic Violence
☐ Child Abuse / Neglect
☐ High Blood Pressure
☐ Teenage Pregnancy
☐ Motor Vehicle Crash Injuries
☐ Respiratory / Lung Disease
☐ Dental Problems
☐ Suicide
☐ Gun -Related Injuries
☐ Sexually Transmitted Diseases
☐ Rape / Sexual Assault
☐ Infectious Diseases
☐ Murder
☐ Infant Death
☐ HIV/AIDS
☐ Other
☐ Alcohol Use
☐ Drug Use
☐ Diabetes/High Blood Sugar
☐ Being Overweight

In general, you would say your health is:

☐ Poor
☐ Fair
☐ Good
☐ Very Good
☐ Excellent

What five things concern you the most about your community? (Select behaviors which have the greatest impact on overall community health)

☐ Drugs
☐ Alcohol
☐ Being overweight
☐ Poor Eating Habits
☐ Not receiving needed medical care
☐ Lack of exercise
☐ Tobacco use
☐ Dropping out of school
☐ Not getting "shots" to prevent disease
☐ Unsafe sex
☐ Not using birth control
☐ Racism
☐ Lack Of Pregnancy Care
☐ Not Using Car Seats for Children
☐ Not keeping Guns Locked Up
☐ Other:_

What things do you think prevent you from being healthy?

☐ No healthy food choices in my neighborhood
☐ Lack of access to healthcare services
☐ No place to safely exercise
☐ Air quality
☐ Cost of housing
☐ Water quality
☐ Not enough money
☐ No health insurance
☐ No local farmers markets or community gardens
☐ No local grocery store
☐ No way to get to free parks or community recreation
☐ There are no free parks or community recreation in my neighborhood
☐ None of the above
☐ Other:_

Do you have a healthcare provider who you see regularly for medical care?

☐ Yes
☐ No

If you don't have a healthcare provider, tell us why:

☐ I can't afford to pay for a doctor's visit
☐ I don't know how to find a nurse or doctor in my area
☐ I don't have reliable transportation
☐ The office hours don't fit my schedule
☐ I go to the doctor only when I have to
☐ I don't have health insurance
☐ I go to the emergency room when I need care
☐ Other:_

Appendix B: Community Perception Survey Questions

Continued

Do you have health insurance?
☐ Yes
☐ No
☐ I don't know

If you do not have health insurance please tell us why.
☐ I can't afford it
☐ I don't think I need it
☐ My work doesn't offer it
☐ I don't qualify for insurance where I work
☐ I don't qualify for BadgerCare/Medical Assistance
☐ Other

If you have health insurance, what type do you have?
☐ Medicaid/BadgerCare+
☐ Medicare
☐ Employer sponsored
☐ Private/I pay out of pocket
☐ I bought insurance on the Healthcare Marketplace
☐ I am covered on my parent's plan
☐ Tricare (through military service)

Do you have dental insurance?
☐ Yes
☐ No
☐ I don't know

If you have dental insurance, what type do you have?
☐ Medicaid/ BadgerCare+
☐ Medicare
☐ Marketplace
☐ Employee sponsored
☐ Private/ I pay out of pocket
☐ On my parent's plan

Do you see a dental provider for an exam at least once a year?
☐ Yes
☐ No

If you don't see a dental provider every year, why not?
☐ I can't afford it
☐ I don't see it as important
☐ I can't find a dental provider who accepts my insurance
☐ The office hours are not convenient
☐ Other

In the past 12 months have you gone to the emergency room for a toothache not caused by an accident?
☐ Yes
☐ No

Have you been treated in the emergency room in the last 12 months for any reason?
☐ Yes
☐ No

I went to the emergency room because:
☐ Unable to get an appointment at the doctor soon enough
☐ Health provider said to go
☐ My medical condition was serious
☐ I was taken by ambulance
☐ Doctors office/clinic not open
☐ Lack of access to other providers
☐ No other place to go
☐ Don't have insurance
☐ Emergency room is the closest provider
☐ Other:_

Which of the following problems have stopped you from getting the healthcare you need in the past year? Select all that apply.
☐ Health services are not close to where I live
☐ I don't know where to go for health services
☐ I can't pay for health services
☐ I can't get an appointment with local doctors
☐ Transportation
☐ None of the above
☐ Other :________

