St. Mary's Hospital

2012 Community Needs Health Assessment

St. Mary's Hospital | Madison, Wisconsin

October 2012

Message to the Community

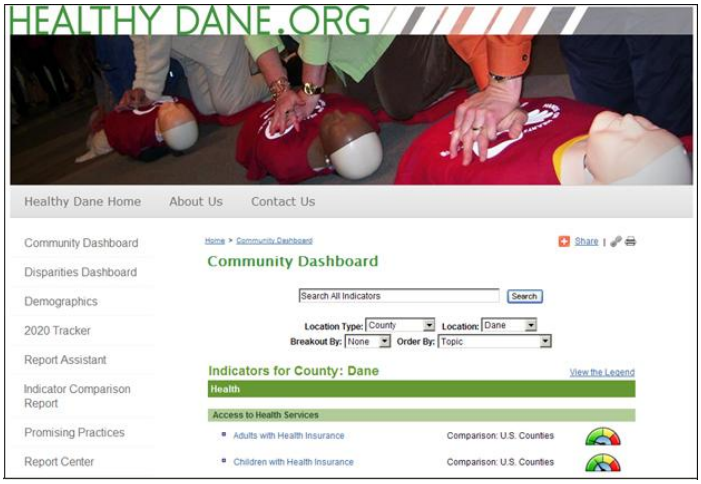
In 1872 with $5 in hand, five Catholic sisters arrived in St. Louis from Germany and began caring for the sick, suffering and dying, often at great risk to their own health. Their efforts began a tradition of caring for people – regardless of their ability to pay – that flourishes at SSM Health Care to this day.

SSM Health Care member St. Mary's Hospital, a 440-bed facility, has been providing compassionate care in Dane County and south-central Wisconsin for 100 years. We have always been committed to improving the health of our communities through focused and collaborative efforts to address unmet needs. Under the new health care reform regulations, hospitals are required to report the details of their assessment of their community's current health status, health outcomes and unmet needs. We welcome this opportunity to update you on our efforts.

HEALTHY DANE PARTNERS

Public Health MADISON & DANE COUNTY
St. Mary's HOSPITAL
MERITER Hospital
Stoughton Hospital
UW Health University of Wisconsin Hospital and Clinics

Through collaboration with our Healthy Dane partners—Public Health Madison & Dane County, Meriter Hospital, Stoughton Hospital and University of Wisconsin Hospital and Clinics—we created a website through Healthy Communities Institute (HCI). The website, HealthyDane.org, provides continuous updates on numerous health indicators, including social determinants of health. It is an example of the trend away from static written reports and toward an interactive and dynamic tool available to all community members. Healthy Dane analyzed secondary data from HCI and several other sources to identify our community's top six health issues. Furthermore, Healthy Dane conducted four focus groups with key community stakeholders.



Through the focus group process, the community's top six health issues were identified as type 2 diabetes, cancer, drug use/poisoning, asthma/COPD, preventable stroke/uncontrolled hypertension and poor birth outcomes. We then prioritized them based on community perception and our ability to make a difference. Over the next three years, St. Mary's Hospital will focus on improving community health in the following ways:

- Enhance overall community health education
- Enhance chronic disease management
    - Increase preventable stroke and uncontrolled hypertension educational offerings through collaboration with community organizations and our Dean Clinic partners
    - Increase type 2 diabetes awareness and management education through partnerships with community coalitions and organizations
    - Expand services of the Dean & St. Mary's Neighborhood Asthma Clinic
- Develop partnerships and collaborations to reduce disparities in birth outcomes

This report provides a brief summary of the health status of the community we serve and an explanation of how we intend to work collaboratively with others to address the health needs we identified.

St. Mary's Hospital remains committed to providing essential health care services to anyone in need. I welcome your thoughts on ways we can improve the health and well-being of our community.

Sincerely,

Frank D. Byrne, M.D.
President, St. Mary's Hospital

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Acknowledgements

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

Juli Aulik, University of Wisconsin Hospital and Clinics

Tobi Cawthra, Meriter Hospital

Kelly Cheramy, St. Mary's Hospital

Janel Heinrich, Public Health Madison Dane County

Judith Howard, Public Health Madison Dane County

Stephanie Johnson, St. Mary's Hospital

Laura Mays, Stoughton Hospital

Steve Sparks, St. Mary's Hospital and SSM Health Care of Wisconsin

Susan Webb-Lukomski, Public Health Madison Dane County

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

Introduction

A Community Health Needs Assessment (CHNA) looks at the health of a community by using data and collecting community input. CHNAs look at community health from a big-picture view and consider risk factors, quality of life, mortality, morbidity, access to health care and more. A CHNA assists in establishing priorities for community health as well as in developing, implementing and evaluating community health programming.

To assess the health needs of Dane County, four area hospitals (Meriter Hospital, St. Mary's Hospital, Stoughton Hospital and UW Hospital and Clinics) joined with Public Health Madison & Dane County. After a search for a vendor partner, the collaborative group, known as Healthy Dane, selected Healthy Communities Institute (HCI) to assist in gathering and analyzing data.

Utilizing data available from the National Cancer Institute, the Environmental Protection Agency, U.S. Census Bureau, the U.S. Department of Education, as well as other national, state and regional sources, Healthy Communities Institute provided a snapshot look of the community's health. The data and data sources can be viewed on the website www.healthydane.org. The data used in this website are continually updated as they become available, providing the community with a current overview of Dane County. This electronic approach is far better than traditional paper-copy reports, which are static and often out of date soon after printing.

The CHNA provides a broad-ranging view of health, encompassing more than vital statics. The assessment also includes information on social determinants of health, such as the local economy, education, the environment, public safety, social environment and transportation.

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

Background of St. Mary's Hospital

Our Network

SSM Health Care of Wisconsin is a member of SSM Health Care, headquartered in St. Louis, Missouri. The system is sponsored by the Franciscan Sisters of Mary and is one of the largest Catholic health care systems in the United States.

The Wisconsin region includes St. Mary's Hospital in Madison, St. Clare Hospital in Baraboo and St. Mary's Janesville Hospital in Janesville, Wisconsin. Additionally, four community hospitals have affiliations with SSM Health Care of Wisconsin: Columbus Community Hospital, Edgerton Hospital and Health Services, Stoughton Hospital and Upland Hills Health. St. Mary's Sun Prairie Emergency Center is the first satellite emergency center in Wisconsin. Our clinic partner, Dean Clinic, is one of the largest multi-specialty group physician practices in the United States. St. Mary's Hospital also co-owns Dean Health Plan (insurance), which owns Navitus Health Solutions (pharmacy benefit manager).

Quick Facts

- St. Mary's Hospital defined its community as Dane County, which accounts for 64.8% of the total patients served by the hospital.
- Admissions/Visits/Births: In 2011, there were 24,316 inpatient admissions, including newborns; 78,461 outpatient visits; 50,076 emergency room visits; and 3,296 births.
- Beds: St. Mary's Hospital is licensed for 440 beds.
- Employees: 2,784 employees work for St. Mary's Hospital.
- Physicians: 690 physicians have been granted privileges to work at St. Mary's Hospital.
- Volunteers: In 2011, 689 volunteers gave their time to the hospital, including 29 canines in the Pet Therapy program.

Services

St. Mary's Hospital has served the south-central Wisconsin community for 100 years. Highlights of our clinical programs include:

- Dean & St. Mary's Cardiac Center
- Emergency Services (including St. Mary's Sun Prairie Emergency Center)
- Geriatrics (including St. Mary's Adult Day Health Center)
- Family Birth Center (including obstetrics, high-risk pregnancy and neonatal intensive care)
- Neuroscience Center (including Dean & St. Mary's Stroke Center and St. Mary's Sleep Center)
- Orthopedics
- Pediatrics
- Renal Center
- St. Mary's Care Center (skilled nursing facility)
- Women's Health

Community Benefit

In 2011, St. Mary's Hospital provided more than $49.8 million dollars in community benefit, composed of nearly $12.8 million dollars in charity care (9,577 individuals helped); $12.3 million dollars in community services; and $24.8 million dollars in unpaid costs of Medicaid and other public programs (not including Medicare). Examples of our community benefit programs include:

- Parish Nurse Program
- Health and Safety Fairs
- Adopt-a-School Partnership
- Hands on Health second-grade wellness program
- Host organization for the American Parkinson Disease Association Information and Referral Center for the Wisconsin Chapter

Community Partnerships

St. Mary's Hospital is proud to be part of community projects that work to improve health outcomes in our community:

- Dean & St. Mary's Neighborhood Asthma Clinic
- Be Smart, Don't Start tobacco prevention program
- Hands on Hearts community education for compression-only CPR

Additional Affiliations and Partnerships

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

For 100 years, St. Mary's Hospital has found collaboration to be critical to its success and effectiveness in caring for the community. In 2012, the Centers for Medicare and Medicaid Services (CMS) agreed when it officially selected St. Mary's and longtime partner Dean Clinic as an Accountable Care Organization (ACO). Our integrated model of care, including joint ownership of insurer Dean Health Plan, has a record of improving patient outcomes and reducing unnecessary costs. Legally, the new ACO is called Dean Clinic & St. Mary's Hospital ACO, LLC. Such a framework, combined with the priorities set by the Community Health Needs Assessment, is poised to make a tangible difference in the health of our community.

Demographics of the Community

Geography

Dane County is located in south-central Wisconsin and is home to Wisconsin's state capital, Madison, which is also the county seat. The county is nearly 1,200 square miles of urban, suburban and rural communities. Dane County has approximately 572,000 acres (about 72% of the total land) in agricultural use, and it leads Wisconsin in the total market value of agricultural products. Corn is the largest crop, followed by hay and soybeans. The county has the second largest cattle herd in the state, including 51,000 dairy cows.[1] Despite these strong agricultural underpinnings, Dane County is classified by the United States Census Bureau as a metropolitan area.

In addition to being the center for state and county government, Dane County is also home to Wisconsin's flagship public university, the University of Wisconsin–Madison. As a result, educational services is the largest industry sub-sector in the county, followed by food services, professional and technical services, hospitals and administrative and support services.[2]

Population

Dane County is the second most densely populated county in Wisconsin, and Madison is the second largest city in the state. The population of Dane County grew 14.4% between 2000 and 2010, bringing the total population to 488,073.[3] Madison has 233,209 residents, almost half of the county's population.[4] Among its residents are more than 42,000 UW students.[5]

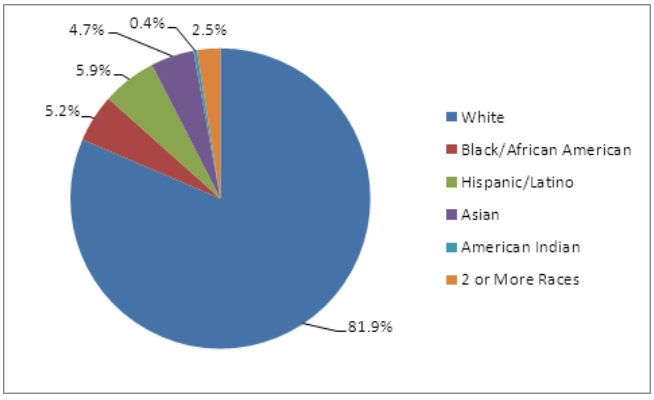
The ethnic/racial demographics of Dane County are changing. Since 2000, the percentage of the population that is white decreased from 87.4% to 81.9%. The greatest growth among minority groups was seen in the Hispanic population. Compared with Wisconsin as a whole, Dane County has more ethnic diversity, a larger percent of foreign-born residents (7.4%), and a larger percent that speaks a language other than English in the home (11% in Dane County; 14.8% in Madison). Minorities are more concentrated in the City of Madison. Over half of all students in Madison public schools are of racial/ethnic minority groups. [6]

The demographic makeup of the population is displayed in Chart 1. Hmong are one of the largest Asian groups in Dane County, and Dane County has one of the largest Hmong populations in Wisconsin. [7]

Chart 1

2010 Ethnic/Racial Demographics

Dane County

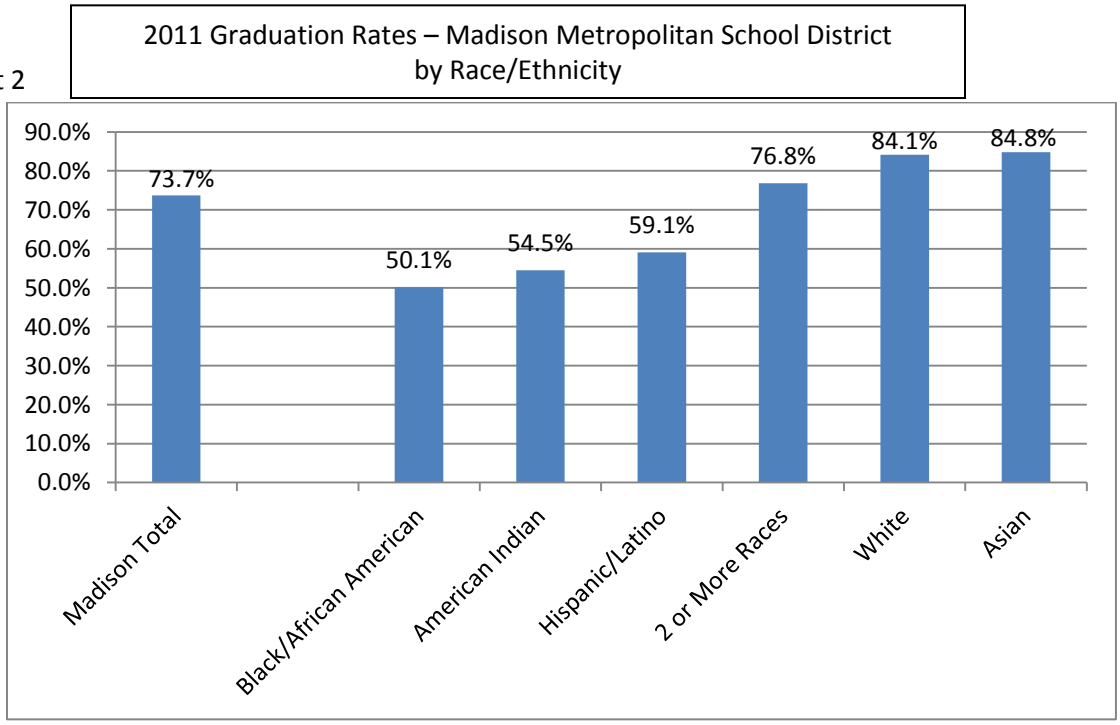


Education and Income

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

The percent of the population that has at least a bachelor's degree is much higher in Dane County than in Wisconsin and the U.S., and it is higher yet in Madison (Dane County 45.4%, Madison 52.2%, Wisconsin 25.8%, U.S. 27.9%).[8] However, Dane County's current 86% high school graduation rate is one of the lowest among Wisconsin counties.[9] Lately, much attention has been paid to the "achievement gap" and lower graduation rates for some racial minority groups in Madison, but other of Dane County's 16 public school districts face the same challenge. In 2011, the four-year graduation rate for all students in the Madison Metropolitan School District was 73.7% (not including GED or other high school certificates) but there was considerable variation by racial group, as displayed in Chart 2.[10]

