DANE COUNTY

Community Health Needs Assessment

2025-2027

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Land Acknowledgement

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

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

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

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

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

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

Message to the Community

Greetings,

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

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

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

Sincerely,

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

Executive Summary

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

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

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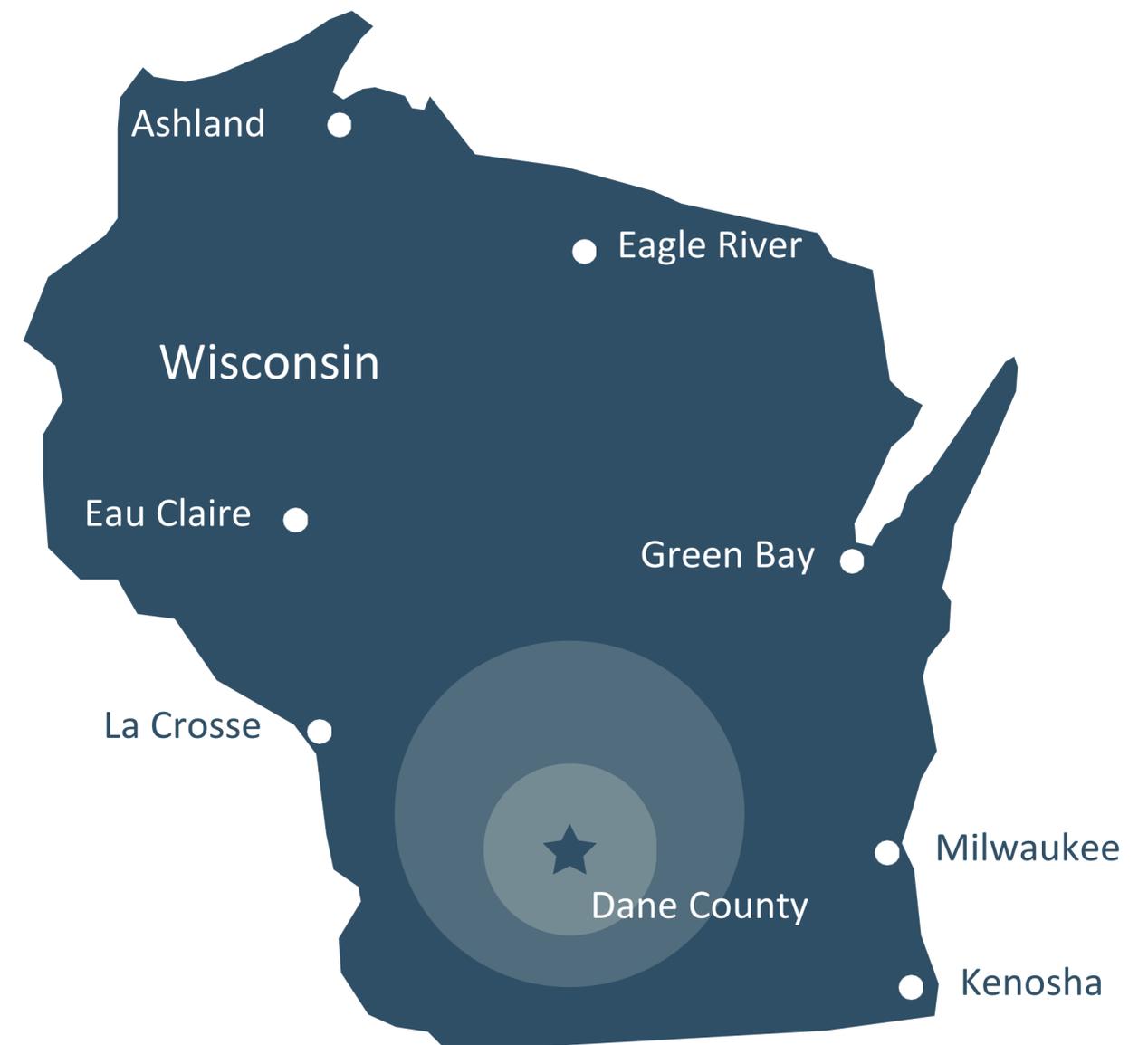
Our Community

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

Demographics

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

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

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

Service Area

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

Figure 1. DANE COUNTY SERVICE AREA

Population

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

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

Health Equity Index

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

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

Table 1. HEALTH EQUITY INDEX BY ZIP CODE

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

Figure 2. DANE COUNTY HEALTH EQUITY INDEX

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

PEOPLE

567,758
POPULATION

65.3%
18-64 YEARS OLD

7.7%
HISPANIC/LATINO
RESIDENTS

10.3%
LANGUAGE OTHER
THAN ENGLISH

Figure 3. PERCENT POPULATION BY RACE: COUNTY

White **84.1%**

Asian **6.6%**
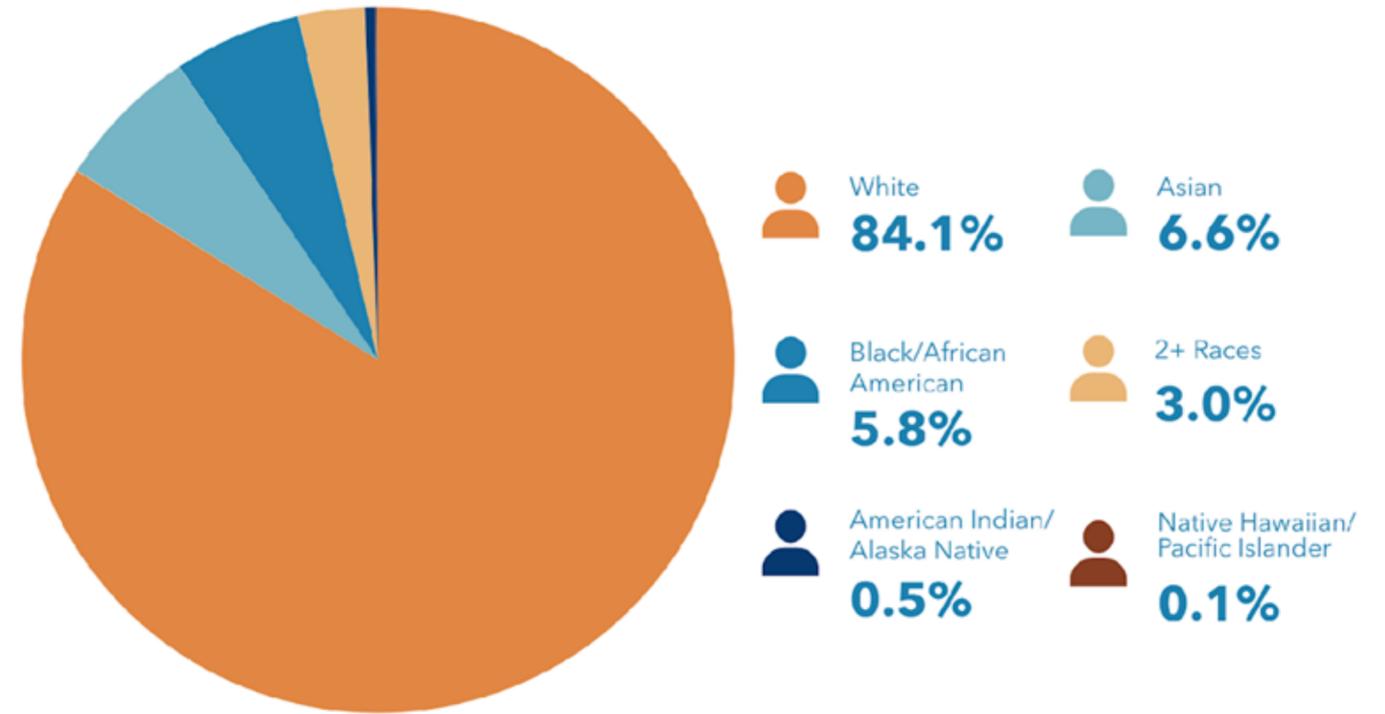
Black/African American **5.8%**

2+ Races **3.0%**

American Indian/ Alaska Native **0.5%**

Native Hawaiian/ Pacific Islander **0.1%**

Figure 4. PERCENT POPULATION BY AGE: COUNTY, STATE

Age	Dane County	Wisconsin
0-14	16.0%	17.3%
15-24	17.5%	13.5%
25-64	51.1%	50.5%
65+	15.3%	18.8%
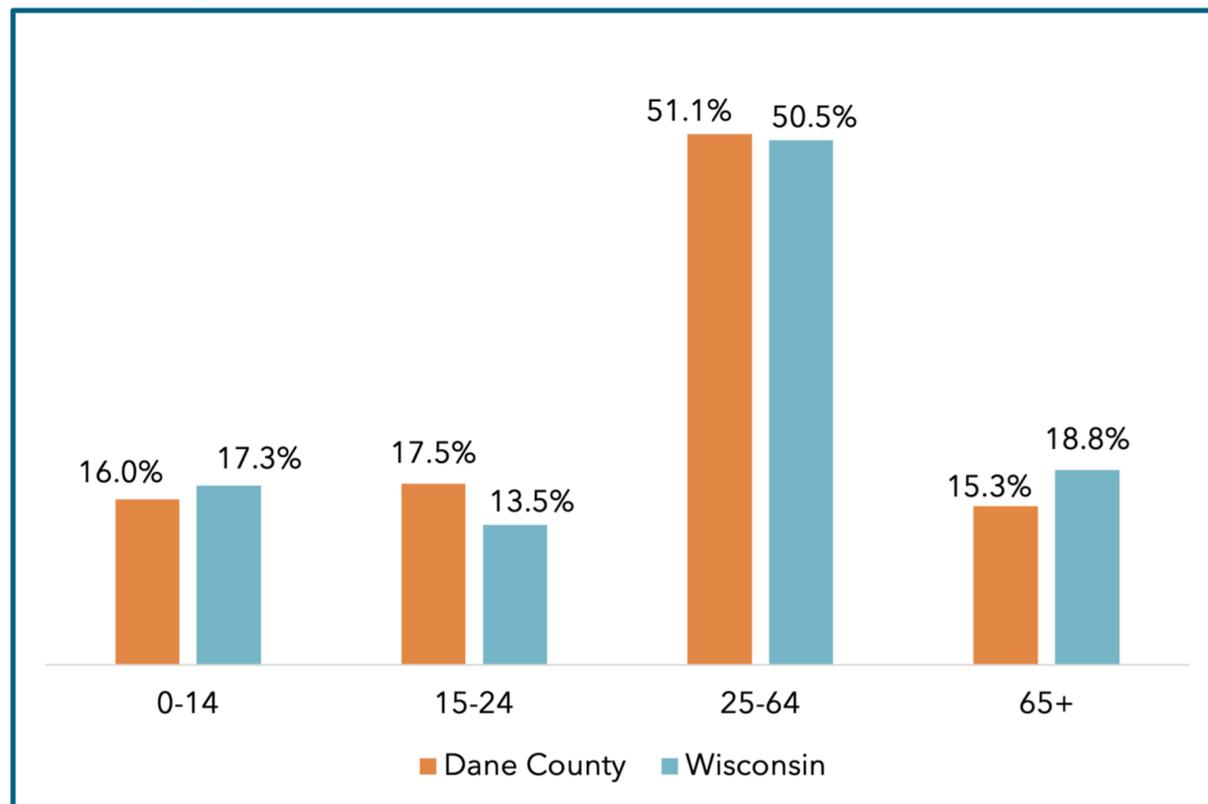
Figure 5. PERCENT POPULATION BY ETHNICITY – HISPANIC/LATINO: COUNTY, STATE

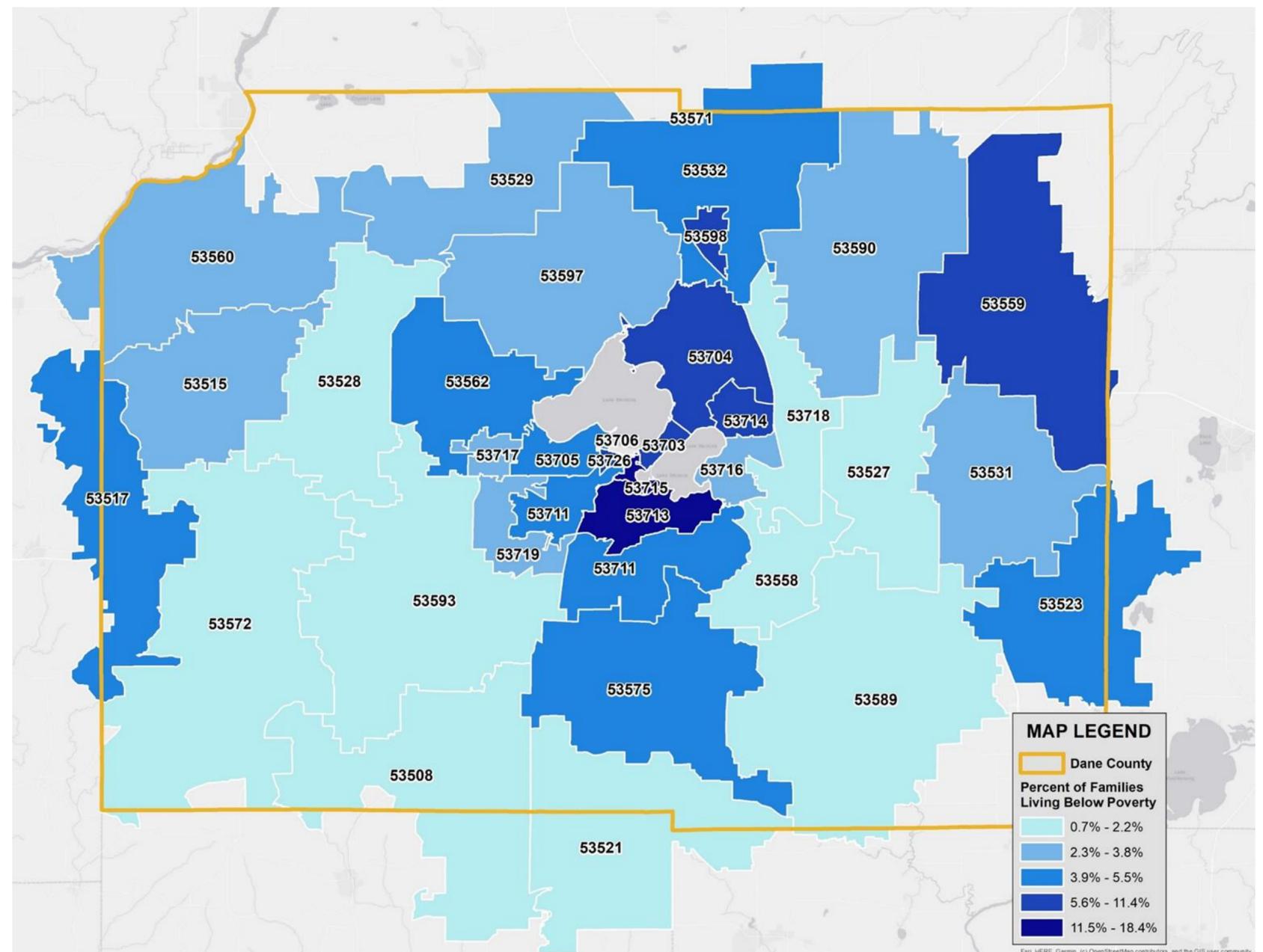| Dane County	Wisconsin
7.0%	7.6%
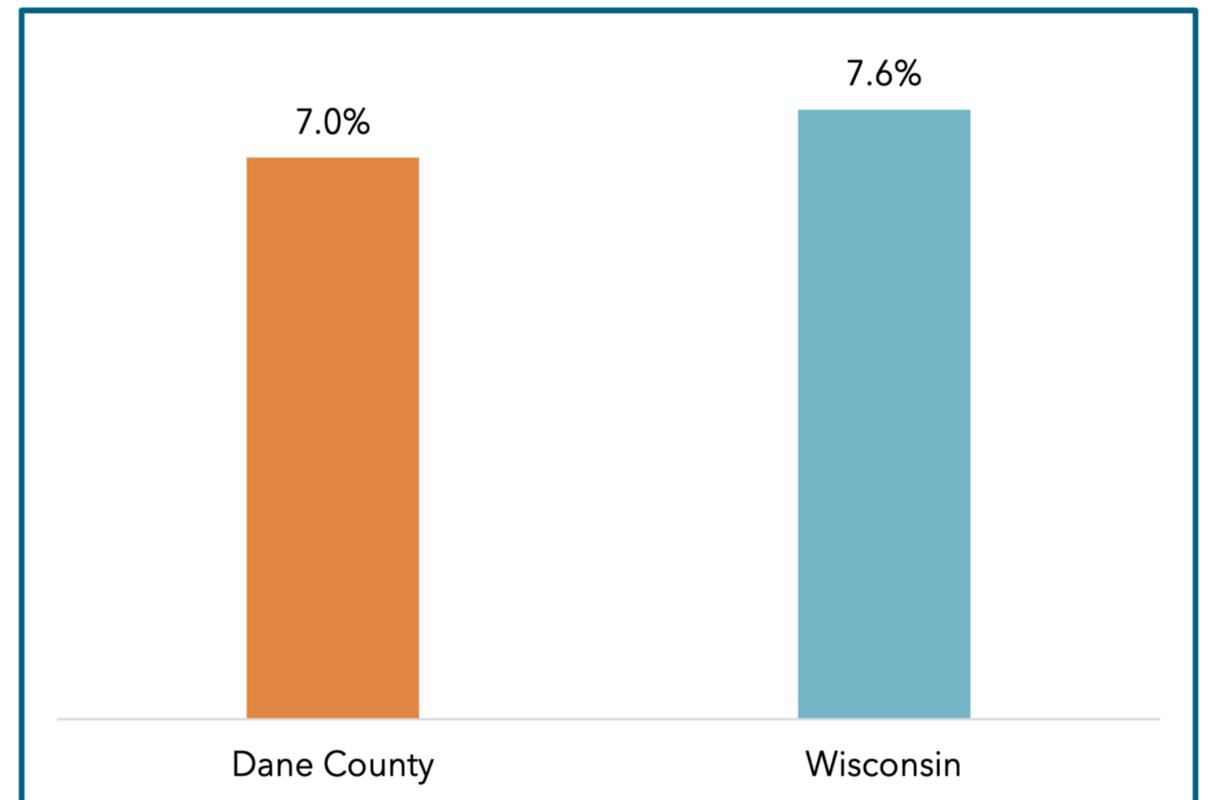
Social Determinants of Health