How many days a week do you exercise for at least 30 minutes?
☐ Not at all
☐ 1-2 times per week
☐ 3-4 times per week
☐ 5 or more times per week

How would you rate the availability of nutritious foods in your area?
☐ Poor
☐ Fair
☐ Good
☐ Very good

I/we worried whether food would run out before there was money to buy more. In the past 12 months this was:
☐ Never true
☐ Sometimes true
☐ Often true
☐ Always true

The food I/we bought ran out and there wasn't money to buy more. In the past 12 months this was:
☐ Never true
☐ Sometimes true
☐ Often true
☐ Always true

Have you felt like you needed mental health services in the past 2 years? (depression, anxiety, sense of loss, etc.)
☐ Yes
☐ No
Were you able to access the mental health care you needed?
☐ Yes
☐ No
The following problems stopped you from getting the help you need for mental health issues:
☐ Mental health services are not close to where I live
☐ I couldn't get an appointment
☐ I couldn't afford a doctor's visit
☐ I couldn't afford medication or other treatment
☐ Fear of how others would respond
☐ I don't know where to go for assistance
☐ My health insurance doesn't cover what I need
☐ Other:____
In the past year how often have you been bothered by any of the following:

	1 time a day	Once a Week	Once a Month	Once a Year	Not at all
Feeling down, depressed or hopeless					
Little interest in doing things					
Feeling tired or having little energy					
Poor appetite or overeating					
Feeling bad about yourself-or that you are a failure					
Thoughts that you would be better off dead					
Trouble concentrating on things					

In the past 2 weeks have any of the above problems made it difficult for you to carry out your daily activities (work, school, getting along with people, etc.)?
☐ Not Hard At All
☐ Somewhat Hard
☐ Very Hard
☐ Extremely Hard

	Needed	Used	None
Help with utilities or food			
Shelter or temporary housing			
Help with transportation, child care or after school care			
Relief for caregivers of older or handicapped children/adults			
Individual or family counseling			
Help coping with domestic violence			
Help with job training			
Debt counseling			

In the past 12 months, you:

☐ Got a flu shot
☐ Wore a helmet while riding a bike or motorcycle
☐ Wore a seat belt when you drive or ride in a car or truck
☐ Stayed home from work, school or some other activity because you were feeling down or blue
☐ Drove a truck or car after drinking alcohol or illegal taking drugs
☐ Used cocaine, marijuana, meth, heroin or other illegal drugs
☐ Had more than one sex partner
☐ Smoked cigarettes
☐ Smoked cigars
☐ Used smokeless tobacco (snuff, chew, spit tobacco, or e-cigarettes)
☐ Had a 6 more drinks at one time
☐ Couldn't pay for a drug the doctor wanted you to take

What are the best things about living in Dane County? Please select all that apply

☐ Low crime
☐ Safe neighborhoods
☐ Access to healthcare services
☐ Diversity
☐ Outdoor activities
☐ Economy
☐ Arts/culture
☐ Good place to raise a family
☐ Adequate housing
☐ Schools
☐ Other:_______

Appendix C: Healthy Dane Focus Group Attendees

Focus Group: Mental Health

Journey Mental Health Center	William Greer
Outreach	Steve Starkey
Domestic Abuse Intervention Services	Diara Sturevant
Public Health Madison & Dane County	Jami Crespo
Madison Metropolitan School District	Sally Zirbel-Donish
Madison Police Department	Eugene Woerhle
Madison Police Department	Carlin Becker
Safe Communities	Mary Zimmerman

Focus Group: Drugs and Alcohol use/abuse

Stoughton School District	Laurel Gretebeck
Stoughton Police Department	Greg Leck
Stoughton School District	Mel Dow
Community advocate	Sharon Mason-Boersma
Stoughton Senior Center	Cindy McGlynn
Public Health Madison & Dane County	Justin Svingen
Safe Communities	Cheryl Wittke

Appendix C: Healthy Dane Focus Group Attendees

Continued

Focus group - Obesity

Oregon School District	Amy Miller
Oregon Area Senior Center	Anne Stone
Community advocate	Aaron Perry
REAP	Anna Strand
Childhood Obesity Prevention Collaborative	Julia Stanley
Boys and Girls Club of Dane County	Karen Gallagher
Oregon School District	Deb Bossingham
Oregon Area Chamber of Commerce	Judy Knutson
Operation Fresh Start	Mary Musholt
Student RN Operation Fresh Start	Emily Zentz

Appendix D: Focus Group Responses

What are the influencing factors of obesity?

