



COMMUNITY HEALTH ASSESSMENT

Dane County | 2023

TABLE OF CONTENTS

TEAM FOREWORD

COVID ACKNOWLEDGEMENT

BACKGROUND

WHAT IS A CHA/CHIP?

FRAMEWORK & PROCESS

DANE COUNTY PROFILE

DANE COUNTY HEALTH STATUS ASSESSMENT

FRAMEWORK & METHODS

RESULTS

DANE COUNTY THEMES & STRENGTHS ASSESSMENT

FRAMEWORK & METHODS

RESULTS

CONCLUSION

NEXT STEPS

RECOGNITIONS

REFERENCES

APPENDICES

LAND ACKNOWLEDGEMENT

Public Health Madison & Dane County acknowledges that Dane County is situated on the Indigenous lands of the Ho-Chunk people. The Ho-Chunk people inhabited this beautiful land for more than 12,000 years before it was violently stolen by the U.S. Government in the 19th century. Despite colonizers' horrific acts of genocide, ethnic cleansing, forced removal, and forced assimilation, the Ho-Chunk persevered. Because of their strength and resilience, the Ho-Chunk people continue to reside in and enhance Dane County.

Public Health understands that acknowledging the land alone is not enough; it's a starting point. We are committed to fostering authentic and respectful relationships with the Ho-Chunk Nation. We also honor the history, culture, traditions, and rich legacy of Indigenous peoples who have lived here and continue to live here.



TEAM FOREWORD

People in Dane County enjoy a diverse mix of rural, suburban, and urban living along with rich history and culture reflective of both the land and the people. Its countryside green rolling hills, wild forests and tree-lined city and suburban streets, shimmering blue-green lakes, red barns speckled among rich crops, urban skylines, and the prominent white and gold shine of the State Capitol all interweave to create a beautiful setting which we call home. People line bike paths and hiking trails, play and rest in green and blue spaces, learn and grow at our many institutes of higher education, and can readily find many social and health services. It's no wonder Dane County is rated one of the healthiest counties in Wisconsin.

On the surface, Dane County is a picture of beauty and health. But a deeper dive into the health of our community reveals stark inequities in health status and health factors. In 2018, we embarked on a Community Health Assessment (CHA) to peel back the superficial layers and engage in a deeper exploration of the health of our community. A CHA identifies key community health needs, issues, and assets through community engagement, data collection, and data analysis. In the following report we paint a holistic portrait of health in Dane County that examines health behaviors, health outcomes, and many health factors. We shine a spotlight on racial inequities in health status as well as racial inequities in social, economic, and environmental health factors.

In Dane County, we are fortunate to have a robust network of community-based organizations and extraordinary community leaders – including those on our CHA Steering Committee!—that, like us, work to keep our environment and our community members healthy and safe. Indeed, it is only through strong partnerships that we, Public Health Madison & Dane County and the CHA Steering Committee, were able to conduct an innovative CHA focused on inequities. This aligns with our agency's core values of health and racial equity and relationships. While examining data, we sought to highlight racial inequities whenever possible. And through the connections and trust of our Steering Committee, we engaged in outreach and new data collection with underrepresented populations and populations experiencing health inequities to learn about their experiences firsthand. Our shared dedication, drive for health equity, and commitment to the wellbeing of our community members allowed for exceptional collaboration and growth on this CHA adventure. If you're interested in learning more about our partnership process and how we infused health and racial equity into the CHA, [read our appendix](#).

So what's next? Using the data and information included in this CHA, we will develop a Community Health Improvement Plan (CHIP) in partnership with our Steering Committee and other community stakeholders. You can catch a sneak peek at our CHIP priorities at the end of this report. We hope you will join us in our CHIP action work to help make Dane County a healthy, safe, and supportive community for all.

COVID ACKNOWLEDGEMENT

In early 2020, the COVID-19 pandemic struck the United States. Around the world, life as we knew it stopped. The rapidly evolving virus required immediate and robust action, and Public Health Madison & Dane County was called on to lead our local emergency response. During that time, Public Health planned, coordinated, and staffed community-based COVID-19 testing and vaccinations, oversaw countywide contact tracing to prevent disease spread, deployed liaisons to work with numerous community sectors, coordinated and provided personal protective equipment to community partners, and supported countless other pandemic endeavors. As we led this emergency response, we, like other local health departments and public health partners around the globe, experienced mass disruptions within other everyday public health programs, services, and activities, including our Community Health Assessment/Community Health Improvement Plan (CHA/CHIP).

Towards the end of 2021, as COVID-19 counts decreased and the number of fully vaccinated community members increased, Public Health staff returned part-time to 'regular' responsibilities throughout the agency, including our CHA/CHIP work. Our first order of business was to engage our community Steering Committee in discussions regarding the pandemic's impact. During these discussions, the Steering Committee reviewed new data, talked about health issues that been exacerbated by the pandemic, and shared novel and important practice changes and opportunities to build on (for example, expansion of telehealth options). Now, in spring of 2023, as federal policy changes further reduce the roles and responsibilities of local health departments in COVID-19 response work, we are excited to share our Community Health Assessment (CHA) alongside our Steering Committee and the many community partners who contributed to this report.

The full impact of the pandemic will not be evident for some time. However, we hope this report captures glimpses of our community's health status and conditions before the pandemic, as well as some of the pandemic's early impact. Likewise, we hope that through the efforts of our forthcoming Community Health Improvement Plan (CHIP), we can further understand COVID-19's impact, build on innovative public health ideas developed during the pandemic, and address some of the pandemic's devastating community impacts.

INTRODUCTIONS & BACKGROUND



What is a Community Health Assessment?

A Community Health Assessment (CHA) identifies key community health needs, issues, and assets through community engagement, data collection, and data analysis.



Information from the CHA is then used to develop a Community Health Improvement Plan (CHIP).

A CHIP is a long-term, systematic plan developed by a public health agency and its community partners to build upon existing community health assets and address health issues identified in the CHA.

FRAMEWORK & PROCESS

We used the National Association of County and City Health Officials' [Mobilizing for Action through Planning and Partnerships](#) as the overarching framework for our Community Health Assessment, but tailored it to align with the goals and values of our health department.



Steering Committee Partnership

With support from an external facilitator, a community Steering Committee supported shared leadership in the design, development, and implementation of our CHA.

We worked together to develop a shared vision, review and provide input on previous community assessments and data analyses, determine audiences and methods for community engagement and data collection, and co-conduct data collection to inform a robust understanding of our community's health.

SHARED VISION

Everyone in Dane County has access to the resources and environments they need to thrive.



Community Health Status Assessment

A Community Health Status Assessment (CHSA) helps answer questions like “What does the health *status* of our community look like?” and “How healthy are the people that live, work, and play in our community?” (1)

To complete our CHSA, we used the County Health Rankings model and reviewed data regarding social, economic, and environmental health factors, clinical care, health behaviors, and health outcomes. (2) Together, this secondary data captures many aspects of Dane County's Community Health *Status*.



Community Themes & Strengths Assessment

A Community Themes & Strengths Assessment (CTSA) helps answer questions like “How is the quality of life perceived in our community?” and “What strengths do we have that can be used to improve health?” (1)

To complete our CTSA, we worked with our Steering Committee to engage underrepresented communities and those who disproportionately experience health inequities. We used surveys, focus groups, and key informant interviews. In addition, Public Health facilitated two adapted youth photovoice projects. Together, this primary data captures community members’ challenges to living a quality life as well as strengths to build on and improve the quality of life in Dane County.



Health & Racial Equity Strategies

Advancing health and racial equity is a core value of Public Health Madison & Dane County. We incorporated many strategies to embed equity into our CHA process. These include:

1. Selecting frameworks and orientations that align with health and racial equity principles so our approach, methods, and processes were rooted in equity.
2. Engaging experts and professionals with lived experiences, including an external facilitator and members of our Steering Committee
3. Incorporating equity principles within data sampling and aggregating data by race when possible
4. Emphasizing strong community engagement and data collection with communities of color, particularly in our focus groups, interviews, and photovoice projects
5. Utilizing power sharing and shared decision making with community partners
6. For more details about how we incorporated equity into our process, [see our appendix](#).

While we are proud of our process and thrilled to share these health and racial equity strategies, we also acknowledge the significant role that the government has played in the creation and maintenance of discriminatory policies and practices that contributed to the structural inequities and health inequities we see today. (3) Public Health Madison & Dane County is dedicated to continuous learning on how our own policies and practices perpetuate health and racial inequities in our community and is committed to working in partnership with community towards more equitable policies, programming, and practices.

DANE COUNTY PROFILE



Dane County has the capital city of Wisconsin and is located in the south-central part of the state.



8 cities



20 villages



32 towns



1,200 square miles

Square miles of urban, suburban, and rural land

72%

Of county land dedicated to agricultural use



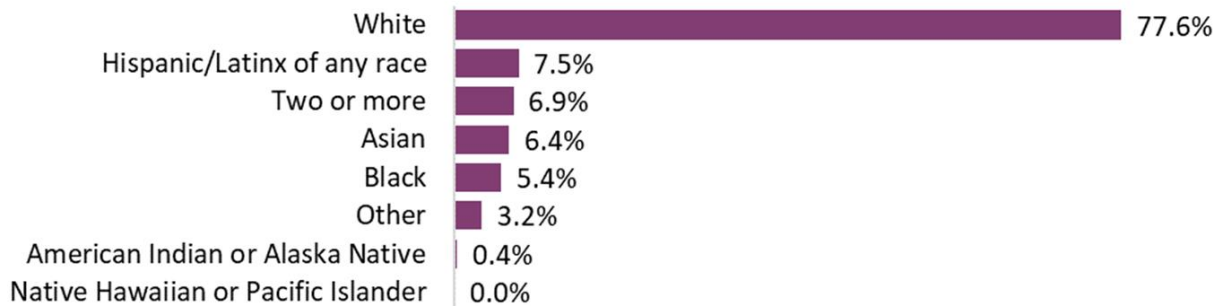
561,504 people

48% of people (269,840) live in Madison.

+15%

Population increase (73,431 people) from 2010-2020, the fastest growing county in Wisconsin.

Nearly one quarter of people in Dane County have a non-white race or ethnicity.



22% of Dane County overall is non-white



36% of Dane County under 18 is non-white



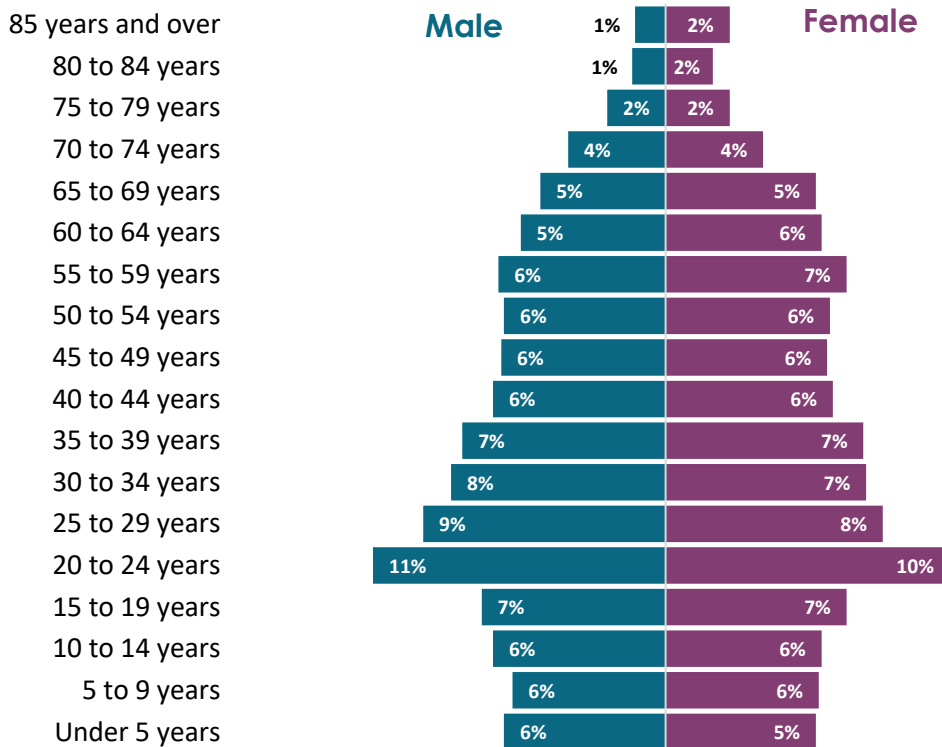
50% of the City of Madison under 18 is non-white



Age and Sex

- 49.7% of people are assigned male at birth, while 50.3% of people are assigned female at birth.
- 20% of Dane County is under age 18, and 14% are age 65 or older.
- Students moving to the area for university results in a bigger bump among ages 20-24.

Dane County Population by Age and Sex





Wisconsin Health Rankings

2nd

Healthiest county for health factors

6th

Healthiest county for health outcomes

However, as you will see in the following report, racial inequities in almost all aspects of health tell a much different story of Dane County. Where possible, we dig deeper into the data to highlight these inequities. We collectively have room for improvement and work to do.



DANE COUNTY HEALTH STATUS ASSESSMENT



What is a Community Health Status Assessment?

A Community Health Status Assessment (CHSA) helps answer questions like “What does the health *status* of our community look like?” and “How healthy are the people that live, work, and play in our community?” (1)

HEALTH OUTCOMES RESULTS

County Health Rankings describes health outcomes as a reflection of “how long people live on average within a community, and the physical and mental health people experience in a community while they are alive.” (6)



Length of Life

One key component of health outcomes is length of life. Here, we examine length of life during the first year of life (infant mortality), the end of life (life expectancy), and through examination of the leading causes of death (mortality data). (7)



Infant mortality

Measures the number of deaths among children less than one year of age per 1,000 live births. Deaths are counted in the county where individual lived, not where the death occurred. (8) The infant mortality rate in Dane County is higher among Black and Hispanic communities. Structural and environmental factors, including access to healthcare, socioeconomic factors, and maternal health, contribute to these inequities. (9)

Infant mortality Rate (deaths per 1,000 live births)					
	Dane County	White	Black	Asian	Hispanic
2016-2018	5.6	4.6	10.6	4.6	7.7
2017-2019	4.7	3.3	10	3.4	8.5
2018-2020	5.1	3.9	10.6	1.4	11.2

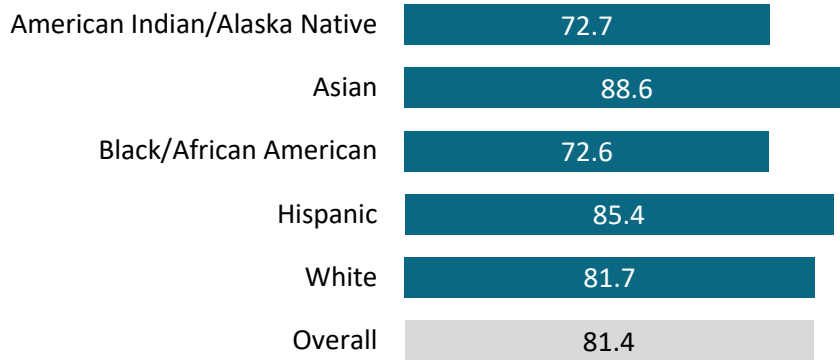
(Source: Public Health Madison & Dane County (8))

Life expectancy

Measures the average number of years from birth a person can expect to live, according to the current mortality experience of the population. As with infant mortality, deaths are counted in the county where the individual lived, not where the death occurred. (10) Looking at the graph, we see that Black/African American and American Indian/Alaska Natives have a lower life

expectancy. Research on factors driving inequities in life expectancy are varied and complex, and include differences in access to care and insurance coverage, social and economic factors, and structural and systemic racism. (11)

Life Expectancy in Dane County by Race/Ethnicity 2018-2020



(Source: *Healthy Dane* (12))

Mortality Data 2018-2020

Causes of death are grouped into 50 categories by the National Center for Health Statistics. The mortality rate is calculated by dividing the number of deaths per year by the population. The rate is adjusted for the age composition of the group to enhance comparability. (13) Cancer, heart disease and unintentional injuries are the three leading causes of death in both Dane County and Wisconsin. (14)

Cause	Number of Deaths	Age-adjusted Death Rate (deaths per 100,000 population)
Cancer	2,344	134.3
Heart Disease	2,156	125.4
Accidents (unintentional injuries)	1,101	66.3
Alzheimer's disease	496	30.4
Cerebrovascular diseases	474	28.3
Chronic lower respiratory diseases	374	22.4
Diabetes mellitus	229	13.1
Intentional self-harm (suicide)	206	12
Parkinson's disease	173	11
Influenza and pneumonia	142	8.2

(Source: *Wisconsin Interactive Statistics on Health (WISH) Query System* (14))



Quality of Life

Quality of life represents the overall well-being of a community and emphasizes the importance of physical, mental, and emotional health from the time one is born to adulthood. (15)

Low birth weight

Measures the percent of live births with low birthweight (<2,500 grams). Low birthweight can be due to preterm births (less than 37 weeks of gestation) and/or intrauterine growth restrictions. Low birth weight is an important public health indicator that can be used to assess maternal health, nutrition, healthcare delivery, and poverty. (16) Similar to infant mortality, inequities exist along racial and ethnic lines, particularly for Black/African Americans. As with infant mortality including but not limited to social and environmental inequities, access to care and insurance coverage, and structural racism contribute to these inequities.

Percent of babies born with low birth weight

	Dane County	White	Black	Asian	Hispanic	Other Race
2016-2018	6.9%	6.1%	12.0%	8.3%	7.2%	8.4%
2017-2019	7.0%	6.1%	13.1%	8.0%	7.7%	7.6%
2018-2020	7.2%	6.2%	13.9%	8.0%	7.2%	8.7%

(Source: Public Health Madison & Dane County (8))

Poor or fair health

In Dane County 9.7% of people indicated their health is “poor” or “fair” compared to 14% for the State of Wisconsin. Self-reported health outcomes may differ by race and ethnicity, in part, because of cultural differences related to different definitions and perspectives of health. (17)

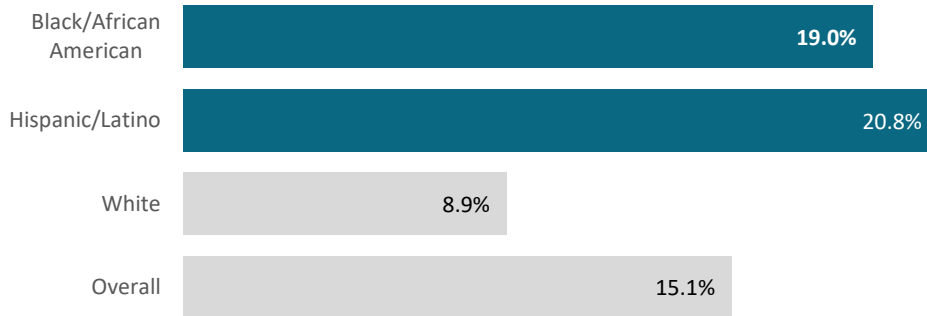
Poor or Fair Health (2018-2020)

Dane	Wisconsin
9.7%	14.0%

(Source: Healthy Dane (12))

Our primary data collection showed differences by race and ethnicity for self-reported overall health with Black/African American and Hispanic/Latino survey respondents reporting their overall health as “poor” or “fair” more often than their White counterparts.