Poverty

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

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

Figure 10. FAMILIES LIVING BELOW POVERTY

Table 2. FAMILIES LIVING BELOW POVERTY BY ZIP CODE

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

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

ECONOMY

4.9%
FAMILIES BELOW
POVERTY LEVEL

10.9%
PEOPLE LIVING BELOW
POVERTY LEVEL

Figure 6. FAMILIES LIVING BELOW POVERTY LEVEL: DANE COUNTY

- White (Non-Hispanic): 2.9%
- Asian: 7.1%
- Multiracial: 13.4%
- Hispanic/Latino: 14.8%
- American Indian/Alaska Native: 20.5%
- Black/African American: 22.2%
- Other: 28.4%

Figure 7. MEDIAN HOUSEHOLD INCOME: DANE COUNTY

- Black/African American: $43.0K
- Hispanic/Latino: $57.3K
- American Indian/Alaska Native: $59.2K
- Asian: $74.7K
- White (Non-Hispanic): $89.6K
- Native Hawaiian/Pacific Islander: $98.79K
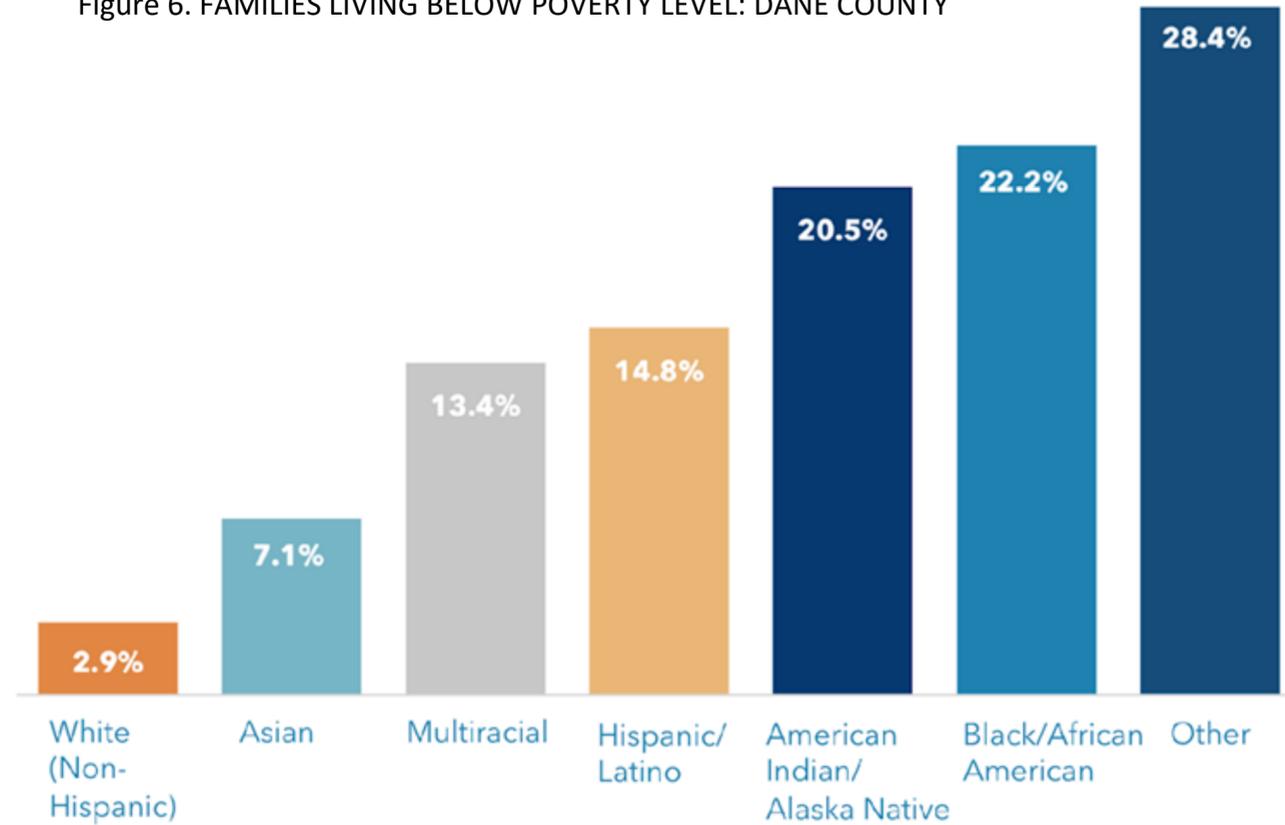
240,799
HOUSEHOLDS

2.5%
UNEMPLOYMENT
LEVEL

$84,297
MEDIAN HOUSEHOLD
INCOME

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

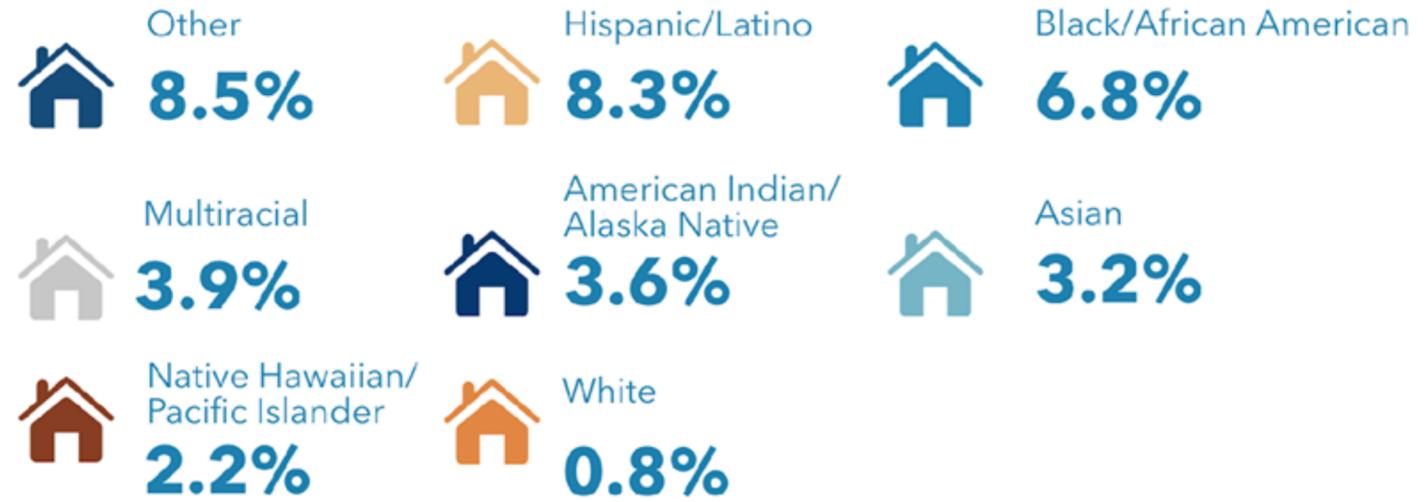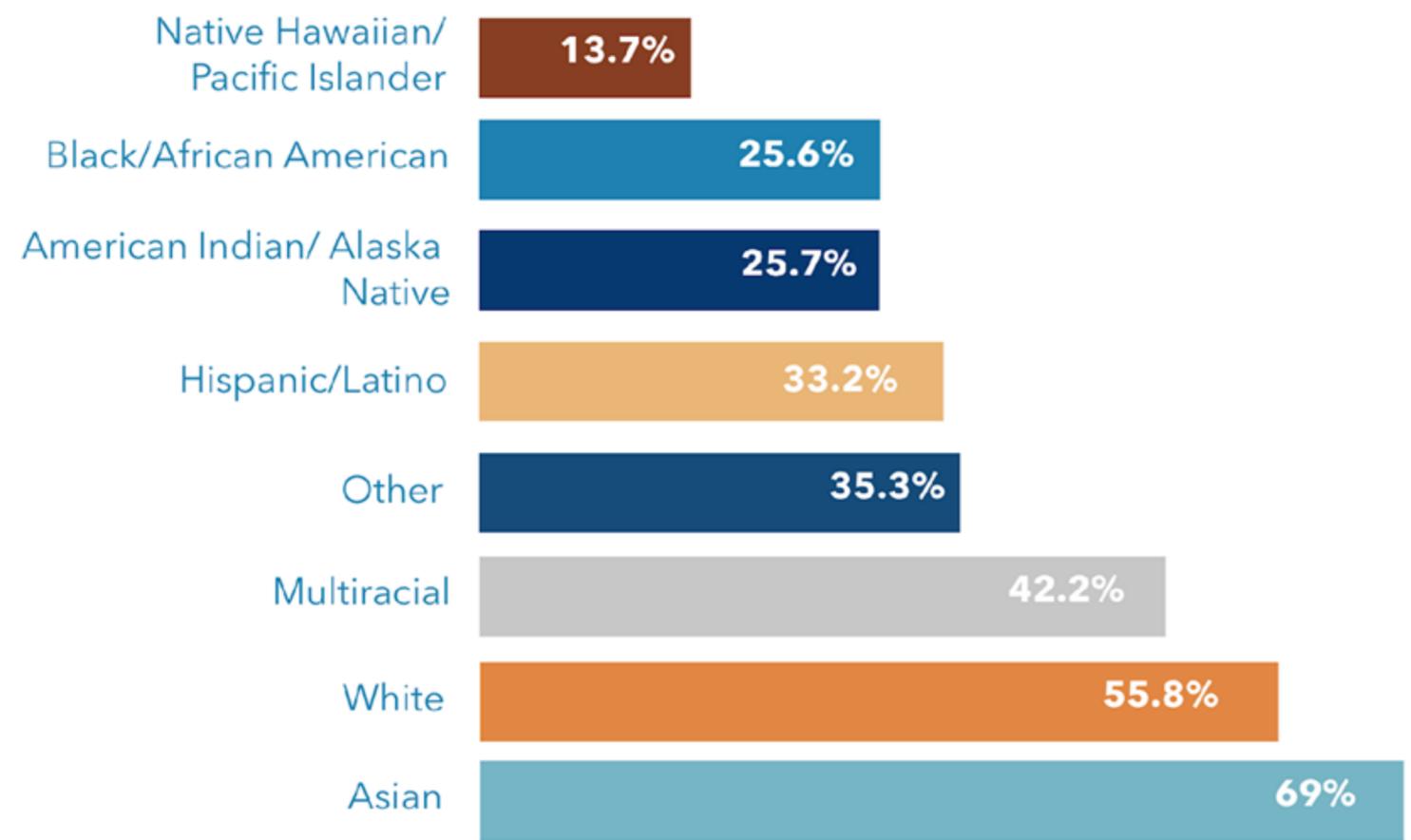## HOUSING

45.9%
SPENDING 30% OR MORE OF INCOME ON RENT

1.5%
OVERCROWDED HOUSEHOLDS

13.9%
SEVERE HOUSING PROBLEMS

Figure 8. HOUSEHOLDS WITH OVERCROWDING BY RACE: DANE COUNTY

Other
8.5%

Hispanic/Latino
8.3%

Black/African American
6.8%

Multiracial
3.9%

American Indian/ Alaska Native
3.6%

Asian
3.2%

Native Hawaiian/ Pacific Islander
2.2%

White
0.8%

EDUCATION

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

Race	Percent
Native Hawaiian/ Pacific Islander	13.7%
Black/African American	25.6%
American Indian/ Alaska Native	25.7%
Hispanic/Latino	33.2%
Other	35.3%
Multiracial	42.2%
White	55.8%
Asian	69%

54%
BACHELOR'S DEGREE

96%
PEOPLE 25+ WITH HIGH SCHOOL DEGREE OR HIGHER

Disparities and Health Equity

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

Race, Ethnicity, Age and Gender Disparities: Secondary Data

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

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

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

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

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

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

Geographic Disparities

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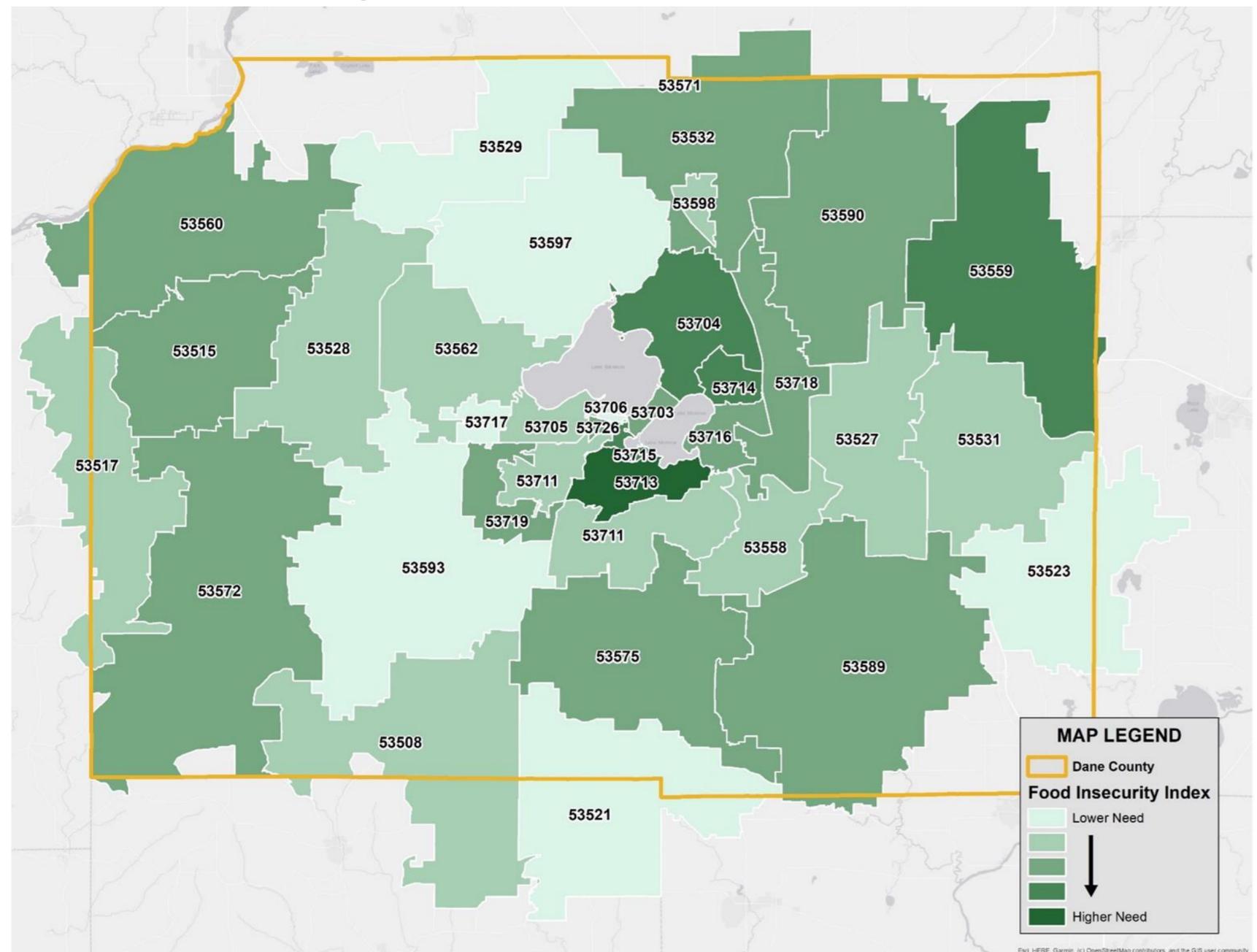
Food Insecurity Index