What are the factors in obesity?

- Convenience
- Speed of life – everyone too busy
- Cost of quality foods
- Awareness of diet/exercise
- Salt/sugar cravings
- Patterns of eating – always eat poorly (what people are used to), not used to healthy foods
- Healthy vending – fruit is a novelty when first presented, long term usage drops. Fruit rots and fruit leathers sells
- Kids don't know different kinds of fruits and vegetables
- Challenges in how school food is served (significant infrastructure issues)
- Unlikely people will spend WIC/Snap money on more expensive items like vegetables and fruit
- Food insecurity
- Perception - hamburger = meal; salad ≠ meal
- Influenced by huge corporate dollars marketing for sugar cereal, pop, fast food
- Local history – what we grew up with – casseroles; cultural food issues
- Beer culture – Drink Wisconsably
- Weather – cold winters; gets dark early
- Too much technology use
- Poverty and crime
    - Few grocery stores in poor areas
    - Must provide avenues for activity – exposure to healthy foods, physical activity
- Positive changes in school Physical Education - focus on activity not just sports. Kids moving 80% of the time versus 50% of the time, growth in school gardens
- Caution – people feeling attacked on food choices; Stop listening, stigmatized
- Looking for healthy quick/efficient foods
- Children not seen as overweight
    - Head Start staff and parents – don't perceive children as having weight issues
- Advertising showing heavier people- more socially acceptable
- Docs need to have conversations with parents about healthy weight early (0-1)
- Food as comfort
    - When don't have much – glad when you can feed your kids; don't want to feel bad about doing the best you can
- Physicians not sure how to help
    - No reimbursement for time spent in discussion
- Perception problem – obesity is a challenge of one's will
- "No one knows the key thing"
    - Who do you believe; always something new
    - Can't work together/partner if everyone believes in something different
- Work on developing health behaviors
    - Doctors should soft hand-off to social work, dietician to work with families
    - Opportunities for health coaches
- Health coaches can help navigate and problem-solve
- Families in poverty struggle to get to doc
    - Can experts get out with kids? Get them out in community and in schools?

Appendix D: Focus Group Responses

Continued

What are the influencing factors of obesity?

- Experts should reflect the community they serve
  - Help people see that "this is for you too"
- Use technology to help
  - Face time coaching
  - Keep track/support through text messaging
  - Text4baby – but for wellness
  - Health apps for kids
- Activities in parks – people expect organized activity – not used to doing thing on their own
- Getting B-cycle in rural communities
- How can healthcare bridge between what is available to some and make it available to all.
  - Barriers in rural communities
  - Active at school. At home – limited opportunities after walking the dog. No way to get back and forth to school to be active
- Change message to BE HEALTHY and not just obesity
- For all demographics – kids who are active do better in schools. Moving while learning.
  - Active desks
- Spark program (?) give kids pedometer – kids set own goals – are more active. Do better in school
- Boys and Girls Club - want to be a community fitness center
- Oregon Wellness Committee through Stoughton hospital
  - Have nutrition walks, grocery store tours – very popular
- Opportunities for more cooking classes – healthy adaptations
- Tie healthy eating tips in with food pantries
- Hospitals are not walking the talk – having just diet pop (as opposed to diet & regular) is not a solution
- Host activity nights which include meals so families don't need to cook
- October is national farm to school month – expand to families – farm to cafeteria conference
- Infrastructure issues for food service. Not just buy-in; need to purchase equipment and retrofit
  - REAP: adding salad bar is huge deal for big districts like MMSD; centralized food prep.
- Rural schools have more flexibility than larger school districts
- Teach kids healthy snack making
- County-wide bike systems – greater opportunity for rural communities
- Food industry – able to do much without ramification – additives
- Artificial flavors are so strong – challenge to move back to natural flavors
- Don't just talk about negative

Appendix D: Focus Group Responses

Continued

What are the factors affecting alcohol and drug abuse?