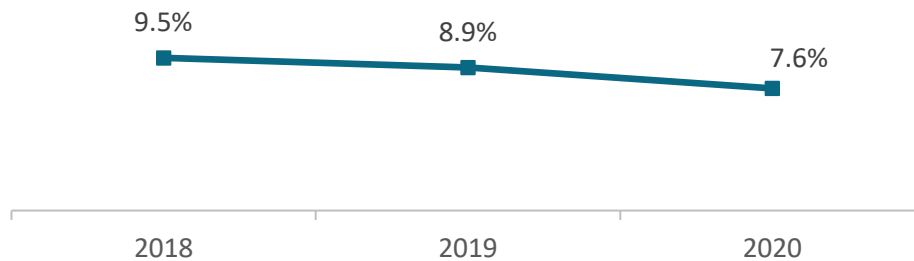
Black/African American and Hispanic/Latino survey respondents reported having poor or fair health more often than their White counterparts.



Poor physical health days

Measures the average number of physically unhealthy days reported in the past 30 days. This measurement is age-adjusted because as people age, poorer health outcomes are more likely. (18) Self-assessed physical health is a good measure of recent health, as it can be used to identify people who may be at risk for chronic diseases or other health problems. (12) In Dane County, the number of people self-reporting poor physical health has decreased slightly over the last 3 years.

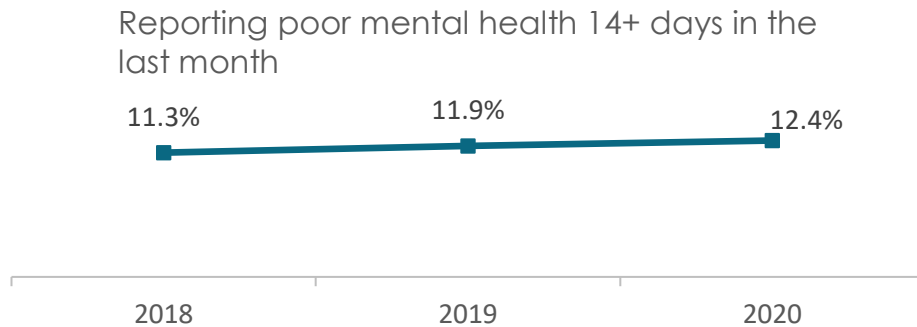
Reporting poor physical health 14+ days in the last month



(Source: *Healthy Dane* (12))

Poor mental health days

Measures the number of mentally unhealthy days reported in the past 30 days. This measurement is also age-adjusted since as people age, poorer health outcomes are more likely. (19) In Dane County, the number of people self-reporting poor mental health days has increased slightly over the last 3 years.



(Source: *Healthy Dane* (12))

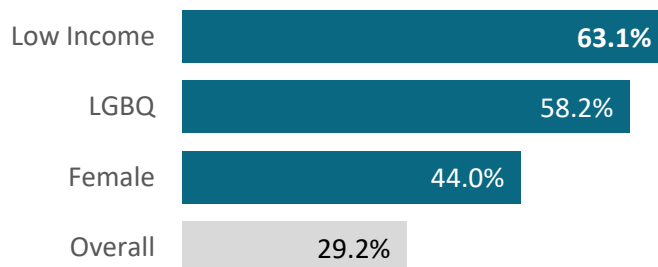
Youth Mental Health

Every three years, Dane County conducts a Youth Assessment in area school districts. This data was collected between January 2021 and April 2021. (20)

Depression

Depression can be defined as a loss of interest in activities and prolonged feelings of sadness and hopelessness. Roughly 63% of youth whose families are struggling financially report more depression compared to almost 26% of students who say money is not a problem for their family right now, highlighting a gap between low-income and more affluent students. In addition, about 58% of high school youth who identify as LGBQ said they have experienced these feelings, compared to about 24% of students who identify as straight/heterosexual, and female youth reported higher levels of depression than the population overall. (20)

Youth from families struggling financially, LGBQ youth, and female youth report higher levels of depression compared to the population overall.

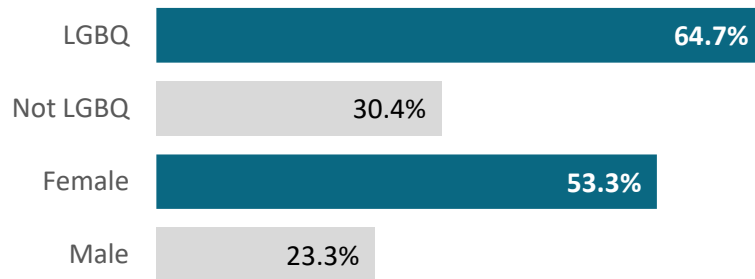


(Source: *Dane County Youth Assessment* (20))

Anxiety

People with generalized anxiety disorder often feel extremely worried or nervous. (21) Among Dane County high school students, more than 64% of youth who identify as LGBQ experienced anxiety “always or often” compared to about 30% of youth who identify as straight/heterosexual. In addition, over 50% of female high school students indicated feeling anxious “always or often” compared to about 23% of their male counterparts.

LGBQ and female high school students report feeling anxious more often than their heterosexual and male counterparts.

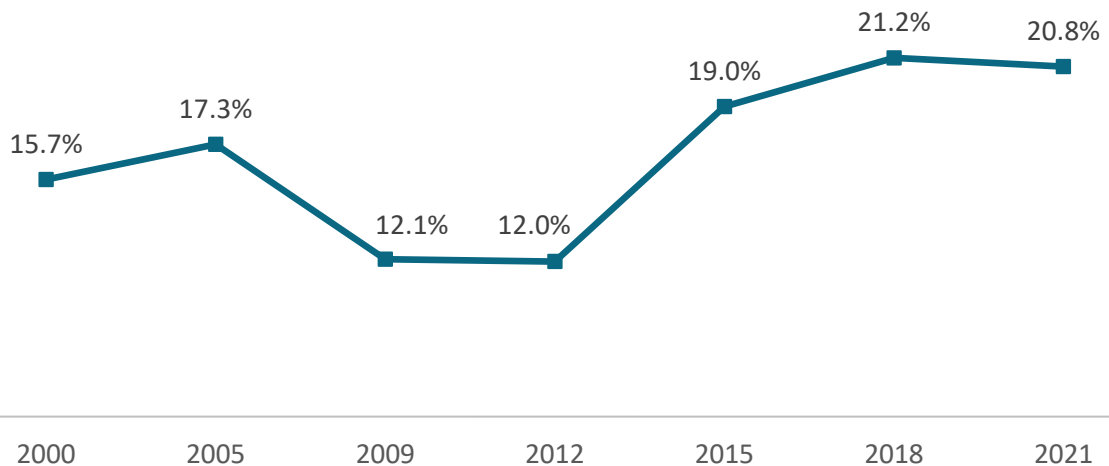


(Source: Dane County Youth Assessment (20))

Suicidal Ideation

Disparities exist in suicidal ideation among different groups of youth. Approximately 39% of gay/lesbian, 47% of bisexual, and 35% of youth questioning their sexual orientation report seriously thinking about killing themselves compared to about 14% of youth identifying as straight/heterosexual. Disparities also exist between lower income and affluent youth; about 42% of low income youth report suicidal ideation compared to 16% of their more affluent peers. (20)

Approximately 1 in 5 students report suicide ideation over the past year (9th - 12th graders)



(Source: Dane County Youth Assessment (20))

HEALTH FACTORS RESULTS

Overall health is not determined by a single factor, but rather intersecting factors like social, economic and environmental determinants, clinical care, and health behaviors. Health factors are also indicators of the future health of communities. (5)



Health Behaviors

County Health Rankings & Roadmaps describe health behaviors as health-related practices that can improve or damage the health of individuals and/or community members. Behaviors are influenced by other health factors, including the physical, economic, and social environments. (22)



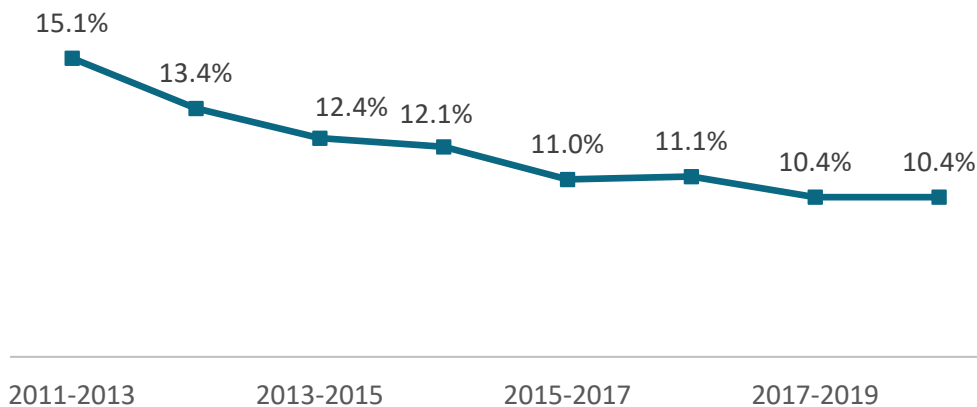
Tobacco & Nicotine Use

Tobacco refers to commercial tobacco, not ceremonial or traditional tobacco.

Adult Smoking

Tobacco use continues to be the leading cause of preventable death in the United States, even though we have seen reductions in adult and youth smoking over the past two decades due to effective public policy initiatives. (23) In Dane County, adult rates of smoking slightly decreased and then held steady at around 10% over the last 3 years.

Adult cigarette use

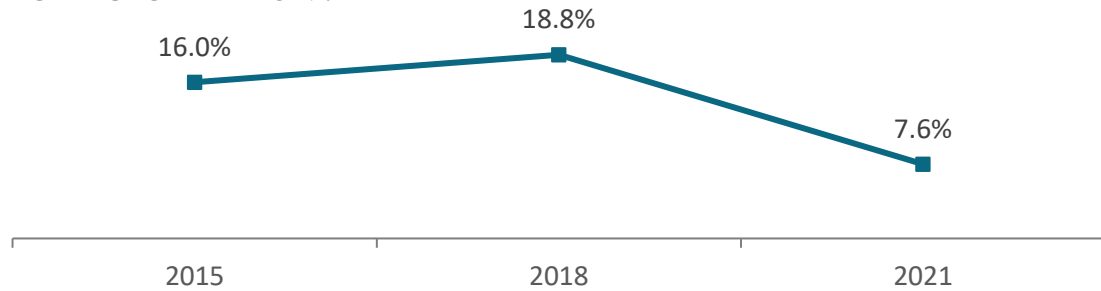


(Source: Healthy Dane (12))

Youth Vaping

Vaping is the use of e-cigarette products. More young people use e-cigarette products than adults, with only ~4% of adults reporting using e-cigarettes in 2020. (24) Dane County saw a decrease in youth vaping use between 2018 and 2021—this may be due to the federal purchase age increasing to 21 as well as decreased access during the COVID-19 pandemic. (25)

Vaping among youth decreased between 2018 and 2021. This is likely due to the federal increase in purchase age from 18 to 21 in 2019.



(Source: Dane County Youth Assessment (20))

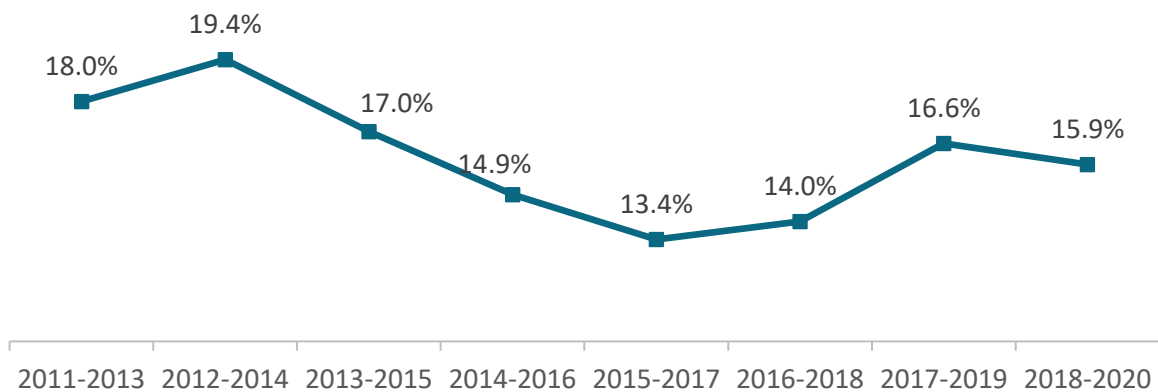
Diet & Exercise

A balanced diet and physical activity are essential to health at any age. A balanced diet includes the right amount of calories and nutrients for your body. Physical activity is any form of movement that uses energy. (26) An unbalanced diet and lack of physical activity can lead to numerous chronic diseases. (27)

Physical Inactivity

Measured as the percent of adults over the age of 18 reporting no leisure-time physical activity. Inadequate physical activity has been linked to heart disease, diabetes, and some cancers. (27)

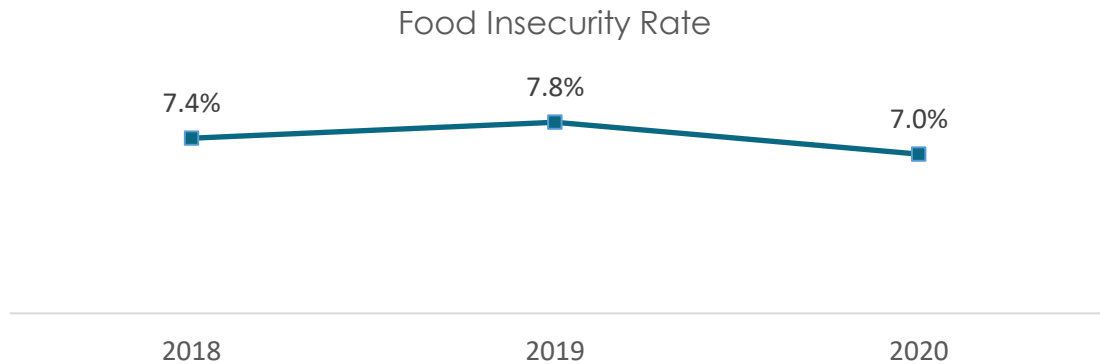
Approximately 16% of adults reported no leisure time physical activity (2018-2020)



(Source: Healthy Dane (12))

Food Insecurity

Measured as the percentage of the population who lack adequate access to food. According to Feeding America, causes of food insecurity are complex and include, but are not limited to, poverty, lack of affordable housing, chronic health conditions, and systemic racism and racial discrimination. (28) Individuals who are not getting adequate nutrition are at increased risk for many health issues, including heart disease and developmental problems. (29) In Dane County, the food security rate was around 7% from 2018-2020.

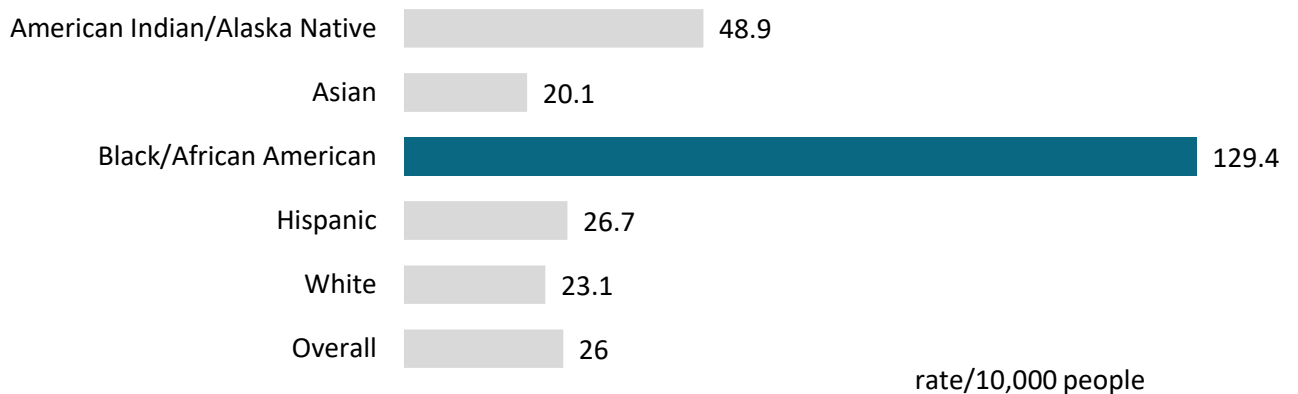


(Source: Healthy Dane (20))

Heart Failure

According to the CDC, heart failure happens when the heart cannot pump enough blood and oxygen to support other organs in the body. Risk factors for heart failure include heart disease, coronary artery disease, diabetes, and high blood pressure. (30) The age-adjusted heart failure hospitalization rate for Black people aged 18+ is almost 5 times higher than the overall rate. Underlying factors including social, economic, and environmental inequities contribute to this racial disparity.

The age-adjusted heart failure hospitalization rate (2018-2020) **for Black people** aged 18+ is **almost 5 times higher** than the overall rate.

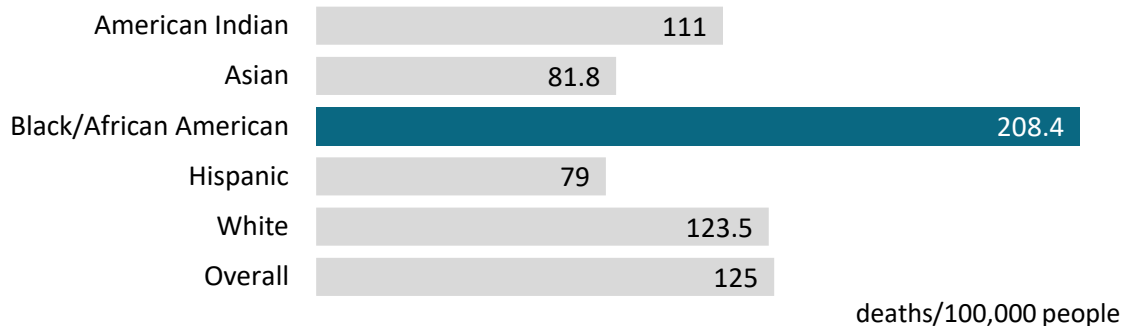


(Source: Healthy Dane (12))

Heart Disease

According to the CDC, the term heart disease refers to several types of heart conditions, the most common type being coronary artery disease. Heart disease may be “silent” and may not be diagnosed until one has experienced significant symptoms. (31) The age-adjusted death rate due to heart disease is significantly higher for Black/African American people in Dane County. Again, underlying social, economic, and environmental inequities contribute to this disparity.