A measure of economic and household hardship correlated with food access

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

Figure 11. DANE COUNTY FOOD INSECURITY INDEX

Table 4. FOOD INSECURITY INDEX BY ZIP CODE

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

Mental Health Index

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

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

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

Table 5. MENTAL HEALTH INDEX BY ZIP CODE

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

Figure 12. DANE COUNTY MENTAL HEALTH INDEX
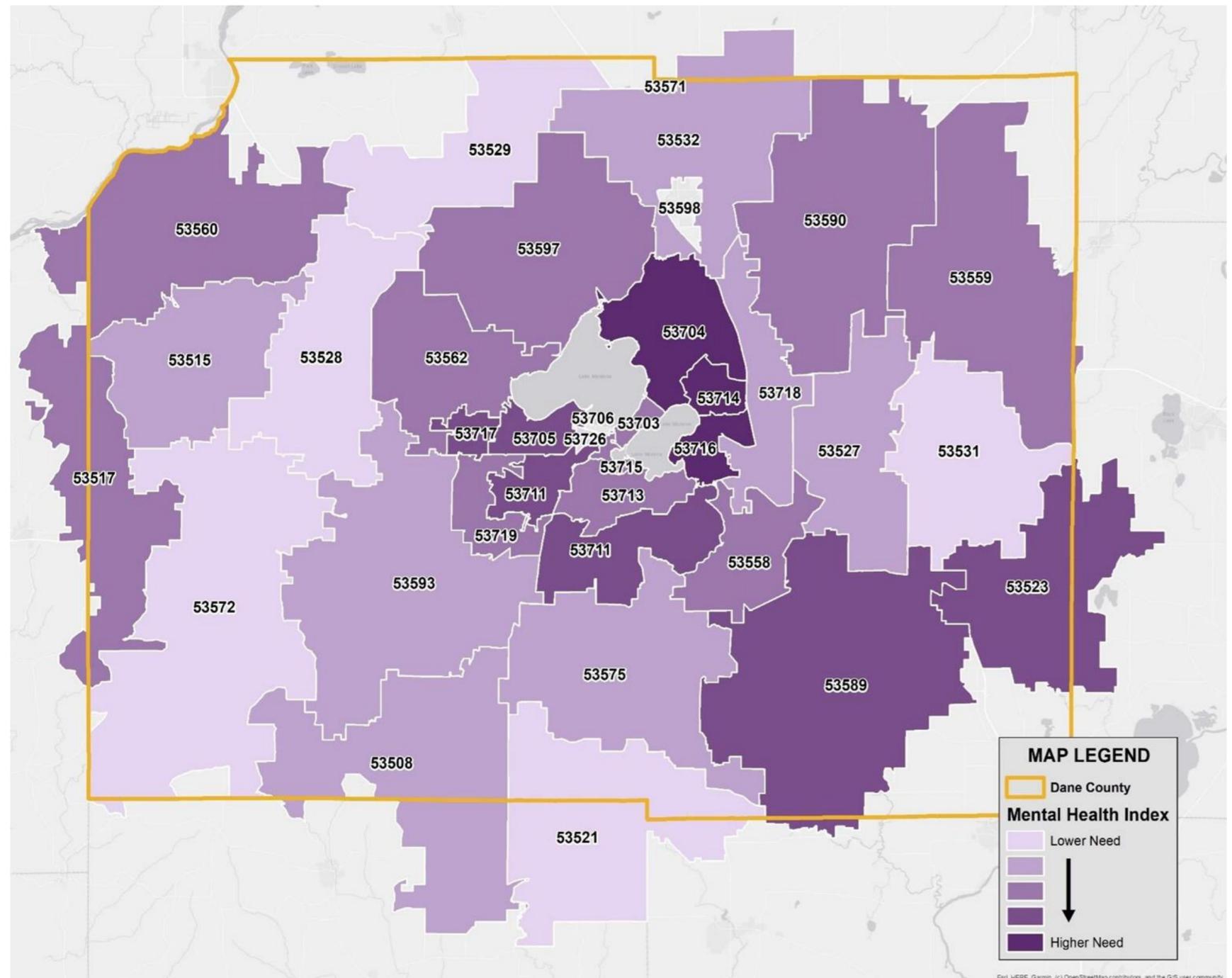
Local Secondary Data

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

INFANT HEALTH

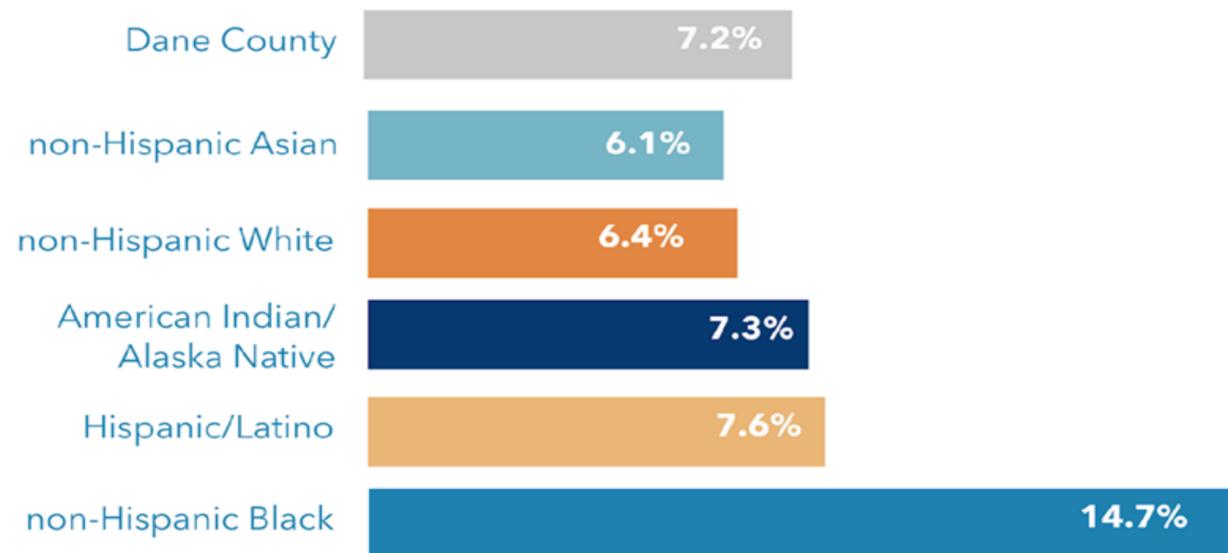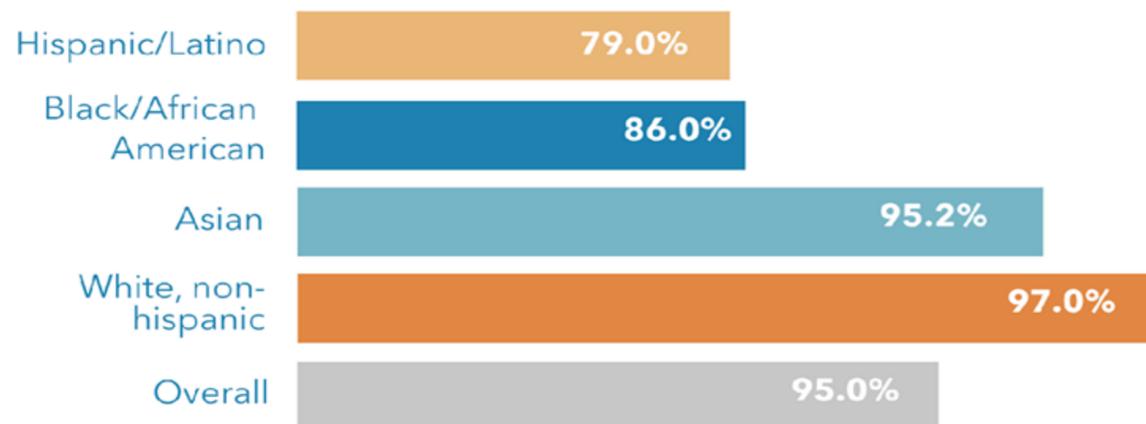**1,200** LOW BIRTH WEIGHT BABIES

1,500 PRETERM BIRTHS

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

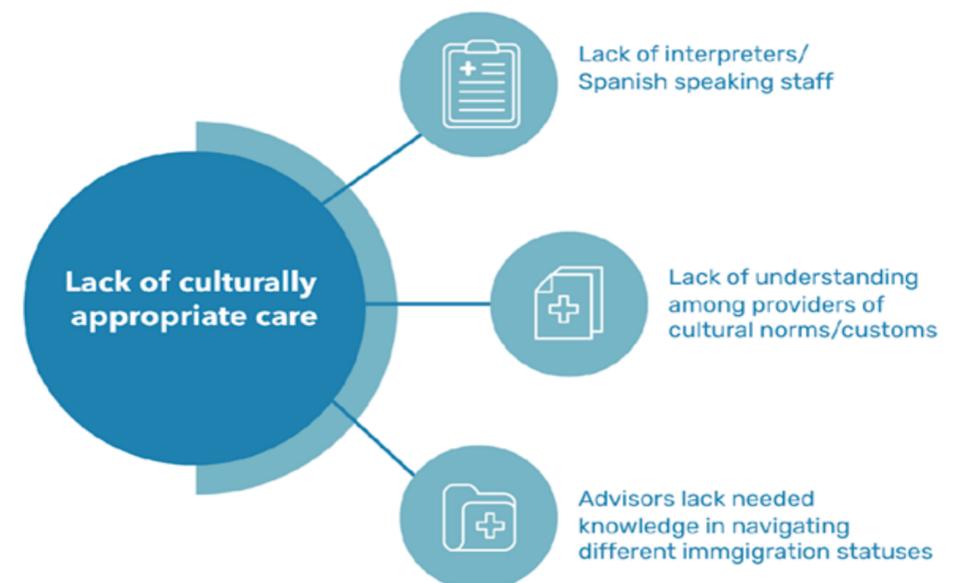Figure 16. LOW BIRTH WEIGHT, 2021-2023: DANE COUNTY

Dane County	7.2%
non-Hispanic Asian	6.1%
non-Hispanic White	6.4%
American Indian/ Alaska Native	7.3%
Hispanic/Latino	7.6%
non-Hispanic Black	14.7%

ACCESS TO CARE

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

Hispanic/Latino	79.0%
Black/African American	86.0%
Asian	95.2%
White, non-hispanic	97.0%
Overall	95.0%

Latinx Participant Concerns

Lack of culturally appropriate care
- Lack of interpreters/ Spanish speaking staff
- Lack of understanding among providers of cultural norms/customs
- Advisors lack needed knowledge in navigating different immigration statuses

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

Local Secondary Data

GUN VIOLENCE

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

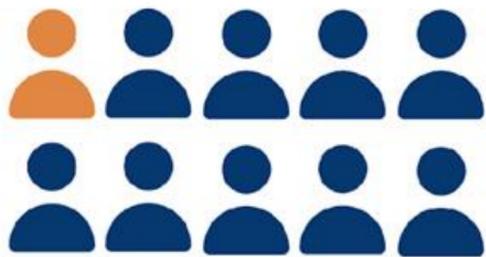|	
Non-Hispanic White Males	0.7
Non-Hispanic White Females	0.7
All Females	0.9
All Males	1.9
Non-Hispanic Black Males	21.7
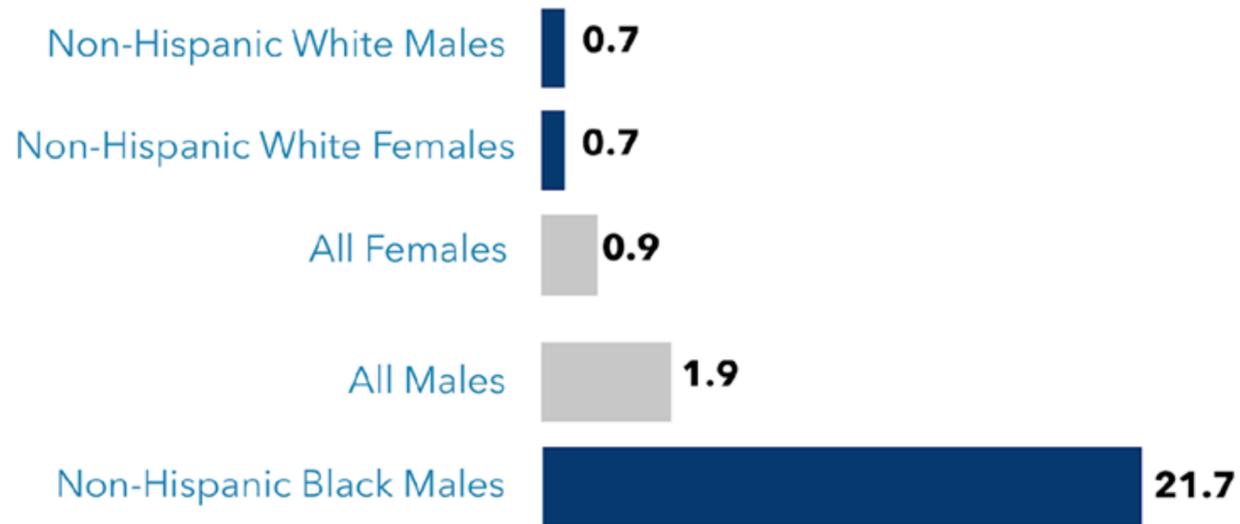
80%
ANNUAL FIREARM DEATHS DUE TO SUICIDE

1 in 2
ADULTS REPORT BEING IMPACTED BY GUN VIOLENCE

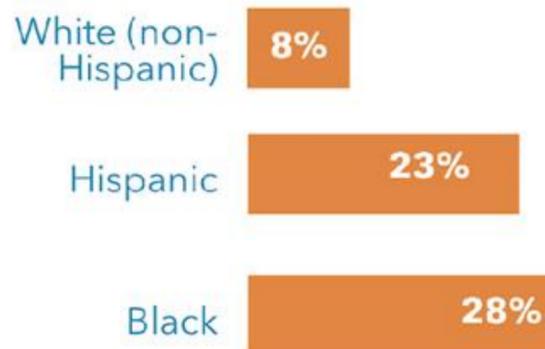**FOOD INSECURITY**

1 in 10
PEOPLE IN SOUTHWESTERN WI CONSIDERED FOOD INSECURE

Figure 15. SOUTHWESTERN WISCONSIN FOOD INSECURITY RATES

White (non-Hispanic)	8%
Hispanic	23%
Black	28%

22,899,486 lbs
OF FOOD DISTRIBUTED IN 2023, A **29% INCREASE** FROM 2022

47%
INCREASE IN NUMBER OF PEOPLE CONSIDERED FOOD INSECURE (JULY 2022-JUNE 2023)

Local Secondary Data

IMMIGRATION

MORE THAN
300,000
IMMIGRANTS IN WI
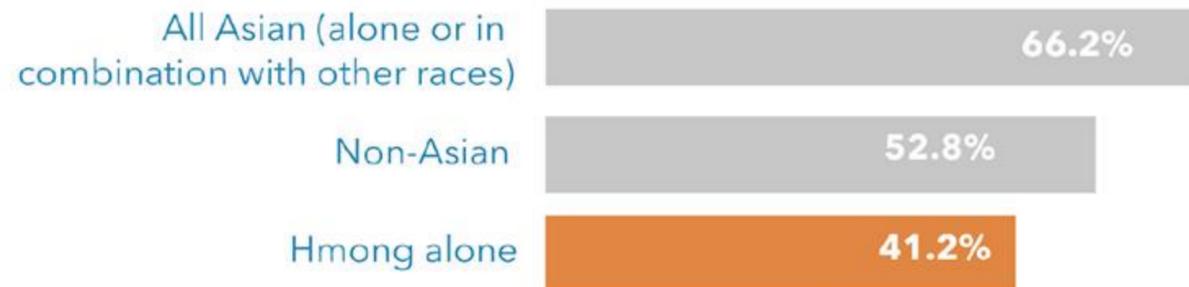
MORE THAN
48,000
IMMIGRANTS IN DANE COUNTY

MORE THAN
75,000
UNDOCUMENTED IMMIGRANTS IN WI

6,540
ACTIVE DACA RECIPIENTS IN WI

Immigrant Needs in Dane County

- Job loss
- Domestic Violence
- Family dynamics
- Lack of health coverage
- Social Support
- Mental Health

Exacerbated by political climate

HMONG YOUTH

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

All Asian (alone or in combination with other races)	66.2%
Non-Asian	52.8%
Hmong alone	41.2%

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

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

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

Our Process

CHNA Timeline

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

Phase 1: Planning (Jan-March 2024)
- Healthy Dane CHNA planning kick-off meeting
- Finalize data collection instruments
- Create and finalize clinical and provider survey
- Develop focus group, community conversation protocol

Phase 2: Data Collection (Apr-June 2024)
- Host focus groups, community conversations
- Disseminate clinical provider and staff survey
- Onboard Community Health Interns to support CHNA efforts
- Identify secondary data

Phase 3: Synthesis (July-August 2024)
- Update, review secondary data
- Complete primary, secondary data analysis
- Synthesize secondary data and community input
- Select priority areas
- Present data analysis for shared understanding and decision-making

Phase 4: Reporting (Sept-Oct 2024)
- Finalize CHNA report, share for review
- Plan communications and dissemination activities
- Board approval for each participating Healthy Dane Collaborative partner
- Disseminate CHNA Report

Planning

1. Planning

2. Data Collection

2025-2027 CHNA

Report Out

4. Reporting

3. Synthesis

Data Collection Methodology

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

Primary Data

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

Clinical Survey

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

Youth-Led Focus Groups

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

Community Conversations and Focus Groups

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

Provider/Clinical Staff Focus Groups

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

Environmental Scan

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

Secondary Data

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

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

Figure 18. SECONDARY DATA SCORING

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

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

- green indicates significantly better than overall value

- red indicates significantly worse than overall value

- blue indicates no statistically significant difference than overall value
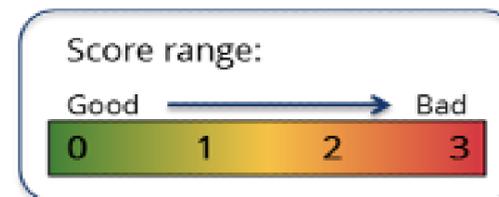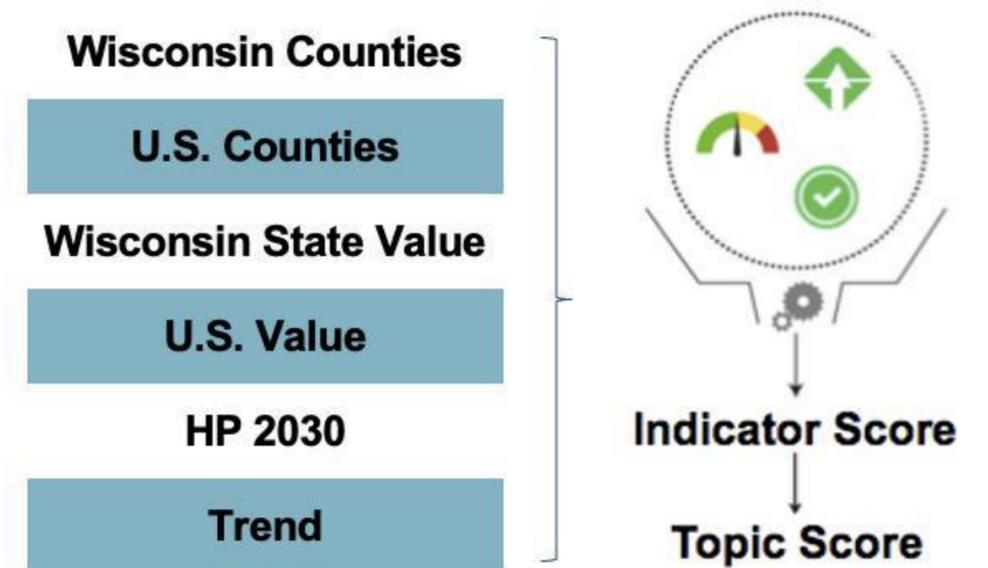