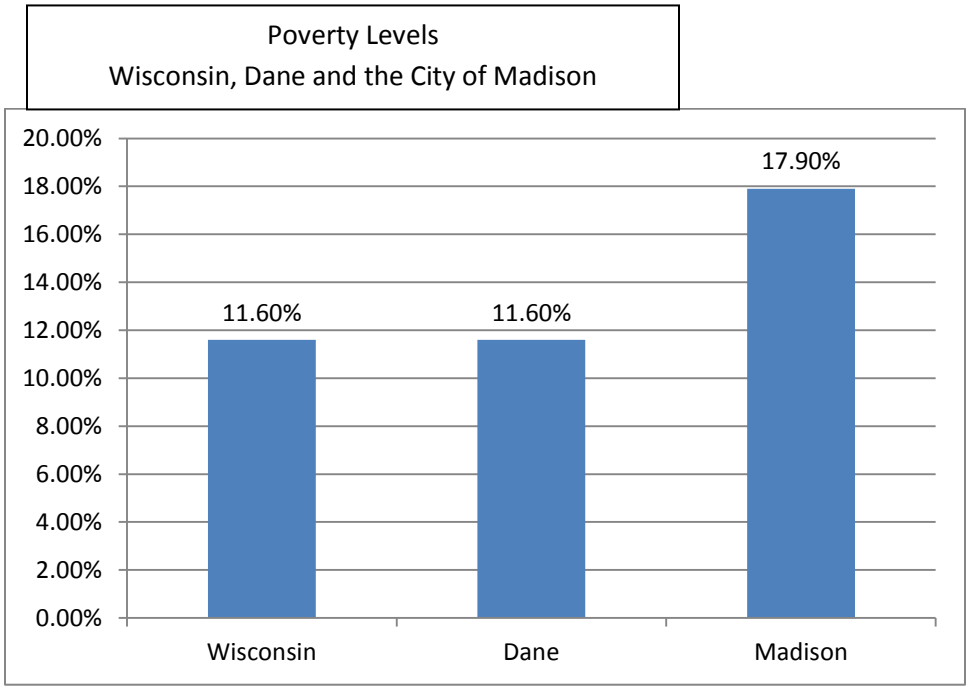
Chart 2



The median household income for Dane County is $60,519 as compared to $51,598 in Wisconsin.[11] Madison's median household income is $52,550, which is lower than household incomes in the remainder of Dane County.[12]

Despite the high median household income and a relatively low unemployment rate (5.4%), Dane County is faced with an increasing number of people living in poverty. Chart 3 demonstrates the varying poverty levels between Dane County and the city of Madison. 11.6% of Dane County residents live below the federal poverty level (2006-2010), a statistic that is comparable to the state poverty rate.[13] In Madison, the poverty rate is higher at 17.9%.[14]

Chart 3

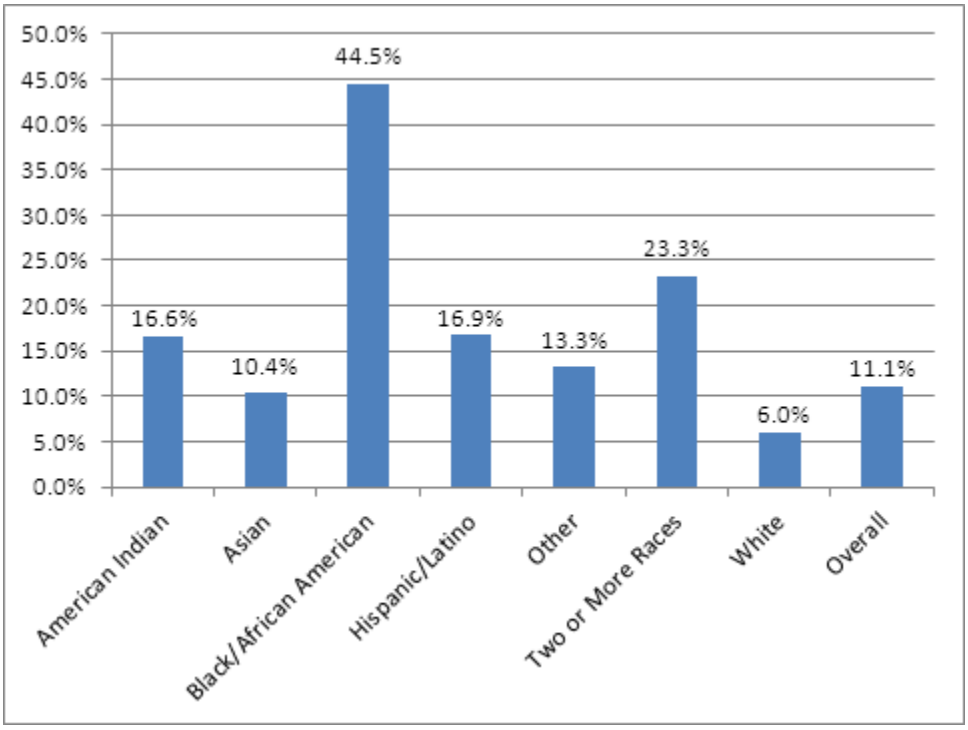


According to the Center on Wisconsin Strategy, 31.5% of students in Dane County are eligible for federal free or reduced-price school lunch in 2012, an increase from 2000 when only 17.4% of students were eligible. In the City of Madison, over half of all public school students are eligible.

Poverty levels are particularly striking for children in the county. Chart 4 demonstrates the racial/ethnic breakdown of children living in poverty in Dane County. [15]

Chart 4

Dane County Children Living Below Poverty Level by Race/Ethnicity



To be effective, health programs must be meeting a tangible need of the community. To meet the need, they must be presented to and accessible by the very people who need them most. A study of demographics is necessary to enlighten the planning and marketing process and, ultimately, to move the dial toward better community health.

Secondary Data Collection and Analysis

In addition to a review of demographics, we gathered and reviewed data from broad sources to set the initial direction and priorities of the community health needs assessment.

The following data sources were used in this assessment process:

- The newly developed ***Healthy Dane*** website, www.healthydane.org, was the primary data source that informed the community health needs assessment process. It ranks Dane County on a large set of indicators, compiled from existing data sources including *County Health Rankings*, the Wisconsin Hospital Association, Wisconsin Division of Public Health and the U.S. Census Bureau.

- *County Health Rankings* report: www.countyhealthrankings.org/app/wisconsin/2012/dane/county/1/overall

- Data and reports provided by Public Health Madison & Dane County, including data from their *2011 Fetal and Infant Mortality Review*, an analysis of drug poisonings, and data from the Wisconsin Division of Public Health WISH data query system (www.dhs.wisconsin.gov/wish)

- *2012 Dane County Youth Assessment Overview Report*, authored by Public Health Madison & Dane County www.danecountyhumanservices.org/Family/Youth/youth_assessment_2012.aspx

- Other health status reports produced by the Wisconsin Division of Public Health, which include county-level data (See links in Appendix A)

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

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

The Healthy Dane collaborative also considered indicators that relate to problems the Public Health Department had already identified through its own assessments, such as poor birth outcomes, contributors to obesity in adolescents, and poisonings.

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

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

After review and consideration of data, the collaborative identified six health issues that showed evidence of need in our community, based on our criteria. They are listed in the order ranked by all participants in our primary data collection process *(see primary data section)*:

- Type 2 Diabetes
- Cancer
- Drugs/Poisoning
- Asthma/COPD
- Preventable Stroke/Uncontrolled Hypertension
- Poor Birth Outcomes

Each health issue is described in the pages that follow, with available supporting data and brief discussion of special issues and populations of concern. Unless otherwise noted, data are from www.healthydane.org and data sources are noted in the Healthy Dane indicator description. Note that if viewing in black and white, indicator color is green on left, yellow in the middle and red on the right.

Health Issue: Type 2 Diabetes

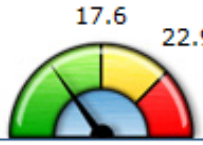
The incidence of type 2 diabetes has increased dramatically in the U.S., as a result of the rapid rise in obesity over the past 30 years. Insulin resistance now develops in children, adolescents and young adults. African-Americans, Hispanics, Native Americans and Asians have higher rates of type 2 diabetes. [16] Adults with diabetes have dramatically higher rates of cardiovascular disease risk factors than non-diabetics, including excess fat and obesity, high blood pressure, high cholesterol and lack of physical activity. [17] Diabetics are at increased risk for myriad other diseases, including coronary heart disease, stroke, peripheral vascular disease and chronic kidney disease.[18] Many people who are developing diabetes are not aware of it, eliminating their opportunity to reverse the disease course.

Because prevention and reduction in obesity in our population is key to reducing rates of pre-diabetes and type 2 diabetes (including gestational diabetes), obesity data are included. Obesity and diabetes in pregnancy are addressed under "Poor Birth Outcomes."

- Approximately 60% of Dane County adults are overweight (BMI 25-29.9) or obese[19]
- 23.2% of Dane County 7th-12th graders are overweight or obese (BMI for age percentile ≥85%). 9.2% of Dane County high school youth are obese (BMI for age percentile ≥95%), comparable to the obesity rate for Wisconsin high school youth. African-American, Latino, Hmong and mixed-race youth have significantly higher rates of being overweight/obese than white youth.[20]
- The Wisconsin Diabetes Prevention and Control program reports in the *The 2011 Burden of Diabetes in Dane County*: [21]
  - An estimated 7% of adults in Dane County, or 24,150 individuals, have diagnosed or undiagnosed diabetes.
  - People with pre-diabetes have an increased risk of developing type 2 diabetes, heart disease and stroke. In Dane County, an estimated 129,180 people who are 20 years and older have pre-diabetes.
  - 14.2% of all hospitalizations of Dane County residents in 2010 were diabetes-related.
  - The cost of diabetes in Dane County adults is staggering. In 2009 for Dane County, direct costs were estimated at $206.7 million, indirect costs were estimated at $103.5 million, totaling an estimated $310.2 million.

Home > Community Dashboard

County



Red > 22.9
Green <= 17.6
In-between = Yellow
Unit: deaths/100,000 population
View the Legend

Age-Adjusted Death Rate due to Diabetes

Value:	13.5 deaths/100,000 population
Measurement Period:	2008-2010
Location:	County : Dane Located in State: Wisconsin [View Every County]
Comparison:	WI Counties
Categories:	Health / Diabetes Health / Mortality Data

What is this Indicator?
This indicator shows the age-adjusted death rate per 100,000 population due to diabetes.

Why this is important: Diabetes is a group of diseases marked by high levels of blood glucose, also called blood sugar, resulting from defects in insulin production, insulin action, or both. In 2007, diabetes was the seventh leading cause of death in the United States and an estimated 23.6 million people or 7.8% of the population had diabetes. The prevalence of diagnosed type 2 diabetes increased six-fold in the latter half of the last century. Diabetes risk factors such as obesity and physical inactivity have played a major role in this dramatic increase. Age, race, and ethnicity are also important risk factors.

Diabetes can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working-age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. In economic terms, the direct medical expenditure attributable to diabetes in 2007 was estimated to be $116 billion.

Technical Note: The distribution is based on data from 71 Wisconsin counties.

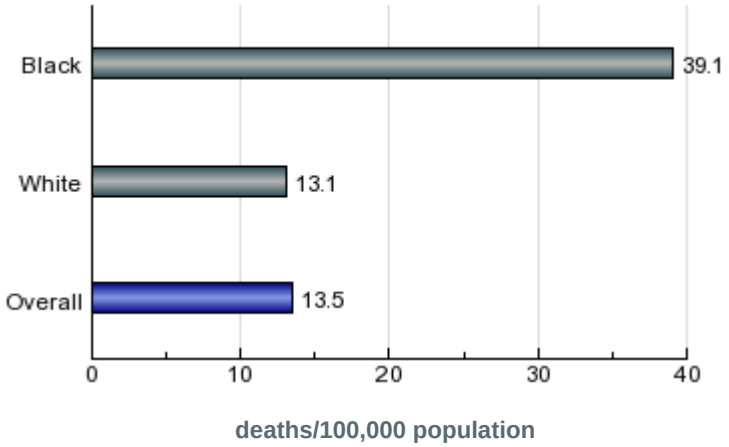
Source: Wisconsin Department of State Health Services

URL of Source: http://www.dhs.wisconsin.gov/

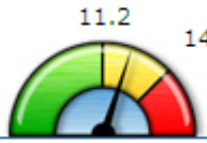
URL of Data: http://www.dhs.wisconsin.gov/wish/main/Mortality/Mortalit...

Maintained By: Healthy Communities Institute

Age-Adjusted Death Rate due to Diabetes by Race/Ethnicity
(Dane County, 2008-2010)



County



Red > 14.1
Green <= 11.2
In-between = Yellow
Unit: hospitalizations/10,000 population
View the Legend

Hospitalization Rate due to Diabetes

Value:	11.3 hospitalizations/10,000 population
Measurement Period:	2007-2009
Location:	County : Dane Located in State: Wisconsin [View All Location Types]
Comparison:	WI Counties
Categories:	Health / Diabetes

What is this Indicator?
This indicator shows the average annual age-adjusted hospitalization rate due to diabetes per 10,000 people ages 18 and older.

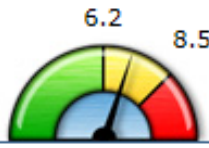
Why this is important: According to National Diabetes Education Program, "diabetes is a group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action, or both." Diabetes can have a harmful effect on most organ systems in the human body; it is a frequent cause of renal disease and lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. The prevalence of diagnosed type 2 diabetes increased sixfold in the latter half of the last century according to the CDC. Diabetes risk factors such as obesity and physical inactivity have played a major role in this dramatic increase. Age, race, and ethnicity are also important risk factors. The CDC estimates the direct economic cost of diabetes in the United States to be about $100 billion per year. This figure does not take into account the indirect economic costs attributable to potential work time lost to diabetes- related illness or premature death.

Technical Note: The distribution is based on data from 69 Wisconsin counties. Rates were calculated using population figures from the 2010 U.S. Census. Cases of gestational diabetes were excluded. Rates based on fewer than 10 hospitalizations are unstable and are not reported. Rates for zip codes with a population of less than 300 are not reported.

Source: WHA Information Center

URL of Source: http://www.whainfocenter.com/

Maintained By: Healthy Communities Institute



Red > 8.5
Green <= 6.2
In-between = Yellow
Unit: hospitalizations/10,000 population
View the Legend

Hospitalization Rate due to Long-Term Complications of Diabetes

Value:	6.6 hospitalizations/10,000 population
Measurement Period:	2007-2009
Location:	County : Dane Located in State: Wisconsin [View All Location Types]
Comparison:	WI Counties
Categories:	Health / Diabetes

What is this Indicator?
This indicator shows the average annual age-adjusted hospitalization rate due to long-term complications of diabetes per 10,000 people ages 18 and older. Long-term complications of diabetes may include heart disease, stroke, blindness, amputations, kidney disease, and nerve damage.

Why this is important: The prevalence of diagnosed type 2 diabetes increased sixfold in the latter half of the last century according to the CDC. Diabetes risk factors such as obesity and physical inactivity have played a major role in this dramatic increase. Age, race, and ethnicity are also important risk factors. The CDC estimates the direct economic cost of diabetes in the United States to be about $100 billion per year. This figure does not take into account the indirect economic costs attributable to potential work time lost to diabetes- related illness or premature death.