How many alcohol/drug incidents are there in a school year?
- There is more tolerance for alcohol
- Students are more likely to use drugs in school (easier to hide)
- Young people – drugs are easier to get
- Police – seeing fewer underage drinking charges
- There are more checks & balances for alcohol
- Stealing drugs from family- share between friends
- Hospitals & EDs are doing better prescribing additive medications
- But – families are naive about youth use, kids take a few at a time; go back later
- Education needed for families
- Tightening of medication access – illicit drug use up
- Public becoming more aware that drug addiction is a disease – people are productive society members AND drug users.
- There is a danger in saying drug and alcohol use is recreational
- Hypothesize that Mexican drug cartels are impacting heroin market(legalization of pot – driving diversification)
- Heroin available in pill form – disguised as Oxycontin
- Not many understand how quickly prescription drug use turns to heroin addiction

Dane County Youth Assessment. Is data surprising?
- The drug use data seems too low. Alcohol is more acceptable

Alcohol-related motor vehicle injury rate dropped. Surprising?
- No – vehicles are safer – side airbags, seat belts, but there has been a decrease in OWI across state (increase in high density alcohol patrols)
- School district experience does see a violation decrease – but just think it is more hidden
- Underage drinking violations down
  - Kids are being more private, fewer big house parties
  - Fewer officers to patrol
  - Police don't believe drinking is less
- Much more impaired driving incidents ("skyrocket")
  - Much harder to detect
- Synthetic pot – emerging. Not much in area yet.
  - Issue – not covered in statutes

OWI arrests?
- Majority of 1st offence = .15 BA or higher
  - 4th offence and more = felony
  - 1st offence is a civil crime
- 60% of Stoughton OWI = 1st offense
- If we had similar east test for drug use- impaired driving statistics would be higher
  Impaired driving easier to detect in a crash – reasonable cause for blood test
- In younger kids – there is some drug/alcohol use in younger children – social work and counselors are more involved. Some kids will use cough medications

Appendix D: Focus Group Responses

Continued

What are the factors affecting alcohol and drug abuse?

- Opinion – those with mental health issues may allow their children to use drugs
- State laws allow kids to drink with parents in bars – WI has some of the most lax laws in the nation. Many issues are pushed to local legislation.

Factors?

- Mental health
- Not enough resources or education on stress management
- Generational ideas ("I turned out fine")
- Lifestyle
- Commercials – make it look like fun "We are crippling our own society"
- Avoidance/coping
  - Family needs to address
  - Low levels of supervision – (caution)

Prevention:

- Consider anti-tobacco campaign
  - Borrow ideas from tobacco industry
- Share personal stories… Impact of Lodi officer was huge
  - Families speak out.. this happened… someone died
- Treatment – cost prohibitive and not available

Stigma and social determinants:

- Education – drug use, mental health, homelessness – Stigma is changing
- Mental Illness – long way to go. Lack of understanding. Need to do at younger ages
- Stoughton QPR (suicide prevention) is a model (Mental Health first Aid)
  - Stoughton school district is involved in Mental Health First Aid
- Pre-intervention services – needed before acute and involuntary
  - "The state system is a nightmare"
- Resources needed in the community
- If you have insurance - more likely to get help
- "No one wants to spend on prevention"
- Insurance coverage is an issue; hospitals not being reimbursed

How to impact:

- Issues have become political game /refuse to spend money
- How do we leverage our power
- Focus our education on politicians When someone wants something done, it will happen
- Data should be common knowledge
- Need a passionate advocate
- We need more financial examples – cost benefit of prevention; economic impact – lost productivity
- Opportunity for powerful collaboration – Money not being spent well, coordinated through the health care system
- There has not been a significant coalition on mental health or substance abuse

"We want to start making a difference now."

Appendix D: Focus Group Responses

Continued

What are the factors affecting mental health?

Why is there a disconnect between perception and reality (related to suicide stats)?