Figure 19. TOPIC SCORING RESULTS

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

Our Priorities

Reproductive Justice

Mental Health and Substance Use
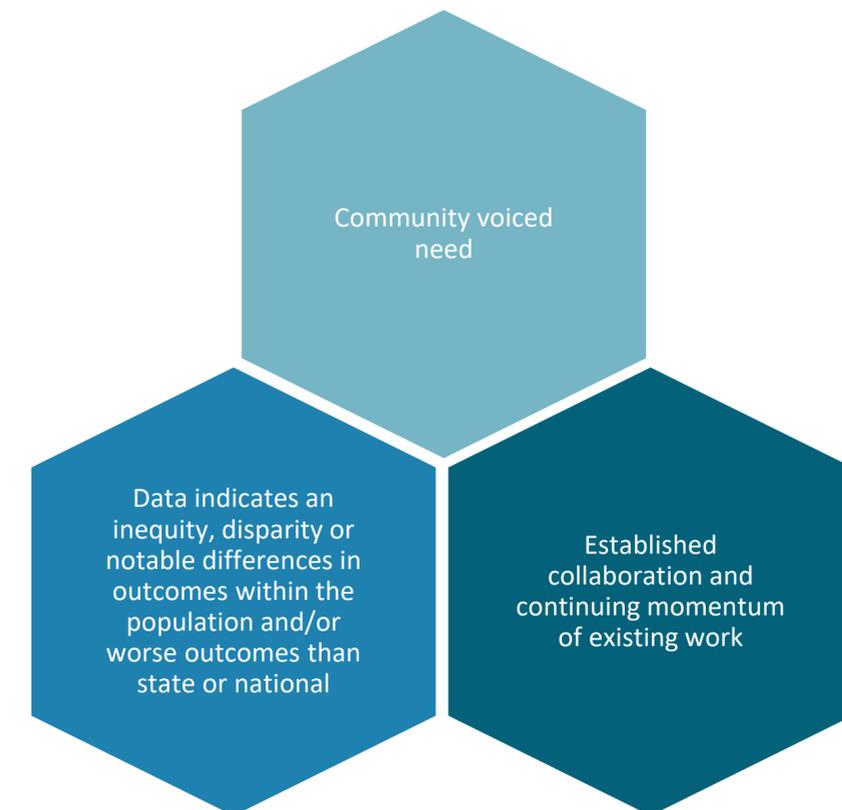
Chronic Conditions

Injury and Safety

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

Our Prioritization Process

ANALYZE PRIMARY AND SECONDARY DATA

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

SYNETHSIZE DATA AND SELECT PRIORITY HEALTH AREAS

2
- Collaborative held a meeting to synthesize data and select priority health areas for 2025-2027. Collaborative used prioritization criteria to evaluate existing priority areas from the 2022-2024 CHNA: Behavioral Health, Chronic Conditions, Injury, and Reproductive Justice.

UPDATE NAMES OF PRIORITY AREAS

3
- Collaborative members updated the names of two priority areas: Behavioral Health → Mental Health and Substance Use; Injury → Injury and Safety.

DISCUSS ADDITIONAL HEALTH TOPICS AND THEMES

4
- Collaborative members discussed additional health topics and themes during the prioritization process but decided to continue their commitment to the existing four priority areas to focus institutional resources and maximize opportunities for impact.

Figure 20. PRIORITIZATION CRITERIA

Community voiced need

Data indicates an inequity, disparity or notable differences in outcomes within the population and/or worse outcomes than state or national

Established collaboration and continuing momentum of existing work

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

Cross-Cutting Themes

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

Access to Care

Housing

Food Insecurity

Preventative Health

Transportation
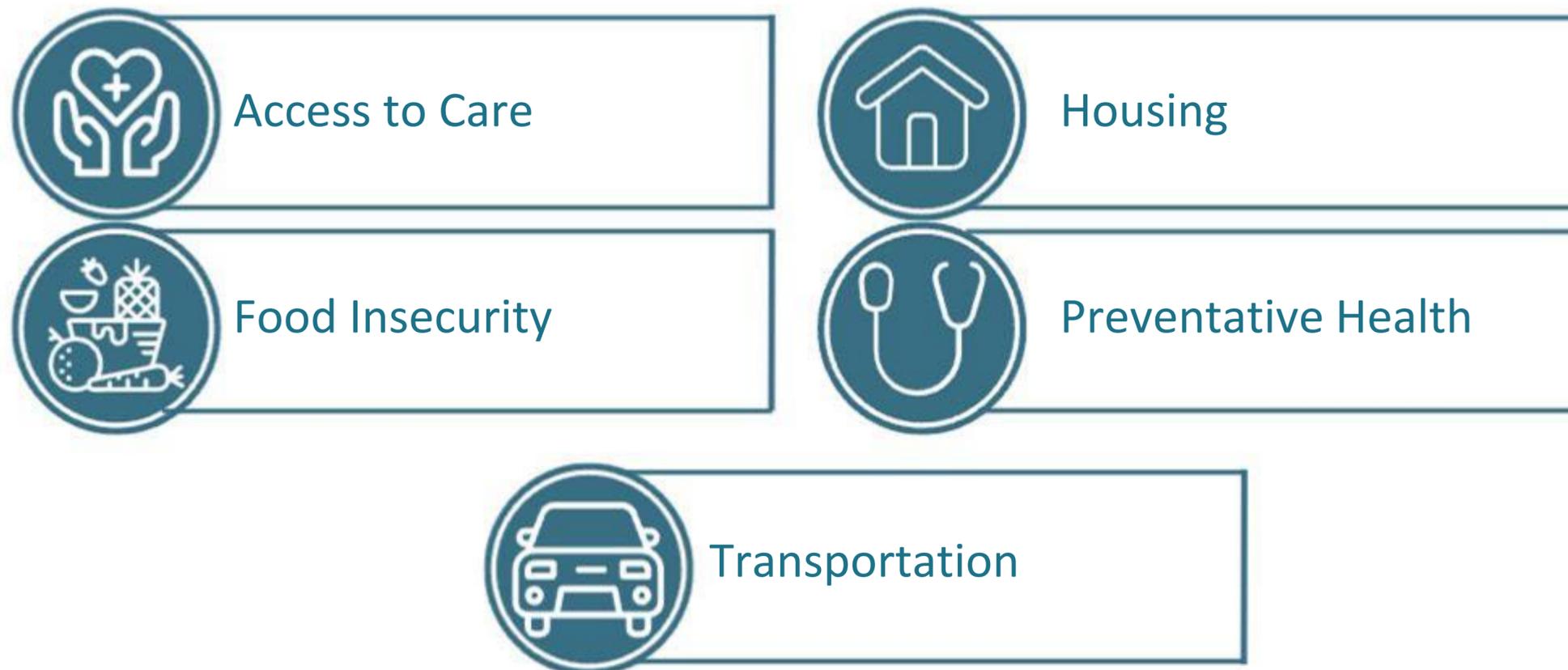
A Note about COVID-19

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

• Worsening data trends and linkages to SDOH categories

• Gaps in understanding resources available as they have dramatically fluctuated over the last couple years

• How COVID-19 funding impacted resources, but now that funding is wrapping up, how this may impact SDOH further

Priority: Reproductive Justice

Overview

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

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

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

Contributing Factors

Access to contraception

STI Prevention and Care

Reproductive Justice

Birth Outcomes

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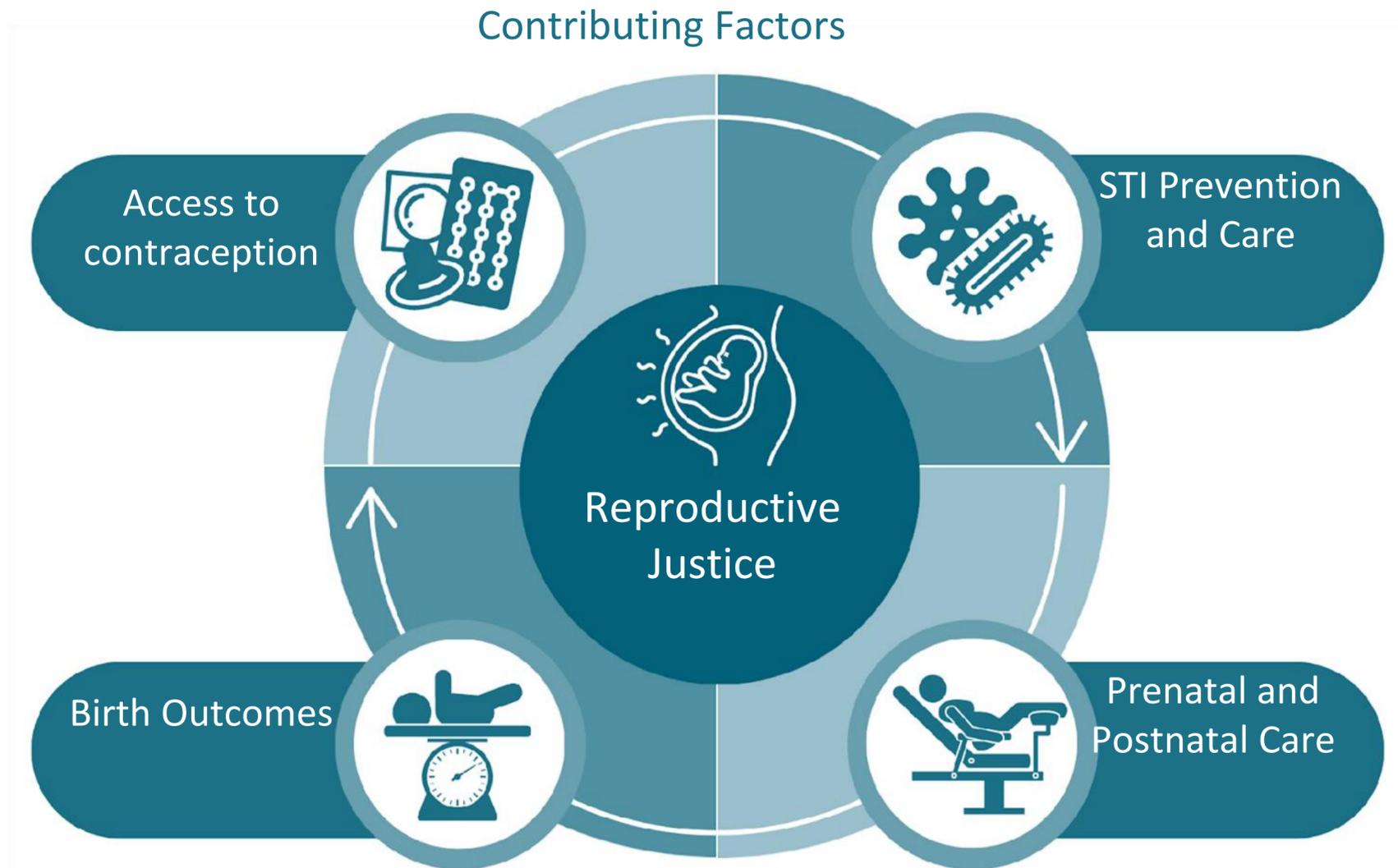
Reproductive Justice is a health topic that is analyzed from **Maternal, Fetal and Infant Health, Sexually Transmitted Infections and Women's Health** of the secondary data health topics. Further analysis was done to identify specific indicators of concern and health disparities. Those indicators with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

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

Priority: Reproductive Justice

Community Insight

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

We know family planning services are needed. Birthing folks should be able to access to quality services without barriers."

COMMUNITY CONVERSATION PARTICIPANT

Disparate health outcomes

1

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

The Dobbs effect

2

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

Figure 21. SIGNIFICANT ISSUES FOR ADULTS IN DANE COUNTY
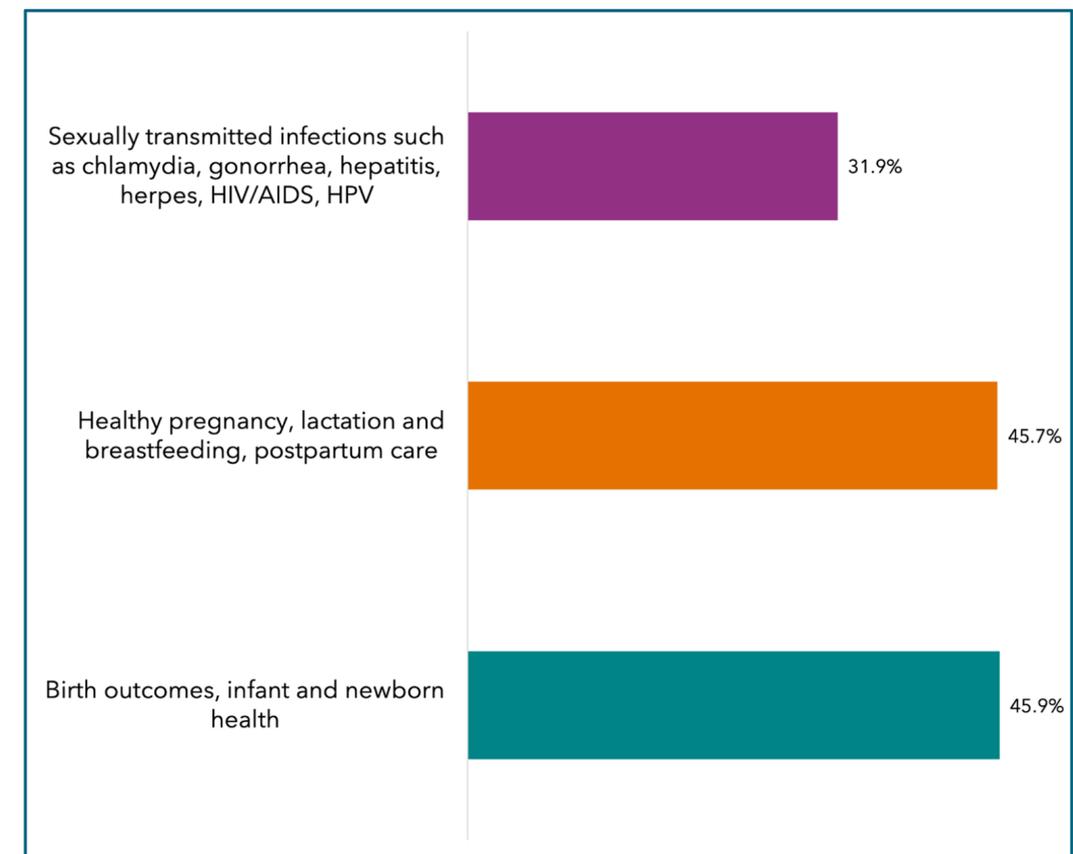
Issue	Percent
Sexually transmitted infections such as chlamydia, gonorrhea, hepatitis, herpes, HIV/AIDS, HPV	31.9%
Healthy pregnancy, lactation and breastfeeding, postpartum care	45.7%
Birth outcomes, infant and newborn health	45.9%

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

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

Priority: Reproductive Justice

Data Insights and Disparities

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

- Black people who live, work, and play in Dane County appear to experience the greatest burden of STIs

- Data suggest Hispanic and Native American populations may also experience some increased STI risk

- HIV prevalence appears substantially higher among men than women

- While there is no county-level disparity data on breast cancer mortality, at the state level, Black women have a higher risk of breast cancer mortality than general population

- Hispanic women may be less likely to receive a mammogram

- Black women similar to general population regarding breast cancer incidence, but could face greater risk of mortality, based on state data and all-cancer mortality data

- Black population is at increased risk of low birthweight

- Laotian and Hmong population may have greater risk of infant mortality, but further investigation is warranted