The 2018-2020 age-adjusted **death rate due to heart disease** is significantly higher for **Black People**.



(Source: Healthy Dane (12))

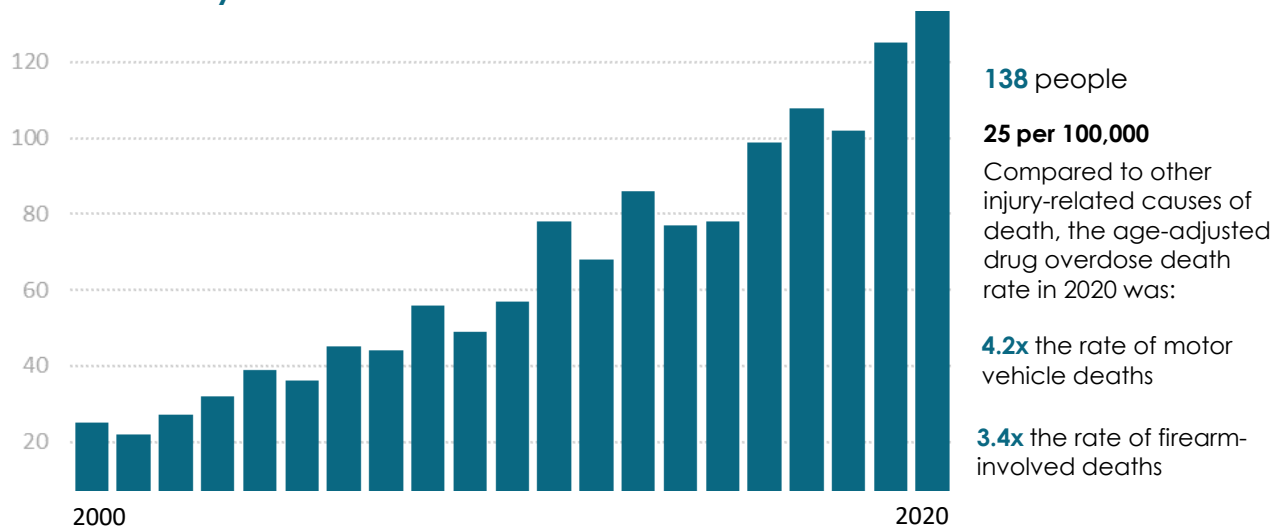
Alcohol & Drug Use

Drinking too much alcohol and misusing alcohol or drugs can harm the health and well-being of an individual, as well as their families, friends, and communities. (32)

Overdoses

Measured as the number of drug poisoning deaths per 100,000 population. Drug overdose deaths are the leading contributor to premature death and are largely preventable. (33) Over the last 20 years, the number of people dying due to drug overdose continues to increase in Dane County.

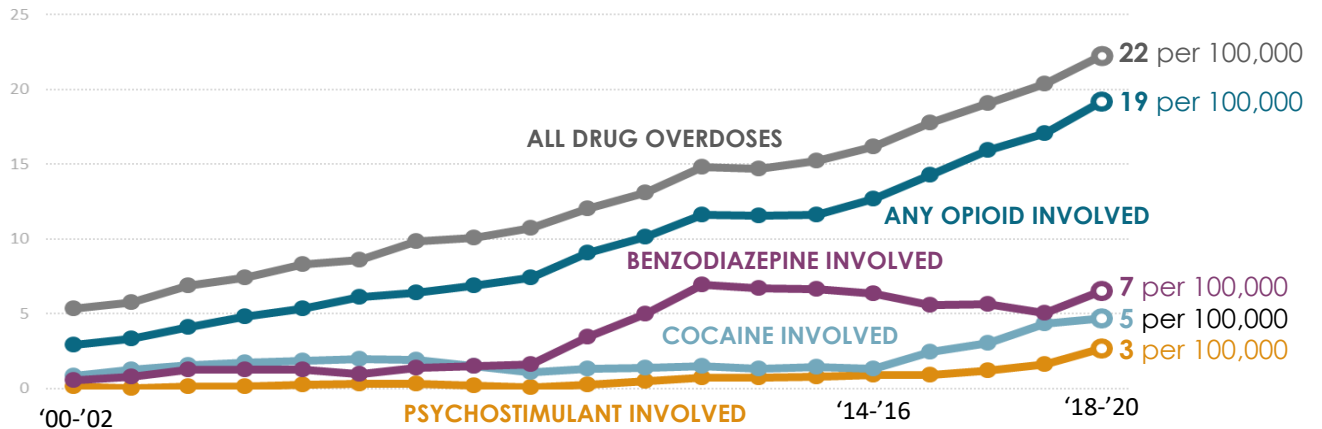
The number of people who die due to drug overdose **continues to increase in Dane County**.



(Source: Public Health Madison & Dane County (34))

When looking at major categories of substances, the age-adjusted opioid-involved drug overdose mortality rate continues to be highest compared to drug overdose fatality rates involving benzodiazepines, cocaine, and non-cocaine psychostimulants such as amphetamines. These categories of substances are not mutually exclusive. (34)

Age-adjusted rate of drug overdose death by substance involved, Dane County, 2000-2020

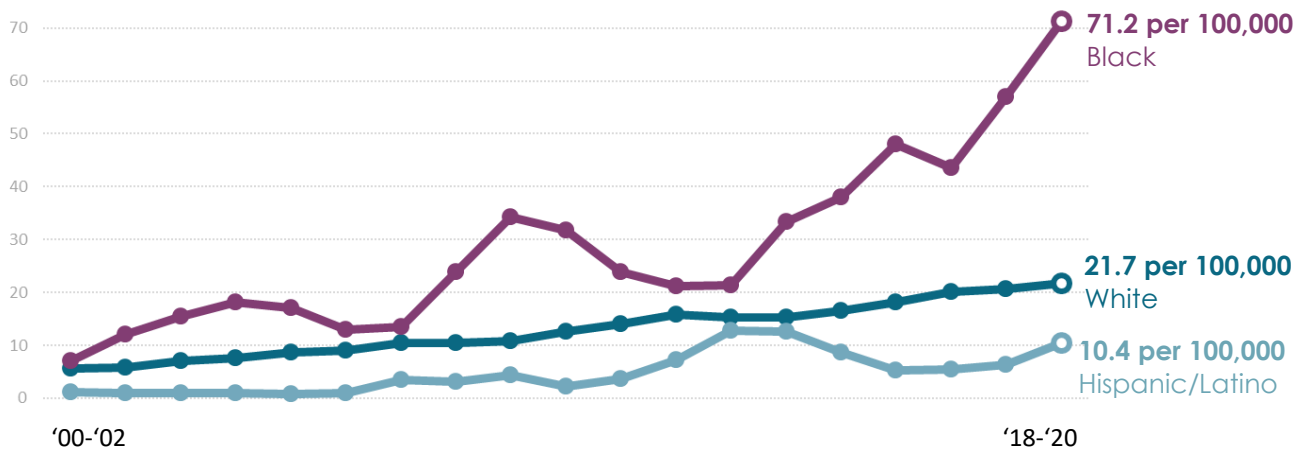


(Source: Public Health Madison & Dane County (34))

Opioids continue to be an important driver of drug overdose death; 86% of all deaths involved an opioid from 2018-2020. Contributions of specific types of opioids have changed over time. (34)

While the death rate due to drug overdose increased overall, there are also stark racial disparities. Black people have experienced sharp increases in drug overdose death rates in the past decade due to many factors, such as the criminalization of addiction, generational trauma and toxic stress due to racism, and barriers in accessing care. (35)

The age-adjusted drug overdose death rate among **Black people** was more than 3 times the rate among White people from 2018-2020. Black people have experienced **sharp increases in drug overdose death rates** in the past decade.



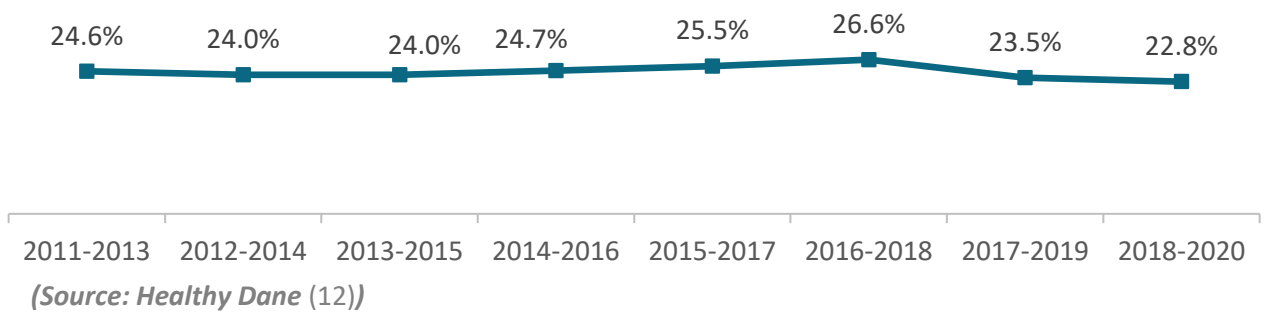
Note: Rates for Black people & Hispanic/Latino people are based on a small number of deaths for many 3 year periods, and may be unstable.

(Source: Public Health Madison & Dane County (34))

Excessive Drinking

Excessive drinking or binge drinking is considered five or more drinks on one occasion for males and four or more drinks on one occasion for females. While Dane County reports less binge drinking than the state overall, both Dane County and Wisconsin have binge drinking rates higher than the estimated national rate of about 17% (36). Excessive drinking is a risk factor for many negative health outcomes, including hypertension, fetal alcohol poisoning, and motor vehicle crashes. (36)

Nearly 1 in 4 adults in Dane County reported binge drinking in the past 30 days.



Sexual Activity

People who are sexually active can get sexually transmitted infections (STIs), which can have significant effects on health and well-being. (37) Dane County has seen an increase in STI rates in recent years. The rates of chlamydia, gonorrhea, and syphilis are all higher in Dane County than in the State of Wisconsin. One challenge with many STIs is that people may show no symptoms or symptoms may not develop until years later. Rates for Black and African American people in Dane County are considerably higher for chlamydia (5x) and gonorrhea (8x) than the population overall. There are a number of factors that contribute to these disparities including inequitable social conditions, such as poverty, access to healthcare, and distrust of healthcare providers. (36)

STI's in Dane County compared to Wisconsin 2020

	Dane County	Wisconsin
Gonorrhea	222	175
Chlamydia	476	449
Syphilis	19	14

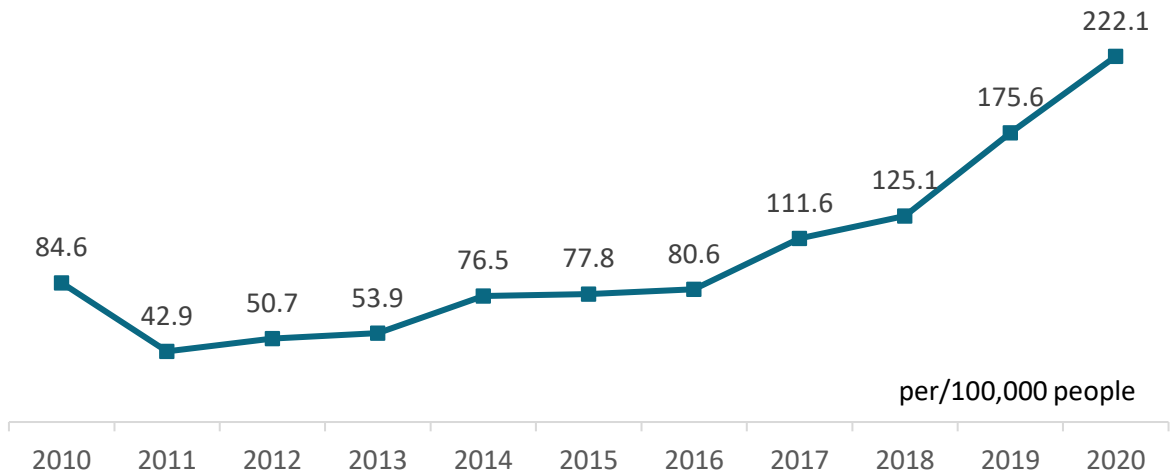
*per 100,000 persons

Source: Wisconsin Department of Health Services

Gonorrhea

Measured as the number of cases per 100,000 population. Rates of gonorrhea have been increasing over the last 10 years.

Rate of gonorrhea in Dane County 2010-2020

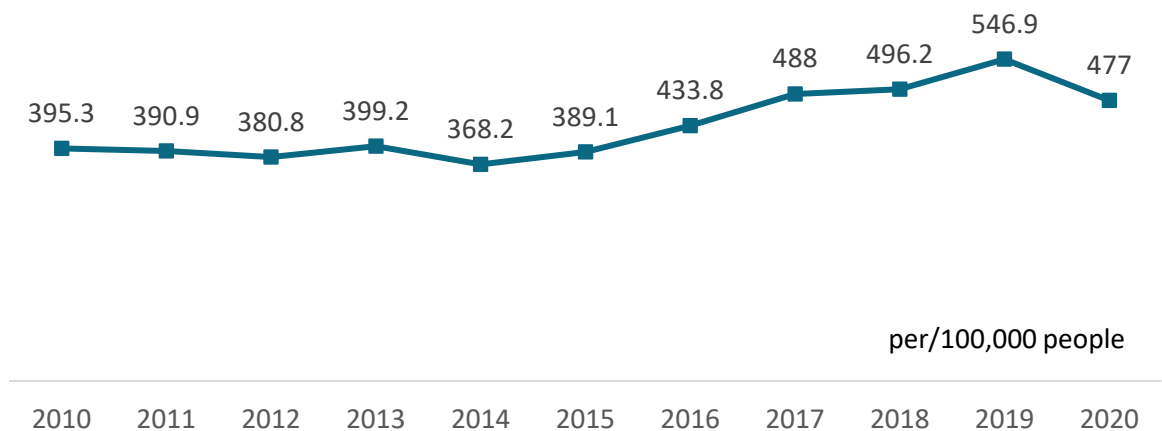


(Source: Centers for Disease Control and Prevention (38))

Chlamydia

Measured as the number of cases per 100,000 population. Since 2011, rates of Chlamydia have been increasing.

Rate of chlamydia in Dane County 2010-2020

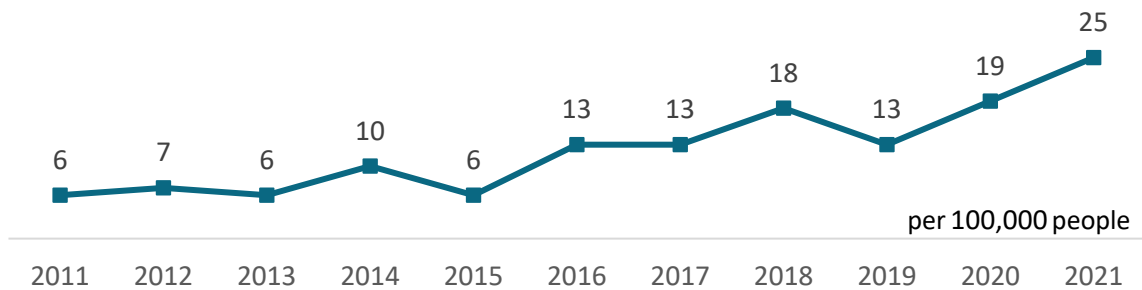


(Source: Centers for Disease Control and Prevention (38))

Syphilis

Measured as the number of cases per 100,000 population. Dane County, along with the country, has seen a resurgence of syphilis cases starting in 2020. Reduction in public health funding, diversions of public health staffing to COVID-19 response work, barriers to health care, and discrimination all play a role in the increase in cases these past few years. (39)

Rate of syphilis in Dane County 2011-2021



(Source: Wisconsin Department of Health Services (40))



Clinical Care

According to County Health Rankings and Roadmaps, clinical care relates to the direct medical treatment or testing of patients. Limited or low-quality care can lead to delayed diagnoses and treatments, worse health outcomes, and lower quality and length of life. (41)

Access to Care

Access to care generally means individuals have health insurance, local care options, and a usual source of care. Increasingly, however, there is an understanding that healthcare services must also be available, affordable, accessible, accommodating, and acceptable. In practice, this may mean consideration of healthcare hours that are supportive of different work schedules, diverse workforces reflective of the community, and locations easily accessible by public transit. For more information about how these social determinants influence health, see the Social & Economic Factors section. Access to affordable and quality healthcare is important to not only physical health, but social and mental health. (42)

Mental Health Providers

Measured as the ratio of the population to number of mental health providers. The ratio represents the number of individuals served by one mental health professional, if the population was equally distributed across mental health providers. (43) Dane County has a higher ratio of providers than Wisconsin at large.

Mental Health Provider Ratio 2020	
Dane County	240-1
Wisconsin	470-1

(Source: County Health Rankings & Roadmaps (44))

Primary Care Physicians

Measured by the ratio of the population to the number of primary care physicians. The ratio represents the number of individuals served by one physician in the county, if the population was equally distributed across physicians. (45) Dane County has a higher ratio of primary care providers than Wisconsin at large.

Primary Care Provider Ratio 2020	
Dane County	750-1
Wisconsin	1240-1

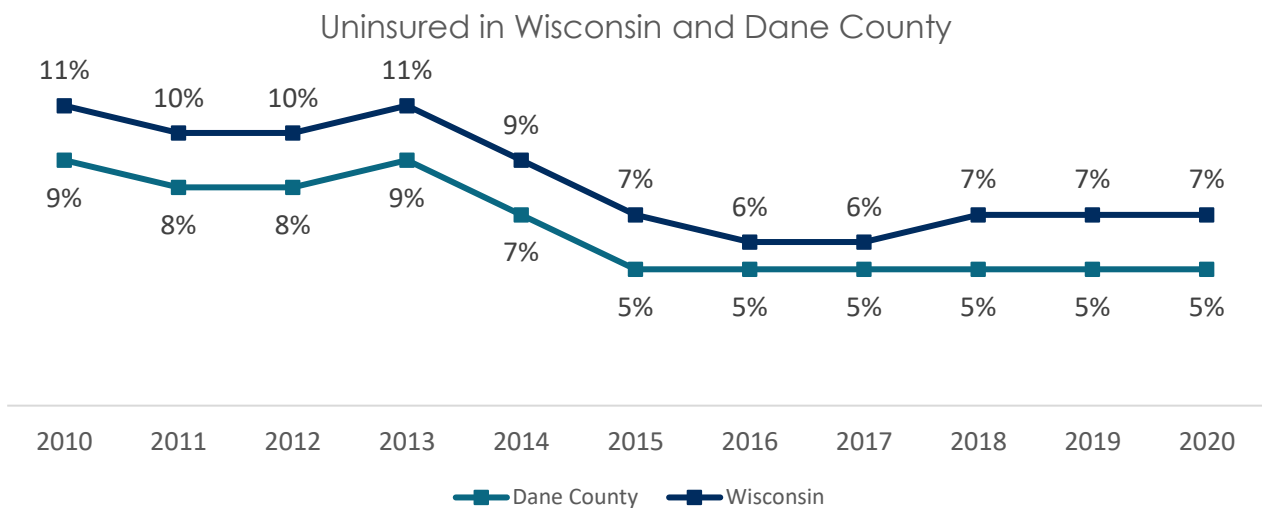
(Source: County Health Rankings & Roadmaps (44))

Even though it appears that Dane County has a better ratio of mental health and primary care providers compared to the state, many providers are located in or around Madison. This means access to mental health and primary care providers can be more difficult for those who live in Dane County communities further from Madison and those who lack access to transportation.