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Source: WHA Information Center

URL of Source: http://www.whainfocenter.com/

Maintained By: Healthy Communities Institute

The following is from the *2011 Burden of Diabetes*, cited below:

The 2011 Burden of Diabetes in

Dane County

Diabetes Prevalence - Dane County			
Age Category	*Estimated Number Diagnosed (%)*	*Estimated Number Undiagnosed (%)*	*Estimated Total Number (%)*
♦ Ages 18 – 44	4,740 (2.2%)	1,760 (0.8%)	6,500 (3.0%)
♦ Ages 45 – 64	5,100 (4.2%)	1,900 (1.6%)	7,000 (5.7%)
♦ Ages 65 +	7,760 (16.0%)	2,890 (6.0%)	10,650 (22.0%)
♦ All Ages Adult*	17,600 (5.1%)	6,550 (1.9%)	24,150 (7.0%)

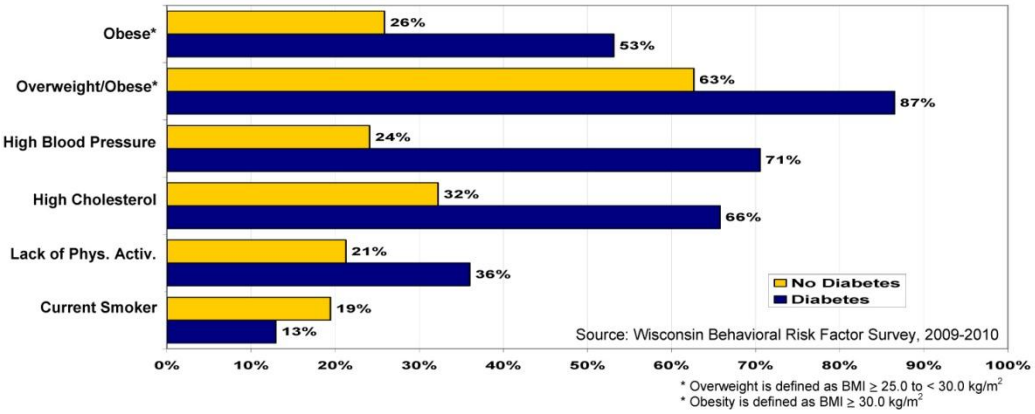
* Percent is age-adjusted (direct method) to the United States 2000 standard population.
Total percent may not equal the sum of diagnosed percent and undiagnosed percent, due to rounding.

2010 Hospitalizations - Dane County				
	Total Number	*Number Diabetes-related (% of total)*	*Total Charges*	*Diabetes-related Charges (% of total charges)*
All Ages	45,602	6,470 (14.2%)	$1,101,813,500	$204,354,100 (18.5%)

OTHER INFORMATION

- People with pre-diabetes have an increased risk of developing type 2 diabetes, heart disease, and stroke. In Dane County, an estimated 129,180 people aged 20 years and older have pre-diabetes.
- The cost of diabetes in Dane County adults is staggering. In 2009 for Dane County, direct costs were estimated at $206.7 million, indirect costs were estimated at $103.5 million, totaling an estimated $310.2 million.
- Recently, CDC released 2008 county-level age-adjusted prevalence estimates for obesity and physical inactivity. In Dane County, 25.0% of people aged 20 years and older were obese and 17.5% of people aged 20 years and older were physically inactive.

PERCENT OF WISCONSIN ADULTS WITH RISK FACTORS BY DIABETES STATUS



* Overweight is defined as BMI ≥ 25.0 to < 30.0 kg/m^2
* Obesity is defined as BMI ≥ 30.0 kg/m^2

The *2011 Burden of Diabetes in Wisconsin* is created by the Wisconsin Diabetes Prevention and Control Program (DPCP), Division of Public Health, Department of Health Services. Please see "Detailed Technical Notes" for in-depth information about methodology and data sources. For more information about the Wisconsin Diabetes Prevention and Control Program, go to: http://www.dhs.wisconsin.gov/health/diabetes/. Printing of this document is supported by DPCP partners American Diabetes Association Wisconsin Area, National Kidney Foundation of Wisconsin, and Wisconsin Lions Foundation.

The following is from the 2012 Dane County Youth Assessment:

Weight, Physical Activity and Nutrition

Overweight and obesity

The rate of childhood obesity has increased dramatically in the past 30 years. Obesity is associated with serious health and social problems during adolescence, and it generally persists into adulthood, contributing to type 2 diabetes, cardiovascular disease, cancer, osteoarthritis and other chronic conditions.[27]

Each youth's body mass index (BMI) was calculated based on their reported height and weight and compared to youth of the same age and sex using national scales (CDC BMI-for-age percentiles) to determine their BMI category. Obese is defined as having a body mass index (BMI) ≥95% of youth their age and sex; overweight is defined as BMI ≥85% but <95% of youth their age and sex.[28]

- The percent of Dane County 7th-12th grade youth who are either overweight or obese has been stable since the 2009 survey (23.2% ±0.7 in 2012 vs. 24.1% ±0.9 in 2009). Currently, 9.1% (±0.5) of all 7th-12th grade youth are obese, compared to 10.2% (±0.7) in 2009.
- The 9.2% prevalence of obesity for Dane County high school youth is comparable to that for Wisconsin high school youth but lower than the national rate.[29]
- Middle school and high school youth have the same rates of overweight/obesity.
- Males remain significantly more likely than females to be overweight or obese (27.5% ±1 vs. 18.8% ±1).
- The survey found that African American, Latino, Hmong and mixed race youth have significantly higher rates of overweight/obesity than White youth.

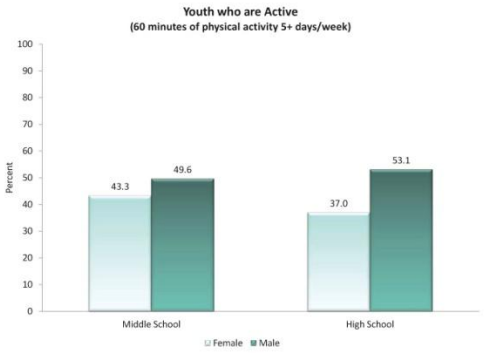
Physical activity and sedentary screen time

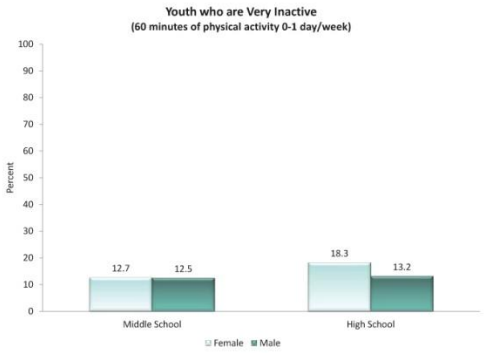
Regular physical activity in childhood and adolescence improves strength and endurance, helps build healthy bones and muscles, and helps control weight. It may also reduce anxiety and stress, increase self-esteem, improve blood pressure and cholesterol levels,[30] and benefit academic performance and behavior.[31] Significant time spent sitting in front of a TV or computer screen (screen time) is associated with obesity in adolescents.[32,33] Health experts recommend that youth should be physically active for at least 60 minutes a day, and limit sedentary screen time to no more than 2 hours a day.[34]

Physical activity

Youth were asked on how many of the past 7 days they had been spent a total of 60 minutes engaged in physical activity that increased their heart rate and made them breathe hard some of the time, including fast walking.

- Less than half (45.5%) of all 7th-12th grade youth are active for 60 minutes at least 5 days per week. 14.8% are very inactive, getting 60 minutes of physical activity on 0 or 1 day per week.
- Males are more active than females, particularly in high school when many girls become less active while males tend to maintain their level of activity.

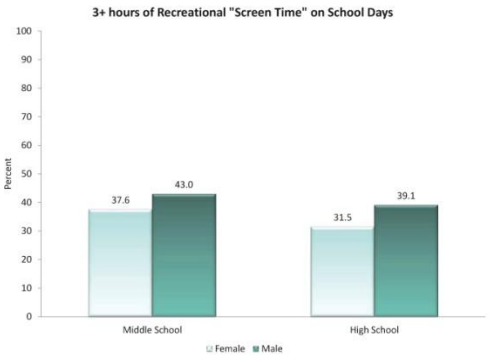




Screen time

Youth were asked how much time they spend watching TV, playing video games, or using a computer or hand-held device for other than school work, on an average school day/night.

- The percent of 7th-12th grade males who reported high screen time (3 or more hours) was lower than in 2009 (40.3% ±1.1 vs. 45.6% ±1.4). By comparison, fewer 7th-12th grade females (33.3% ±1) reported high screen time, but there was no change since 2009.
- 10.7% of all 7th-12th grade youth spend 5 or more hours on non-homework screen time on school days/nights.
- High screen time is most prevalent in middle school males, and least prevalent in high school females.



Nutrition

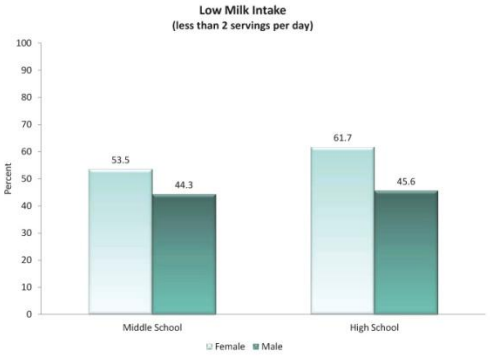
The "Dietary Guidelines for Americans, 2010"[35] recommend that adolescents consume 3 cups of low fat dairy foods such as non-fat skim or 1% milk, and eat about 5 servings of fruit and vegetables, per day. A nutritious breakfast contributes to good health and concentration needed for learning. The Guidelines recommend that sugar sweetened beverages that contain no nutrients be restricted because they contribute to obesity while replacing and reducing appetite for nutritious foods. The American Academy of Pediatrics (AAP) warns that energy drinks that contain caffeine or other stimulants are potentially harmful and never appropriate for children and adolescents.[36]

Skipping breakfast

- 22.6% (±0.7) of all 7th-12th grade youth reported skipping breakfast 5-7 of the past 7 days, comparable to that percentage from the 2009 DCYA (24% ±0.9). Middle school males are less likely to skip breakfast than the other groups.

Milk

- Over half of all 7th-12th grade youth (52.2%), and 61.7% of high school females drink less than 2 servings of milk per day. Milk is a primary source of calcium and vitamin D, which are needed for lifelong health and disease prevention.[37]



Fruit and vegetables

- Fruit and vegetable consumption (excluding potatoes and juice) is very low for most youth. 23.2% of all 7th-12th grade youth said they eat 0 or 1 serving of fruit or vegetables per day, while only 9.2% eat the recommended 5 servings per day.
- Fruit and vegetable consumption is not significantly different for females and males.
- Several measures point to a decline in fruit/vegetable consumption since 2009: the percent of middle school youth who eat 0-1 serving per day went up from 18.3% (±1.2) in 2009 to 22.2% (±1.1); and percentages of both middle school and high school youth who eat 5 or more servings per day went down.

Percentage of youth who reported eating 5 or more servings of fruit or vegetables per day

Youth	2009	2012
Middle School	14.1% (±1.1)	11.4% (±0.9)
High School	10.2% (±0.8)	8.2% (±0.5)
All Youth	11.6% (±0.6)	9.2% (±0.5)

Health Issue: Asthma/COPD

Asthma

Asthma is a common chronic inflammatory disease of the airways of the lungs. The exact cause of asthma is unknown, but it is associated with allergies. According to the CDC, the prevalence of asthma has been on the rise since the mid-1970s. The prevalence of asthma in Dane County appears to be higher than that for Wisconsin and the U.S. The asthma hospitalization rate is also high, reflecting less than adequate asthma control. Asthma in pregnancy is addressed under the identified health issue "Poor Birth Outcomes."

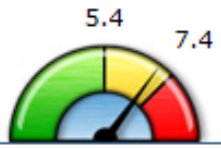
Asthma Prevalence

Asthma has long been a community health problem in Dane County and has been identified as one since 1998, when Dean & St. Mary's Neighborhood Asthma Clinic first opened. The clinic's free services and medications are provided during nearly 900 clinic visits each year. Other indicators are the following:

- The *2012 Dane County Youth Assessment* measured current active asthma in Dane County 7th through 12th graders. 4423 youth, or 17.3%, reported that they currently have asthma. The estimated asthma prevalence is consistent between middle school and high school students.
- The most recent available prevalence data for current asthma among high school students is summarized in following table.

% of High School youth who currently have asthma	Dane County (2012 DCYA)	Wisconsin (2007 CDC Youth Risk Behavior Survey)	U.S. (2011 CDC Youth Risk Behavior Survey)
	17.2% (±0.8)	12.4% (±1.5)	11.9% (±1)

Asthma Hospitalization



Hospitalization Rate due to Asthma

Red > 7.4
Green <= 5.4
In-between = Yellow
Unit:
hospitalizations/10,000 population
View the Legend

Value:	6.9 hospitalizations/10,000 population
Measurement Period:	2007-2009
Location:	County : Dane Located in State: Wisconsin [View All Location Types]
Comparison:	WI Counties
Categories:	Health / Respiratory Diseases Health / Environmental & Occupational Health

What is this Indicator?
This indicator shows the average annual age-adjusted hospitalization rate due to asthma per 10,000 people.

Why this is important: Asthma is a condition in which a person's air passages become inflamed, and the narrowing of the respiratory passages makes it difficult to breathe. Symptoms can include tightness in the chest, coughing, and wheezing. These symptoms are often brought on by exposure to inhaled allergens (like dust, pollen, cigarette smoke, and animal dander) or by exertion and stress. There is no cure for asthma, but for most people, the symptoms can be managed through a combination of long-term medication prevention strategies and short-term quick relievers. In some cases, however, asthma symptoms are severe enough to warrant hospitalization, and can result in death. Nationwide, 15.7 million non-institutionalized adults and 6.5 million children had been diagnosed with asthma in 2005.

Technical Note: The distribution is based on data from 69 Wisconsin counties. Rates were calculated using population figures from the 2010 U.S. Census. Rates based on fewer than 10 hospitalizations are unstable and are not reported. Rates for zip codes with a population of less than 300 are not reported.

Source: WHA Information Center

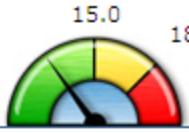
URL of Source: http://www.whainfocenter.com/

Maintained By: Healthy Communities Institute

Chronic Obstructive Pulmonary Disease (COPD)

COPD is a leading cause of chronic illness, disability and death in Dane County as elsewhere. It includes emphysema and chronic bronchitis, and is commonly associated with smoking.

County



Red > 18.9
Green <= 15.0
In-between = Yellow
Unit: hospitalizations/10,000 population
View the Legend

Hospitalization Rate due to COPD

Value:	12.0 hospitalizations/10,000 population
Measurement Period:	2007-2009
Location:	County : Dane Located in State: Wisconsin [View All Location Types]
Comparison:	WI Counties
Categories:	Health / Respiratory Diseases

What is this Indicator?
This indicator shows the average annual age-adjusted hospitalization rate due to chronic obstructive pulmonary disease (COPD) per 10,000 people ages 18 and older.