Stigma

- Media focuses on sensationalized stories – perception that mental illness leads to violence.
- Community may be unaware of help available
- Not perceived as "real" – and that it is attention seeking
- Substance abuse is a result of lack of willpower
- Need to create an atmosphere where it is ok to say that have you mental health issues
- Those in industry (mental health providers) are impacted by stigma
- Include those who are impacted by mental health/suicide in discussion

Access

- Can refer but cannot get help
- A lot of resources but not available to all in need
- Process can be traumatizing for the patient – patient can lose ground if waiting in the ED
- Involuntary commitment is the only way to get help.
- Police can sit with patients for 12 hours in hospital before person can get involuntary admission
- "How human is it to have a patient wait 4+ hours, voluntarily, before they can't take it anymore"
- Need is growing – patients are younger and more complex
- System is tilted to intervention not prevention
    - No intermediate step
- No resources after 4pm – only options are home safety plan or ED
- Great collaboration between police and Journey
- Issue of revolving door – deal with acute situation/detox then back in same situation

How can we prevent?

- 2/3 of kids in Building Bridges program are homeless
- Outreach sees clients with multiple issues : homeless, mental health. Senior, substance use
    - Would benefit from care collaboration
    - CASE BY CASE work will not solve the problem
- Need partnership between primary care and mental health
    - 24 hour access
    - Urgent care type design
    - Case manage – accessible, sustainable, integrated
- Stigma impacted by cultural/social influences
    - "He is just that way"
    - "Just having an off day"
- Dementia and aging population – this is a growing problem
- PTSD/returning service people
    - Afraid of mental health diagnosis; could lose post/job
- Seeing suicidality in really young children (5-6 years old)
- Trauma impacted mental health
- Thought numbers would be higher

Appendix D: Focus Group Responses

Continued

What are the factors affecting mental health?

- Medication compliance = big issue
    - Feel better or feel numb – reason for discontinuation
    - Bipolar – feel better off meds (although improving)
- Involve family in how to help (integrated approach)
- Kids are not outside as much – need to burn off excess energy
- How do we reach out to address cultural differences?
  to use a bike trail, you need a bike

What else should we ask?

- More questions at primary care – get to social determinants
- Docs should take caution when asking – some patients may be uncomfortable sharing
- Sense of community is essential to good mental health – support, belonging
  isolation could be physical, social and spiritual
- Peer support – Journey hires people with lived experience; work to create community (IE – Yahara House)
- People who are well have 6-7 supporting groups, when groups reduce, problems develop
- Mental Health awareness
- Concerns about turn-over in mental health providers
- Lose someone you trust "healthcare can be factory-like but mental health relationship is more delicate"
- Consumers/patient should not be left without a follow-up appointment after a crisis visit – issues with transitions, "Make a plan"
- Need better coordinated care
- Journey program to address trauma
- Trauma informed care – include of trauma on so many patients
- Families involved in care plan

Next steps

- Community readiness for discussion
- Mental health first aid helps break down stigma
- Funding streams are not consistent – programs/ideas only last as long as an election cycle
    - Response is more crisis driven
- Need long term vision/approach
- Focus on more than those who end up in ED

Appendix E: Community Input

Black Women’s Wellness Day

Black Women’s Wellness Day
Saturday, September 19, 2015
What issues have the greatest impact on the community's health?

Issue	Response	Percentage	Total Responses	Grand Total Percentage
Mental health	70	24.14%		
Drug/alcohol	27	9.31%		
Stress management	2	0.69%	99	34.14%
Obesity prevention	54	18.62%		
Healthy eating	30	10.34%		
Affordable, available healthy foods	3	1.03%		
Food dessert	2	0.69%	89	30.69%
Oral/dental	28	9.66%	28	9.66%
Access (insurance)	22	7.59%	22	7.59%
Maternal and child health	10	3.45%		
Reproductive health	3	1.03%	13	4.48%
Injury/violence	13	4.48%	13	4.48%
Tobacco free	9	3.10%	9	3.10%
Respiratory	6	2.07%		
Air pollution	1	0.34%	7	2.41%
Physical disability resources	4	1.38%	4	1.38%
Infectious disease	4	1.38%	4	1.38%
Finance/jobs	2	0.69%	2	0.69%
Total	**290**			**100%**