Figure 22. REPRODUCTIVE JUSTICE WARNING INDICATORS

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

*Denotes trend over time is significant

Source: HealthyDane.org

Priority: Reproductive Justice

Data Insights and Disparities

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

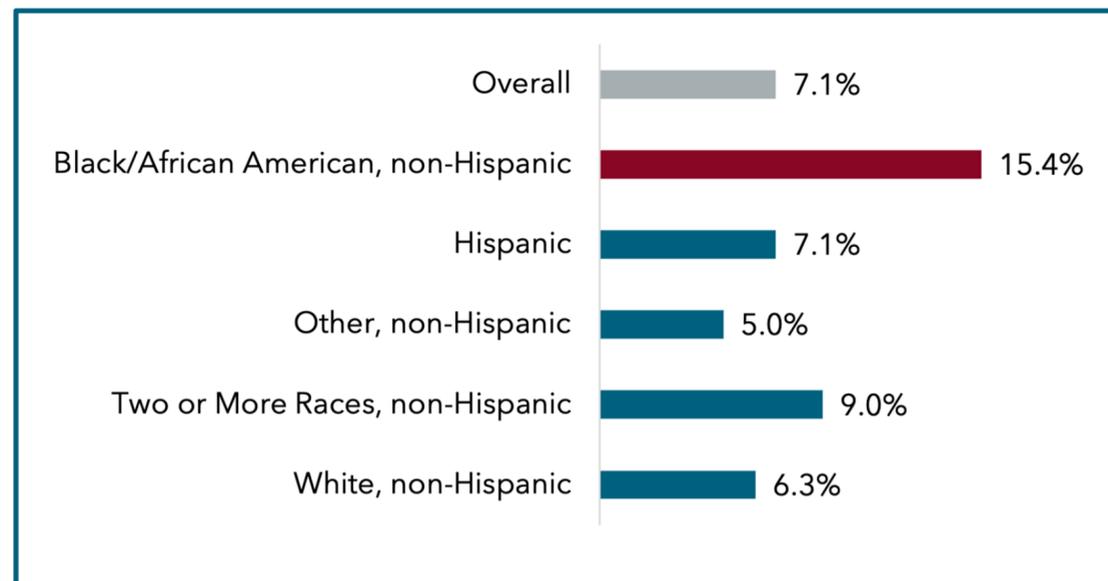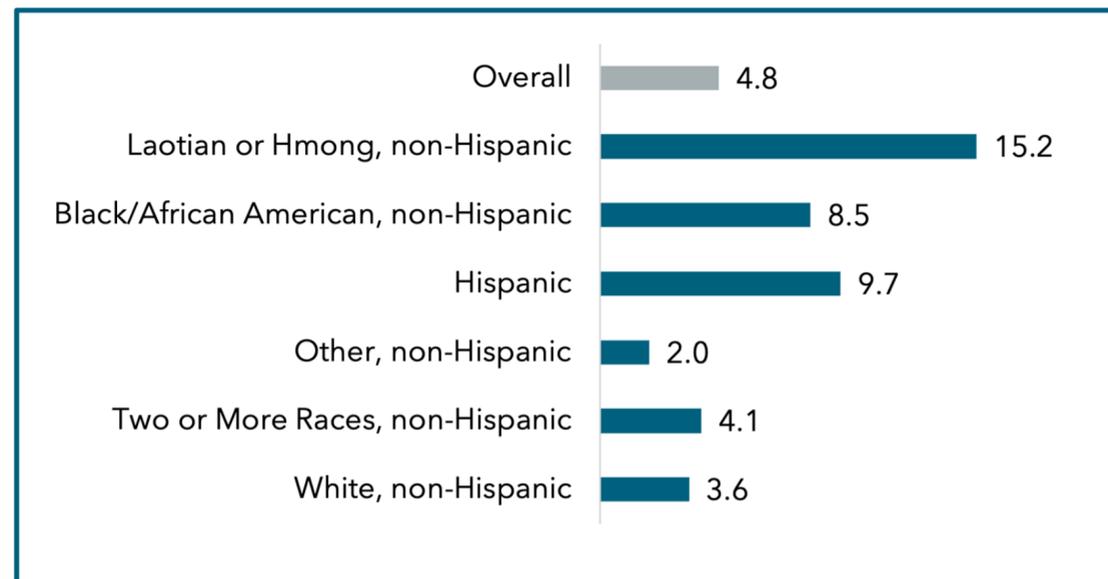Source: Wisconsin Department of Health Services, Healthy Dane

Category	Value
Overall	7.1%
Black/African American, non-Hispanic	15.4%
Hispanic	7.1%
Other, non-Hispanic	5.0%
Two or More Races, non-Hispanic	9.0%
White, non-Hispanic	6.3%

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

Source: Wisconsin Department of Health Services, Healthy Dane

Category	Value
Overall	4.8
Laotian or Hmong, non-Hispanic	15.2
Black/African American, non-Hispanic	8.5
Hispanic	9.7
Other, non-Hispanic	2.0
Two or More Races, non-Hispanic	4.1
White, non-Hispanic	3.6

Environmental Scan Insights

1 Dane County was given "very low" maternal vulnerability index rating
- Fetal and infant mortality review (FIMR) notes that due to structural racism, pregnant mothers/people face challenges: economic injustice, food insecurity, unstable housing, overall toxic stress throughout their lives that contribute to poor birth outcomes.

2 March of Dimes grades Dane County's Black preterm birth rate an F, and White preterm birth rate a B+.

3 Wisconsin had highest infant mortality rate for Black birthing mothers/people in the country at 14.28 per 1,000.

4 24% of those in Dane County diagnosed with syphilis in 2021 were women, compared to 9-15% annually between 2017 and 2020. Untreated syphilis in pregnant people can cause miscarriage, stillbirth, or infant death shortly after birth.

5 Data from 2022 shows an increase in congenital syphilis cases in Wisconsin. The number of congenital syphilis cases increased from 2 cases in 2019 to 29 cases 2022.

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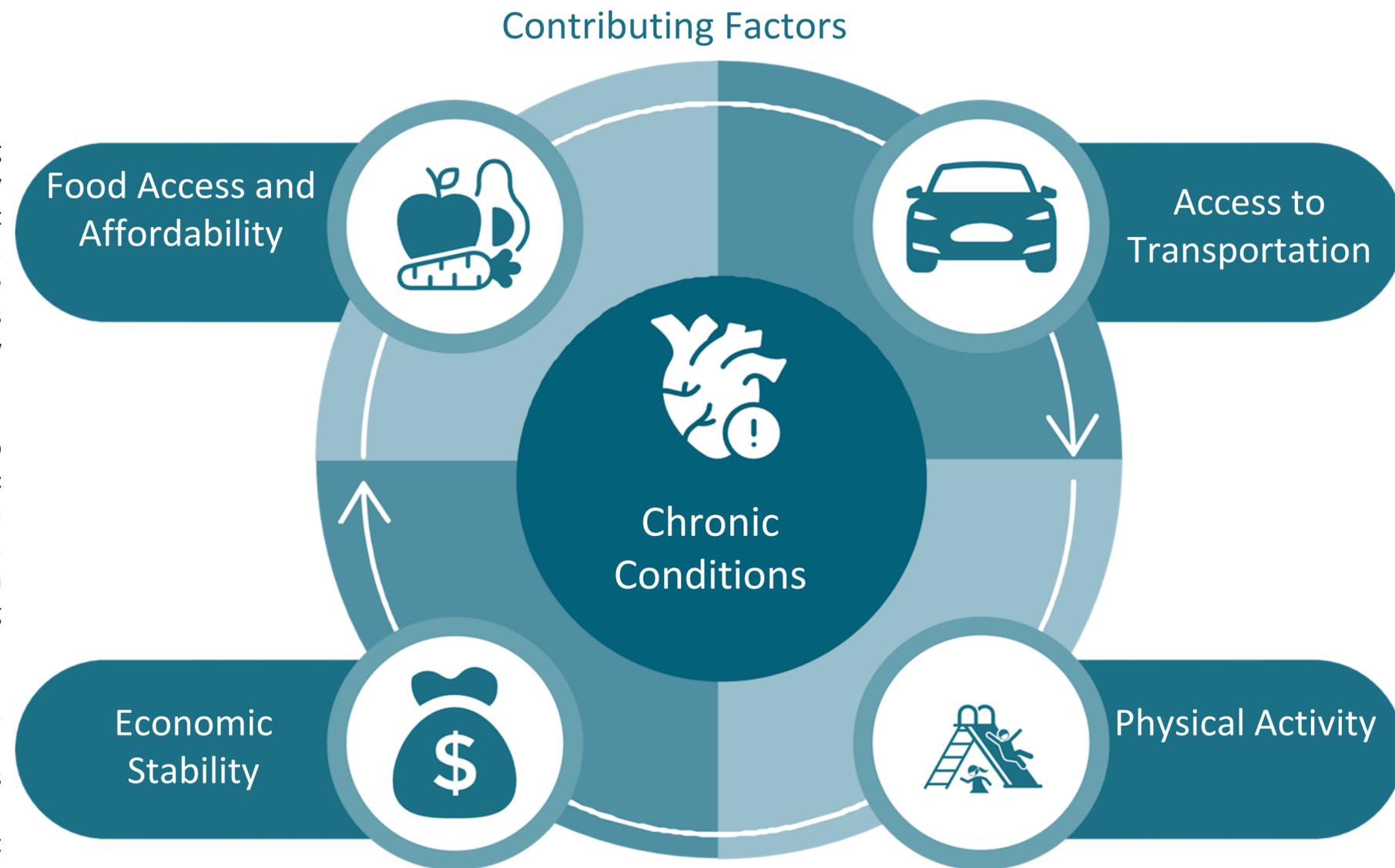
Priority: Chronic Conditions

Overview

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

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

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

Contributing Factors

Food Access and Affordability

Access to Transportation

Chronic Conditions

Economic Stability

Physical Activity

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

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

Priority: Chronic Conditions

Community Insight

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

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

CLINICAL PROVIDER AND STAFF SURVEY RESPONDENT

1 Intersection between SDOH and Chronic Conditions

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

2 More prevention and better access to care needed

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

Health inequities and disparities

3
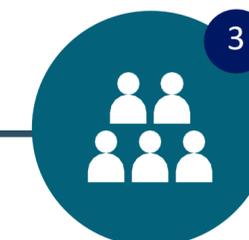
- Immigrant populations, those utilizing state insurance such as Badger Care, and individuals with low health literacy experience many barriers to chronic condition management
- Unhoused population struggles to manage health conditions (diabetes medicine frequently stolen or become unviable due to lack of refrigeration)

Figure 25. SIGNIFICANT ISSUES FOR ADULTS IN DANE COUNTY
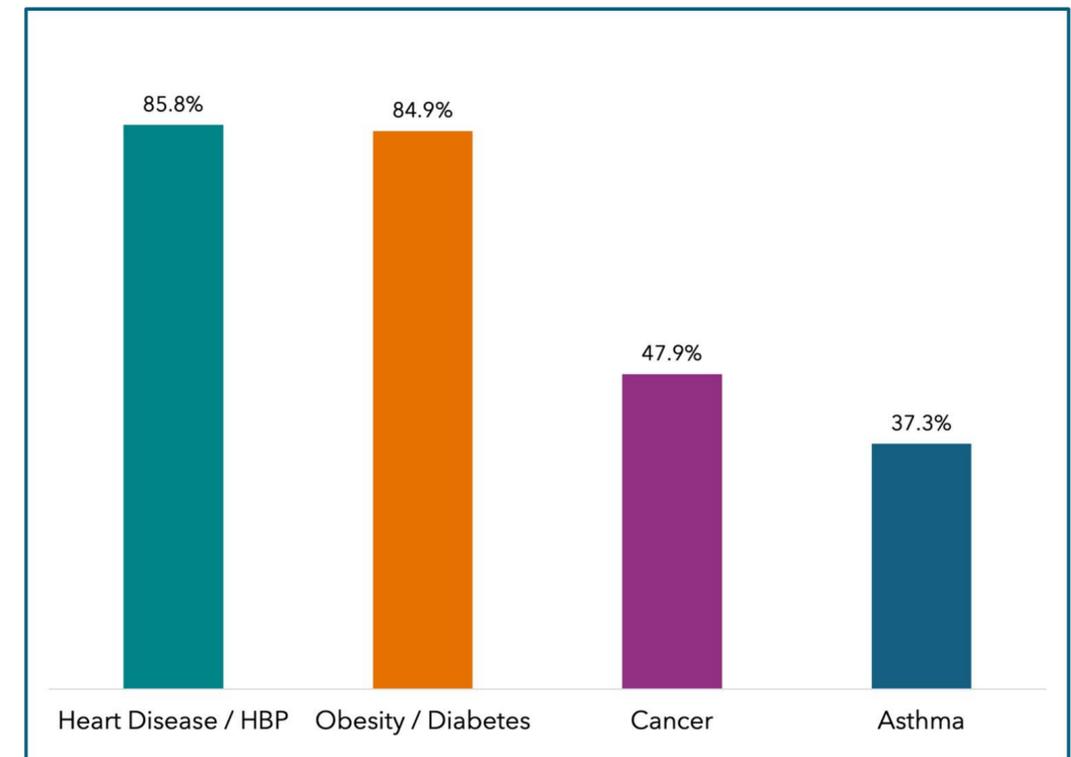
Heart Disease / HBP	Obesity / Diabetes	Cancer	Asthma
85.8%	84.9%	47.9%	37.3%

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

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

Priority: Chronic Conditions

Data Insights and Disparities: Cancer

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

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

Figure 26. CANCER WARNING INDICATORS

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

Denotes trend over time is significant

Source: HealthyDane.org

Figure 27. Households with children receiving SNAP benefits

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

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

Priority: Chronic Conditions

Data Insights and Disparities: Cancer

Figure 28. Age-Adjusted Death rate due to Cancer by Race/Ethnicity, 2016-2020
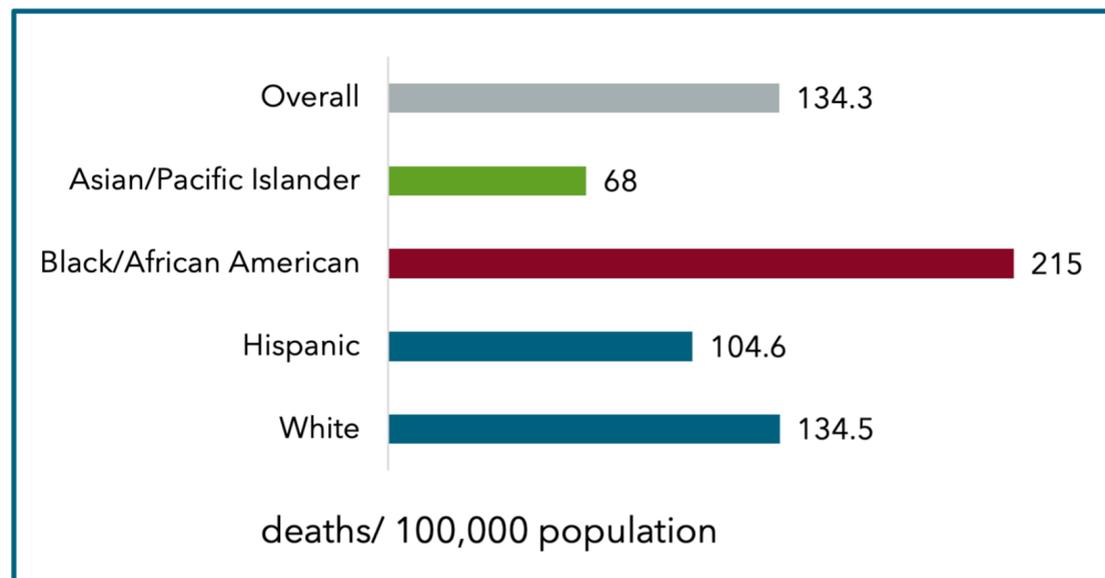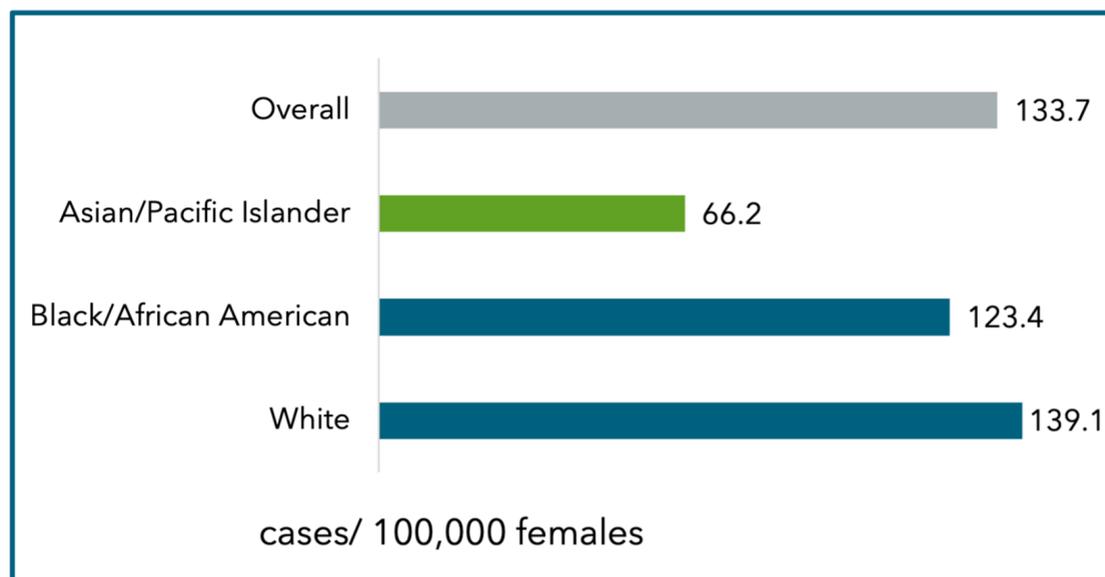
Source: National Cancer Institute, Healthy Dane