Why this is important: Chronic obstructive pulmonary disease, or COPD, refers to a group of diseases that cause airflow blockage and breathing-related problems. According to the American Lung Association, COPD includes chronic bronchitis, emphysema, and bronchiectasis. It does not include other obstructive diseases such as asthma. COPD is the fourth leading cause of death in America, claiming the lives of 122,283 Americans in 2003. COPD is often related to tobacco use, but can also be caused by air pollutants in the home and workplace, genetic factors, and respiratory infections. In 2004, the cost to the nation for COPD was approximately $37.2 billion, including healthcare expenditures of $20.9 billion in direct health care expenditures, $7.4 billion in indirect morbidity costs and $8.9 billion in indirect mortality costs.

Technical Note: The distribution is based on data from 71 Wisconsin counties. Rates were calculated using population figures from the 2010 U.S. Census. Cases of bronchitis not specified as acute or chronic, asthma, and extrinsic allergic alveolitis were excluded. Rates based on fewer than 10 hospitalizations are unstable and are not reported. Rates for zip codes with a population of less than 300 are not reported.

Source: WHA Information Center

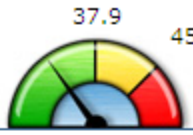
URL of Source: http://www.whainfocenter.com/

Maintained By: Healthy Communities Institute

Chronic Lower Respiratory Disease (CLRD) Deaths

CLRD is a broader designation of lung disease that includes asthma and COPD. It is a leading cause of death, with a significantly greater incidence among African-Americans.

County



Red > 45.2
Green <= 37.9
In-between = Yellow
Unit: deaths/100,000 population
View the Legend

Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases

Value:	32.0 deaths/100,000 population
Measurement Period:	2008-2010
Location:	County : Dane Located in State: Wisconsin [View Every County]
Comparison:	WI Counties
Categories:	Health / Respiratory Diseases

What is this Indicator?
This indicator shows the age-adjusted death rate per 100,000 population due to chronic lower respiratory diseases. Chronic lower respiratory diseases include asthma, emphysema and all other chronic lower respiratory diseases.

Why this is important: Chronic lower respiratory diseases (CLRD) comprise the fourth leading cause of death in the United States and is projected to the third by 2020. CLRD are a diverse group of disorders with most involving impairment of lung function. The primary consequence of CLRD that contributes to illness is breathlessness. Deaths generally occur among the older age groups. Approximately 1 in 8 Americans, or 32 million people, have been diagnosed with a CLRD.

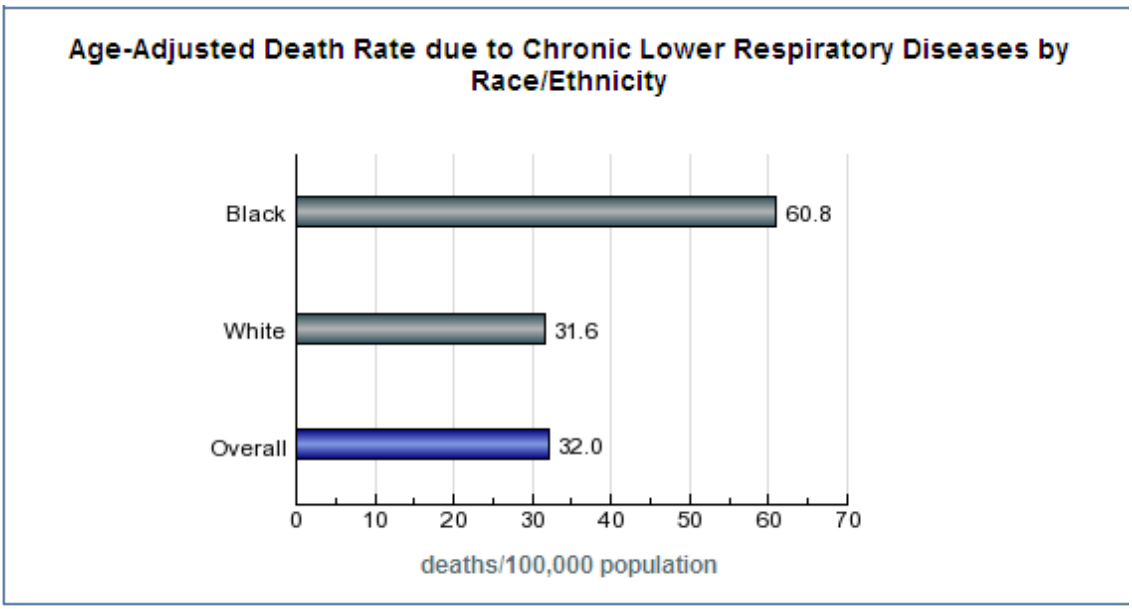
Technical Note: The distribution is based on data from 72 Wisconsin counties.

Source: Wisconsin Department of State Health Services

URL of Source: http://www.dhs.wisconsin.gov/

URL of Data: http://www.dhs.wisconsin.gov/wish/main/Mortality/Mortalit...

Maintained By: Healthy Communities Institute


Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases by Race/Ethnicity
Black
60.8
White
31.6
Overall
32.0
0
10
20
30
40
50
60
70
deaths/100,000 population

Health Issue: Preventable Stroke/Uncontrolled Hypertension

Hypertension is a major risk factor for stroke, heart disease and chronic kidney disease. According to a recent CDC report, nearly one out of three U.S. adults surveyed during 2003-2010 have hypertension and about half of those did not have it under control (<140/90). Of those who had uncontrolled hypertension, about 39% did not know they had it, 16% knew but were not treated with medication, and 45% were taking medication but did not have the condition controlled. Almost one-fourth of those with uncontrolled hypertension have stage 2 hypertension, putting them at risk for heart disease and stroke. According to the CDC study, the following groups were more likely to have uncontrolled hypertension: Hispanics, African-Americans, individuals with low income or low education level and those who lack health insurance and a usual source of health care. But surprisingly, 89% of those with uncontrolled hypertension had a health care provider, 88% got medical care during the previous year and 85% had health insurance.[22]

Estimating the prevalence of hypertension at the local level currently relies on public health surveying. 24% (±5%) of Dane County adults surveyed in 2007 and 2009 reported that they have been told they have hypertension, other than during pregnancy. [23]

While uncontrolled hypertension is, by far, the strongest risk factor for stroke, other controllable risk factors also contribute: [24]

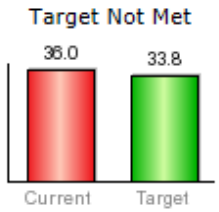
- Cigarette smoking
- Heart disease
- Uncontrolled diabetes
- High LDL cholesterol level
- Physical inactivity and obesity

For African-Americans, stroke is more common and more deadly—even in young and middle-aged adults—than for any other ethnic or other racial group in the United States. Studies show that the age-adjusted incidence of stroke is about twice as high in African-Americans and Hispanic-Americans as in Caucasians. [25]

Two key points are important to note regarding stroke in Dane County, displayed in the charts below:

- The age-adjusted death rate due to stroke in Dane County is high, exceeding the 2020 target.
- The age-adjusted stroke death rate for African-Americans in Dane County is very high—almost double that for whites.

County | Time Period | HP 2020 Target



Unit: deaths/100,000 population
View the Legend

Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)

Value:	36.0 deaths/100,000 population
Healthy People 2020 Target:	33.8 deaths/100,000 population
Measurement Period:	2008-2010
Location:	County : Dane Located in State: Wisconsin [View Every County]
Comparison:	Healthy People 2020 Target
Categories:	Health / Heart Disease & Stroke Health / Mortality Data

What is this Indicator?
This indicator shows the age-adjusted death rate per 100,000 population due to cerebrovascular disease and stroke.

Why this is important: Cerebrovascular diseases rank third among the leading causes of death in the U.S. Cerebrovascular disease can cause a stroke. A stroke occurs when blood vessels carrying oxygen to the brain become blocked or burst, thereby cutting off the brain's supply of oxygen. Lack of oxygen causes brain cells to die which can lead to death or disability. Each year, approximately 795,000 people in the U.S. will suffer a new or recurrent stroke. Although people of all ages may have strokes, the risk more than doubles with each decade of life after age 55. The most important modifiable risk factors for stroke are high blood pressure, high cholesterol and diabetes mellitus.

The Healthy People 2020 national health target is to reduce the stroke deaths to 33.8 deaths per 100,000 population.

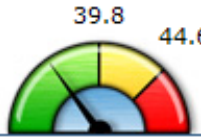
Source: Wisconsin Department of State Health Services

URL of Source: http://www.dhs.wisconsin.gov/

URL of Data: http://www.dhs.wisconsin.gov/wish/main/Mortality/Mortalit...

Maintained By: Healthy Communities Institute

County | Time Period | HP 2020 Target



Red > 44.6
Green <= 39.8
In-between = Yellow
Unit: deaths/100,000 population
View the Legend

Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)

Value:	36.0 deaths/100,000 population
Measurement Period:	2008-2010
Location:	County : Dane Located in State: Wisconsin [View Every County]
Comparison:	WI Counties
Categories:	Health / Heart Disease & Stroke Health / Mortality Data

What is this Indicator?
This indicator shows the age-adjusted death rate per 100,000 population due to cerebrovascular disease and stroke.

Why this is important: Cerebrovascular diseases rank third among the leading causes of death in the U.S. Cerebrovascular disease can cause a stroke. A stroke occurs when blood vessels carrying oxygen to the brain become blocked or burst, thereby cutting off the brain's supply of oxygen. Lack of oxygen causes brain cells to die which can lead to death or disability. Each year, approximately 795,000 people in the U.S. will suffer a new or recurrent stroke. Although people of all ages may have strokes, the risk more than doubles with each decade of life after age 55. The most important modifiable risk factors for stroke are high blood pressure, high cholesterol and diabetes mellitus.

The Healthy People 2020 national health target is to reduce the stroke deaths to 33.8 deaths per 100,000 population.

Technical Note: The distribution is based on data from 71 Wisconsin counties.

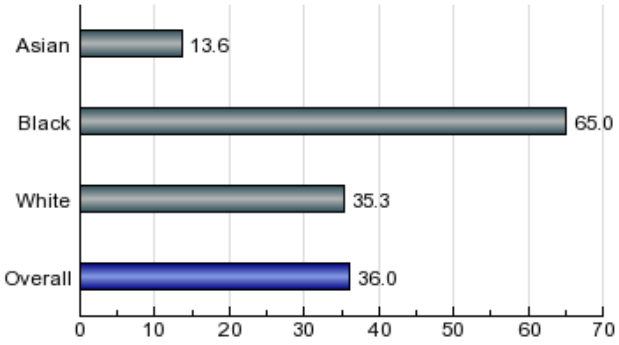
Source: Wisconsin Department of State Health Services

URL of Source: http://www.dhs.wisconsin.gov/

URL of Data: http://www.dhs.wisconsin.gov/wish/main/Mortality/Mortalit...

Maintained By: Healthy Communities Institute

Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) by Race/Ethnicity (Dane County 2008-2010)



Health Issue: Cancer

Cancer ranks with cardiovascular disease as the leading cause of death in Dane County, and many of these deaths are premature and preventable. Scientific research has determined that 30% of all cancers are related to tobacco use, and another 30% to obesity and dietary factors. Many more lives could be saved by obtaining appropriate cancer screenings to detect cancer early. [26]

Cancer Risk Factors:

- 15.6% of Dane County adults are current cigarette smokers, over the 2020 target of 12%.
- The *2012 Dane County Youth Assessment* indicates that while cigarette smoking by youth may have declined, this may in part be due to a shift from cigarettes to cigars and lower-cost forms of tobacco.
- 59.8% of Dane County adults are overweight or obese.
- 14.4% of Dane County adults engaged in no leisure time physical activity in the past month.
- 8% of Dane County adults engaged in alcohol use that is heavy enough to adversely affect health.
- Data on fruit and vegetable consumption are not available for adults, but the *2012 Dane County Youth Assessment* found that consumption is very low among Dane County adolescents.

(Source: 2008-2010 BRFS, WI DHS WISH www.dhs.wisconsin.gov/wish except as noted)

Cancer Screening:

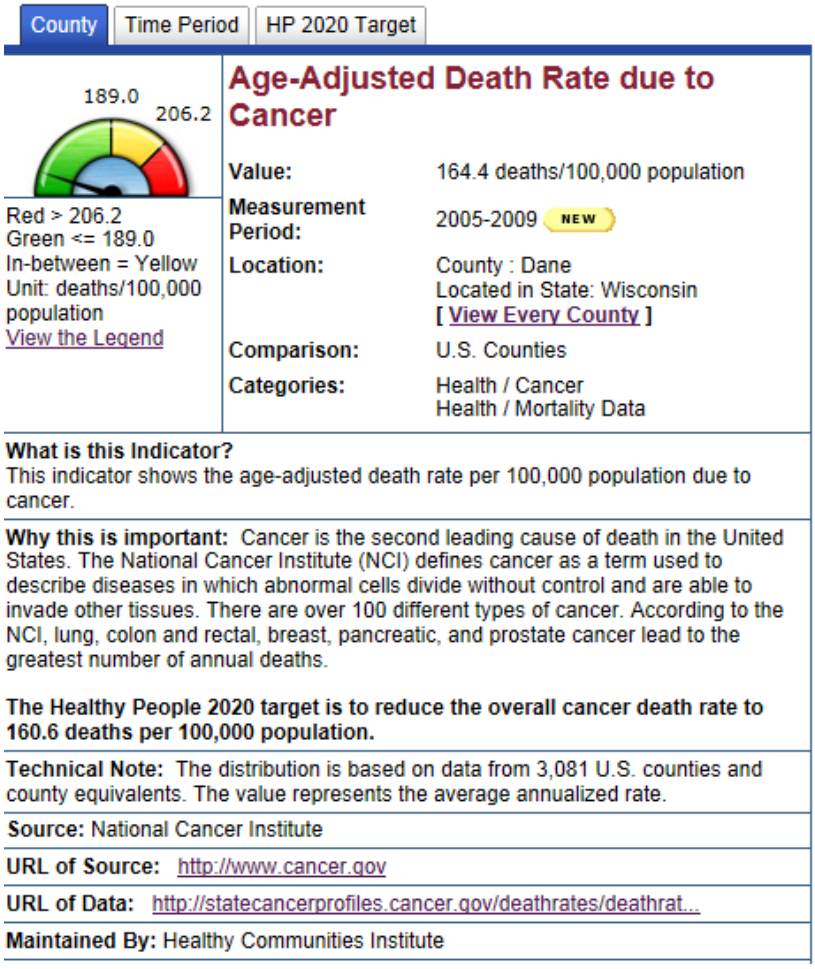
- 29% (±6) of Dane County adults age 50 and over have never had a colonoscopy or sigmoidoscopy to screen for colorectal cancer, as is recommended. Among those who have ever been screened, 10% (±4) have not been screened within the past five years.
- 24% (±6) of Dane County women age 40 and older have not had a mammogram to screen for breast cancer in the past two years as is recommended. *County Health Rankings* also reports that about one out of four Dane County female Medicare recipients, ages 67-69, have not had a mammogram in the past two years (2009).
- 15% (±6) of Dane County women age 18 and older have not had a Pap smear to screen for cervical cancer in the past three years as is recommended.