Centro Hispano

Issue	Response	Percentage	Total Responses by Group	Grand Total Percentage
Obesity	2	2.67%		
Diabetes	16	21.33%		
Heart disease	2	2.67%		
Cholesterol	2	2.67%		
High blood pressure	1	1.33%		
			23	30.67%
Cancer	13	17.33%		
Breast cancer	1	1.33%		
			14	18.67%
Depression	7	9.33%		
Anxiety	1	1.33%		
Fear	1	1.33%		
Mental health	2	2.67%		
			11	14.67%
Flu	2	2.67%		
Colds	2	2.67%		
Pneumonia	1	1.33%		
			5	6.67%
Osteoarthritis	3	4.00%		
HIV/AIDS	3	4.00%		
Autism	2	2.67%		
Dyslexia	2	2.67%		
Diarrhea	1	1.33%		
Asthma	1	1.33%		
Lung	1	1.33%		
Anemia	1	1.33%		
Hepatitis	1	1.33%		
Ulcer	1	1.33%		
Ebola	1	1.33%		
Parkinson's disease	1	1.33%		
Alzheimer's disease	1	1.33%		
Disability	1	1.33%		
Cataracts	1	1.33%		
Multiple sclerosis	1	1.33%		
Total	**75**	**100%**		

Senior Center Health

Senior Center Health Fair **10-Sep-15**

What issues have the greatest impact on the communities health?

81 votes=27 people

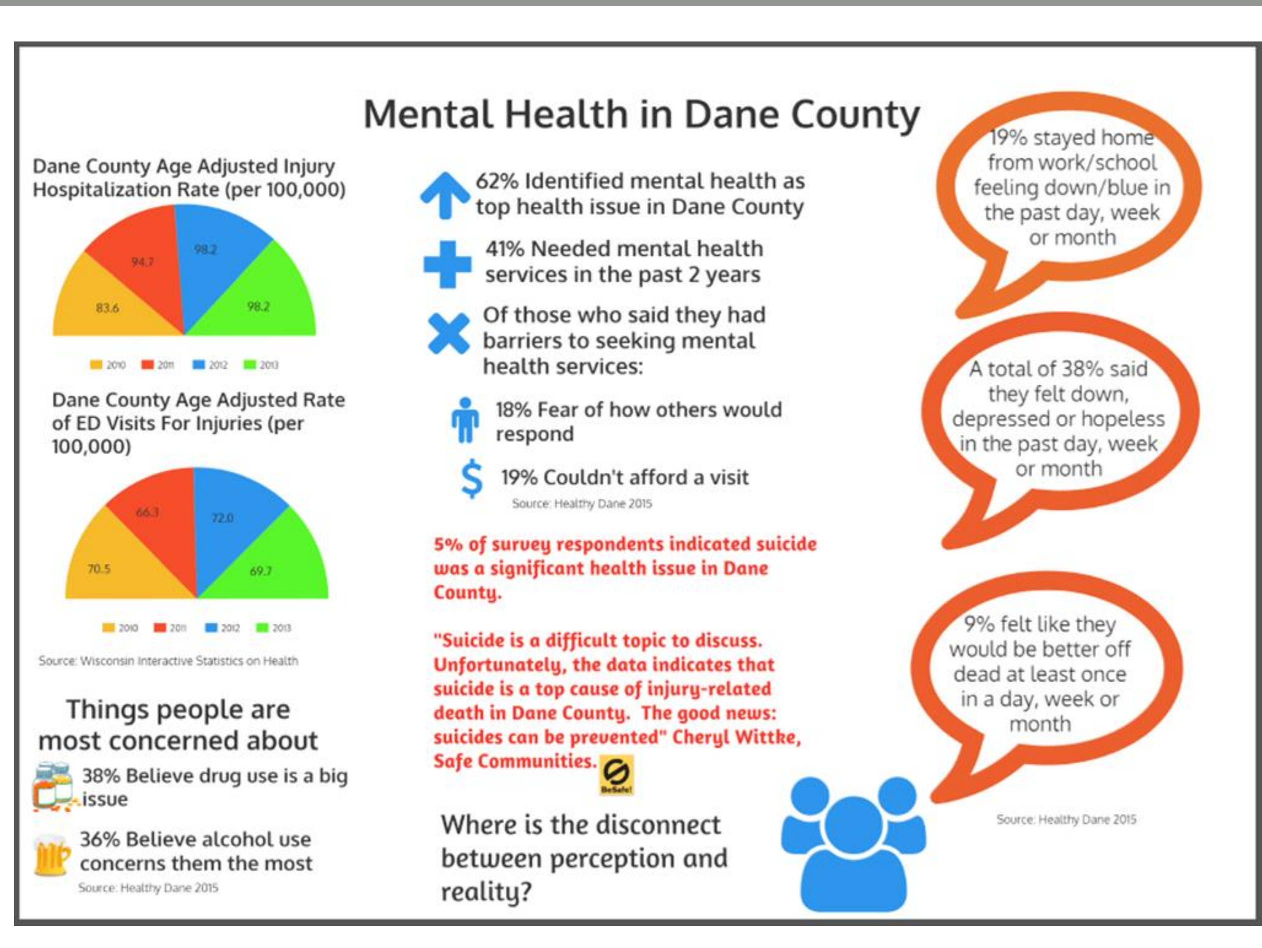
Issue	Responses	Percentage
Access to Care	15	18.50%
Mental Health	13	16.00%
Heart Disease/Stroke	8	9.80%
Alcohol Use	7	8.60%
Aging Problems	1	1.20%
Diabetes	7	7.40%
Obesity	6	7.40%
Cancer	6	7.40%
Drug Use	5	6.10%
Poor Nutrition	2	2.40%
Write in receiving 1 vote	1	1.20%
Finances		
Loneliness		
Homelessness		
Transportation		
Geriatric Care		