Uninsured

Measured as the percentage of the population under the age of 65 without health insurance. Going without health insurance coverage can have serious health consequences because people may receive less preventive care and may delay seeking care until they are seriously ill. Uninsured individuals and families may also experience serious financial consequences due to medical debt. (46)

Wisconsin and Dane County saw a decrease in the percentage of uninsured people in 2014 due to the Affordable Care Act's Health Insurance Marketplace, which provided access to affordable health insurance. A slight increase in uninsured people occurred in 2018 due to the elimination of the individual mandate penalty, meaning those without coverage would no longer receive a tax penalty for not being covered. (47)



(Source: County Health Rankings & Roadmaps (44))

There are concerning disparities in health coverage Hispanic/Latinx folks in Dane County. This may be due to immigration status, language barriers, and employment opportunities, among other reasons. (48)

Adults with health insurance by race/ethnicity-2019



(Source: American Community Survey (58))

Childhood Vaccinations

The primary childhood vaccine schedule is important for public health because it helps to protect children from a variety of serious and potentially deadly diseases. According to the Centers for Disease Control and Prevention (CDC), vaccination has been credited with saving millions of lives in the United States. (49) Vaccination has helped to reduce the incidence of diseases such as measles, mumps, and rubella, by 99% or more. A higher percentage of Dane County children under the age of 24 months have received the recommended vaccinations when compared to the state overall.

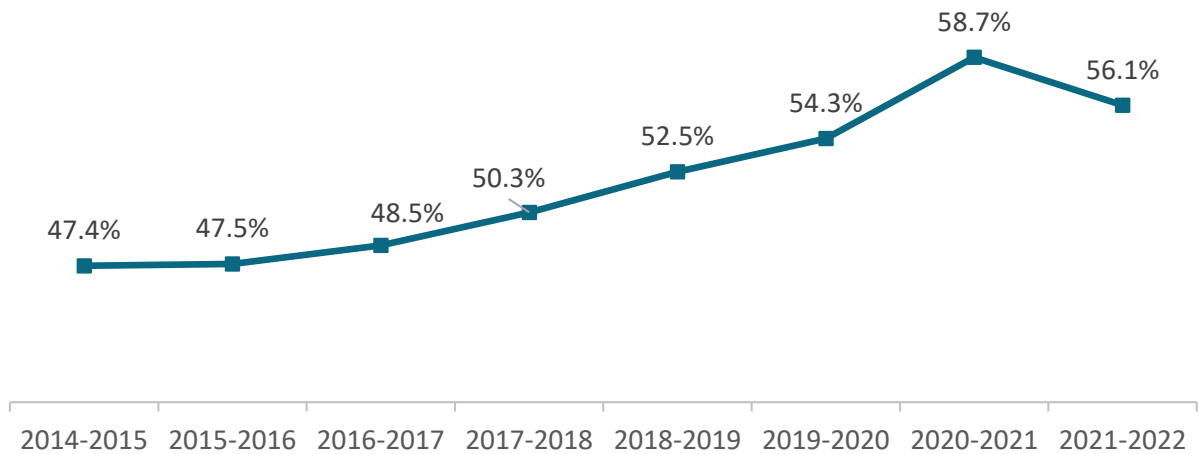
Childhood Vaccinations		
Vaccinations by 24 months, 2020	Dane County	Wisconsin
4:3:1:3:3:1:4 Series	75.1%	69.9%
Dtap Vaccine (4+ doses) by 24 months 2020	78.0%	73.4%
Polio (3+)	87.2%	84.9%
MMR (1+ doses)	86.5%	83.6%
Hib Vaccine (3+ doses)	82.3%	82.5%
Hepatitis B (3+ doses)	87.8%	84.8%
Varicella (1+)	85.4%	81.7%
PCV (4+)	81.7%	80.4%

Source: Wisconsin Department of Health Services. Environmental Public Health Data Tracker

Flu Vaccinations

Influenza, also called the flu, can be a serious disease that can lead to hospitalization and even death. Measured as the percent of the population (all ages) receiving at least one dose of the influenza vaccine around 50% of people in Dane County have been vaccinated in recent years, with slightly higher numbers at the peak of the COVID-19 pandemic in 2020 and 2021.

Percent immunized against influenza in Dane County

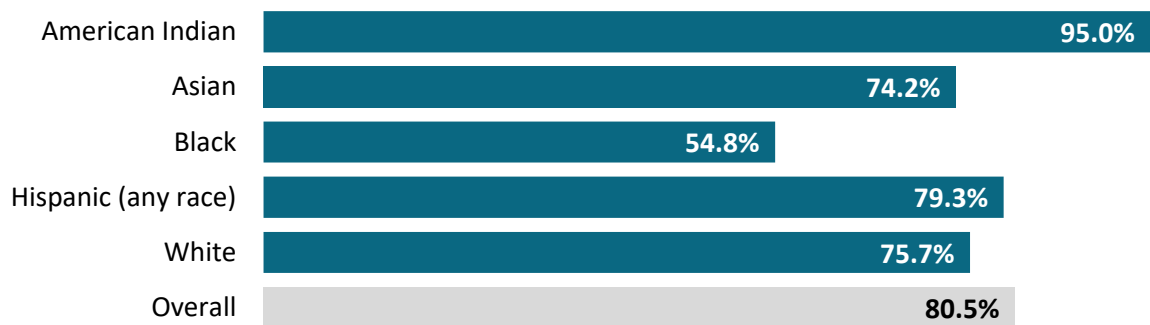


(Source: Wisconsin Environmental Public Health Tracking Program (50))

COVID-19 Vaccinations

Measured as the percent of the population (all ages) that completed the primary COVID-19 series. Systemic barriers and social factors, including, but not limited to, access to quality healthcare, housing, transportation, medical mistrust, and systemic racism exacerbate racial COVID disparities in vaccine rates in Dane County. (51)

Percent population that completed primary COVID-19 series-
Dane County

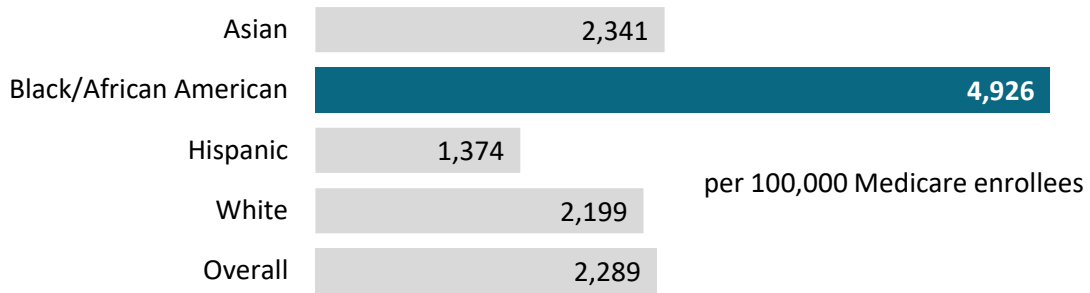


(Source: Wisconsin Department of Health Services (52))

Preventable Hospital Stays

Measured as the rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. Significant disparities in the number of preventable hospital stays exist among Black/African American Medicare enrollees compared to all other racial/ethnic groups. This can be attributed to a variety of systemic and social factors such as barriers to health care, distrust in the healthcare system, and racism. (53)

Black/African American Medicare enrollees experienced more than twice as many preventable hospital stays than their white counterparts. 2020

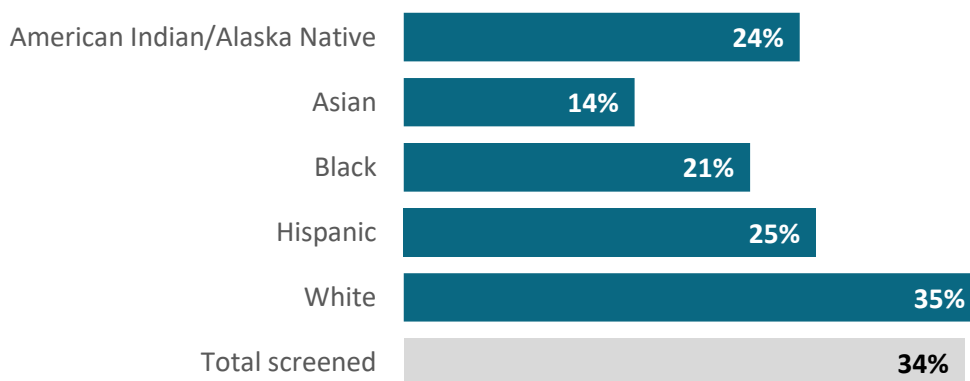


(Source: County Health Rankings & Roadmaps (44))

Mammography screening

Measured as the percentage of female Medicare enrollees aged 65-74 that received an annual mammography screening. The risk of breast cancer increases with age, so the Medicare population is an important age group to screen. (54) In 2020, Asian American women in the Medicare population were screened less often than other communities.

Mammogram screenings Medicare population-2020



(Source: County Health Rankings & Roadmaps (44))



Social & Economic Factors

While social and economic factors are not always considered when we think about health, these factors make up 40% of what influences health outcomes. (55)

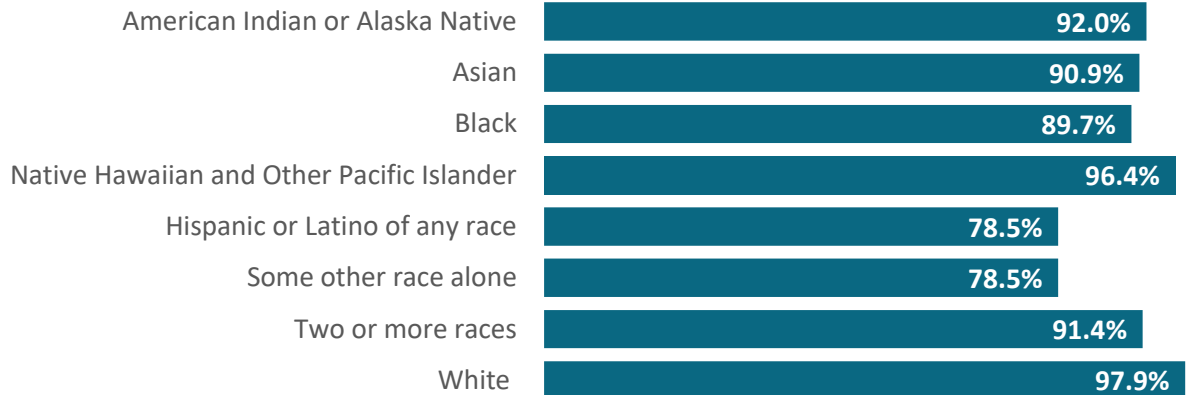
Education

According to County Health Rankings and Roadmaps, people who have more formal education live longer, healthier lives compared to those who have less education. This is at least in part because higher levels of education can lead to higher incomes, better job opportunities, and increased social supports. (56)

High School Diploma Attainment

Measured as the percent of the population 25 years of age or older with a high school diploma. Obtaining a high school diploma is strongly associated with increased life expectancy and better quality of life. We see stark racial inequities when it comes to attainment of a high school diploma. As with other measures, systemic racism contributes to these inequities. Schools that serve primarily Black, Indigenous, and People of Color (BIPOC) youth are more often under-resourced than schools that serve primarily white students. (57)

Population with a high school diploma

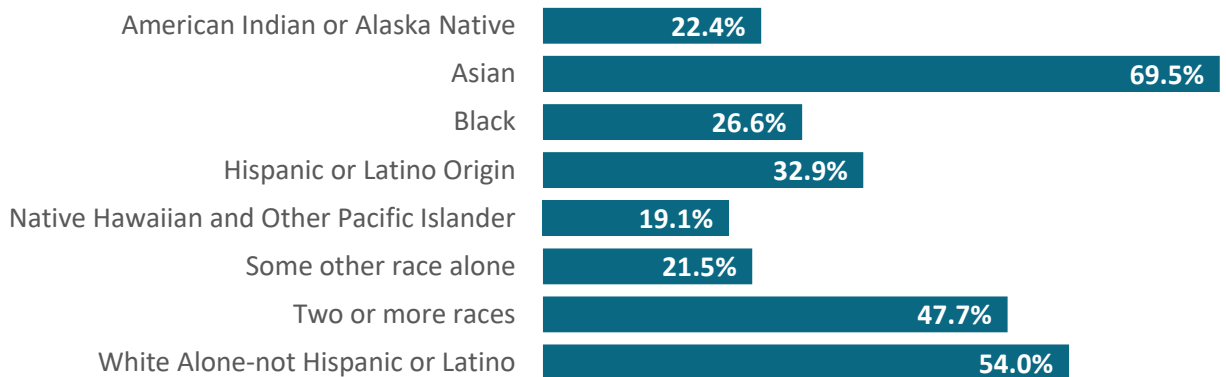


(Source: American Community Survey (58))

Bachelor's Degree Attainment

Measured as the percent of the population 25 years of age or older with a Bachelor's Degree. Obtaining higher education correlates strongly with improved employment and economic opportunities, reduced psychosocial stress and healthier lifestyles. (59) Again, we see stark racial inequities, with Asian and White populations significantly more likely to receive a bachelor's degree. As with so many other health outcomes and factors, underlying social, economic, and environmental inequities contribute to these disparities.

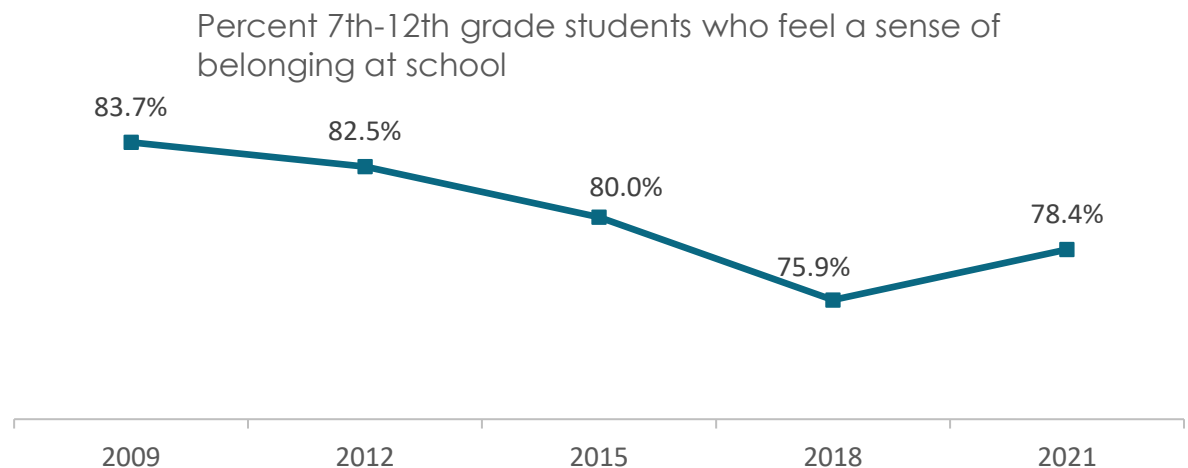
Population with a bachelor's degree



(Source: American Community Survey (58))

Youth Sense of Belonging

Measured as the percent of all 7th-12th grade students who "Agree" when asked if they feel like they belong at their school. Though it appears that a majority of students feel like they belong at school, disparities exist. Only about 69% of Black/African American students and 59% of gay and lesbian students feel like they belong at school compared to 78.4% overall. (20)



(Source: Dane County Youth Assessment (20))

Disconnected Youth

Measured as the percentage of teens and young adults aged 16-19 who are neither working nor in school. According to County Health Rankings and Roadmaps, youth who are disconnected are at higher risk of violence, smoking, alcohol and marijuana use, emotional challenges, and demonstrate less cognitive and academic skills than peers who are working and/or in school. (60) Dane County has a slightly lower percentage of youth considered disconnected than Wisconsin.

Disconnected Youth		
Percent of population 16-19 who are neither working nor in school	Dane	WI
2016-2020	3.0%	5.0%

(Source: County Health Rankings & Roadmaps (44))

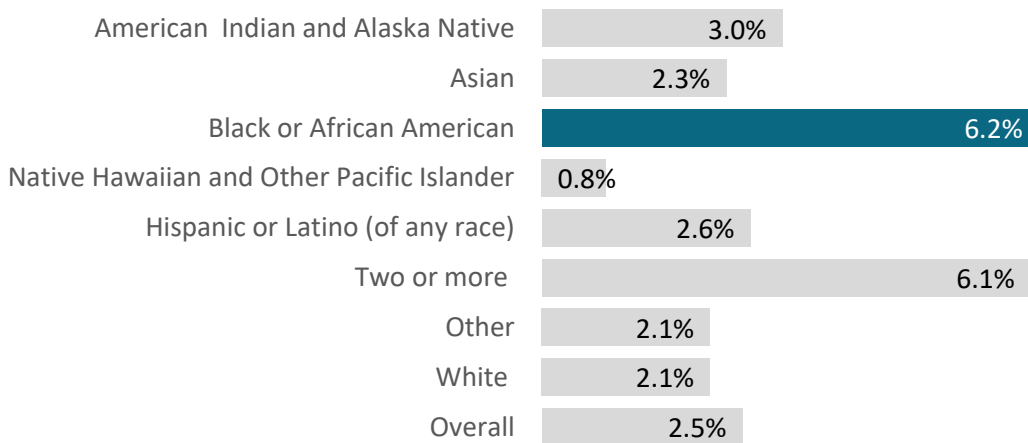
Employment

In addition to employment providing a source of income, it often comes with additional benefits like health insurance, paid sick leave, and workplace wellness opportunities. In contrast, those who are unemployed or under-employed may experience increased barriers to a healthy lifestyle.