(Source: 2006/2008/2010 Behavioral Risk Factor Survey, data provided by the Wisconsin Division of Public Health)

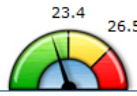
Cancer Incidence and Mortality:

With the exception of breast cancer, Dane County's age-adjusted cancer incidence and mortality rates are generally somewhat better than Wisconsin rates. However, that does not diminish the tremendous burden that cancer puts on Dane County's population. From 2003 to 2007, 8823 Dane County residents were diagnosed with cancer, and 3223 died of cancer. [27]

- According to *Wisconsin Cancer Facts and Figures 2011*, the overall cancer incidence rate is lower for Dane County than for Wisconsin, however Dane County's rate is higher than 23 other Wisconsin counties. The overall cancer mortality rate is lower for Dane County than for Wisconsin, however Dane County's rate is higher than 10 other Wisconsin counties.[28]
- Overall cancer rates are higher for males than females in Dane County.[29]
- Dane County African-Americans have significantly higher incidence of colorectal cancer and prostate cancer than whites, and a higher death rate from lung cancer than whites. [30]



County | Time Period | HP 2020 Target



Red > 26.5
Green <= 23.4
In-between = Yellow
Unit: deaths/100,000 females
View the Legend

Age-Adjusted Death Rate due to Breast Cancer

Value:	23.0 deaths/100,000 females
Measurement Period:	2005-2009 NEW
Location:	County : Dane Located in State: Wisconsin [View Every County]
Comparison:	U.S. Counties
Categories:	Health / Cancer Health / Mortality Data Health / Women's Health

What is this Indicator?
This indicator shows the age-adjusted death rate per 100,000 females due to breast cancer.

Why this is important: According to the American Cancer Society, breast cancer is the second leading cause of cancer death and the second most common type of cancer among women in the U.S. The greatest risk factor in developing breast cancer is age. Since 1990, breast cancer death rates have declined progressively due to advancements in treatment and detection.

The Healthy People 2020 national health target is to reduce the breast cancer death rate to 20.6 deaths per 100,000 females.

Technical Note: The distribution is based on data from 1,792 U.S. counties and county equivalents. The value represents the average annualized rate.

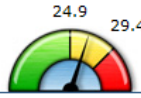
Source: National Cancer Institute

URL of Source: http://www.cancer.gov

URL of Data: http://statecancerprofiles.cancer.gov/deathrates/deathrat...

Maintained By: Healthy Communities Institute

County | Time Period | HP 2020 Target



Red > 29.4
Green <= 24.9
In-between = Yellow
Unit: deaths/100,000 males
View the Legend

Age-Adjusted Death Rate due to Prostate Cancer

Value:	25.9 deaths/100,000 males
Measurement Period:	2005-2009 NEW
Location:	County : Dane Located in State: Wisconsin [View Every County]
Comparison:	U.S. Counties
Categories:	Health / Cancer Health / Mortality Data Health / Men's Health

What is this Indicator?
This indicator shows the age-adjusted death rate per 100,000 males due to prostate cancer.

Why this is important: According to the American Cancer Society, prostate cancer is the most commonly diagnosed form of cancer among men in the United States and it is second only to lung cancer as a cause of cancer-related death among men. The two greatest risk factors for prostate cancer are age and race/ethnicity, with men over the age of 65 and men of African descent possessing the highest incidence rates of prostate cancer in the U.S.

The Healthy People 2020 national health target is to reduce the prostate cancer death rate to 21.2 deaths per 100,000 males.

Technical Note: The distribution is based on data from 1,542 U.S. counties and county equivalents. The value represents the average annualized rate.

Source: National Cancer Institute

URL of Source: http://www.cancer.gov

URL of Data: http://statecancerprofiles.cancer.gov/deathrates/deathrat...

Maintained By: Healthy Communities Institute

County | Time Period | HP 2020 Target

Target Not Met

Unit: deaths/100,000 population
View the Legend

Age-Adjusted Death Rate due to Cancer

Value:	164.4 deaths/100,000 population
Healthy People 2020 Target:	160.6 deaths/100,000 population
Measurement Period:	2005-2009 NEW
Location:	County : Dane Located in State: Wisconsin [View Every County]
Comparison:	Healthy People 2020 Target
Categories:	Health / Cancer Health / Mortality Data

What is this Indicator?
This indicator shows the age-adjusted death rate per 100,000 population due to cancer.

Why this is important: Cancer is the second leading cause of death in the United States. The National Cancer Institute (NCI) defines cancer as a term used to describe diseases in which abnormal cells divide without control and are able to invade other tissues. There are over 100 different types of cancer. According to the NCI, lung, colon and rectal, breast, pancreatic, and prostate cancer lead to the greatest number of annual deaths.

The Healthy People 2020 target is to reduce the overall cancer death rate to 160.6 deaths per 100,000 population.

Source: National Cancer Institute

URL of Source: http://www.cancer.gov

URL of Data: http://statecancerprofiles.cancer.gov/deathrates/deathrat...

Maintained By: Healthy Communities Institute

County | Time Period | HP 2020 Target

Target Not Met

Unit: deaths/100,000 females
View the Legend

Age-Adjusted Death Rate due to Breast Cancer

Value:	23.0 deaths/100,000 females
Healthy People 2020 Target:	20.6 deaths/100,000 females
Measurement Period:	2005-2009
Location:	County : Dane Located in State: Wisconsin [View Every County]
Comparison:	Healthy People 2020 Target
Categories:	Health / Cancer Health / Mortality Data Health / Women's Health

What is this Indicator?
This indicator shows the age-adjusted death rate per 100,000 females due to breast cancer.

Why this is important: According to the American Cancer Society, breast cancer is the second leading cause of cancer death and the second most common type of cancer among women in the U.S. The greatest risk factor in developing breast cancer is age. Since 1990, breast cancer death rates have declined progressively due to advancements in treatment and detection.

The Healthy People 2020 national health target is to reduce the breast cancer death rate to 20.6 deaths per 100,000 females.

Source: National Cancer Institute

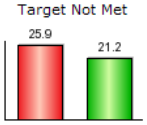
URL of Source: http://www.cancer.gov

URL of Data: http://statecancerprofiles.cancer.gov/deathrates/deathrat...

Maintained By: Healthy Communities Institute

County | Time Period | HP 2020 Target

Target Not Met



Unit: deaths/100,000 males
View the Legend

Age-Adjusted Death Rate due to Prostate Cancer

Value:	25.9 deaths/100,000 males
Healthy People 2020 Target:	21.2 deaths/100,000 males
Measurement Period:	2005-2009
Location:	County : Dane Located in State: Wisconsin [View Every County]
Comparison:	Healthy People 2020 Target
Categories:	Health / Cancer Health / Mortality Data Health / Men's Health

What is this Indicator?
This indicator shows the age-adjusted death rate per 100,000 males due to prostate cancer.

Why this is important: According to the American Cancer Society, prostate cancer is the most commonly diagnosed form of cancer among men in the United States and it is second only to lung cancer as a cause of cancer-related death among men. The two greatest risk factors for prostate cancer are age and race/ethnicity, with men over the age of 65 and men of African descent possessing the highest incidence rates of prostate cancer in the U.S.

The Healthy People 2020 national health target is to reduce the prostate cancer death rate to 21.2 deaths per 100,000 males.

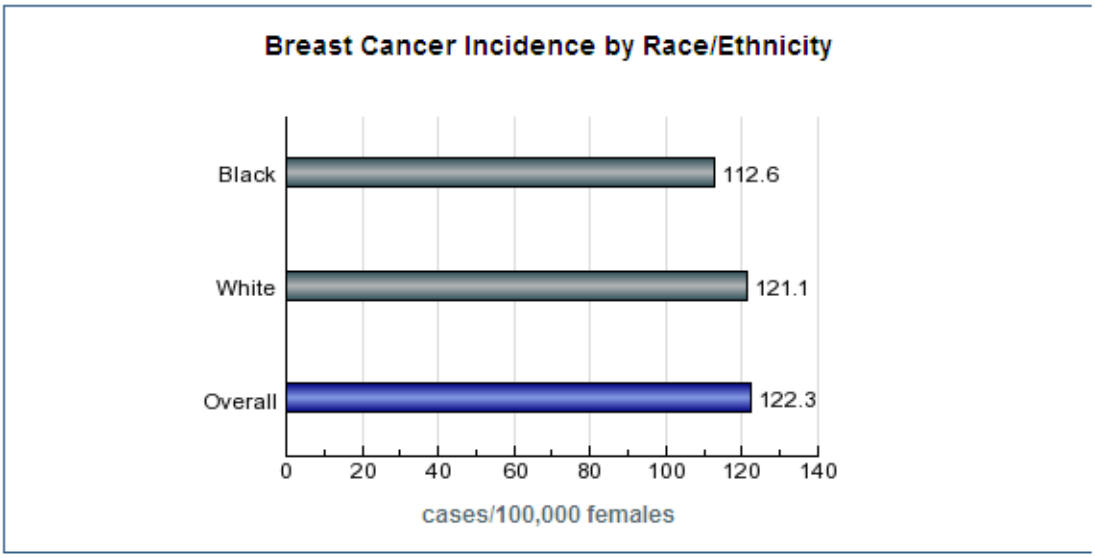
Source: National Cancer Institute

URL of Source: http://www.cancer.gov

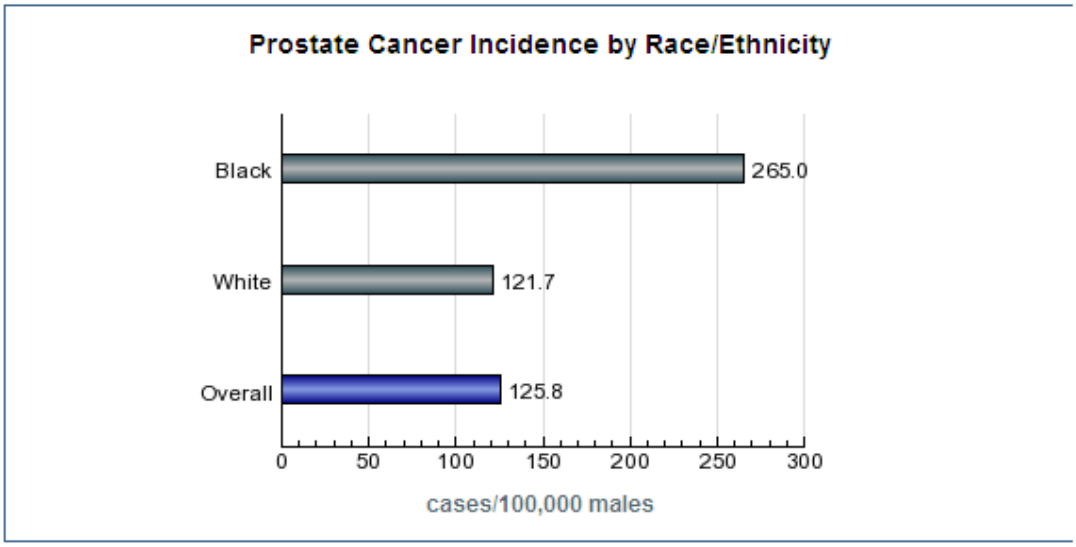
URL of Data: http://statecancerprofiles.cancer.gov/deathrates/deathrat...

Maintained By: Healthy Communities Institute

- Breast Cancer Incidence Rate



- Prostate Cancer Incidence Rate



Health Issue: Drug Use/Poisonings

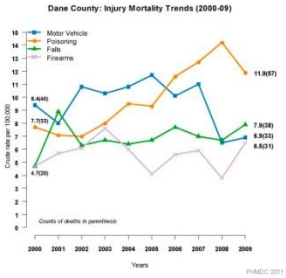
A recent report from Public Health Madison/Dane County summarizes this issue from a public health perspective:

Public Health
MADISON & DANE COUNTY
Healthy people and places

Drug Overdose: Dane County Data

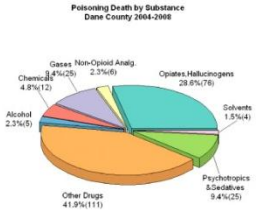
Poisoning is a public health problem affecting the health & safety of our community.

- Poisoning has increased for the last ten years and has surpassed motor vehicle crashes as the leading cause of injury death. Between 2005 and 2009, there were 282 deaths.

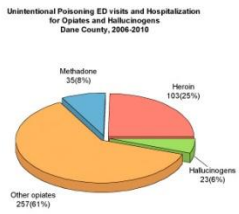


- Between 2006 and 2010, there were almost 7000 people that went to the hospital (including emergency department visits) with poisoning.

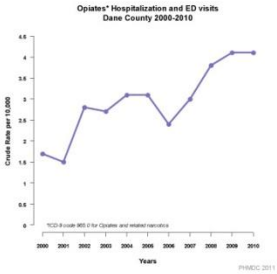
- The majority of all poisonings (deaths - 85%; unintentional poisoning hospitalizations* 67%) are due to prescription, over-the-counter, and illicit drugs.



- For those that end up in hospital, the drugs of biggest concern are in the opiate and hallucinogen group, in particular opiate pain medications, esp. Oxycotin, Vicodin & morphine. ***Opiates are overprescribed, easily available, and can result in dependence & abuse or can lead to use of other drugs.***



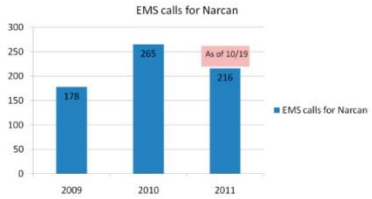
- There has been a dramatic increase in opiate hospitalizations, including emergency department visits, over the past 10 years.



- Drug poisoning/overdoses (resulting in death, hospital admissions or police arrests) are county –wide.

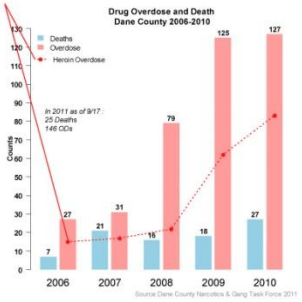
[Data Source: Public Health Madison & Dane County]

- There is an alarming increase in Madison EMS calls, where Narcan injections were given (mostly used to reverse opiate overdose), especially among 20-29 year olds . [*Data source: Madison Fire & EMS*]



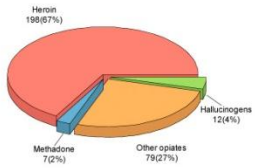
- Police reports of drug overdoses and deaths show an increase in the past 5 years, especially with heroin. According to 2011 data, as of September 17th, heroin overdoses have already more than doubled those in 2009.

  [Data source: Dane County Narcotics & Gang Task Force]

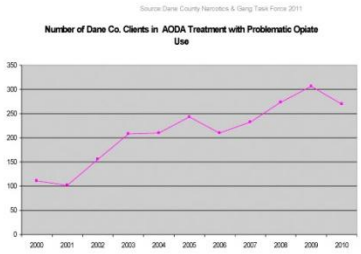


- Two thirds of the drug overdose arrests, within the opiate & hallucinogen drug group, are due to heroin (198). A number of drug overdoses also include opiate pain medications .