Mental Health	13	16.00%		
Alcohol Use	7	8.60%		
Drug Use	5	6.10%	25	30.80%
Diabetes	7	7.40%	23	28.40%
Heart Disease and Stroke	8	9.80%		
Obesity	6	7.40%		
Poor Nutrition	2	2.40%		
Geriatric Care	1	1.20%	2	2.40%
Aging Problems	1	1.20%		

Appendix F: Data Placemat

Data placemat example

Focus group facilitation included the use of data placemats, a unique strategy to engage participants and guide discussion around specific topics. Data placemats display thematically grouped data using charts, graphs, tables and quotes in an easy to understand format.



Appendix G: Community Health Needs

How the priorities were chosen

As part of the CHNA requirement, hospitals are required to prioritize the needs that are identified and validated through the data analysis. In order to do so, hospitals must establish specific criteria that will be used to assess each of the identified community needs.

External Community Criteria	Criteria Rating Scale: 5: Strongly Agree; 4: Agree; 3: Neutral; 2: Disagree; 1: Strongly Disagree	Criterion	Description
		Severity	In my opinion, this is a serious health need within the community.
		Importance to Community	In my opinion, addressing this health need is very important to this community.
		Impact	In my opinion, addressing this health need will improve the quality of life within this community.
		Existing community resources	In my opinion, there are no resources for addressing this need within the community.
		Equity: Severity Measure	In my opinion, my community has populations who are affected by health concerns disproportionally

Collaborative Efforts	Criteria Rating Scale: 5: No Collaborative group exists; 4: Group exists; does not produce measurable change; 3: Group exists; some change; 2: evidence based OR well resourced; 1: Evidence based, Well resourced	

Based on a synthesis of primary data, secondary data, focus group input, and knowledge of current efforts in the community, core members of the Healthy Dane collaborative conducted the ranking exercise described above. The team noted the initial list should be amended to include cancer.

Given this collective prioritization exercise, the results clustered by top scores were as follows:

1. Mental health
2. Alcohol and drug abuse prevention
3. Maternal and child health
4. Obesity prevention (including addressing Type 2 diabetes and heart disease)*
4. Oral health*

*Two areas tied for #4.

The collaborative members noted that maternal and child health and obesity prevention are continuations of the two shared CHNA priorities from the first CHNA implementation plans. Mental health and AODA prevention tie into existing but newer efforts to address these complex issues. Oral health has long been a shared priority with some prospect of advancement in the next CHNA cycle.

Important to note, all the issues listed will receive attention from Healthy Dane partners in implementation plans and collaborative community work.

Identified Community Need	Severity	Importance to Community	Impact	Existing Community Resources	Equity: Severity Measure	Collaborative Effort	Total
Maternal and Child Health							
Obesity prevention Type 2 diabetes Heart Disease							
Mental Health							
AODA Prevention							
Oral Health							
Access to Care							
Healthy Eating/Food insecurity							
Infectious disease							
Respiratory disease							
Injury/Violence free							
Tobacco-free Living							

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