Overall 134.3
Asian/Pacific Islander 68
Black/African American 215
Hispanic 104.6
White 134.5

deaths/ 100,000 population

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

Source: National Cancer Institute, Healthy Dane

Overall 133.7
Asian/Pacific Islander 66.2
Black/African American 123.4
White 139.1

cases/ 100,000 females

Environmental Scan Insights

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

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

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

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

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

Priority: Chronic Conditions

Data Insights and Disparities: Diabetes

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

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

Figure 30. DIABETES WARNING INDICATORS

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

Denotes trend over time is significant
Source: HealthyDane.org

Priority: Chronic Conditions

Data Insights and Disparities: Diabetes

Figure 31. Age-Adjusted Death rate due to Diabetes by Race/Ethnicity, 2020-2022
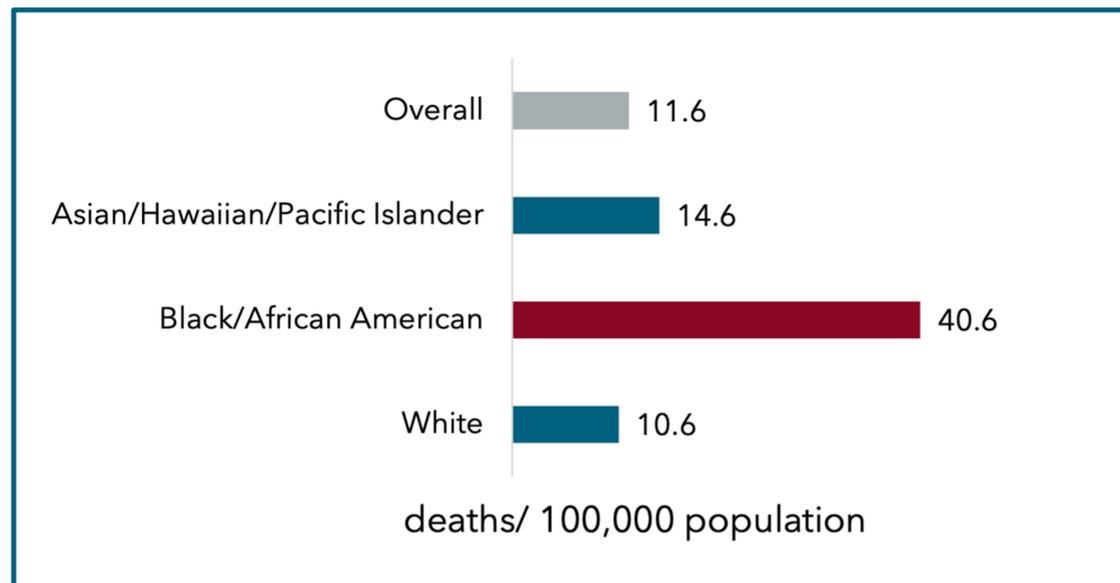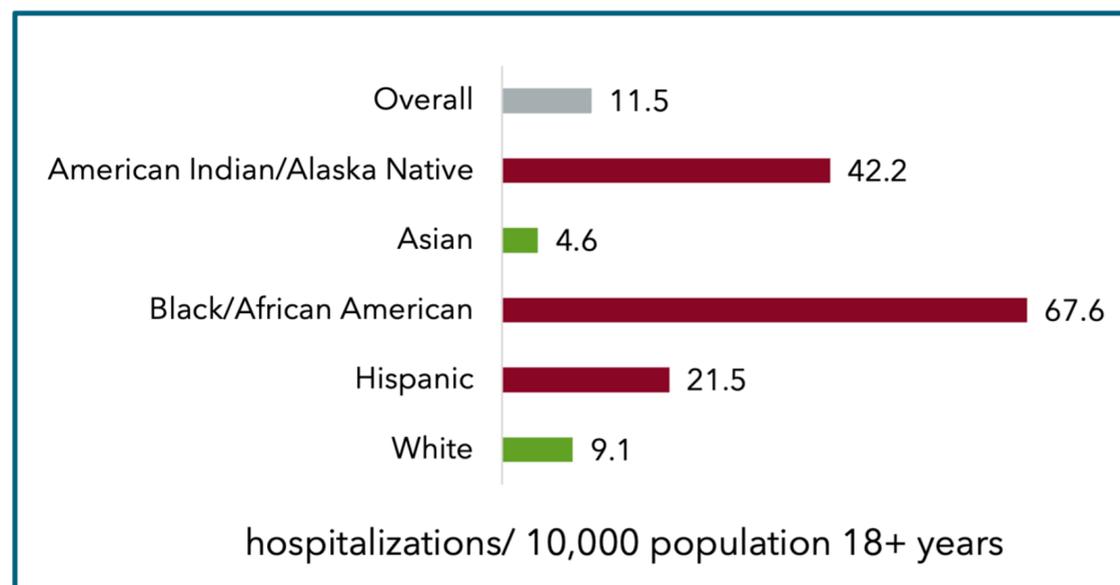Source: Wisconsin Department of Health Services, Healthy Dane

Category	deaths/ 100,000 population
Overall	11.6
Asian/Hawaiian/Pacific Islander	14.6
Black/African American	40.6
White	10.6

Environmental Scan Insights

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

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

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

Figure 32. Age-Adjusted Hospitalizations rate due to Diabetes by Race/Ethnicity, 2020-2022
Source: WHA Information Center, Healthy Dane

Category	hospitalizations/ 10,000 population 18+ years
Overall	11.5
American Indian/Alaska Native	42.2
Asian	4.6
Black/African American	67.6
Hispanic	21.5
White	9.1

Priority: Chronic Conditions

Data Insights and Disparities: Heart Disease and Stroke

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

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

Figure 33. HEART DISEASE AND STROKE WARNING INDICATORS

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

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

Priority: Chronic Conditions

Data Insights and Disparities: Heart Disease and Stroke

Figure 34. Age-Adjusted Hospitalizations rate due to Hypertension by Race/Ethnicity, 2020-2022
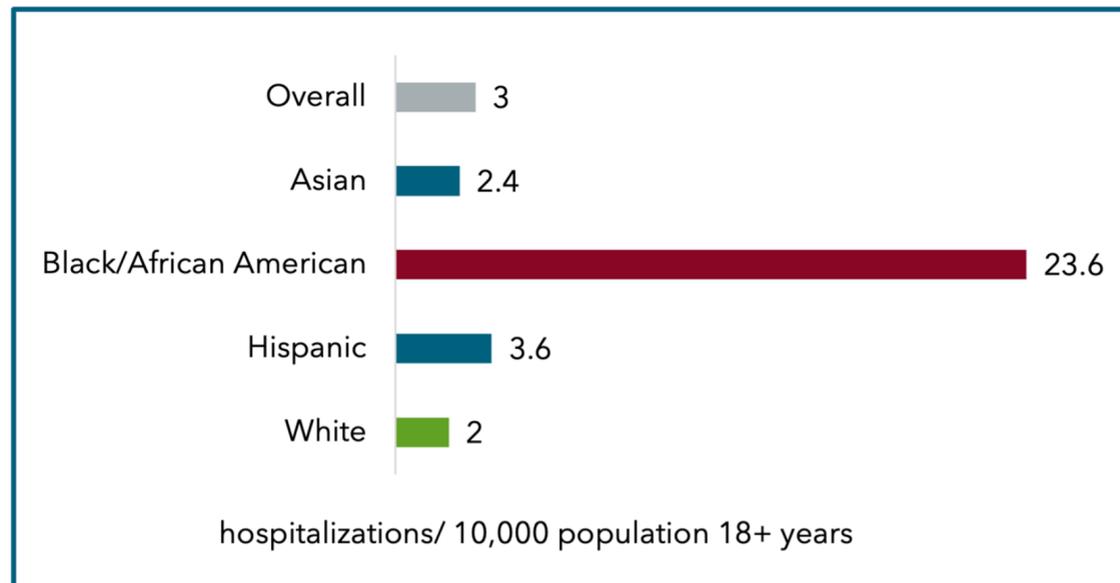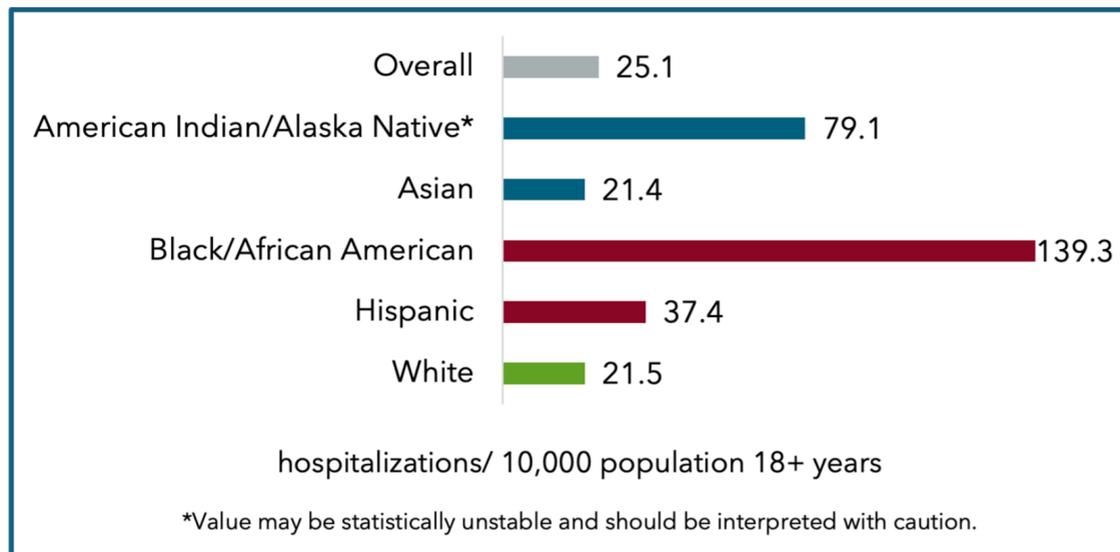Source: WHA Information Center, Healthy Dane

Overall — 3
Asian — 2.4
Black/African American — 23.6
Hispanic — 3.6
White — 2

hospitalizations/ 10,000 population 18+ years

Environmental Scan Insights

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

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

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

Figure 35. Age-Adjusted Hospitalization rate due to Heart Failure by Race/Ethnicity, 2020-2022
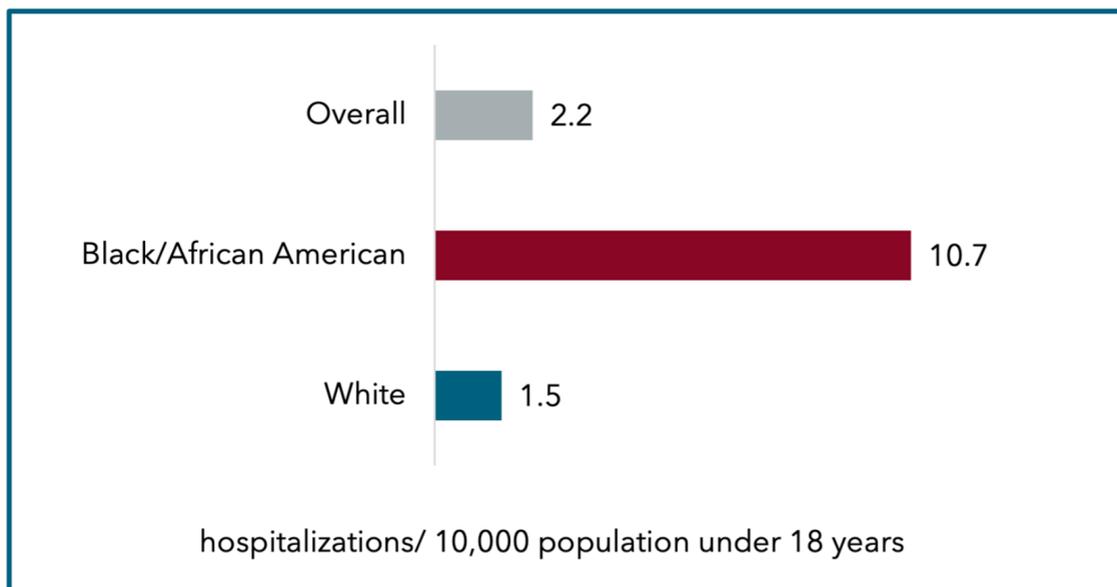Source: WHA Information Center, Healthy Dane

Overall — 25.1
American Indian/Alaska Native* — 79.1
Asian — 21.4
Black/African American — 139.3
Hispanic — 37.4
White — 21.5

hospitalizations/ 10,000 population 18+ years

*Value may be statistically unstable and should be interpreted with caution.

36

Priority: Chronic Conditions

Data Insights and Disparities: Physical Activity and Respiratory Diseases

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

Figure 36. PHYSICAL ACTIVITY AND RESPIRATORY DISEASES WARNING INDICATORS

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

Source: HealthyDane.org

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

Source: WHA Information Center, HealthyDane.org

hospitalizations/ 10,000 population under 18 years

Environmental Scan Insights

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

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

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

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

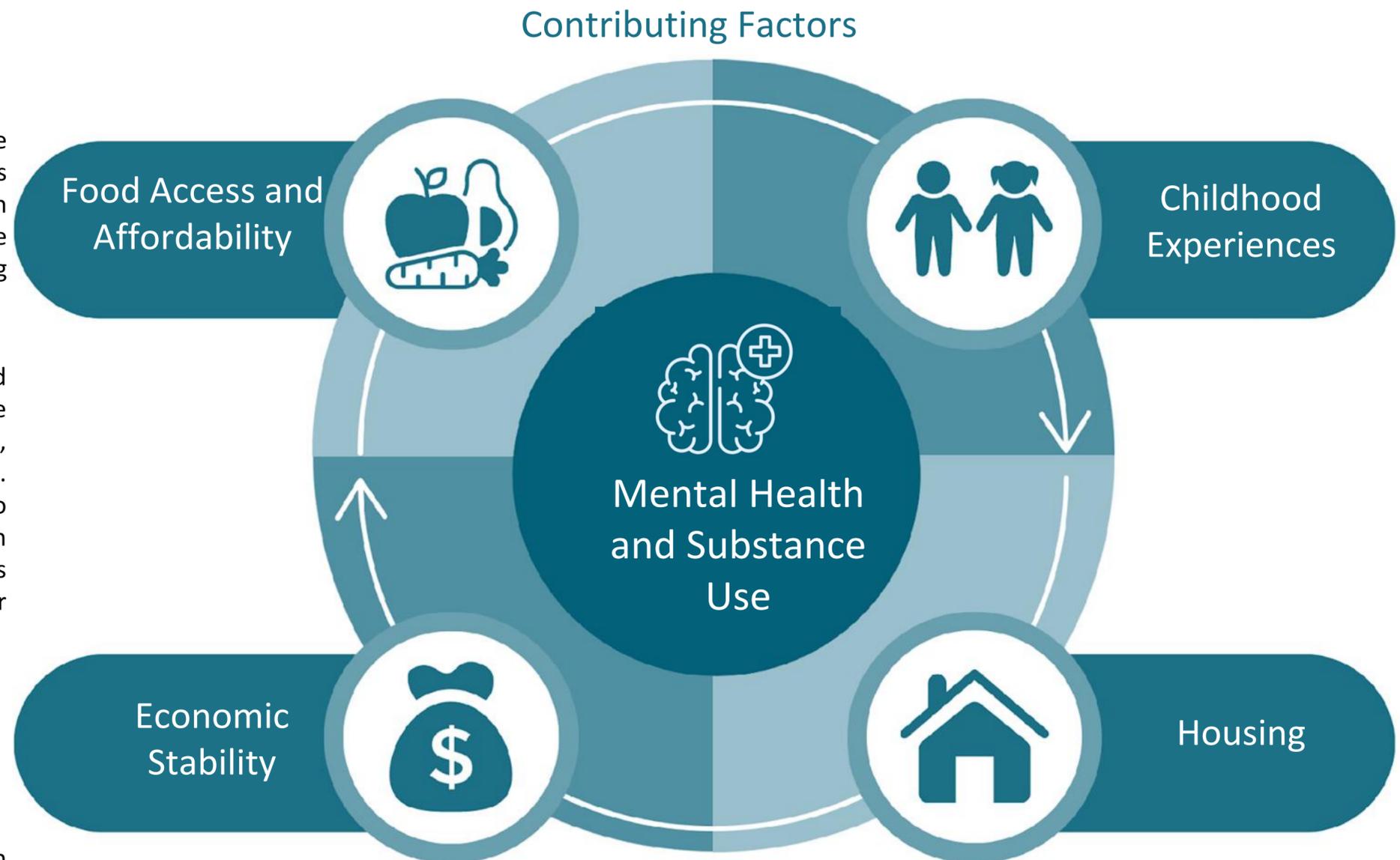# Priority: Mental Health and Substance Use

Overview

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

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

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

Contributing Factors

Food Access and Affordability

Childhood Experiences

Mental Health and Substance Use

Economic Stability

Housing

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

Priority: Mental Health and Substance Use

Community Insight

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

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

FOCUS GROUP PARTICIPANT
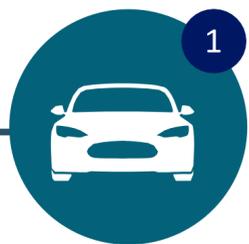
1 Intersection between SDOH and Mental Health

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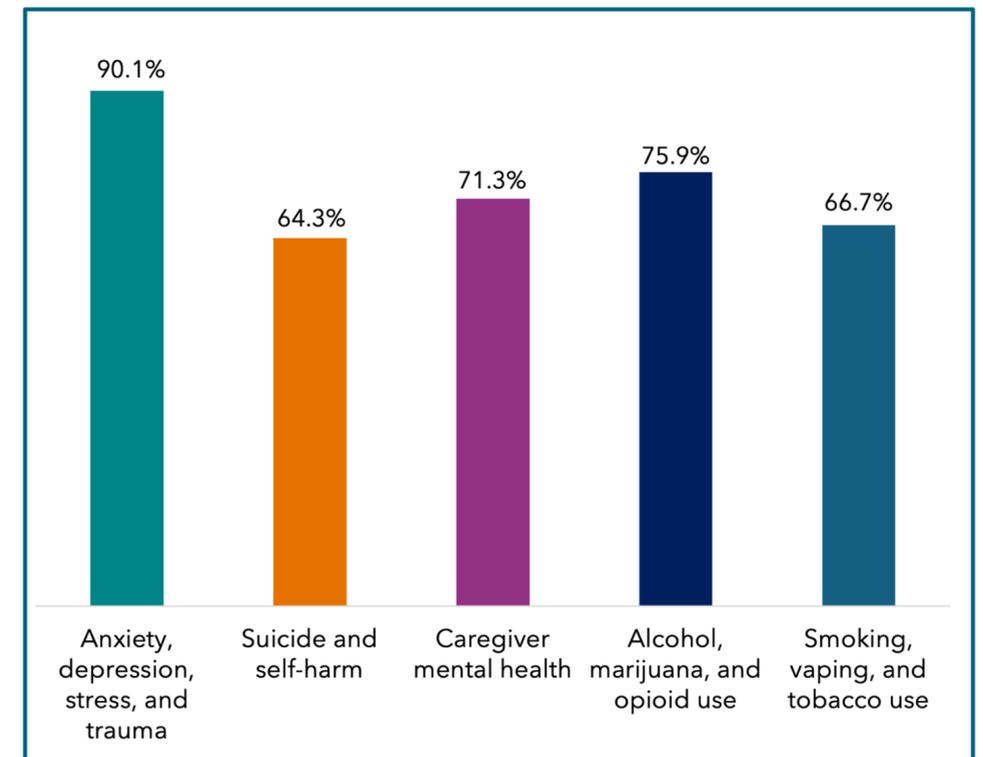
2 Prevention vs. Crisis Response