  [Data source: Dane County Narcotics & Gang Task Force]



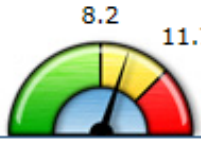
- Dane County funded AODA treatment programs have shown a steady increase in clients with opiate problems, over the past 10 years. (There were over 100 in 2000 compared to over 300 in 2009.



* An unintentional poisoning is a poisoning in which the individual exposed to the substance is not attempting to cause harm to himself or herself or others. It can result from misuse and abuse of prescription or recreational drugs, overuse of drugs prescribed for medical reasons and exposure to chemicals, gases, vapors, venoms, biological toxins , and other substances.

For further questions about data, including original charts, contact Lisa Bullard-Cawthorne at 444-3542 or email lbulardcawthorne@publichealthmdc.com

County



Red > 11.7
Green <= 8.2
In-between = Yellow
Unit: deaths/100,000 population
View the Legend

Age-Adjusted Death Rate due to Unintentional Poisonings

Value:	9.4 deaths/100,000 population
Measurement Period:	2008-2010
Location:	County : Dane Located in State: Wisconsin [View Every County]
Comparison:	WI Counties
Categories:	Health / Prevention & Safety Health / Mortality Data

What is this Indicator?
This indicator shows the age-adjusted death rate per 100,000 population due to accidental poisoning and exposure to noxious substances.

Why this is important: A poison is any substance that is harmful to your body when ingested, inhaled, injected or absorbed through the skin. Intentional poisonings are a result of a person taking or giving a substance with the intention of causing harm. Unintentional poisoning is the unintentional use of drugs or chemicals for recreational purposes in excessive amounts. In 2007, there were 40,059 poisoning deaths in the United States, 74% of which were unintentional. The unintentional poisoning death rates have been rising steadily since the early 90's. In 2008, over 2.5 million poisoning exposure cases were reported to poison control centers. In 2009, unintentional poisonings caused over 700,000 emergency department visits.

Technical Note: The distribution is based on data from 45 Wisconsin counties.

Source: Wisconsin Department of State Health Services

URL of Source: http://www.dhs.wisconsin.gov/

URL of Data: http://www.dhs.wisconsin.gov/wish/main/Mortality/Mortalit...

Maintained By: Healthy Communities Institute

In addition to the community at-large, the 2012 Dane County Youth Assessment describes issues related to drug and alcohol use among younger residents:

Tobacco, Alcohol and Drug Use

Tobacco use

The health, social and financial consequences of tobacco use are well known. Nearly all tobacco use begins in adolescence. If young people can remain free of tobacco until age 18, most will never start to smoke. Tobacco use is considered a "gateway drug" because its use generally precedes and increases the risk of other drug use.[8] The survey results related to lifetime cigarette smoking, current cigarette smoking and use of smokeless tobacco are highlighted here.

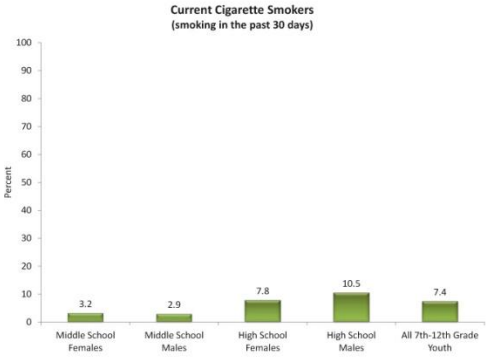
Lifetime cigarette smoking

- 20.1% of high school youth said they have smoked a whole cigarette in their lifetime. Males are slightly more likely to have ever smoked (22.1% ±1.2 vs. 18% ±1.2 for females).
- 46.7% of high school youth who have ever smoked a whole cigarette have gone on to become current smokers. Females and males have comparable rates of continued smoking after initial exposure.

Current cigarette smoking

Youth were asked, "During the past 30 days, on the days you smoked cigarettes, on average how many did you smoke per day?" Those who reported smoking any amount were classified as current smokers.

- 9.1% (±0.6) of high school youth reported smoking cigarettes in the past 30 days, down from 14.9% (±0.9) in 2009.* This may, in part, reflect the recent national trend of teens moving away from cigarettes in favor of less expensive cigars and loose tobacco.[9]
- 3% (±0.5) of middle school youth reported smoking cigarettes in the past 30 days, no significant change from 2009 (3.8% ±0.6)*. However, if Dane County middle school youth have followed the national trend toward less expensive forms of tobacco, smoking may have actually increased since 2009.



Smokeless tobacco use

Youth were asked about use of chewing tobacco, snuff, SNUS and dip.

- 7.7% (±0.7) of high school males use smokeless tobacco. Use of smokeless tobacco is lower in middle school males (2.1% ±0.5) and females (middle school 1.2 ±0.5; high school 1.6 ±0.3).

Alcohol, marijuana and other drug use

The potential consequences of underage alcohol, marijuana and drug use are many. Underage alcohol use increases the risk of academic failure and is correlated with injuries, poisoning, illegal drug use, risky sexual behavior, violence and suicide.[10] Regular use of alcohol in the teen years can impact brain development and may have consequences beyond adolescence.[11] Youth who begin drinking alcohol before age 14 are more likely to experience alcohol dependence as adults compared to those who postpone their first drink of alcohol until age 21 or older.[12] Using marijuana leads to changes in the brain that are similar to those caused by alcohol and other drugs.[13] Marijuana affects alertness, concentration and short-term memory, making learning difficult.[14] Driving skills are impaired after smoking marijuana due to slowed reaction time, impaired motor coordination and altered perception in judging distances and reacting to signals and sounds.[15]

Understanding the patterns and trends of alcohol and drug use by Dane County youth allows parents, schools and communities to implement effective prevention and intervention strategies. Alcohol and marijuana are the most commonly used mood altering substances by Dane County youth, but lesser used drugs are also of concern. Data on drunk driving is presented in the Traffic Safety section and data on drug sales at school is in the School Experience section.

* The measure of current smoking changed from the 2009 DCYA. The 2009 survey defined current smokers as those who reported smoking on at least 1 day in the past 30 days.

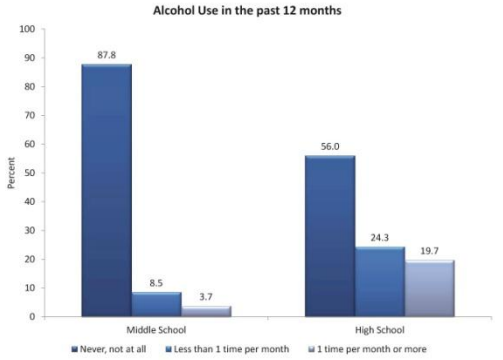
Alcohol use

Lifetime alcohol use

- 54.1% (±1) of high school youth said they have had a drink of alcohol in their lifetime, no change from 2009 (55.4% ±1.2). Among this group, 58.7% (±1.9) of males and 51.7% (±2) of females were 14 or younger the first time they drank.

Alcohol use in the past 12 months

- 43.3% (±1) of high school youth and 12.2% (±0.9) of middle school youth said they drank alcohol in the past 12 months. (33.8% ±0.8 of all 7th-12th grade youth)
- Females and males have the same prevalence of alcohol use in the past 12 months (females: 34% ±1.1; males: 33.6% ±1.1). There is no significant difference between females and males at the middle school level or at the high school level.

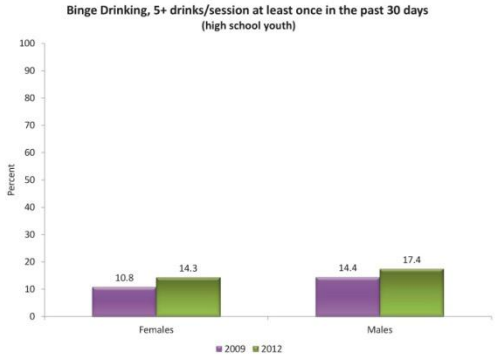


15.8% of high school youth reported recent binge drinking, up slightly from 2009

Binge drinking

Binge drinking is defined in the survey as "having 5 or more alcoholic drinks at one time, in a row, within a couple of hours."

- 15.8% (±0.7) of high school youth reported binge drinking in the past 30 days, up from 12.6% (±0.9) in 2009. The increase was seen in both females and males (females: 14.3% ±1 vs. 10.8% ±1.2 in 2009; males: 17.4% ±1 vs. 14.4% ±1.5 in 2009).
- 1.9% of middle school youth engaged in binge drinking in the past 30 days. There is no statistically significant difference between middle school females and males, and no change since 2009 (1.8% ±0.5).
- Among high school youth who reported drinking any alcohol in the past 12 months, 36.1% (±1.5) engaged in binge drinking in the past 30 days. Among middle school youth who reported drinking any alcohol in the past 12 months, 15.4% (±3) reported recent binge drinking.



Access to alcohol

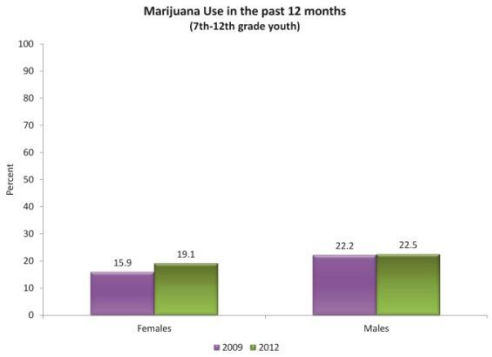
Youth who reported any past alcohol use identified their most frequent sources of alcohol.

Source of Alcohol Access	% of Middle School Youth who have drank	% of High School Youth who have drank
From friends	39.3 (±5.0)	61.8 (±1.6)
At parties	41.7 (±5.0)	59.9 (±1.5)
Someone else buys it for me	12.6 (±3.2)	39.7 (±1.6)
I sneak it from home	24.4 (±4.2)	23.1 (±1.2)
My parents give it to me	32.5 (±4.7)	22.4 (±1.3)
From older brother or sister	15.2 (±3.5)	19.0 (±1.2)
I buy it myself	5.7 (±2.3)	8.2 (±0.9)
I steal it from a store	6.9 (±2.6)	5.2 (±0.7)
I get it some other way	23.7 (±4.3)	15.0 (±1.1)

- 43.4% of all high school youth have been at someone's home where teens were drinking and parents knew it.
- 31.5% of all high school youth have been at someone's home when parents knowingly provided alcohol.

Marijuana use

- 1 out of 3 high school youth (33.7%) said they have smoked marijuana in their lifetime.
- 27.5% (±0.9) of high school youth and 5.5% (±0.7) of middle school youth said they have smoked marijuana in the past 12 months.
- Males are more likely than females to have ever tried marijuana and to have smoked it in the past 12 months, but the gender gap for both measures narrowed since 2009 as marijuana use went up for females while remaining stable for males.



Other drug use

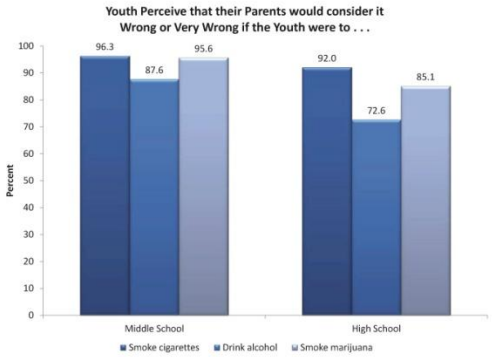
The count and percent of youth who reported any use of these drugs in the past 12 months is highlighted in the table. The middle school survey asked about fewer drugs.

Other Drugs	Middle School		High School	
	Count	Percent	Count	Percent
Over the counter (non-prescription) drugs to get high	187	2.5% (±0.4)	982	5.7% (±0.5)
Prescription drugs not prescribed for you	217	2.9% (±0.5)	1222	7.1% (±0.5)
Inhalants (glue, paint, spray cans, markers)	411	5.4% (±0.6)	528	3.1% (±0.3)
Synthetic marijuana			1600	9.3% (±0.6)
Ecstasy			590	3.4% (±0.4)
Cocaine or crack			510	3.0% (±0.3)
Speed, crystal meth			389	2.3% (±0.3)
Heroin			367	2.1% (±0.3)
Bath salts			357	2.1% (±0.3)
Steroids, HGH			365	2.1% (±0.3)

Parents' attitudes about smoking, drinking and marijuana use

Youth ranked how wrong their parents would consider it if the youth smoked cigarettes, drank alcohol or smoked marijuana. Data was analyzed for those who said their parents would consider it "wrong" or "very wrong."

- Youth were more likely to report that their parents would strongly disapprove of them smoking cigarettes than smoking marijuana or drinking alcohol. A significantly lower percentage of youth reported strong parental disapproval of youth alcohol use.
- Overall, strong parental disapproval of substance use was reported by a higher percentage of middle school than high school students, and by slightly more females than males.



Health Issue: Poor Birth Outcomes

Public Health Madison & Dane County (PHMDC) brought the issue of poor birth outcomes to the hospital partners. The concerns of Public Health are based on in-depth analysis of prenatal risk factors and their association with poor birth outcomes, including fetal and infant mortality in Dane County. These research findings support the clinical experience of staff who serve pregnant and postpartum women in public health programs and client-expressed needs.