Unemployment Rate

Measured as the percentage of the population 16 years of age or older who are currently unemployed. Even though Dane County has a relatively low unemployment rate, once again we see racial inequities, with Black/African American people having a higher unemployment rate than their white counterparts. Discrimination and incarceration contribute to these inequities: Black/African American people are more likely to be incarcerated following an arrest than their white counterparts. (61)

The unemployment rate for **Black/African Americans** is almost three times higher than their white counterparts.

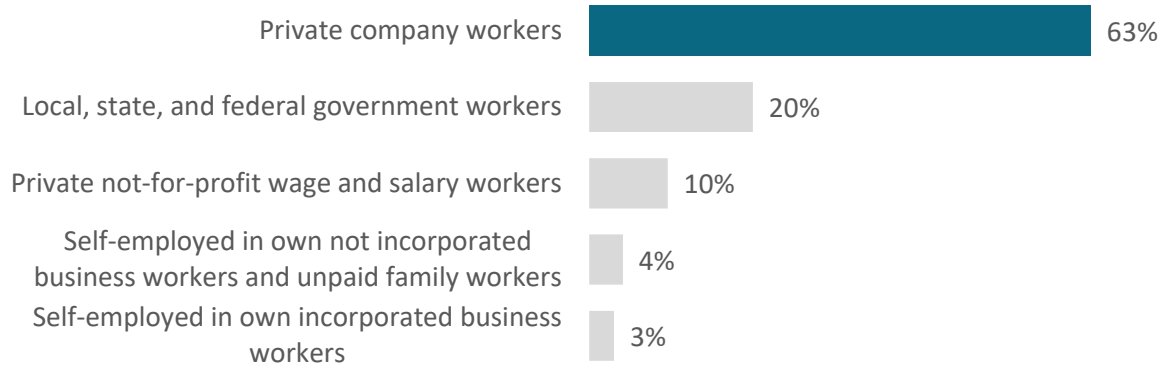


(Source: American Community Survey (58))

Employment Type in Dane County

The majority of workers in Dane County are employed through private companies, followed by local, state and federal governments.

The majority of workers in Dane County are employed through **private companies**.



(Source: American Community Survey (58))

Industry Type in Dane County

According to the North American Industry Classification System (NAICS), educational services and health care and social assistance is the largest industry type in Dane County. This is in large part due to the fact that the largest private sector employers in Dane County include Epic, UW Health, American Family Insurance, Exact Sciences, and CUNA Mutual. (62)

Industry Type-Dane County 2020	Percent
Educational services, and health care and social assistance	28.5%
Professional, scientific, and management, and administrative and waste management services	14.1%
Retail trade	9.4%
Manufacturing	9.0%
Arts, entertainment, and recreation, and accommodation and food services	8.1%

(Source: American Community Survey (58))

Income

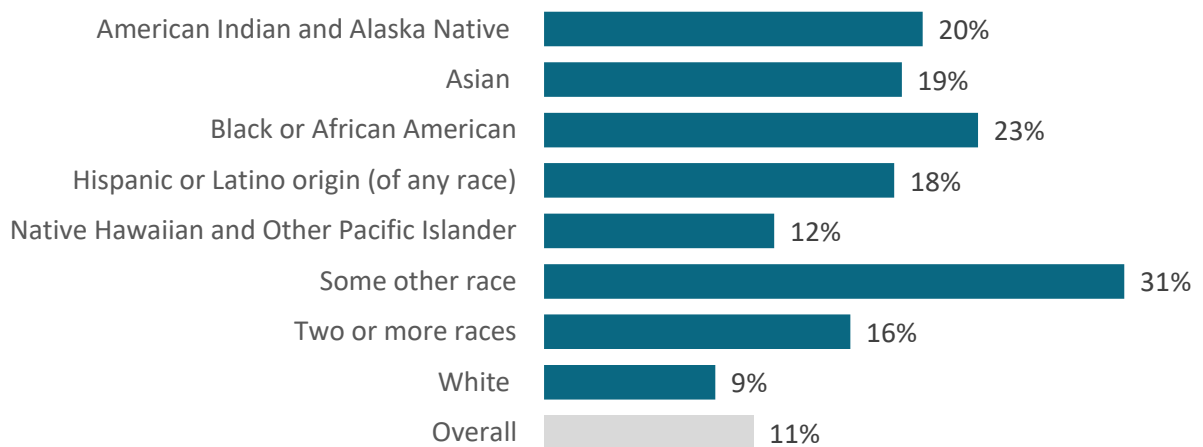
Income directly correlates with health and well-being; as income increases or decreases, so does health. Lower income individuals and families are more likely to live in unsafe living conditions and neighborhoods, which can result in limited access to healthy foods, employment opportunities, and schools with adequate resources. (63)

Poverty

The federal poverty level (FPL) is an annual income level set by the federal government for each household size and composition. The FPL in 2020 was \$12,760 for an individual and \$26,200 for a family of four.

In Dane County, 11% of the population (all ages) lives below the federal poverty level. Inequities exist along racial and ethnic lines with people of color experiencing poverty more often than their white counterparts do. Poverty can have a number of negative consequences for individuals and families, including increased risk for chronic diseases, chronic stress, and social isolation. (64)

Poverty levels higher for people of color in Dane County

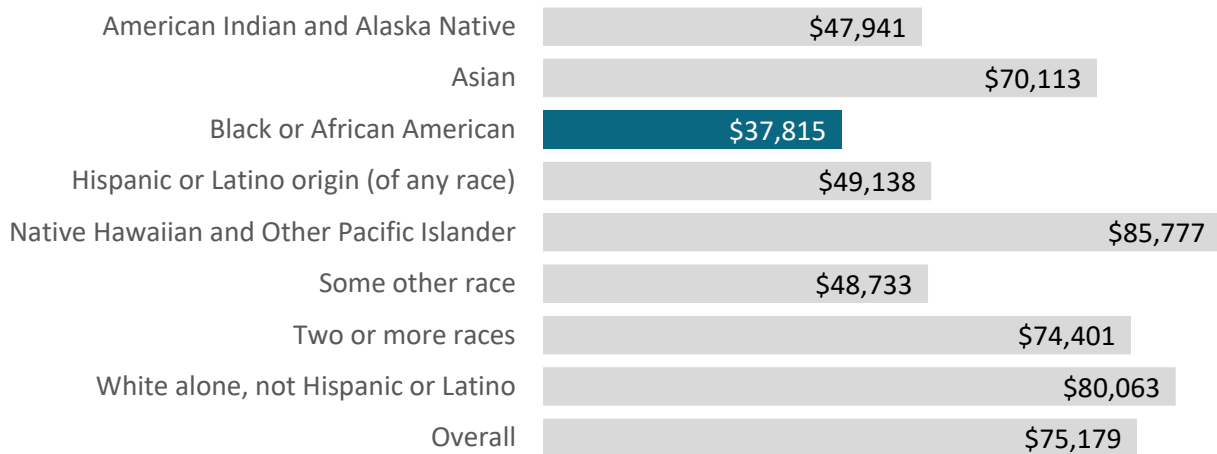


(Source: American Community Survey (58))

Median Household Income

Median household income represents the middle; half of the households in the county earn more and half of households earn less. Black and African American households have a median household income of \$37,815, which is about half that of the overall median household income of \$75,179. This income gap may be due to a number of factors, including discrimination in hiring practices, barriers to accessing education, employment, and historical racism. (65) (66)

The median income for **Black/African American households** is about half of the overall median income.



(Source: American Community Survey (58))

We again see racial inequities when looking at both who is living under the federal poverty level and how much money people earn in Dane County, with Black/African Americans most likely to earn less and live in poverty. Like many other indicators, systemic racism contributes to these inequities. (137)

Gender Pay Gap

Measured as the ratio of women’s median earnings to men’s median earnings for all full-time, year-round workers. This is reported as cents on the dollar. Even though Dane County appears to have better gender pay parity than the state, this data is not disaggregated. It is well documented that women of color experience even more economic inequality. (67)

Gender Pay Gap	Dane	WI
Women	0.85	0.8
Men	1	1

(Source: County Health Rankings & Roadmaps (44))

Living Wage

Calculated by estimating the cost of living in a community or region based on typical expenses. The number shown here is the wage needed to support a single adult with two children in Dane County. It should be noted that Wisconsin's minimum wage is \$7.25 and has not been updated since 2009. (68)

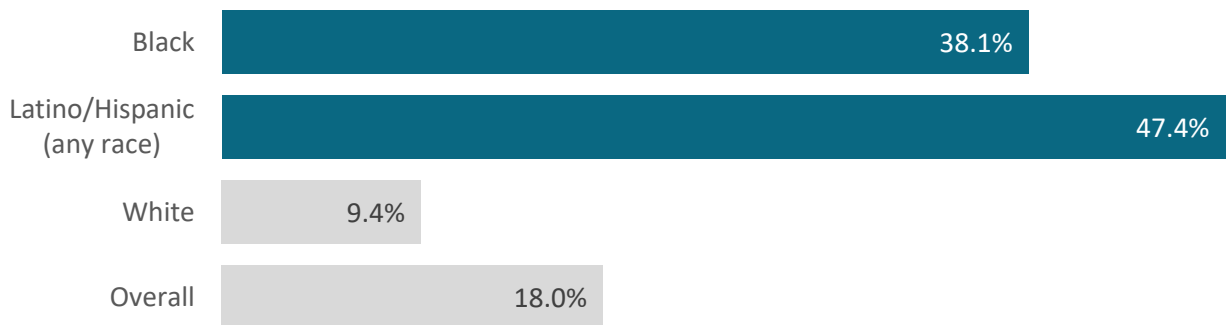
Living Wage (1 adult and two children)	Dane	WI
2021	\$44.49	\$39.10

(Source: Massachusetts Institute of Technology (69))

Youth Contribution to Household Expenses

Measured as the percentage of high school youth (9th-12th graders) who report using some or all their income to support their family. Latinx and Black/African American youth contribute financially to their household at a higher rate than white youth. (20)

More **Black and Latino/Hispanic** youth contribute to their household expenses than their white counterparts.



(Source: Dane County Youth Assessment (20))

Family & Social Support

Family and social support is defined as relationships with family members, friends, colleagues, and acquaintances. Socially isolated people are at an increased risk of poorer health outcomes due to the effects of stress. Chronic stress has been linked to overeating and smoking, as well as an increased risk of developing cardiovascular disease. (70)

Childcare Cost Burden

Measured as the cost of childcare for a household with two children as a percent of median household income. People in Dane County spend more of their household income on childcare compared to Wisconsin at large.

Childcare cost burden

Percent of median household income spent on childcare for two children

	Dane	WI
2020 and 2021	34.0%	26.0%

(Source: County Health Rankings & Roadmaps (44))

Childcare Center Availability

Measured as the number of childcare centers per 1,000 population under 5 years old. Dane County has a higher ratio of childcare centers available than Wisconsin at large.

Childcare center availability

Number of childcare centers per 1,000 children under 5

	Dane	WI
2010-2022	11	6

(Source: County Health Rankings & Roadmaps (44))

When childcare is accessible and affordable, it can increase opportunities for parents and guardians to pursue further education and/or pursue or maintain employment in order to support themselves and their families, which can contribute to their health and quality of life. (71)

Community Safety

According to County Health Rankings and Roadmaps, community safety includes violent acts in communities and homes as well as injuries caused unintentionally through accidents. In fact, unintentional injuries and violence are the third leading cause of death in the United States, and the leading cause of death for those between the age of one and 44. (72)

Violent Crime

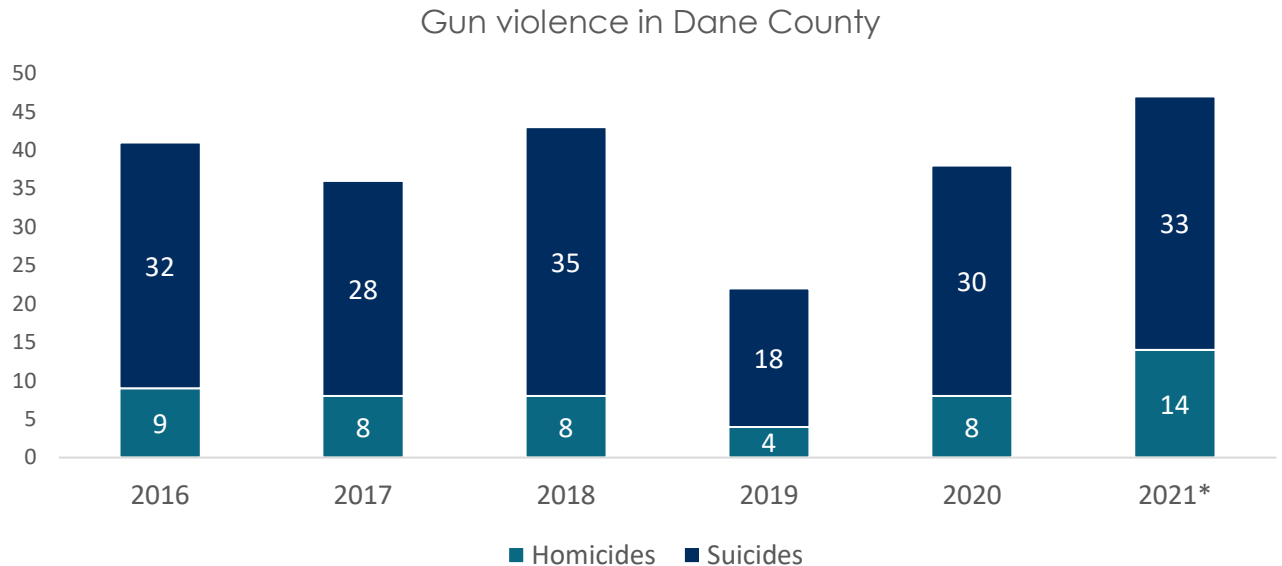
Measured as the rate of violent crimes per 100,000 people. Violent crime includes homicide (murder), sexual assaults (rape), robberies, and aggravated assaults. (73) Dane County consistently has lower rates of violent crime compared to the state overall.

Year	Dane	WI
2017	251.6	320.7
2018	275.4	297.5
2019	249.6	294.9
2020	224.8	324.8
2021	232.3	312.7

(Source: Public Health Madison & Dane County (73))

Gun Violence

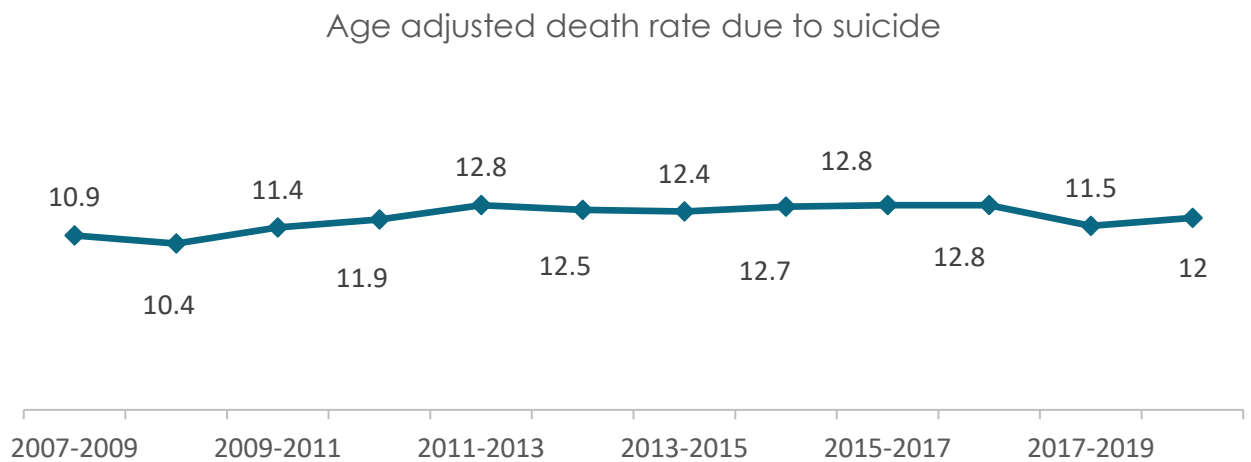
Measured as the number of death type caused by firearms among Dane County residents. Deaths caused by gun violence impact not only those who are directly involved, but contribute to longstanding ripple effects for the larger community. (73) In Dane County, overall trends in suicide and homicide have remained relatively stable.



(Source: Public Health Madison & Dane County (73))

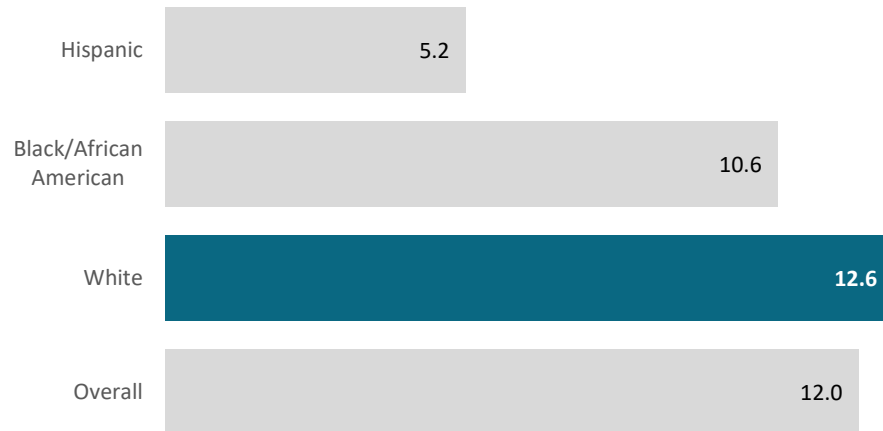
Suicide

Measured as the number of suicide deaths per 100,000 population. (74) For over a decade, the age adjusted death rate due to suicide has been around 12%. If you or someone you know is struggling with suicidal thoughts please call the Dane County 24-hour Crisis Line at (608) 280-2600.



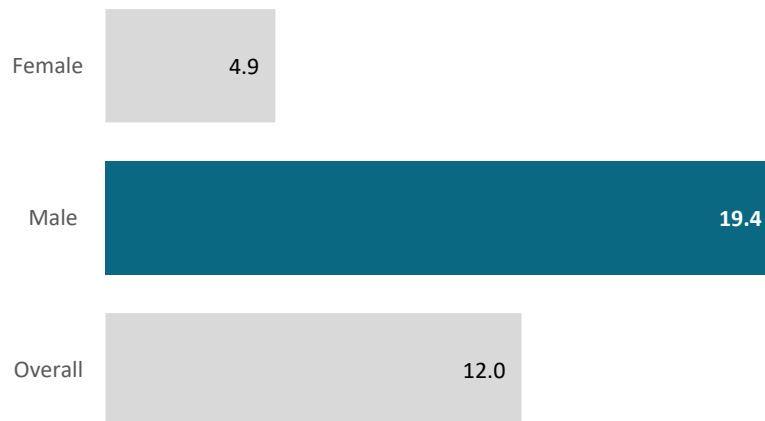
(Source: Healthy Dane (12))

The age-adjusted death rate due to suicide is higher for **White people** than it is for Hispanic and Black/African American people (2018-2020).