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

3 Siloing of Mental Health and Substance Use

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

Figure 38. SIGNIFICANT ISSUES FOR ADULTS IN DANE COUNTY

Bar chart values:
- Anxiety, depression, stress, and trauma: 90.1%
- Suicide and self-harm: 64.3%
- Caregiver mental health: 71.3%
- Alcohol, marijuana, and opioid use: 75.9%
- Smoking, vaping, and tobacco use: 66.7%

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

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

Priority: Mental Health and Substance Use

Data Insights and Disparities: Mental Health and Mental Disorders

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


Figure 39. MENTAL HEALTH AND MENTAL DISORDERS WARNING INDICATORS

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

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

Figure 40. Age-Adjusted Death rate due to Suicide by gender, 2020-2022
Source: Wisconsin Department of Health Services, Healthy Dane

Overall 13.3 | Female 6.5 | Male 20

deaths/ 100,000 population
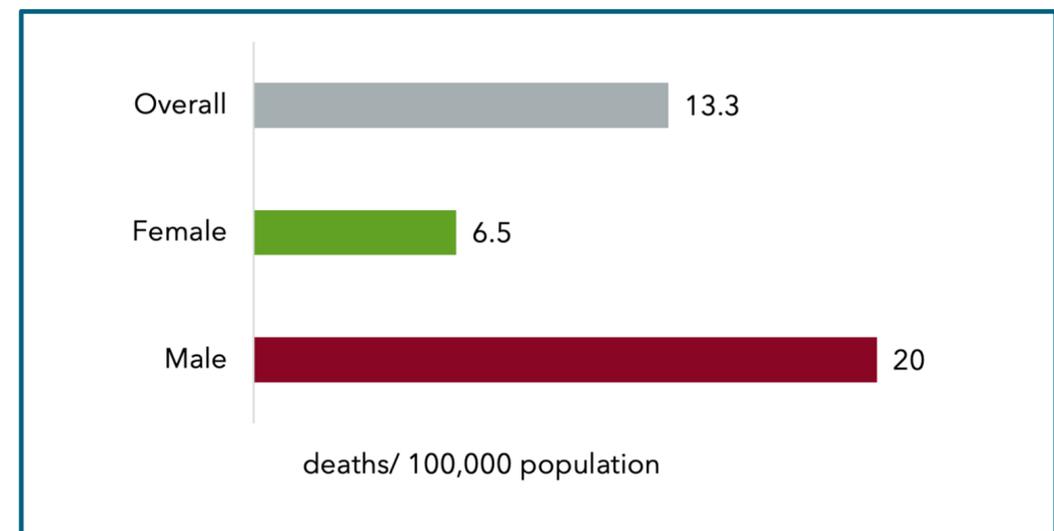
Priority: Mental Health and Substance Use

Data Insights and Disparities: Alcohol and Drug Use

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

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

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

Figure 41. ALCOHOL AND DRUG USE WARNING INDICATORS

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

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

Environmental Scan Insights

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

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

Source: Dane County Youth Assessment 2024

Priority: Mental Health and Substance Use

Data Insights and Disparities: Mental Health and Substance Use

Figure 42. Age-Adjusted Hospitalization rate due to Adult Alcohol Use by Race/Ethnicity, 2020-2022
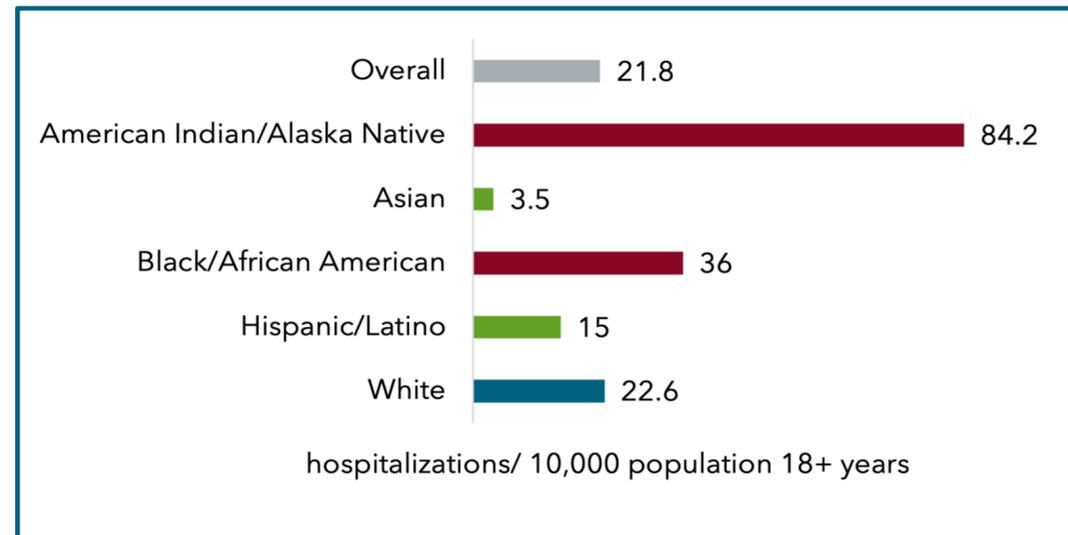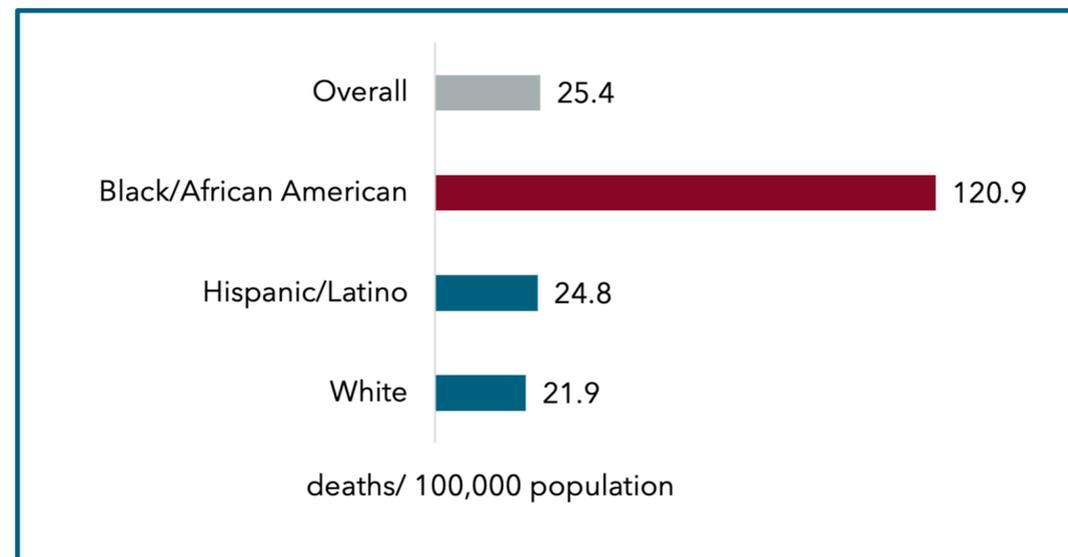
Source: WHA Information Center, Healthy Dane

Overall	21.8
American Indian/Alaska Native	84.2
Asian	3.5
Black/African American	36
Hispanic/Latino	15
White	22.6

hospitalizations/ 10,000 population 18+ years

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

Source: Wisconsin Department of Health Services, Healthy Dane

Overall	25.4
Black/African American	120.9
Hispanic/Latino	24.8
White	21.9

deaths/ 100,000 population

Environmental Scan Insights

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

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

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

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

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

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

Priority: Injury and Safety

Overview

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

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

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

Contributing Factors

Substance Use

Adverse Childhood Experiences

Injury and Safety

Economic Stability

Neighborhood and Built Environment

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

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

Priority: Injury and Safety

Community Insight

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

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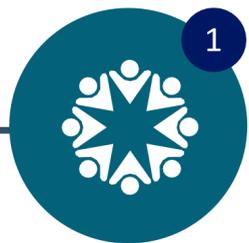
1 Positive Resources

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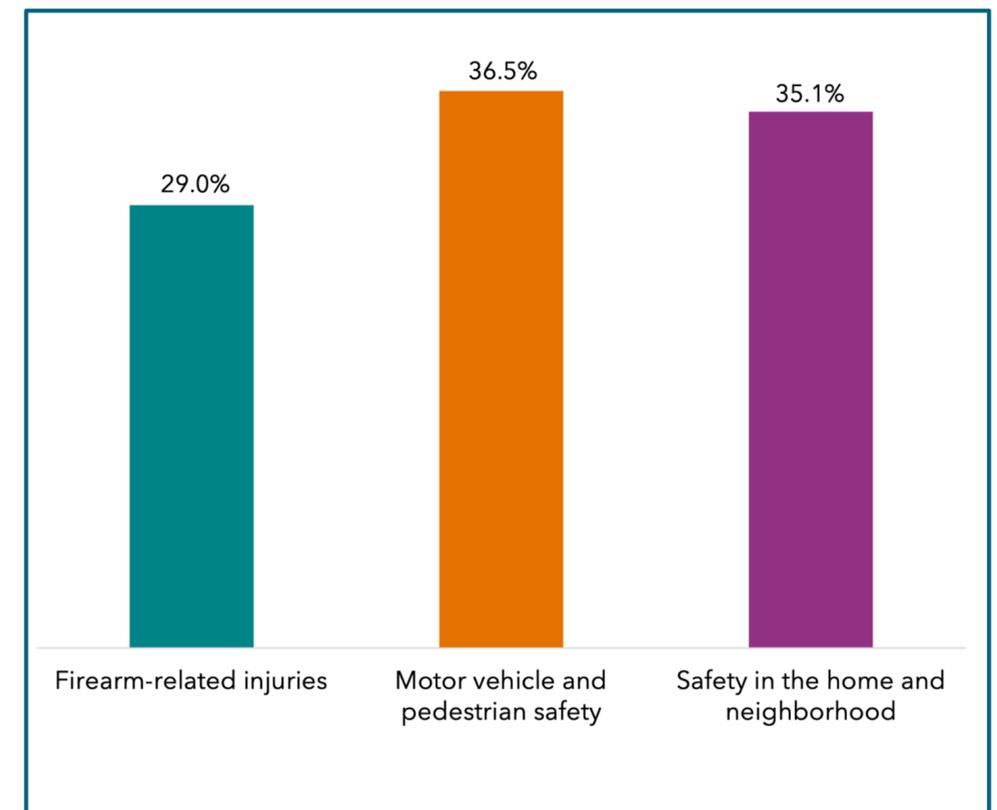
2 Prevention and harm reduction is needed

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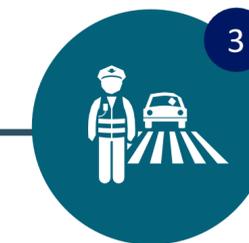
3 Traffic Safety

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

Figure 44. SIGNIFICANT ISSUES FOR ADULTS IN DANE COUNTY

Firearm-related injuries	Motor vehicle and pedestrian safety	Safety in the home and neighborhood
29.0%	36.5%	35.1%

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

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

Priority: Injury and Safety

Data Insights and Disparities: Prevention and Safety

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

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

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

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

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

Figure 45. PREVENTION AND SAFETY WARNING INDICATORS

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

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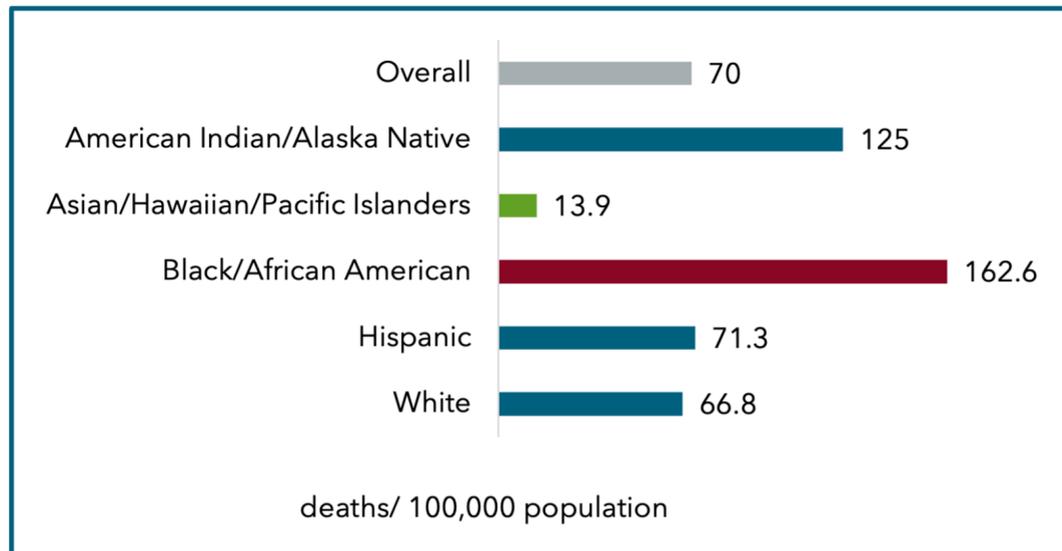*Source: Healthy Dane*

Priority: Injury and Safety

Data Insights and Disparities: Prevention and Safety

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

Source: Wisconsin Department of Health Services, Healthy Dane

Overall — 70
American Indian/Alaska Native — 125
Asian/Hawaiian/Pacific Islanders — 13.9
Black/African American — 162.6
Hispanic — 71.3
White — 66.8

deaths/ 100,000 population

Environmental Scan Insights

1 2019 was safest year on Dane County Roads, 2021 was deadliest since 2007.

2 Impaired driving was a factor in 41% of fatal crashes in Dane County and 26% of crashes involving a serious injury.

3 Teen drivers make up 15% of drivers involved in a crash but only make up 4% of licensed drivers in Dane County.

4 The number of guns in Wisconsin and number/rate of firearm-related deaths have increased over the last decade. On average, 80% of annual firearm deaths in Dane County are due to suicide.

5 Since 2020, fall-related events have ranked second in the top reasons for EMS dispatch in Dane County. On average, fall-related incidents account for 15% of local EMS responses, with just over 7,600 events in 2023 alone.

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

Children and Youth

Overview

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

Children and Youth: Demographic Profile

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

Figure 48. Population by Age, 2022: Dane County

Source: American Community Survey 2018-2022
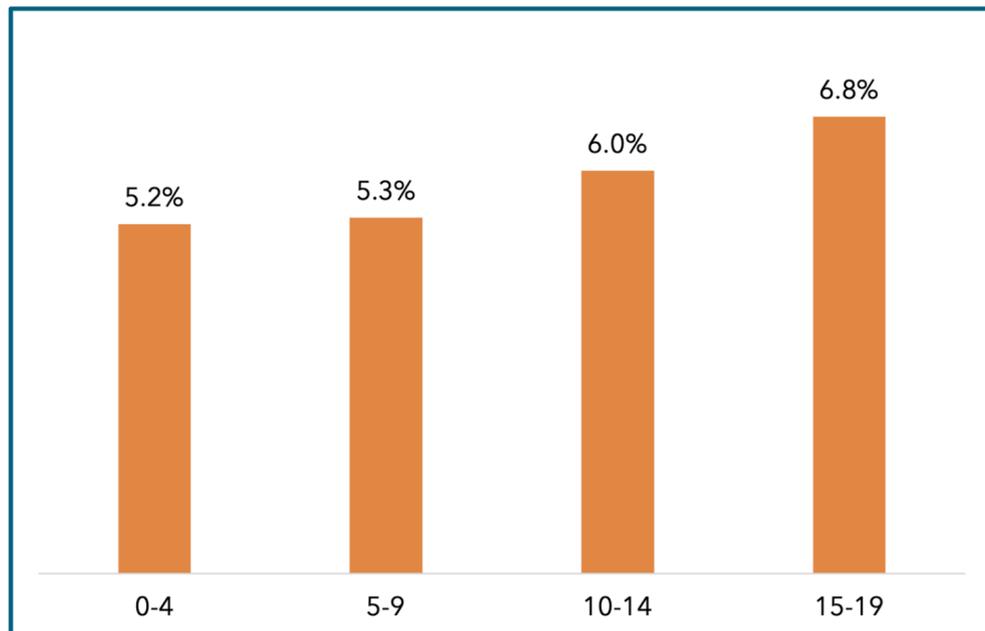
Figure 47. Population < 18 years by ZIP Code: Dane County