Descriptive data for selected risk factors for poor birth outcome and measures of poor birth outcome were provided by PHMDC and are summarized below. Data measuring the association between the risk factors and poor birth outcomes, as well as racial disparities, will be shared by PHMDC after its *2011 Fetal and Infant Mortality Review Report* is completed and released. However, PHMDC has identified the following risk factors as being of special concern in terms of contributing to poor birth outcomes:

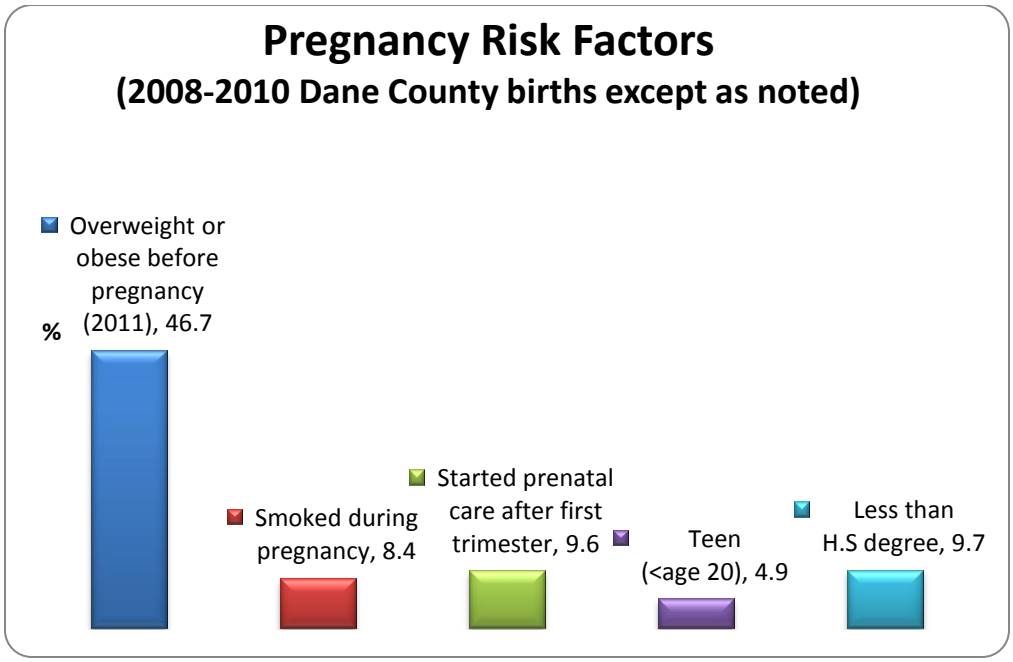
- Maternal obesity before pregnancy, excessive weight gain and failure to lose weight postpartum
- Late detection and inadequate control of chronic conditions that increase risk of poor birth outcomes, including pre-diabetes/diabetes, asthma and hypertension. (Note: Asthma was not included in the *2011 Fetal and Infant Mortality Review*, but asthma is highly prevalent, inadequate control during pregnancy is common, and it carries significant prenatal risk.)
- Maternal smoking

Key findings for all Dane County women who gave birth in 2011:

- 46.7% (2771 women) were overweight or obese before pregnancy
- 48.8% (2786 women) had excessive weight gain during pregnancy
- 56 women had diabetes before pregnancy, and 303 (6%) developed gestational diabetes during pregnancy
- 104 women had hypertension before pregnancy, and 350 (5.8%) developed a hypertensive disorder during pregnancy

Other prenatal risk factors, for all Dane County births 2008-2010:

- 8.4% of births (1540 cases) were to women who smoked during the pregnancy
- 9.6% of births (1736 cases) were to women who started prenatal care late, after the first trimester
- 4.9% of births (901 cases) were to teen moms (< age 20) and 9.7% (1775 cases) were to women with less than a high school degree

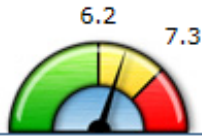


Source: PHMDC

Poor birth outcomes (2008-2010 Dane County births):[31]

- 9.3% of infants (1705 cases) were born preterm (before 37 weeks)
- 6.1 of infants (1111 cases) had low birth weight (<2500g)

County | Time Period | HP 2020 Target



Red > 7.3
Green <= 6.2
In-between = Yellow
Unit: percent
View the Legend

Babies with Low Birth Weight

Value:	6.4 percent
Measurement Period:	2010
Location:	County : Dane Located in State: Wisconsin [View Every County]
Comparison:	WI Counties
Categories:	Health / Maternal, Fetal & Infant Health

What is this Indicator?
This indicator shows the percentage of births in which the newborn weighed less than 2,500 grams (5 pounds, 8 ounces).

Why this is important: Babies born with a low birth weight are more likely than babies of normal weight to require specialized medical care, and often must stay in the intensive care unit. Low birth weight is often associated with premature birth. While there have been many medical advances enabling premature infants to survive, there is still risk of infant death or long-term disability. The most important things an expectant mother can do to prevent prematurity and low birth weight are to take prenatal vitamins, stop smoking, stop drinking alcohol and using drugs, and most importantly, get prenatal care.

The Healthy People 2020 national health target is to reduce the proportion of infants born with low birth weight to 7.8%.

Technical Note: The distribution is based on data from 67 Wisconsin counties.

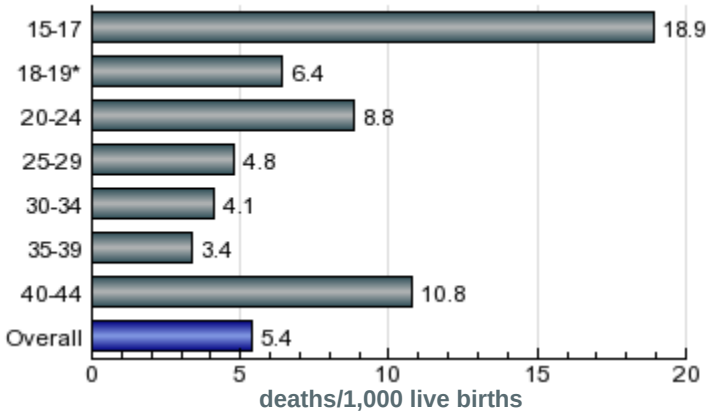
Source: Wisconsin Department of State Health Services

URL of Source: http://www.dhs.wisconsin.gov/

URL of Data: http://www.dhs.wisconsin.gov/wish/main/lbw/lbw_home.htm

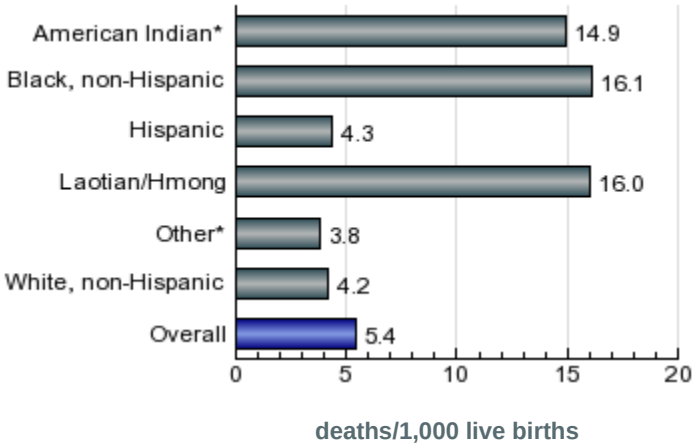
Maintained By: Healthy Communities Institute

Infant Mortality Rate by Maternal Age



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

Infant Mortality Rate by Maternal Race/Ethnicity



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

Primary Data Collection and Analysis

Healthy Dane CHNA-Identified Health Needs

As part of the Community Health Needs Assessment, Healthy Dane contracted with Healthy Communities Institute Inc. (HCI) to gather and assess data from a variety of sources. HCI's community dashboard indicators for Dane County are updated as new information is available, and the dashboard is linked through Healthy Dane.org and SSM Health Care of Wisconsin's website (www.ssmhcwi.com) to make it accessible to all members of the community. It is anticipated that community agencies and individuals will utilize this data frequently to assist in decision-making for adjustments in processes and services, and to serve as valid research supporting efforts to pursue grant funding.

Healthy Dane analyzed secondary data from a variety of sources including HCI, Public Health Madison and Dane County, the Wisconsin Department of Health Services State Health Plan: Healthiest Wisconsin 2020 and the Department of Health and Human Services Healthy People 2020. This analysis led to the identification of six top health issues for our community:

- Poor Birth Outcomes
- Type 2 Diabetes
- Asthma/COPD
- Preventable Stroke (CVN)/Uncontrolled Hypertension (HTN)
- Cancer
- Drug Use/Poisoning

Four focus groups were scheduled in August 2012 to seek input and prioritize the health issues. Healthy Dane used the Healthy People 2020 categories to guide the invitation list of key community stakeholders. See Appendix B for complete list of invitees. Forty-one community stakeholders participated in the focus groups. See Appendix C for complete list of attendees. A Healthy Dane member served as the focus group host and presented HCI data on the top six health issues. Focus group members were asked to complete a community advisory prioritization matrix and select the rating (5-Strongly Agree, 4-Agree, 3-Neutral, 2-Disagree, 1-Strongly Disagree) that best described their agreement with the following statements:

- In my opinion, this is a serious health need within this community (Severity)
- In my opinion, addressing this health need is very important to this community (Importance)
- In my opinion, addressing this health need will improve the quality of life within this community (Impact)
- In my opinion, there are no resources for addressing this health need within this community (Existing Resources)

See Appendix D for Community Prioritization Matrix

Healthy Dane Focus Group Results by location

Sun Prairie N=12	**Stoughton N=6**	**Fitchburg N=12**	**Madison N=11**
Birth Outcomes: 8 **Diabetes: 11** Asthma/COPD: 9 **CVA/HTN: 10** **Cancer: 11** **Drugs/Poisoning: 10**	Birth Outcomes: 11 **Diabetes: 14** **Asthma/COPD: 14** CVA/HTN: 13 **Cancer: 14** **Drugs/Poisoning: 14**	**Birth Outcomes: 16** **Diabetes: 16** Asthma/COPD: 13 CVA/HTN: 13 **Cancer: 15** Drugs/Poisoning: 14	**Birth Outcomes: 15** **Diabetes: 14** **Asthma/COPD: 14** CVA/HTN: 12 Cancer: 12 **Drugs/Poisoning: 14**

Community Prioritization Matrix: The number after each identified health issue is the **Total Priority Score** given by the focus group. Focus group participants ranked each health issue (on a scale of 1 to 5; 1=Strongly Disagree and 5=Strongly Agree) on the following measures: Severity, Importance to Community, Impact, and Existing Community Resources. A caveat to this data is that it measures opinions and perceptions rather than true health need.

Healthy Dane Focus Group Total Participant Summary: In summary, the total participant prioritization ranking is as follows:

Type 2 Diabetes	15
Cancer	14
Drug Use/Poisoning	14
Asthma/COPD	13
Preventable Stroke/HTN	13
Poor Birth Outcomes	13

After focus group members completed their matrix, a facilitated discussion followed on the top three (or four) health issues that had the highest priority score. Focus group members were asked to comment on:

- What about this health issue has the greatest impact in our community?
- What can hospitals do to address this health issue/need?

Through these discussions, central ideas or themes became evident on the role that hospitals can play in improving the health of the community. These themes are central to the development of each organization's implementation plan.

Focus Group Themes:

- Focus on the broad spectrum of wellness
- Provide broad role in public health education
- Address social determinant of health
- Advocate for healthy communities
- Practice healthy habits as an organization
- Include families in education and interventions
- Focus on high-risk populations
- Work with existing systems

St. Mary's Hospital CHNA-Identified Health Needs

Internal Prioritization process

Thirty one St. Mary's Hospital staff members were invited to participate in the September 7, 2012, internal prioritization process and identify the top health issues for the hospital to address. See Appendix E for list of invitees and 18 participants. HCI data and results from the community stakeholder focus groups were presented to St. Mary's Hospital staff. Hospital staff members completed an internal prioritization matrix using the following criteria:

- Magnitude
- Alignment with mission, key strategies and priorities
- Resources needed to address the issue
- Hospital's ability to make an impact

St. Mary's Hospital Internal Team

The following health issues received the highest total priority score:

- Preventable Stroke/HTN 16
- Poor Birth Outcomes 15
- Type 2 Diabetes 15
- Asthma/COPD 15

See Appendix F for St. Mary's Community Benefit Team Prioritization Matrix

On September 21, 2012, nine hospital staff members who attended the 9/7/12 session participated in a brainstorming session to begin identifying strategic implementation strategies. Suggestions were categorized and themed by health issue and the hospital's ability to have an impact. The criteria used for prioritization and decision-making included an analysis of current community coalitions, initiatives and collaborations. High priority was given to strategies in which opportunities with partners currently exist.

CHNA-Identified Health Needs

With our top six community-specific health issues in mind, as identified through our primary data collection and analysis, we then set out to evaluate each issue, using the following criteria:

- Indicator is poor or trend is worsening.
- Racial/ethnic/socioeconomic disparities are evident.
- A hospital (with or without partners) can affect indicator.
- Evidence-based practice exists regarding effective strategies, and strategies can be scaled appropriately.
- Additional attention to the problem is needed, i.e. either current efforts don't exist in our community or there are gaps/needs for additional attention.

The six health issues became the framework for input sessions with nonprofit leaders, elected officials and other community representatives. In each session, discussion focused on why the identified needs are important health indicators, how Dane County's rank compares with other counties in Wisconsin and/or against Healthy People 2020 goals, and what hospitals can do to affect the issues.

Community leaders validated the selected priorities. In a group process, they ranked them and the results were very close, grouping them closely together as important, although diabetes was selected as the top priority in each session.

Group participants also made recommendations about the types of interventions hospitals (with or without partners) should undertake. Themes emerged that emphasized hospitals should work toward broad wellness objectives that are inclusive of families and diverse populations. Hospitals were called upon to advocate, create awareness and convene others around strategies to address the priority issues.

In addition to community leader input, Public Health Madison & Dane County offered professional expertise and input as well as perspective about data analysis and issue selection. With leadership from Public Health, the collaborative examined areas of opportunity such as gestational diabetes, where two priority issues (birth outcomes and diabetes) come together.

The collaborative also inventoried existing initiatives of significance in the community. Those are listed in the Other Resources section in the CHNA. The collaborative recognizes the significant need around, for example, behavioral health services and a response to increased substance abuse, while also currently participating in major data-driven, community-based initiatives already under way.

As a result, the collaborative selected type 2 diabetes and maternal and child health / healthy birth outcomes as top priorities in the community health needs assessment. The collaborative stresses that the CHNA process requires a finite focus; however, this does not represent the totality of hospital and public health's priorities and commitments. As noted above, collaborative members continue to participate in a wide variety of efforts intended to benefit community health. The four hospital members of Healthy Dane provided collectively $201,873,600 in community benefit as defined by the Wisconsin Hospital Association in its 2012 report.

Healthy Dane and the CHNA process affords our community the opportunity to benefit broadly from the healthydane.org website and a new set of priorities that are driven by data and community stakeholders. Programmatic recommendations will be developed together with collaborators across the community, taking into account best practices and measurable objectives.

Collaborative Input

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

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

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

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

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

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

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

Public Health Director Janel Heinrich MPH, MA, and Public Health Supervisor Judy Howard RN, MS, served on the collaborative committee during the process of selecting HCI as the data website vendor and during the development of the hospitals' CHNA work plans.

PHMDC Chronic Disease Coordinator Susan Webb-Lukomski RN, BSN, provided guidance and consultation to the hospital representatives regarding health status data and priority-setting.

Julie Willems VanDijk, RN, PhD, Associate Scientist at the Population Health Institute of the University of Wisconsin-Madison, reviewed the overall approach to the CHNA and addressed specific questions about best practice.

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

Other Resources

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

Dane County Health-Related Collaborations
Please note: Description of purpose is provided in parentheses if purpose is not evident from title.

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

Appendix A: Wisconsin Division of Public Health, Health Status Reports

2012 Dane County Youth Assessment Overview Report

http://pdf.countyofdane.com/humanservices/youth/assessment_surveys/2012/youth_2012_overview.pdf

Wisconsin Asthma Plan 2009-2014

http://www.dhs.wisconsin.gov/eh/asthma/pdf/WACPlan20092014ExecutiveSummary.pdf

The Wisconsin Plan for Heart Disease and Stroke Prevention 2010-2015

http://www.dhs.wisconsin.gov/health/cardiovascular/pdf_files/HDSP_Plan_2010_2015.pdf

Wisconsin Diabetes Strategic Plan 2010-2015

http://www.dhs.wisconsin.gov/publications/P4/P43078.pdf

The Epidemic of Chronic Disease in Wisconsin

http://www.dhs.wisconsin.gov/tobacco/1398WIDHSRiskFactorReportFinal.pdf

Appendix B: Healthy Dane Focus Group Invitees

Topic headings reflect the Healthy People 2020 categories. Some organizations may be listed under more than one topic heading.