(Source: Healthy Dane (12))

The age-adjusted death rate due to suicide is higher for **males** than it is for females (2018-2020).

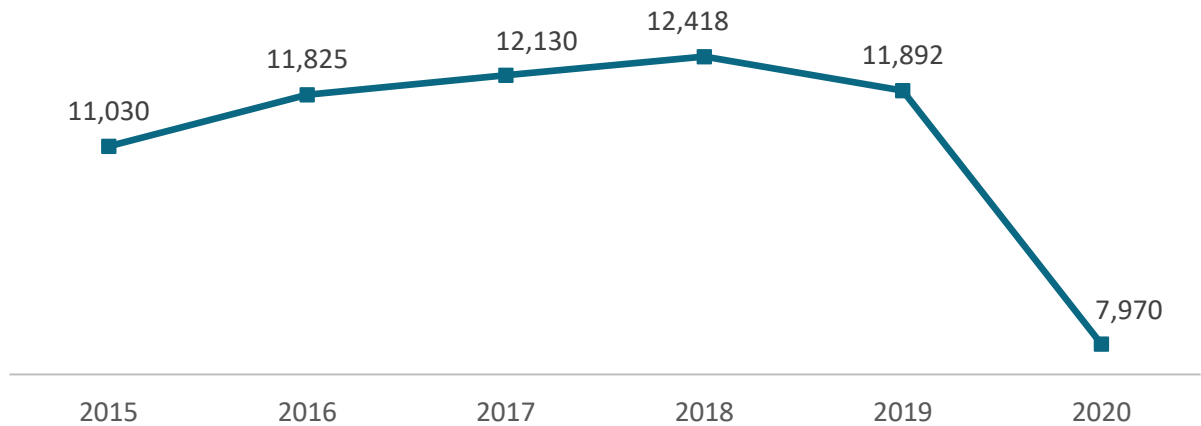


(Source: Healthy Dane (12))

Motor Vehicle Accidents

Measured as the number of vehicle crashes on public roads. We saw a decrease in the number of crashes in 2020, which may be partially attributed to people staying home and driving less during the start of the COVID-19 pandemic.

Dane County Motor vehicle crashes

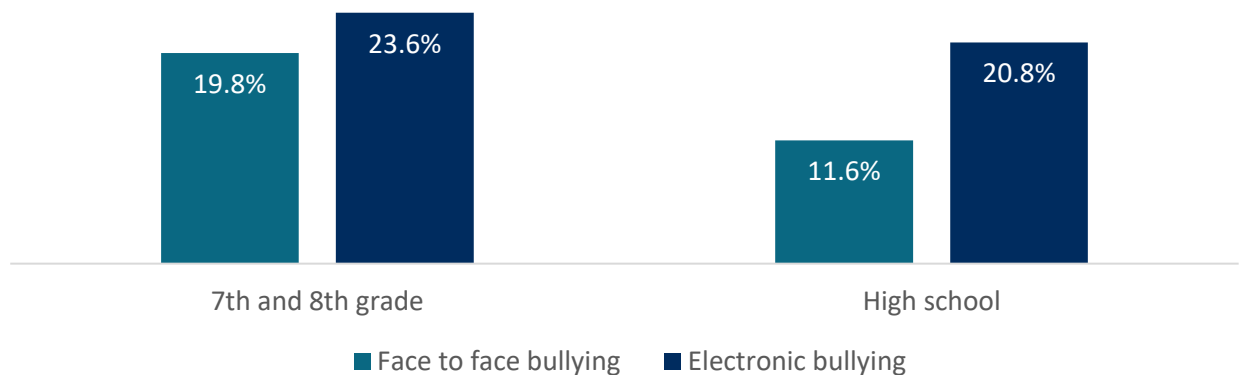


(Source: State of Wisconsin Department of Transportation (75))

Youth Bullying

Measured as the percentage of youth who reported being the target of face-to-face and electronic bullying. Those who engage in bullying are at higher risk for anger issues and ongoing engagement in misconduct. Those who experience bullying are more likely to have suicidal thoughts as well as long-term depression, low self-esteem, and anxiety. (20) Middle school and high school youth report experiencing electronic bullying at higher rates than face-to-face bullying.

Students who reported being bullied 2020-2021



(Source: Dane County Youth Assessment (20))



Physical Environment

The physical environment is where people live, learn, work, and play. It includes the air we breathe, the water we drink, the homes where we live, and the transportation we use. Physical environments have long been shaped by discrimination and disinvestment, especially in communities of color and lower income communities. (76)

Air & Water Quality

Clean air and water are essential for good health. Those who are very young, elderly, and have chronic health conditions are particularly impacted by poor air and water quality. (77)

Air Quality Index

Measured as the percentage of days recorded in the Air Quality Index (AQI) categorized as good, moderate or unhealthy for ozone and fine particulate matter (PM 2.5). Poor air quality is linked to many respiratory and cardiovascular diseases including asthma, heart disease, stroke, and lung cancer. (12) In Dane County, 80% of the days in 2020 were considered “good.”

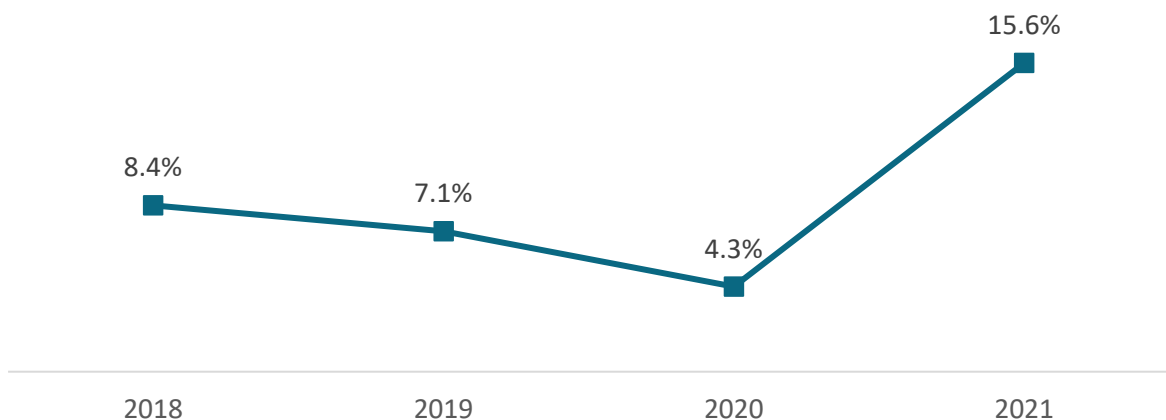
Air Quality Index	Good	Moderate	Unhealthy
2020	80.0%	19.6%	0.4%

(Source: Healthy Dane (12))

Beach Quality

Demonstrated as the percentage of days lost annually due to water quality issues. Human illnesses can occur when one ingests contaminated water or is exposed to harmful algae blooms during recreational activities at area beaches. (12) To prevent disease and illness, measuring water quality at the 22 beaches in Dane County is a vital service Public Health provides to the community. Seasonal and temperature changes as well as rain, storms, and wind patterns likely contributed to a notable increase beach closure days in 2021.

Beach days lost due to poor water quality



(Source: Healthy Dane (12))

Housing & Transit

Housing and transit are key parts of a community's built environment. Housing quality, affordability, and stability all correlate with the health and well-being of an individual, their family, and community. Transportation, including transportation options and accessibility, is another key health factor. (78)

Mode of Commute to Work

Measured as the percentage of workers' (16 years or older) mode of commute to work. Although driving alone is the predominant mode of transportation for commuting to work in Dane County, residents of Madison have the added advantage of having access to public transit and a bike-friendly and pedestrian-friendly options. (79)

2016-2020	Dane	Madison
Drove Alone	71.4%	62.5%
Car Pool	7.0%	6.9%
Public Transit	4.6%	8.2%
Walked	5.5%	9.0%
Biked	2.4%	4.0%
Worked from Home	8.3%	8.1%
Other	0.9%	1.3%

(Source: American Community Survey (58))

Workers with No Vehicle

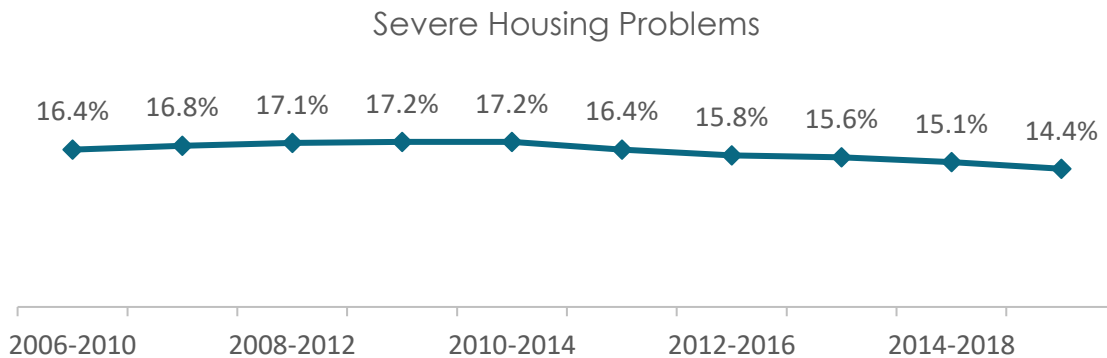
Measured as the percentage of workers (16 years or older) who do not have a personal vehicle. The availability of affordable and reliable transportation can greatly influence ones housing and employment choices. (80) Fewer workers in Madison have a personal vehicle compared to Dane County at large.

	Dane	Madison
2016-2020	4.5%	7.5%

(Source: American Community Survey (58))

Severe Housing Problems

Measured as the percentage of households with at least one of four housing problems: overcrowding (more than 2 people per room, excluding bathrooms, hallways, and closets), high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Housing conditions and how much people have to spend on their housing impacts the health outcomes of both adults and kids. (81) Severe housing problems in Dane County have remained relatively stable for more than a decade.



(Source: *Healthy Dane* (12))

Homeownership

Measured as the percentage of all housing units (occupied and unoccupied) that are occupied by homeowners. Homeownership is associated with better health, fewer illnesses, and lower rates of depression and anxiety. It is also an important indicator for generational wealth. (82) There are fewer homeowners in Dane County than in Wisconsin at-large.

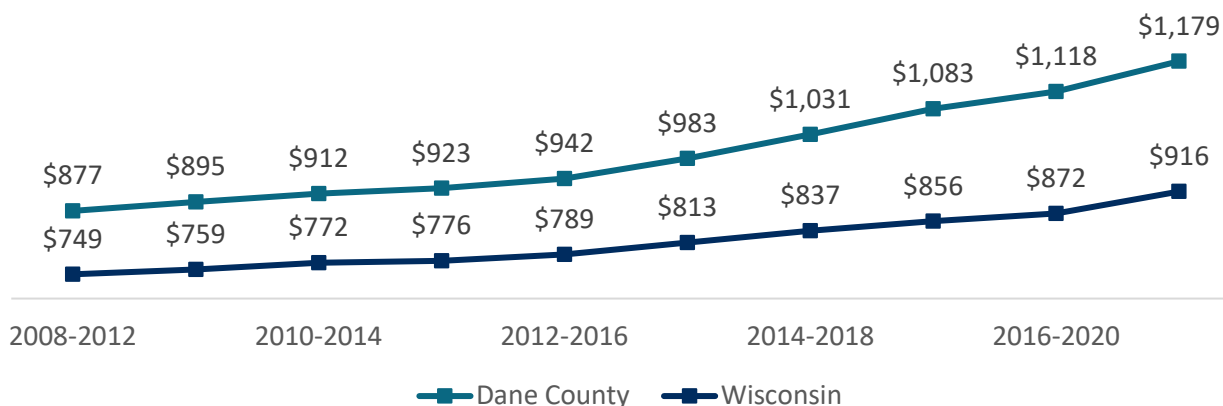
Homeownership 2016-2020	
Dane County	56.5%
Wisconsin	58.9%

(Source: *Healthy Dane* (12))

Median Gross Rent

Measured as the cost of rent where half of people or families pay more and half of people or families pay less. The median gross rent in Dane County is about \$160 higher than the median gross rent for Wisconsin and is steadily rising. This means that people in Dane County are spending more of their income on housing, which can lead to a number of negative health consequences such as increased levels of stress, increased risk for chronic diseases, and reduced access to healthy foods. (83)

Median Gross Rent



(Source: Healthy Dane (12))

Renters Spending 30% or More of Household Income on Rent

Measured as the percentage of renters who are spending 30% or more of their household income on rent. Rent, in this case, also includes utilities. (20) A higher percentage of renters in Dane County spend 30% of their household income on rent than in Wisconsin as a whole.

Percentage of renters spending 30% or more of household income on rent

	Dane County	Wisconsin
2017-2021	44.8%	42.7%

(Source: Healthy Dane (12))

Severe Housing Cost Burden

Measured as the percentage of households that spend 50% or more of their household income on housing, including utilities. (84) Similar to rental costs, a higher percentage of people in Dane County experience severe housing costs burden compared to the state as a whole.

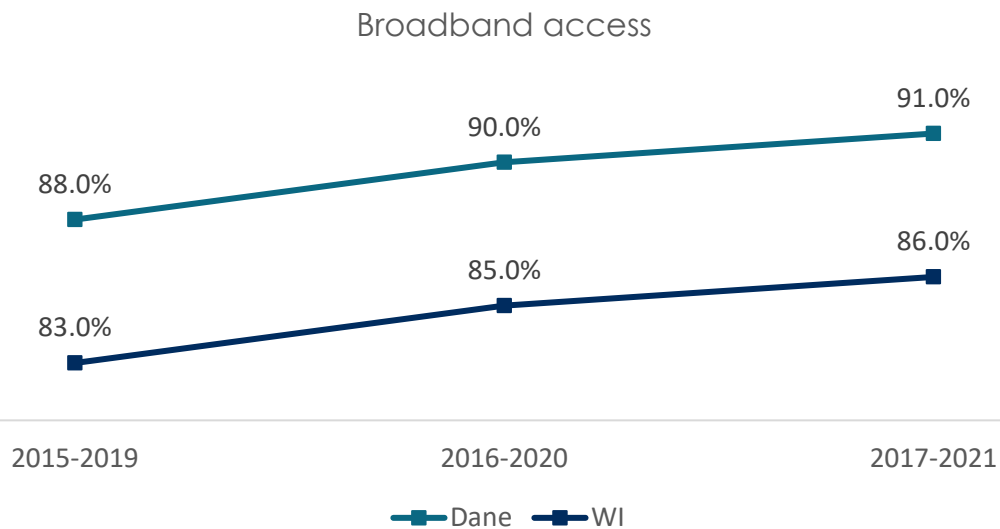
Severe Housing Cost Burden (50% of Household income or more on housing)	Dane	WI
2017-2021	13.0%	11.0%

(Source: County Health Rankings & Roadmaps (44))

Spending a high percentage of your income on housing can contribute to financial hardship and health challenges, including chronic stress. Chronic stress is linked to many chronic health conditions, including cardiovascular diseases. (12)

Broadband Access

Measured as the percentage of households with broadband internet connection. Access to reliable, high-speed internet improves access to education, employment, and healthcare opportunities and is associated with increased economic development. This was particularly true during the height of the COVID-19 pandemic. Though it appears Dane County, overall, is doing better than the state, we do not have disaggregated data to show how rural and lower income communities compare to urban and more affluent communities. (85)



(Source: County Health Rankings & Roadmaps (44))

SUMMARY

Our Community Health Status Assessment (CHSA) provided an overview of Dane County data on numerous health outcomes, health behaviors, clinical care, social and economic factors, and physical environment factors connected to health and well-being. Throughout the CHSA, data consistently highlighted health disparities and inequities. In particular, data highlighted stark racial disparities in health outcomes at the start of life, throughout the life span, and in life expectancy. In addition, the data highlighted inequities in social, economic, and environmental factors that drive and influence health behaviors and outcomes.

In the next section, our Community Themes and Strengths Assessment, we'll discuss health themes that emerged through numerous CHA/CHIP community engagement and data collection efforts.

COMMUNITY THEMES & STRENGTHS



What is a Community Themes and Strengths Assessment?

A Community Themes & Strengths Assessment (CTSA) helps answer questions like “How is the quality of life perceived in our community?” and “What strengths do we have that can be used to improve health?” (1)

COMMUNITY THEMES & STRENGTHS ASSESSMENT FRAMEWORK

Utilizing the Mobilizing for Action through Planning and Partnership's (MAPP) framework, we also completed a Community Themes & Strengths Assessment (CTSA). To complete our CTSA we worked with our Steering Committee to engage underrepresented communities and those who disproportionately experience health inequities in primary data collection (see **figure 2**).

Our Steering Committee members leveraged their expertise and understanding of the communities they serve to determine data collection methods best suited for our community engagement efforts and the event and/or group we wished to engage.

In addition, the Steering Committee and Public Health agreed to abide by the following principles:

- **Meet people where they are**
Community engagement activities occurred at locations familiar to participants or events where people were already gathering.
- **Provide compensation and incentives for participation**
Participants were provided gift cards and/or other forms of compensation for their time and input.
- **Report back**
Entities and organizations hosting community engagement activities were given the opportunity to receive summary documents of the data collected at their location. This reinforces our agency's core value of relationships, as we wanted participants to have a chance to understand, use, and action data results, not just participate in the data collection.



Figure 2

COMMUNITY THEMES & STRENGTHS ASSESSMENT METHODS

The Steering Committee worked with Public Health to co-conduct CHA surveys, focus groups, and key informant interviews. In addition, Public Health facilitated two adapted youth photovoice projects. Our data collection efforts centered on engaging underrepresented communities who disproportionately experience health inequities. While this aligns with our agency value of health equity, we also recognize that our data may not be generalizable to or representative of all of Dane County. The data was then collectively analyzed to inform our community themes and strengths. For more information on our CTSA process, including participants and engagement events, [see our appendix](#).

Surveys

Public Health staff and Steering Committee partners collected a total of 317 surveys at community events throughout Dane County between July 2019 and October 2019. We framed questions to gain a broad understanding of community issues and assets that impact health by asking five main questions and questions about participant demographics. For more information, [see our survey tool](#).

Snapshot of Survey Respondent Demographics

Survey respondents included an overrepresentation of Black/African American, Hispanic/Latino, and American Indian/Alaskan Native individuals when compared to the demographics of the county. Additionally, approximately 30% of respondents indicated they had a disability compared to 8.2% for the county as a whole. About 50% of the survey respondents identified as female and about 17% indicated being part of the LGBTQ community.