Source: American Community Survey 2018-2022
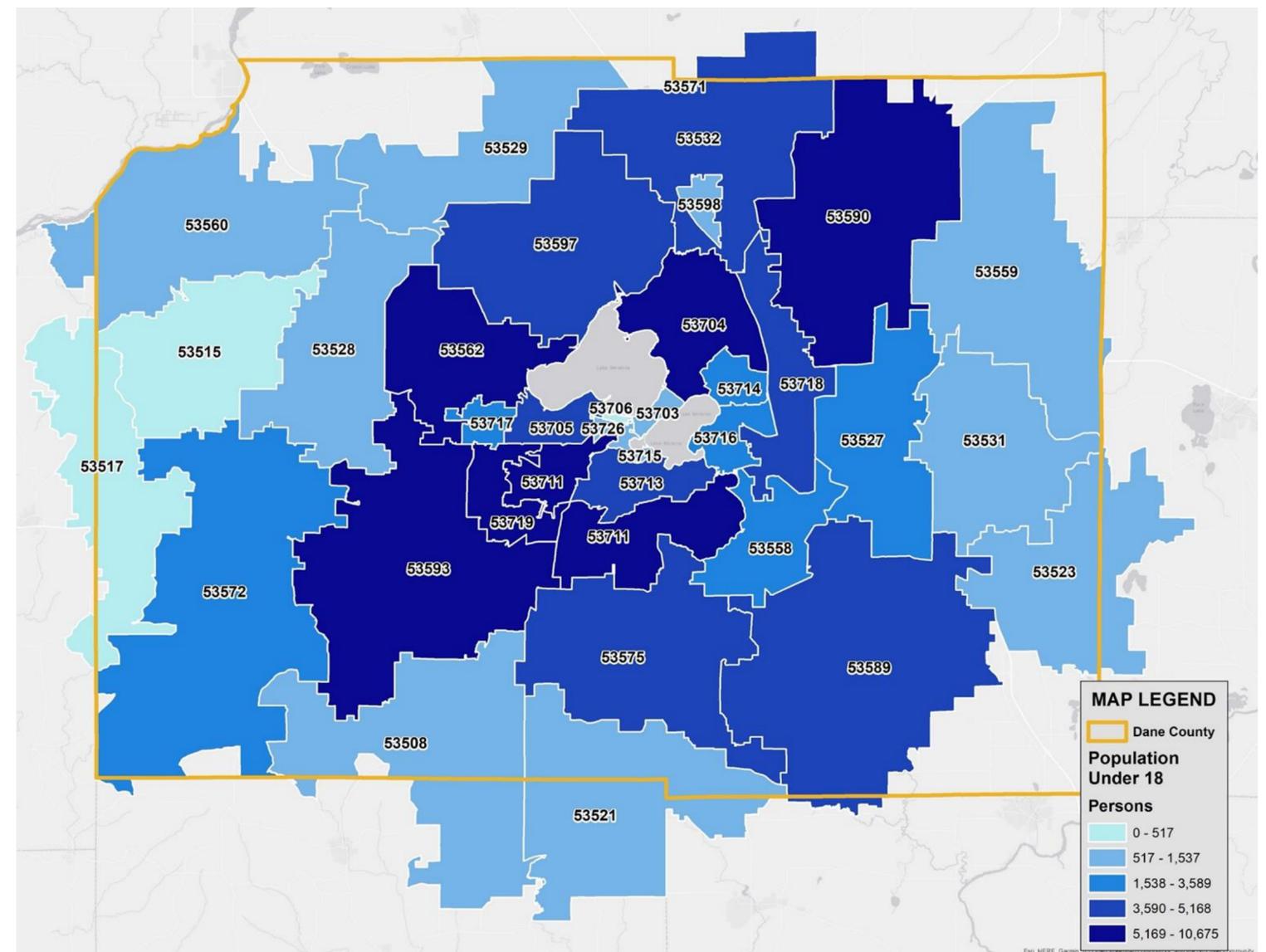
Children and Youth

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

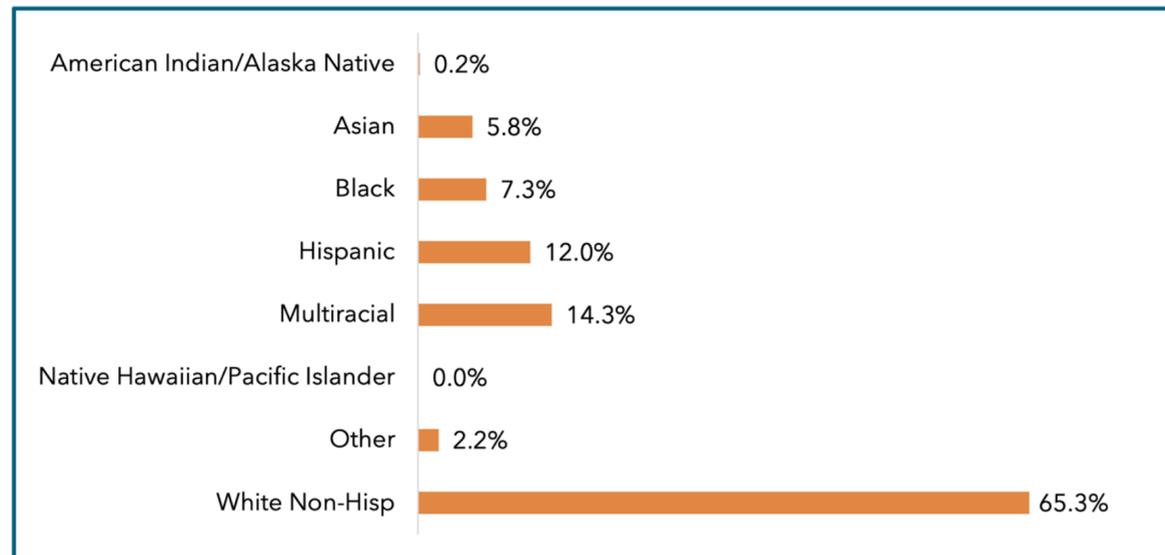Source: American Community Survey 2018-2022

American Indian/Alaska Native	0.2%
Asian	5.8%
Black	7.3%
Hispanic	12.0%
Multiracial	14.3%
Native Hawaiian/Pacific Islander	0.0%
Other	2.2%
White Non-Hisp	65.3%

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

Source: American Community Survey 2018-2022

American Indian/Alaska Native	12.3%
Asian	13.7%
Black	26.2%
Hisp	16.6%
Multiracial	18.5%
Native Hawaiian/Pacific Islander	47.4%
Other	19.6%
White	3.8%
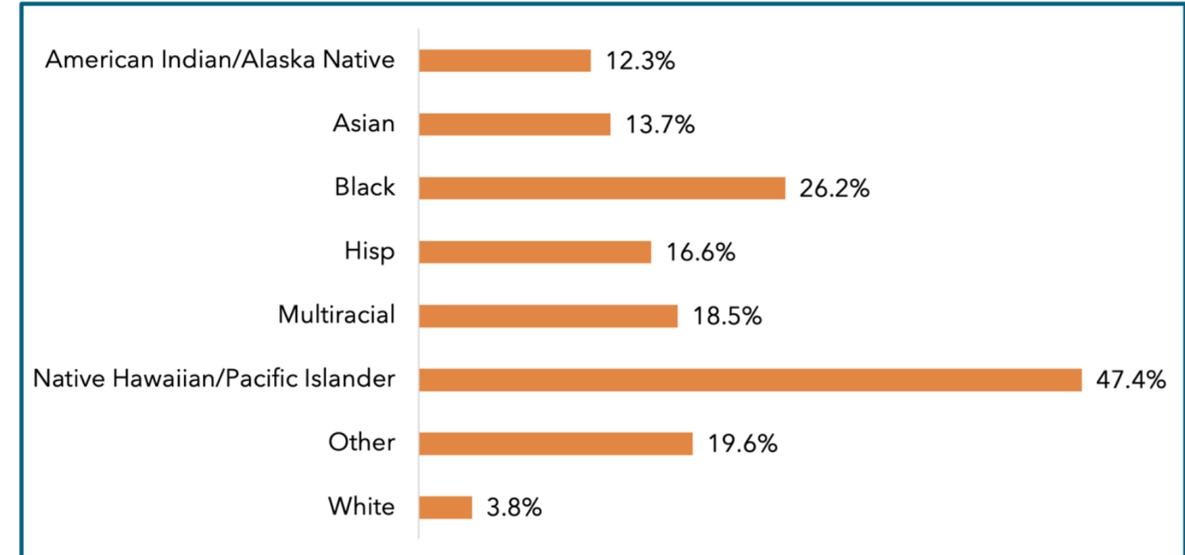
Figure 51. Population 5-17 by Language Spoken at Home: Dane County

Source: American Community Survey 2018-2022

Only English	Only Spanish	Indo-European Lang	Asian/Pacific Islander Language	Other Language
88.5%	6.8%	1.9%	2.2%	0.6%

48
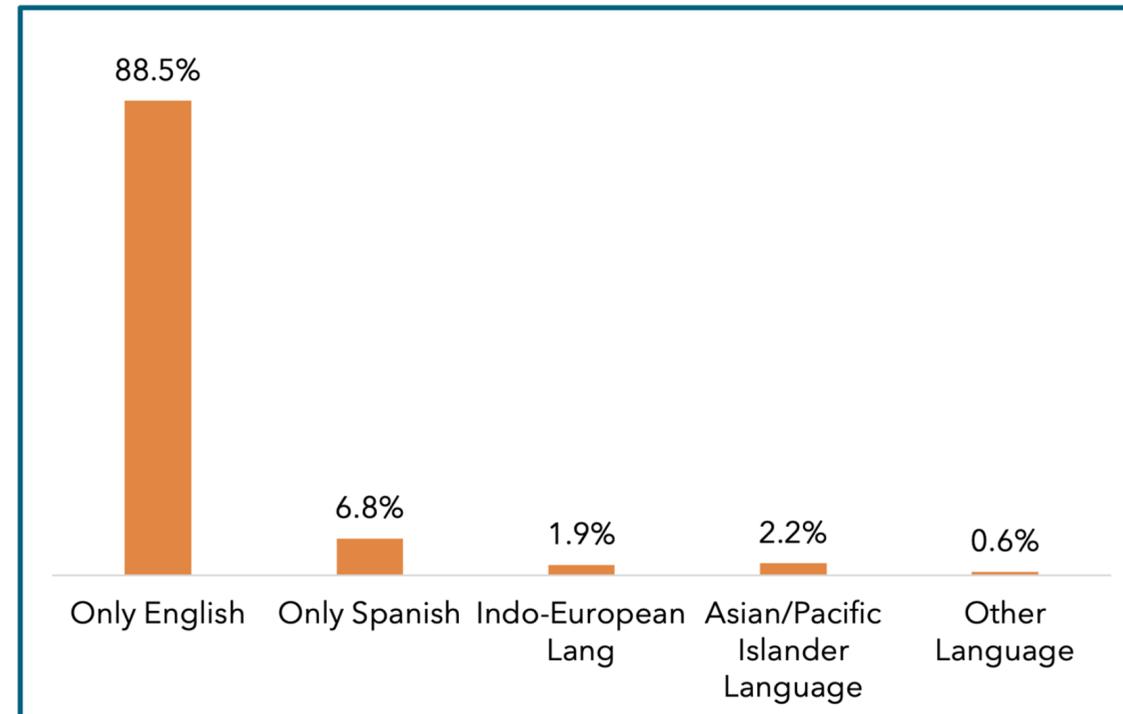
Children and Youth

Secondary Data

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

19.4%
of Dane County population is under 18 years old

4.1%
of children less than 18 years old have a disability

12.6%
of children under 18 lived in households experiencing food insecurity at some point during the year

42%
of food insecure children living in households likely ineligible for federal nutrition assistance

$84,297
Median Household Income

4.9%
of families in Dane County live below the federal poverty level

40.4%
of Supplemental Nutrition Assistance Program (SNAP) participating households have children

89.5%
of students grade high school within 4 years

Children and Youth

Primary Data and Local Data Findings

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

Strengths and Assets

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

Access to Care and Social Determinants of Health (SDOH)

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

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

FOCUS GROUP PARTICIPANT

Children and Youth

Mental and Behavioral Health

- Increased frequency/severity of mental health diagnoses: ·Mental health concerns occurring in younger children.

- Post-pandemic normalization: Allows for better coping and self-care practices, yet mental health is overlooked or underprioritized, demonstrating that resource investment into mental health care is lagging compared to awareness.

- "Vicious cycle" of mental illness and intergenerational trauma: Common theme relating not only to caregiver mental health but also relating to SDOH including health literacy, access to transportation, etc. Many resources exist to support mental health needs, but can be difficult to access based on waitlists, limited insurance coverage, and challenges with system navigation related to lack of care coordination.

- Prevention vs. crisis response: Prevention of crisis mental health situations a major gap due to limited access. Providers don't know where to send patients whose mental health was not yet to the point of crisis/only able to access services such as inpatient care when patients are at risk of harming themselves or others.

- Substance Use: Shifting risk perception regarding vaping and marijuana use among youth / use of THC derivatives that are minimally regulated is a challenge considering the legalization of cannabis in neighboring states. Challenges for providers to connect their patients to timely appropriate level of care. Importance of parental modeling/influence.

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

YOUTH FOCUS GROUP PARTICIPANT

Other CHNA Priority Areas

- Injury Prevention and Safety: Traffic and automobile safety, especially teen driving. Desire for more funding of upstream prevention work and harm reduction work. Access to basic needs remains important first step towards injury prevention and safety, and some of the barriers mentioned previously, especially system navigation concerns, can impair prevention efforts.

- Chronic Conditions in the context of access to care. Immigrant populations, people utilizing Badger Care, and people with low health literacy experience.

- barriers to chronic condition management. School staff expressed poor access to medications, inhalers for asthma, caregiver engagement in treatment for complex conditions often challenging. Dental care was also a concern for kids without private insurance.

- Reproductive Justice: Disparate health outcomes for Black maternal and infant mortality rates. Need for more provider training and community support.

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Children and Youth

Emergent Themes

- Tech and media use: Increase in screen time and exposure online has led to more isolation and impaired social-emotional skills. Use of technology as a "parenting tool" intersects with SDOH (i.e. difficulty providing for a child in single parent household). Use of telehealth following COVID-19 is an asset but leads to provider burnout.

- LGBTQ+ Health: Stigma and othering, coupled with structural barriers towards inclusivity (gendered bathrooms), need. for increased LGBTQ+ friendly primary care providers for youth to remove barriers associated with accessing specialty care. Solidarity in community is a strength.

- Immigrant and newcomer population needs: Barriers faced intersect with racial/language discrimination, lack of comfortability with navigating the healthcare system leads to reduction in preventive care, mental health challenges due to stigma and parental cultural norms, needs are greater than services currently available (added challenges for immigrants who are not Latino-Hmong population do not have same access to services).

What Youth Said

- Youth voice: Desire for greater voice and autonomy in communities, often not heard/supported by school staff, parents/caregivers, providers.

- Social acceptance and cohesion: Strong desire for increased social acceptance and cohesion across the overall community. Youth defined their community based on their identities, activities, and environments.

- Internet and social media and peer influence: Influence of internet/social media both positive and negative largely dependent on who youth choose to surround themself with. Social media is a challenge to authentic connection but also space to find community for marginalized communities (LGBTQ+ youth).

- Provider judgement: Feelings of being judged by healthcare providers, experiences invalidated due to age.

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

YOUTH FOCUS GROUP PARTICIPANT

Children and Youth

Clinical Provider and Staff Survey: Findings and Themes

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

Most Important Health Issues for Health Systems to Work On?

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

Most Important Access to Care Issue to Work On?

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

Dane County Youth Assessment: Mental Health

1 43.8% of Dane County high school females and 21.3% of high school males report having feelings of anxiety often or always.

2 36.6% of BIPOC high school youth report anxiety always or often, compared to all other students at 34.0%. This rises to 45.3% for BIPOC females.

3 46.6% of high school youth who identify as LGBQ report prolonged feelings of sadness and hopelessness (suggesting clinical depression) compared to 19.5% of youth who identify as straight or heterosexual.

4 Lower income high school youth report a higher rate of suicidal thoughts (37.9%) than their more affluent peers (9.9%).

Source: Dane County Youth Assessment 2024

Older Adults

Secondary Data

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

15.6%
Of Dane County population is 65+ years old
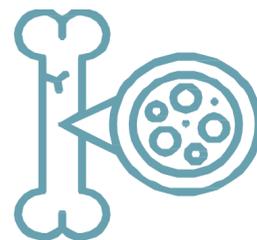
12%
Of Medicare beneficiaries were treated for Osteoporosis

23.9%
Of population 65+ years old have a disability

29.5%
People aged 65+ years old live alone

$84,297
Median Household Income

4,257
People 65+ years old living below the federal poverty level

5%
Of Medicare beneficiaries were treated for Alzheimer's disease or dementia
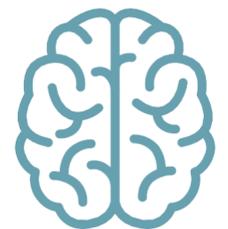
12%
Of Medicare beneficiaries were treated for atrial fibrillation

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

Older Adults

Primary Data and Local Data Findings

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

Dane County EMS Fall-Related Annual Report

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

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

Source: Dane County EMS Fall-Related Annual Report

Next Steps

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

Acknowledgements

Community Partner Gratitude

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

Bayview Foundation	Madison Out of School Time Network (MOST)	RISE Wisconsin
Briarpatch Youth Services	Madison Street Medicine	Safe Communities of Madison- Dane County
Centro Hispano	Meadowood Health Partnership	Safe Harbor
CleanSlate Outpatient Addiction Centers	Neighborhood Free Health Clinic	Safe Kids Coalition of South Central Wisconsin
Dane County Human Services – Child Protective Services, Housing Access and Affordability, Immigration Affairs	Oregon Area Food Pantry	Stoughton Area School District
Domestic Abuse Intervention Services (DAIS)	Oregon Area Senior Center	Stoughton Senior Center
Eyes of Hope, Stoughton Inc.	Oregon Area Wellness Coalition	Stoughton Wellness Coalition
Focused Interruption	Oregon CARES	Sun Prairie Area School District
Goodman Community Center	Oregon Public Library	Sun Prairie Fire Department
Goodman Community Center Youth Evaluation Team	Oregon School District	The River Food Pantry
Homeless Services Consortium - Lived Experience Council	Porchlight - Safe Haven	The Road Home
Housing Advocacy Team of Stoughton	Quartz	Urban Triage
Madison Children's Museum	REACH Dane - Head Start	Village of Oregon
Madison Metropolitan School District (MMSD)	REACH Dane - Parent Council	Wisconsin Youth Company
	Rebalanced Life Wellness Association	

Acknowledgements

Healthy Dane Collaborative
www.healthydane.org

The Healthy Dane Collaborative Team

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

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