2020 TOPIC	ORGANIZATION	NAME
Access to Health Services		
	Access Community Health Centers	Dr. Ken Loving
	ABC for Health	Bobby Peterson
		Brynne McBride
	Stoughton Hospital	Dottie Petersen
Adolescent Health		
	Dane County School Consortium	Diane Krause
	Madison Metropolitan School District	Sally Zirbel-Donisch, Health Services Coordinator
	UW Health Services	Sarah Van Orman
	Urban League of Greater Madison	Kaleem Caire
	Stoughton School Nurse	Laurel Gretebeck
	Stoughton Child Care Center	Julie Florence
	Oregon School District	Amy Miller
Cancer		
	American Cancer Society	Alison Prange
	Gilda's Club	Sandy Henshue
	Leukemia and Lymphoma Society	Kim Kokott
	Breast Cancer Recovery	Ann Detienne
	Susan G. Komen of SC WI	Michelle Heitzinger
Environmental Health		
	Sustain Dane	Kristen Joiner
	1000 Friends of Wisconsin	Steve Hiniker
	Bike Federation of Wisconsin	Kevin Luecjke
	Stoughton Wellness/EMS	Cathy Rigdon
Heart Disease and Stroke		
	American Heart Association	Tom Luedtke
		Brittany Lee
		Karla Lodholz
	American Diabetes Associations	Sally Sheperdson
Injury and Violence Prevention		
	Safe Communities Coalition	Cheryl Wittke
	Safe KIDS Coalition	Nicole Vesely
	DAIS (Domestic Abuse Intervention Service)	Shannon Berry
	UNIDOS	Cecelia Gillhouse
	Rape Crisis Center	Kelly Anderson
	Stoughton Police	Lt. Pat Conlin
	Stoughton Suicide Prevention	Kelly Janda

Maternal, Infant and Child Health		
	Joining Forces for Families	Ron Chance
	March of Dimes	Christine Rader
	Wisconsin Women's Health Foundation	Tommi Thompson
	Wisconsin Women's Health Foundation	Lisette Kahlil
	WI Assoc. for Perinatal Care	Ann Conway
	Safe Harbor	Jennifer Ginsburg
Mental Health and Mental Disorders		
	Journey Mental Health Center	William Greer
	Access Community Health Center	Ken Loving
	NAMI – Dane	Bonnie Loughran
	Porchlight	Steve Schooler
	Triangle Ministry	Kate Pender
	Public Health Madison Dane County	Sharon Mason-Boersma
Nutrition and Weight Status		
	YMCA - Dane	Sharon Covey
		Carrie Wall
	Senior Centers	
	NE Side Senior Coalition	Cheryl Batterman
	West Madison Senior Ctr.	Ingrid Kundinger
	Stoughton Senior Center Director	Cindy McGlynn
	Oregon Senior Center Director	Alison Koelsch
	Verona Senior Center Director	Diane Landerville
	Central Madison Senior Center Director	Christine Beatty
	Fitchburg Senior Center Director	Jill McHone
	Sun Prairie Senior Center Director	Bob Power
	DeForest Senior Center Director	Deanne Symbolik
	Mt. Horeb Senior Center Director	Lynn Forshaug
	Middleton Senior Center Director	Jill Kranz
	Prairie Athletic Club	Pete Simon
Physical Activity		
	YMCA - Dane	Sharon Covey
		Carrie Wall
	Senior Centers	
	NE Side Senior Coalition	Cheryl Batterman
	West Madison Senior Ctr.	Ingrid Kundinger
	Stoughton Senior Center Director	Cindy McGlynn
	Oregon Senior Center Director	Alison Koelsch
	Verona Senior Center Director	Diane Landerville
	Central Madison Senior Center Director	Christine Beatty
	Fitchburg Senior Center Director	Jill McHone
	Sun Prarie Senior Center Director	Bob Power
	DeForest Senior Center Director	Deanne Symbolik
	Mt. Horeb Senior Center Director	Lynn Forshaug
	Middleton Senior Center Director	Jill Kranz
	Mazomanie Senior Center Director	n/a
	Prairie Athletic Club	Pete Simon
	Stoughton High School	Mel Dowe

Substance Abuse		
	Tellurian	Kevin Florek
	Hope Haven	Mike Pond
	Journey Mental Health Center	William Greer
Tobacco Use		
	WWHF	Tommi Thompson
	Smoke Free Wisconsin	Maureen Busalacchi
		Nancy Crassweller
	Stoughton Tobacco Coord	
Other Key Stakeholders		
	100 Black Men	Isadore Knox
		Floyd Rose
		Derrick Smith
	ULGM	Kaleem Caire
	Promise Zone	Peng Her
	Catholic Multicultural Center	Andy Russell
	Literacy Network (Health Literacy)	Jeff Burkhart, Beth Gayton
	Boys and Girls Clubs of Dane County	Michael Johnson
	WI Council on Children and Families	Ken Taylor
	Centro Hispano	Kent Craig
	City of Madison, Office of Comm Svs	Lorri Wendorf
	African American Council of Churches	Rev. David Smith
	United Way	Deedra Atkinson
	Neighborhood Centers	
	Bayview	Dave Haas
	Bridge/Lakepoint/Waunona	Tom Solyst
	East Madison	Tom Moen
	Goodman	Becky Steinhoff
	Kennedy Heights	Alyssa Kenney
	Lussier	Paul Terranova
	Madison Senior Ctr.	Christine Beatty
	NHCC	Dan Foley
	Northport Apt. Comm Ctr	Rev Carmen Porco
	Vera Court	Tom Solyst
	Wil-Mar	Gary Kallas
	WI Youth Company	Kay Stevens
	Madison Urban Ministry	Barbara McKinney
	South Metro Planning Council	John Quinlan
	LUCHA	Sal Carranza
	CUNA Mutual Foundation	Steve Goldberg
	Allied Community Coop	Susan Corrado
	Stoughton School District	Dr. Tim Onsager
	Oregon School District	Courtney Odorico
	Verona School District	Dean Gorrell
	Central Madison School District	James Howard
	Fitchburg School District	Dennis Beres
	Sun Prairie School District	Tom Weber

DeForest School District	Janis Berg
Mt. Horeb School District	Dan Ketterer
Middleton School District	Ellen Lindgren
Mazomanie School District	Tom Turk
Stoughton Law Enforcement	Paul J. Shastany
Oregon Law Enforcement	Douglas H. Pettit
Verona Law Enforcement	Bernard Coughlin
UW Law Enforcement	Susan Riseling
Fitchburg Law Enforcement	Thomas A. Blatter
Sun Prairie Law Enforcement	Pat Anhalt
DeForest Law Enforcement	Robert Henze
Mt. Horeb Law Enforcement	Jeff Veloff
Middleton Law Enforcement	James A. DiGianvittorio
Mazomanie Law Enforcement	Brad Lindsley
Stoughton Mayor	Mayor Donna Olson
Oregon Village Board President	Steve Staton,
Verona Mayor	Mayor John Hochkammer
Madison Mayor	Mayor Paul R. Soglin
Fitchburg Mayor	Mayor Shawn Pfaff
Sun Prarie Mayor	Mayor John Murray
DeForest Village President	Judd Blau,
Mt. Horeb Village President	Dave Becker
Middleton Mayor	Kurt Sonnentag
Mazomanie Village President	Lowell Holcomb
Stoughton Community Center Director	Tom Lynch
Verona Community Center Director	Casey Dudley
Central Madison Community Center Director	Becky McCulskey
Fitchburg Community Center Director	Chad Sigl
Sun Prarie Community Center Director	Jana Stephens
DeForest Community Center Director	Deanne Symbolik
Mt. Horeb Community Center Director	Lisa Duffy
Middleton Community Center Director	Lori Sprattley
Mazomanie Community Center Director	Sue Dietzen
Health Council Staff Team	Sandy Erickson
	Shiva Bidar-Sielaff
	Tammy Quall
	Emily Sanders
	Michael Hommel
	Suzanne Reilly
	Lynn Green
	Sara Finger
Stoughton Hospital Board	Brad Schroeder
Covenent Lutheran Church, Stoughton	Pastor Mark Petersen
	Kris Gabert
	Kay Davis
	Brenda Dottl
	Mike Connor
Skaalen Nursing Home	Kathy Horton
Supporting Families Together	Lilly Irvin-Vitela

Appendix C: Healthy Dane Focus Group Attendees

Wednesday, August 8, 2012 9:30-10:30 Sun Prairie Library, Angie Bloyer, Jodi Neitzel, Beth Pinkerton	
Name	**Agency**
Bob Power, Exec Direc	Colonial Club Senior Center
Christine Rader, Division Dir	March of Dimes
Bonnie Loughran, Exec Dir	NAMI of Dane County
Brenda Dottl, RN	Stoughton Hospital Home Health
Alison Prange, Exec Dir	American Cancer Society
Carrie Wall, Exec Dir	YMCA of Dane County
Nicole L Vesely, Program Coord	UW Health
Jennifer Ellestad, Comm Advocacy	Dean Clinic
Kristin Burki, Director of Services	Domestic Abuse Intervention Services
Sally Zirbel Donisch, Health Services	Madison Metropolitan School District

Thursday, August 9, 2012 3:30-4:30 Stoughton Library, Angie Bloyer, Laura Mays, Beth Pinkerton	
Name	**Agency**
Bradley D. Schroeder, Employee Benefit Specialist	Stoughton Business Owner-Insurance
Cindy McGlynn, Director	Stoughton Senior Center
Amy L. Miller, Community Education Director	Oregon School District
Donna Olson, Mayor	City of Stoughton-Government
Cathy Rigdon, Director	Stoughton Emergency Management Services
Sharon Mason-Boersma, Social Worker	Joining Forces for Families - Dane County

Tuesday, August 14 , 2012 9:30-10:30 Fitchburg Library, Joyce Zweifel, Stephanie Johnson, Beth Pinkerton	
Name	**Agency**
Lynn Green, Exec Dir	Dane County Human Services
Dr. Floyd Rose, Exec Dir	100 Black Men of Madison
Kelly Anderson, Exec Dir	Rape Crisis Center
Michelle Heitzinger, Exec Dir	Susan G. Komen of South Central WI
Eva Brummel, Learning Coordinator	Wisconsin Perinatal Association
Dan Foley, Exec Dir	Neighborhood House Community Center
Bobby Peterson, Exec Dir	ABC for Health
Penny Kasprzak, Assoc Dir	American Diabetes Association, WI Chapter
Shiva Bidar-Sielaff, Co-Chair	Latino Health Council
Tom Luedtke, Corp Events Dir	American Heart Association, WI Chapter
Astra Iheukumere, Mayoral Aide	City of Madison, Mayor's Office
Lisette Khalil, Development Dir	Wisconsin Women's Health Foundation

Wednesday, August 15, 2012 3:30-4:30 Bayview Foundation, Joyce Zweifel, Juli Aulik, Stephanie Johnson	
Name	**Agency**
Lannia Syren Stenz, Exec Dir	Gilda's Club of Madison
Ken Taylor, Exec Dir	Wisconsin Council on Children and Families
Sandy Erickson, Dir, Community Impact	United Way Dane County
Steve Hiniker, Exec Dir	1000 Friends
Kent Craig, Exec Dir	Centro Hispano
Muriel Nagle, Director of Health Promotion	University Health Services
Lorri Wendorf-Corrigan, Neighorhood Services Coord	City of Madison, Community Development Division
Julie Willems Van Dijk, RN, PhD	UW-Madison, Population Health Dept.
Hedi Rudd, Program Coord	Urban League of Greater Madison, Promise Zone
Jeff Burkhart, Exec Dir	Literacy Network

Appendix D: Community Prioritization Matrix

Community Prioritization: Have your community partners or community members on your CHNA work team complete the ranking below. A high "total priority score" indicates the highest prioritized, most pressing need.
Instructions: For each of the identified community needs, please select the rating that best describes your agreement with the statements below and write it in the box below the question.

5: Strongly Agree 4: Agree 3: Neutral 2: Disagree 1: Strongly Disagree

	Severity	Importance to Community	Impact	Existing community resources	
Identified Community Needs	In my opinion, this is a serious health need within this community.	In my opinion, addressing this health need is very important to this community.	In my opinion, addressing this health need will improve the quality of life within this community.	In my opinion, there are no resources for addressing this health need within this community.	**Total Priority Score**
Diabetes					15
Cancer					14
Drugs/Poisoning					14
Asthma/COPD					13
CVA/HTN					13
Birth Outcomes					13

Appendix E: St. Mary's Hospital Community Benefit Team and Others

Invitees/**Attendees in Bold**

Community Benefit Team

Chris Baker, RN	Director, Quality and Safety Systems
Steve Sparks	Regional Director, Public Relations and Marketing
Jim Penczykowski	Manager, Adult Day Health Center
Peggy Weber, RN	Director, Parish Nurse Program
John Kaiser	Budget Manager, Finance
Dawn Schramm	Social Worker/Care Manager, Care Management
Stephanie Johnson	Community Relations Coordinator
Joyce Zweifel	Strategic Planner, SSM Health Care of WI

St. Mary's Hospital staff

Paula McKenzie	Director, Pastoral Care
Anne Plesh	Supervisor, Interpreter Services
Laura Ziebarth, RN, CNS	CNS, Maternal/Child
Sue Muldowney, RN	Community Health Educator
Lauren Pallin, RN	Director, Psychiatry
Hannah Wente	Coordinator, APDA WI Chapter
Kate Pender, RN	Parish RN
BJ Falk, RN	Patient Education Coordinator
Theresa Fosdick, RN	Staff RN 5SW
Marianne Merrick	Registered Dietitian
Denise Mitton, RN	Emergency Cardiac Coordinator, Level One Heart Attack Program
Mary Wichern, RT	Pulmonary Rehab Coordinator
Russ Jensen	Director, Pharmacy
Janet Adams	GoldenCare Coordinator
Wes Sparkman	SSM Health Care of WI Board member
Tara Wilhelmi	Insurance Verification, Adopt-a-School Steering Team
April Faas, CNS	Cardiac Services
Jo Goffinet, CNS	Medical/Surgical
Emilie Fedorov, RN	Director, NSICU
Deirdre Hargrove-Krieghoff	Director, Child Care Center
Carmela Mulroe	Volunteer Director, St. Mary's Care Center
Brenda Outhouse, RN	Diabetic Nurse Educator
Cynthia Benson-Lien, RN	Director, Care Management

Appendix F: St. Mary's Community Benefit Team Prioritization Matrix

Internal Prioritization: Once community members have created a list of priorities, using the newly prioritized list of needs, complete the ranking below. A high "total priority score" indicates the highest prioritized most pressing need.
Instructions: Please rank each of the identified needs using the following criteria and scale.

	Magnitude	Alignment with Mission, Key Strategies & Priorities	Resources Needed to Address the Issue	Hospital's ability to Impact	
5	Red Zone OR Yellow Zone & HP 2020 Target Not Met	Consistent with 2 or more SFHRP strategies	No additional resources needed; service is currently in place	Can provide a service likely to measurably improve the community's health status	
3	Yellow Zone OR Green Zone & HP 2020 Target Not Met	Consistent with one of the SFHRP strategies	Minimal resources needed to extend a current service	Can provide a service likely to measurably improve the community's health status with expertise from a community organization partner	
1	Green Zone	Inconsistent with the SFHRP strategies	Requires significant resources	Don't have the ability to measurably improve this need	
Identified Community Needs					**Total Priority Score**
Diabetes					15
Cancer					13
Drugs/Poisoning					13
Asthma/COPD					15
CVA/HTN					16
Birth Outcomes					15

Endnotes

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