Focus Groups & Key Informant Interviews

Public Health staff and Steering Committee partners conducted 19 focus groups representing 13 different groups/organizations between June and November of 2019. More than ninety people participated. In addition, five key informant interviews were held between August 2019 and November 2019 using the same set of questions.

Snapshot of Focus Group & Key Informant Interview Respondent Demographics

Significantly, about half of focus group participants were under the age of 18. A grant from the Wisconsin Department of Health Services to support focus groups with youth of color supported these data collection efforts. Focus group and key informant interview respondents also included

an overrepresentation of Hispanic/Latinx, Black/African American, and American Indian/Alaska Native individuals compared to the county as a whole. Finally, roughly one-fifth of focus group participants indicated they have a disability compared to 8.2% for the County as a whole.

Photovoice Projects

During the summer and fall of 2019 we conducted two adapted youth photovoice projects. Photovoice is a community based participatory research method wherein participants take photographs and write descriptive text of the photo to share their perspectives on different topics. (86)

In one photovoice project, we trained two 17-year-old Public Health youth interns in photovoice. The interns then led six youth ages 11-15 attending the East Madison Community Center summer camp in a photovoice project focused on youth perspectives of strengths, challenges, and opportunities within the Truax neighborhood.

In another project, we conducted a series of three photovoice and focus group series with youth ages 12-17 in the Juvenile Reception Center, one of Dane County's Juvenile Justice Centers. Youth documented the strengths and challenges of both the Center's physical environment and programming.



Public Health youth interns Omar Dahaba (left) and A.J. Wright (right) facilitated a youth photovoice process alongside Public Health staff.

COMMUNITY THEMES & STRENGTHS ASSESSMENT RESULTS

A total of 12 themes—ten challenges and two building blocks (acknowledging that there *are* many strong community partnerships, infrastructure, and initiatives to build *on*, but that there is still more we can and should do)—were identified through the collective review of our surveys, focus groups, key informant interviews, and photovoice project data.

Overwhelmingly, the identified themes focused on social, economic, and environmental health factors – things that can be modified to influence the length and quality of life.

A focus on social, economic, and environmental factors highlights a strong desire to improve the *conditions* in which we live, work, and play, which ultimately inform our health and well-being.

The ten challenges identified were:



Transportation



Discrimination



Housing



Healthcare



Diversity



Employment



Social Cohesion



Safety



Inclusion



Education

The two building blocks identified were:



Green Space



Food Security



Transportation

Transportation impacts individual and public health in a variety of ways. A lack of transportation options and services can be a major barrier to accessing needed health care, and major highways increase exposure to harmful air and noise pollution. In contrast, a well-connected multi-modal (cars, buses, biking, walking, rail, etc.) transportation system promotes social connectivity, physical activity, and access to needed goods and services. (78) (87)

Themes: Community members discussed a need for...

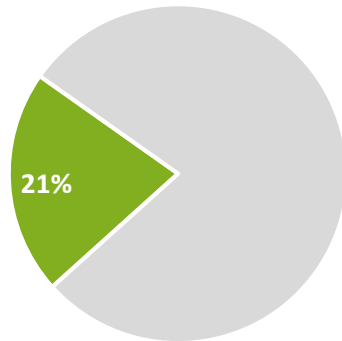
- **Public Transportation Expansions:** Increased coverage of the Madison Metro bus system and a need for increased frequency of service.
- **Regional Transportation:** Transportation options within smaller communities that currently have little to no public transportation and the need for transportation between smaller communities and Madison.
- **Specialized Transportation:** Changes and expansion within existing specialized transportation services, particularly for those with disabilities. Participants also expressed frustration that some of the requirements for use of specialized transportation create gaps in transportation access for people who do not fit within these existing requirements.
- **Transportation Infrastructure:** Increases in bicycle (bike lanes, service stations) and pedestrian (sidewalks, crossing signals) infrastructure



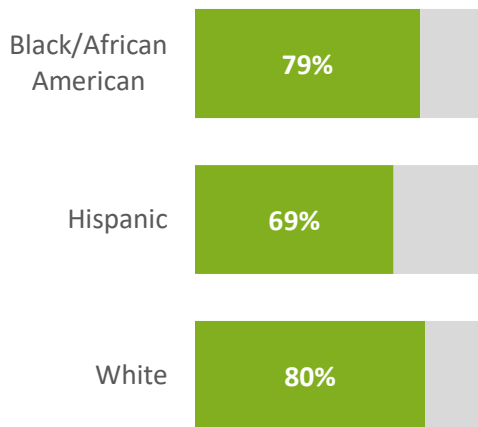
"I see a crosswalk. Crosswalks keep us safe. We need more crosswalks to help kids that are young to safely cross the street." - Youth photovoice participant, 11

Survey Data

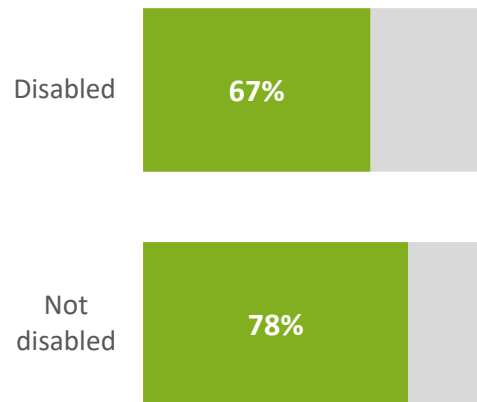
More than 1 in 5 respondents did not agree that they have a variety of transportation options in their community.



Fewer Hispanic people said **they have access to a variety of transportation options** in their community.



Fewer people with disabilities said they **have access to a variety of transportation options in their community.**





Housing

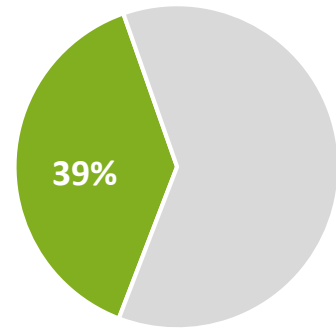
Housing stability has many impacts on health and wellbeing. Poor housing quality (for example, homes with lead paint, mold, and pests) has been linked to childhood lead poisoning, respiratory illnesses, cancer, and developmental disabilities. (88) (89)

Chronic stress, whether from exposure to poor living conditions, eviction threats, or issues with paying rent, is linked to both physical and mental health issues. For example, chronic stress due to housing instability has been connected to higher incidence of heart disease, diabetes, cancer, depression and anxiety in adults, as well as behavioral issues in children. (90)

Themes: Community members discussed a need for...

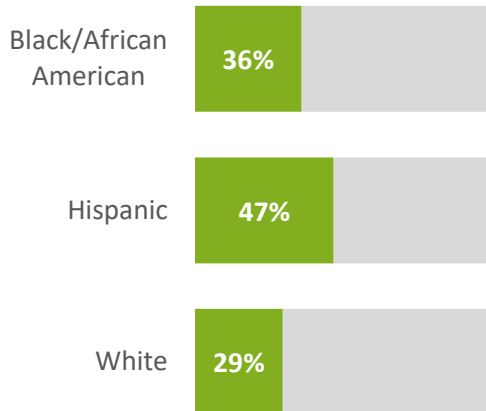
- **Affordable Housing:** More affordable housing options (both rental and homeownership options) as well as affordable housing that is inclusive and available for all people.
- **Accessible Housing:** More accessible housing options that are inclusive of all abilities and incomes.
- **Prohibitive Regulations:** Addressing barriers to housing access, such as the need for social security numbers or individual tax identification numbers, and the ability to advocate for quality housing conditions.

39% of respondents believe housing is affordable in Dane County

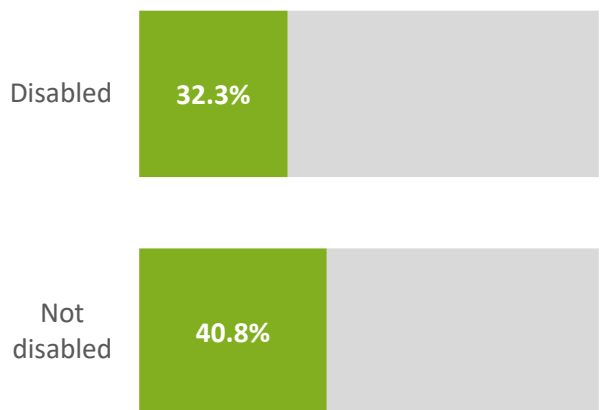


Survey data

Less than half of respondents across racial and ethnic lines agreed that housing **is affordable** in Dane County



Fewer people with disabilities said housing **is affordable** in Dane County





Diversity

Diversity, the representation or involvement of people from a variety of social, ethnic, and economic backgrounds, positively impacts health in a number of ways. While the research is complex, studies have demonstrated that increased diversity improves many facets of health and wellbeing. These include but are not limited to increased accuracy of clinical decision making among diverse workforces, leading to greater patient satisfaction and an improvement in health outcomes (91) (92), and increased innovation among workforces with greater racial and gender diversity. (93) (92) While most research to date focuses on diverse workforces, these findings also lend insight into the promise of diversity within other settings.

Themes: Community members discussed a need for. . .

- **Education & Awareness:** Increased understanding and awareness of the privileges people within dominant cultures hold and increased awareness and education of the traditions, history, and culture of people of color
- **Representation:** Representation (like race, ethnicity, sexual orientation, gender, ability) of the communities served, especially within professions that engage youth on a regular basis (such as teachers, police officers) and among professionals in positions of power

Primary data

In our survey, we asked participants to list their top 5 greatest areas for improvements in our community. Racial and ethnic diversity was ranked the number one need overall and the number one need by Black participants. It was also listed in the overall top 5 greatest areas for improvement among LGBT, Hispanic, and White participants, as well as people with a disability.



“Here are 2 youth in a courthouse looking happy and important. We’re actually just posing at some random place in the capitol (but) this picture relates to our community because it’s a representation of black youth in positions of power.” - Youth Interns, both 17



Inclusion

Diversity and inclusion are strongly linked. Ensuring that a diverse group of individuals are included in decision-making and feel valued and a sense of belonging is critical for change to occur. (94) Research demonstrates that a broad array of perspectives can lead to better solutions, and diversity and inclusion in health and healthcare can increase provider comfort levels in treating individuals from different backgrounds, enhance understanding of different group values, improve communication with patients, increase patient trust, improve patient care, and reduce healthcare disparities. (95) (96)

Themes: Community members discussed a need for...

- **Service Delivery:** Improved social service delivery and care models that are culturally responsive and sensitive to the diverse needs and experiences of patients
- **Education:** More education about and inclusivity of underrepresented (people of color, people with disabilities, non-native English speakers) communities both in the school and in the community at large
- **Decision and Policy Making:** Welcoming and inclusive opportunities for community members (particularly those who are not often included based on race, ethnicity, age or other group status) to participate in decision-making and advocacy efforts

Inclusion Deep Dive

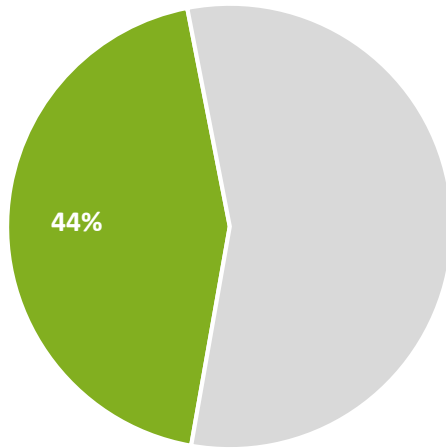
The Latinx participants described concerns related to a lack of culturally appropriate care, which included a lack of interpreters and Spanish speaking staff to help with language barriers, understanding among medical professionals of certain cultural norms or customs. They also discussed how advisors may lack needed knowledge in navigating different immigration statuses.

Many participants also discussed the need for greater education of inclusivity practice, especially among people representing dominant culture and professionals who engage with underrepresented populations. For example, participants with disabilities discussed how advocates can train health care providers, developers, and others about care and practices that support inclusivity.

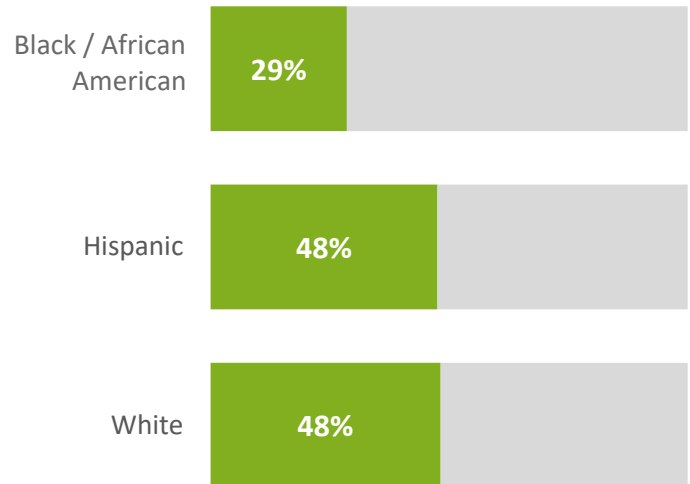
Youth of color described how *within* education settings, curriculums should include histories of people of color, while Ho chunk tribal members talked about the need to implement health and racial equity practice within schools to promote inclusivity.

Survey data

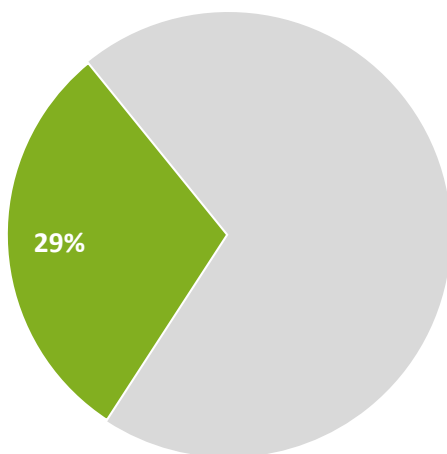
Less than half of respondents said **decisions are made with resident participation.**



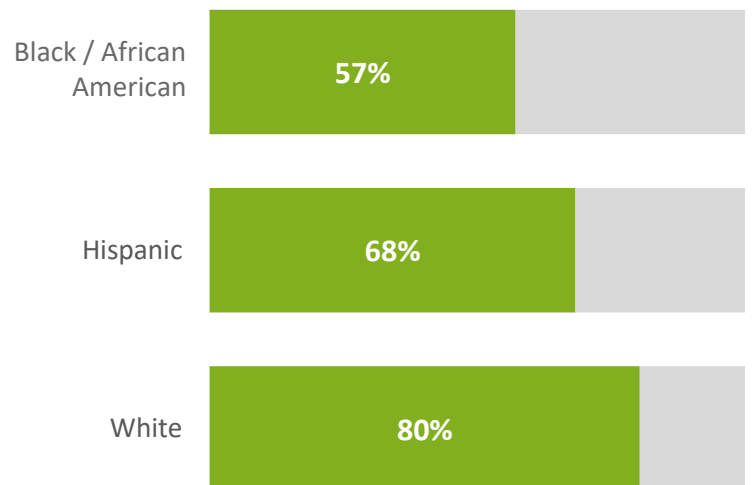
Only 29% of Black respondents and 48% of white and Hispanic respondents said **decisions are made with resident participation.**



Almost 30% of respondents **disagreed or didn't know if they** felt like they belong in their community.



A greater percentage of white respondents feel like they belong in their community than Black and Hispanic respondents.





Social & Community Connectedness

The Wisconsin Department of Health Services defines social and community connectedness as “positive social relationships, networks, links, ties, shared resources, and cultural traditions and history that people have with other people or groups.” (97) Studies have found higher social connectedness results in less frailty rates in older adults, improved psychological health, increased rates of walking, improvement in chronic conditions, and reduced rates of obesity, smoking, and mortality. (98) Relatedly, collective efficacy, which is a community’s ability to come together to create change, is associated with better self-rated health, lower neighborhood violence, and better access to medical care, healthy food, and locations to exercise. (99) (100)

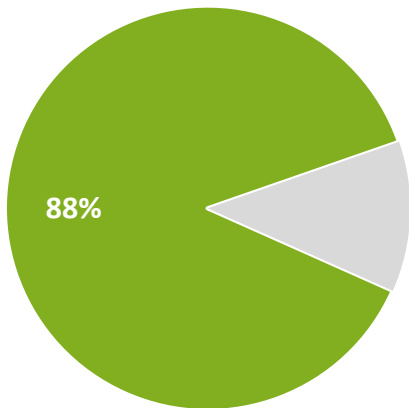
Themes: Community members discussed a need for...

- **Neighborhood Relationships:** Building stronger relationships, trust, and connections with their neighbors and within their neighborhoods
- **Engagement Opportunities:** More community spaces that appeal to diverse groups of people and inclusion of programming or activities bring people together

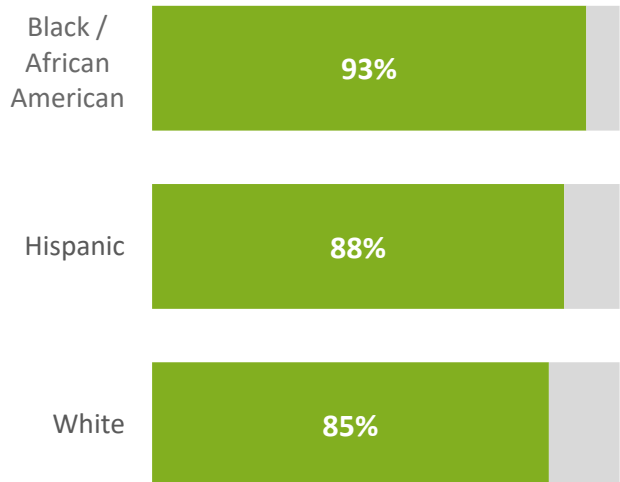
Survey data

As seen in our survey results below, most survey participants indicated that they are “friendly” with neighbors. However, during in-depth discussions within our focus groups, key informant interviews, and photovoice projects, participants expressed that while they generally perceive that their neighbors are friendly, there was a strong desire among many to develop deeper, more trusting relationships.

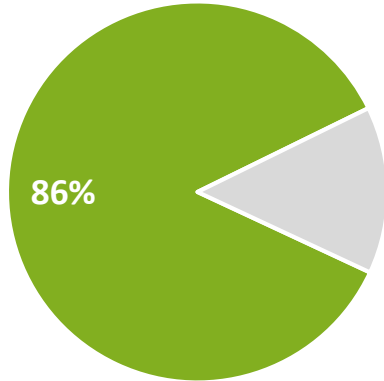
The majority of respondents said **they are friendly with their neighbors.**



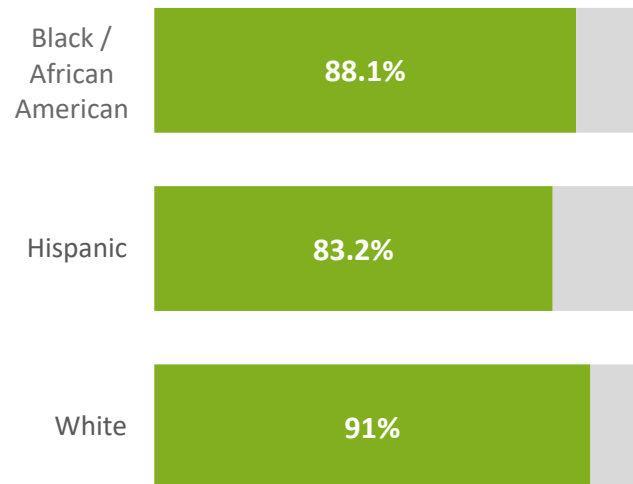
Most respondents across races said they are **friendly with their neighbors.**



Most respondents said there are places for them to come together with others in their community.



Most respondents across races said there are places for them to gather with others in their neighborhood.



The survey results suggest that most survey participants agreed that Dane County includes community spaces for people to come together. Once again, however, during more in-depth qualitative data collection discussions participants shared that while there may often be a sufficient *quantity* of engagement opportunities, those engagement spaces and opportunities don't always appeal to diverse audiences or offer programming or activities that results in *quality* social and community connections.

For example, during a youth photovoice project in Madison's Truax neighborhood, a theme youth identified was titled "Puberty is Trash." Youth had several photos and examples of engagement spaces that catered to young children or adults but not teens, and suggested that at best this can make spaces feel irrelevant or unappealing to teens, and in some cases, makes teens feel unwelcome. Hence, our engagement opportunities theme.



"I see a vacant green lot. This area could use a grill and other things to bring people together and make it better for the community." - Youth intern, 17



Discrimination

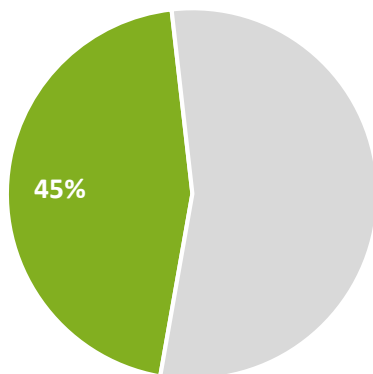
Discrimination connects to health in many ways. Much of the literature focuses on the many pathways between racism and health, which are admittedly complex and are often mediated through other health factors. (101) For example, racial segregation is a determinant of socioeconomic status, which is a strong predictor of numerous health outcomes and behaviors. Studies have shown that segregation decreases access to quality education and employment opportunities, two additional health factors which also predict health outcomes and behaviors. (102) (103) Internalized racism also has numerous health consequences including but not limited to increased anxiety, depression, and weight. (104)

Themes: Community members discussed a need for. . .

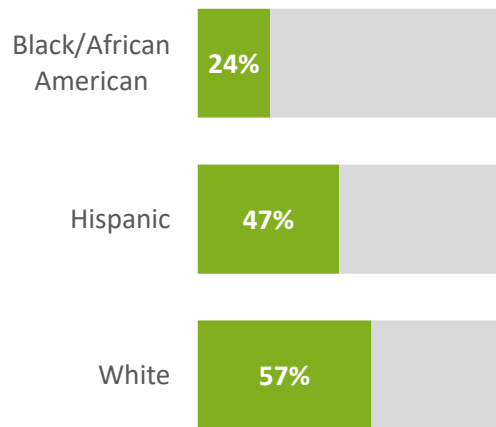
- **Interpersonal Discrimination:** An end to racial profiling and personal surveillance based on race, ethnicity, ability, or other group status
- **Structural Discrimination:** An end to policies and practices that limit opportunities and resources based on group status

Survey data

Less than half of people said they **did not experience** discrimination in their community.



Fewer people of color said that they **do not experience discrimination** in their community.



“I see a sign. This is a sign to keep certain people out of this club—probably young black males because of the reference to sagging. This is racism and discrimination, but it’s even more complicated than that because the club profits off of women not wearing clothes...so it’s also sexist.
- Youth intern, 17



Employment

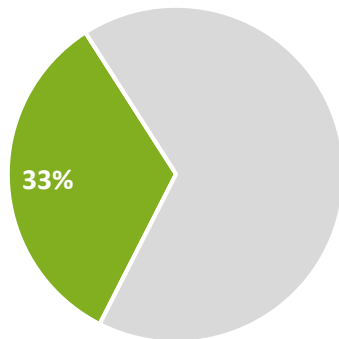
Employment status has significant impacts on health. Being unemployed and having a lower income is associated with an increased risk for a number of health outcomes, including but not limited to heart disease, diabetes and respiratory illnesses. (105) (106) (107) In addition, in the United States, health insurance is often connected to employment, leaving those without employment with fewer options to access needed health care. (108)

Themes: Community members discussed a need for. . .

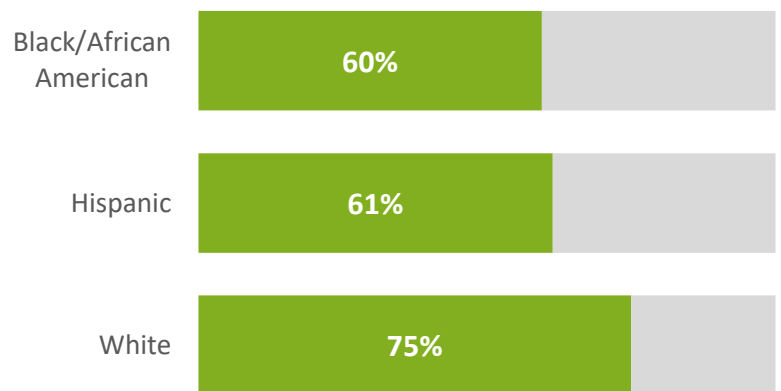
- **Economic Opportunities:** A living wage where individuals can afford to pay for their family's basic needs and have career advancement opportunities within their jobs
- **Work-Life Balance:** Better work-life balance, as many people have to work long hours or hold multiple jobs to make ends meet
- **Access to Employment:** Increased access to employment opportunities through improved and multi-modal transportation options and overcoming regulatory barriers to employment opportunities, such as immigration status policies

Survey data

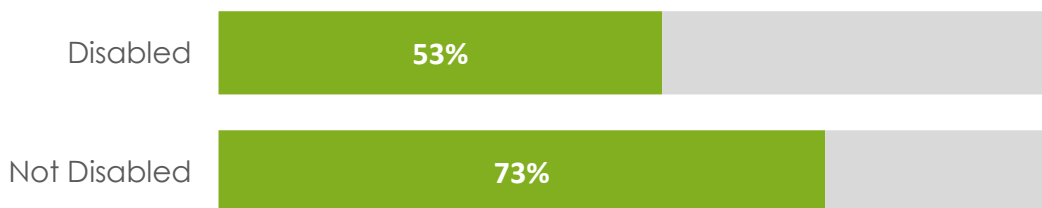
One in three respondents disagreed or didn't know if they have enough money to pay for their family's basic needs.



Fewer people of color said they **have enough money to pay for basic needs.**



Fewer people with disabilities said they **have enough money to pay for basic needs.**





Access to Health Care

Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity.

Inadequate or a lack of health insurance coverage, high cost of care, a lack of availability of services, and a lack of culturally responsive care are examples of barriers that prevent or limit access to needed health services.

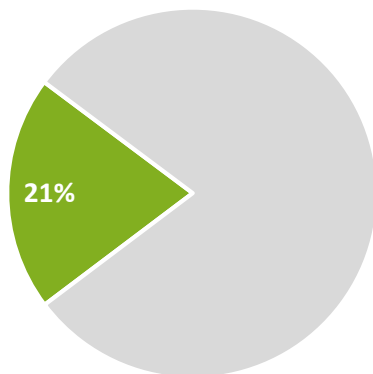
These barriers can lead to unmet health needs, delays in receiving appropriate care, an inability to get preventive services, financial burdens, and preventable hospitalizations, which may increase the risk of poor health outcomes. (109)

Themes: Community members discussed a need for...

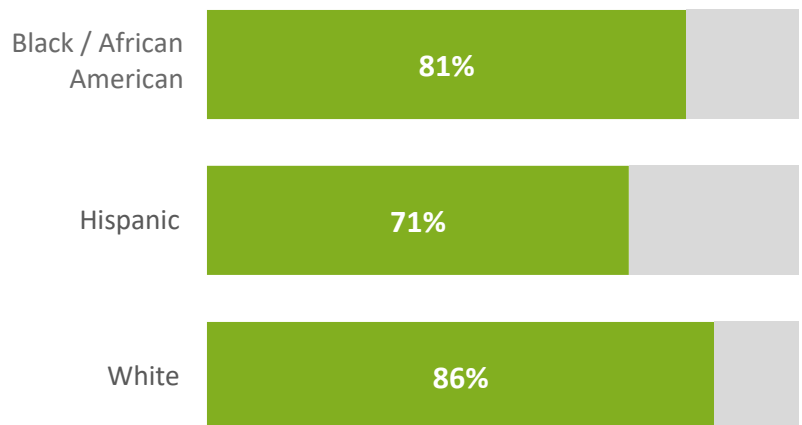
- **Access to Specialized Services:** Increased access to specialty services (mental health, satellite offices), particularly in smaller and more rural communities. The cost of specialty medical services or insurance coverage creates additional barriers to accessing needed services.
- **Service Delivery:** Better care coordination within and across healthcare providers and more culturally responsive care. Community members also wished to see more representative pools of service providers that look like the patients they serve.
- **Prevention and Treatment:** Increased prevention and treatment options for substance use disorders and other behavioral health issues facing community members.

Survey data

About 1 in 5 respondents **disagreed or didn't know** if they have access to the health services they need.



Fewer Hispanic people said they **have access to the health services they need**.





Safety

Physical, psychological, and emotional safety are key indicators of individual and community health and well-being. A lack of real or perceived safety is risk factor for many health issues, including but not limited to social anxiety, generalized anxiety, substance abuse, and engagement in violence. (110) (111)

Real and perceived safety risks in workplaces and neighborhoods are likewise associated with negative health outcomes. The literature base highlights workplace exposure to chemicals and toxins and associations with different kinds of cancer. (112) Within the research base on neighborhoods, safety concerns have been shown to decrease exercise and increase weight. (113)

Themes: Community members discussed a need for...

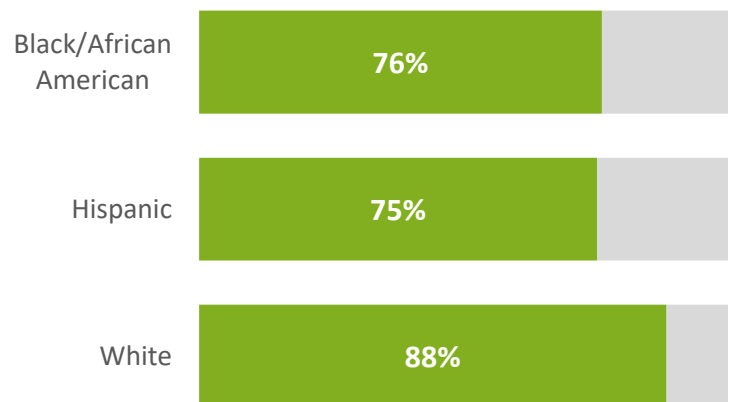
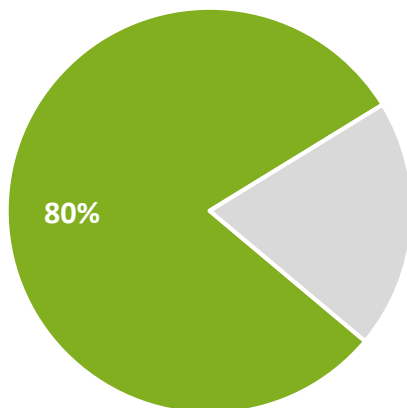
- **Neighborhood Safety:** Reductions in violence and crime within neighborhoods, as well as increasing physical safety of neighborhoods through traffic calming, pedestrian/bicycle infrastructure, and design features inclusive of all abilities
- **School Safety:** Increased safety within the school environment, citing bullying, fights, and a lack of spaces to be yourself as areas for improvement
- **Road Safety:** Enforcement of existing policies or the creation of new approaches to reduce dangerous driving, such as speeding and the use of personal mobile devices while driving to increase road safety

Survey data

As seen in our survey results below, overall, most survey participants reported feeling safe in their community. However, differences in safety perceptions emerged when the data was broken down by different groups. In addition, during in-depth discussions within our focus groups, key informant interviews, and photovoice projects, participants highlighted specific aspects of neighborhood, school, and road safety that could use improvements.

Most respondents said **they feel safe in their community.**

Fewer people of color said they **feel safe in their community.**





Education

People with higher levels of education are likelier to be healthier and live longer than those with less education. Adults that don't finish high school have a life expectancy nine years less than adults who are college-educated. (114) (56) Lower educational achievement and attainment are also linked to early sexual experiences, less exercise, unhealthy eating, and engagement in violence and substance use. (115)

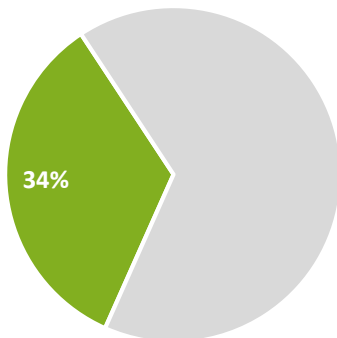
Adults with lower educational attainment also have higher rates of circulatory diseases, cancer, diabetes, obesity, and liver disease, as well as an increase in feelings of sadness, hopelessness, and worthlessness. (116)

Themes: Community members discussed a need for...

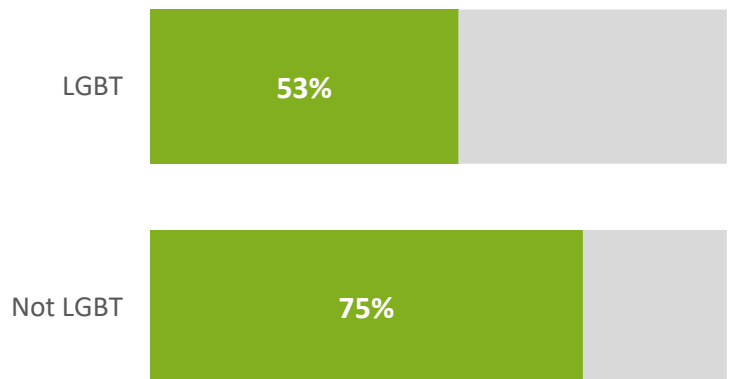
- **Education Equity:** High quality education regardless of group status and a curriculum that is inclusive of Black, Indigenous, and People of Colors' (BIPOC) history and accomplishments. Youth also discussed a desire for increased inclusion in school decision making and adults desired more adult education opportunities for Hispanic communities.
- **School Safety and Student Support:** Increased access to mental health services to deal with pressures at school from peers, teachers, and administrators. Additional stressors within the school environment emerged related to safety procedures, wherein the frequency and lack of warning for active shooter drills caused students mental distress.
- **Education Funding:** Investment in high quality educational programming as well as programming that prepares people for college.

Survey data

More than 1 in 3 respondents **disagreed or didn't know** if children in their community have access to high quality education.



Fewer LGBT people said **children in their community have access to high quality education.**



BUILDING BLOCKS

Among our 12 themes, two emerged as community strengths in both the survey and qualitative data. However, we decided to use the term “building blocks” instead of strengths in recognition of the fact that the identified community strengths are not strengths for *all* in Dane County. Further, building blocks acknowledges that there *are* many strong community partnerships, infrastructure, and initiatives to build *on*, but that there is still more we can and should do.



Green Space

Numerous studies have demonstrated the profound impact of parks and natural areas on human health. (117) First, they offer opportunities for physical activity, which can improve cardiovascular health and reduce the risk of chronic illnesses such as diabetes and heart disease. Additionally, parks and natural areas have a positive effect on mental health, with exposure to nature reducing symptoms of anxiety and depression.

Parks and natural areas also play an essential role in strengthening communities, as they provide a space for people to engage in social activities, enhancing social connections and promoting community cohesion. (118) Finally, parks and natural areas provide essential environmental services, such as water purification, carbon sequestration (119), and air quality improvement. (120)

Survey data

In our survey, we asked participants to list the top five most important strengths in our community. Access to community parks and green space was ranked number overall and was also ranked number one by LGBT, white, and Hispanic survey participants, and by survey participants with a disability. Related, Hispanic and Black/African American participants named a “clean environment” within their top five most important strengths.



“I see a bee and flowers. The bee is eating nectar and pollinating. This will keep flowers healthy, which also makes the community look nicer.”
- Youth photovoice participant, 15



Food Security

Food security is a critical factor for individual and population health and well-being. A growing body of research has also been evaluating the evidence base of federal nutrition programs and their impact on both food security and health outcomes, with promising results. For example, CDC research demonstrates that eating breakfast at school is associated with better diet, better attendance rates, fewer missed school days, and better test scores. (121)

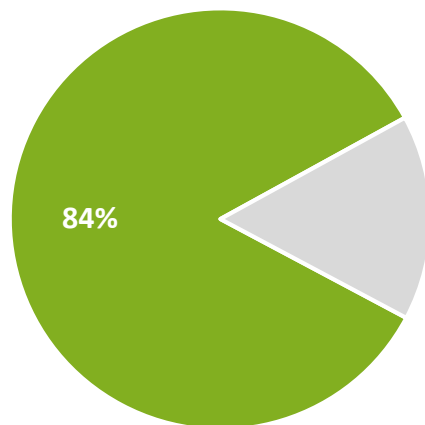
The Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) both demonstrate positive impact on both food security and health outcomes. For example, SNAP participation is associated with lower risk of heart disease, diabetes, low-birth-weight infants, and hypoglycemia-related hospital admissions. WIC participation during pregnancy is associated with fewer premature births and infants deaths and increase use of preventive care and treatment of illness for children. (122)



“I see a poster for free meals. People are trying to help kids. It helps people get free meals and it makes people feel happy to see free meals being given out.”
- Youth photovoice participant, 11

Survey data

Most respondents said **they have access to healthy food in their community.**



CONCLUSION & NEXT STEPS

CONCLUSION

Our Community Health Assessment identified key Dane County community health needs, issues, and building blocks through community engagement, data collection, and data analysis. In partnership with our Steering Committee, we conducted a robust series of surveys, focus groups, and interviews to directly engage individuals and communities disproportionately experiencing health inequities and learn about their experiences. These findings paired with our health status data reviews and photovoice project to lay the groundwork for our Community Health Improvement Plan (CHIP).

As we stated at the beginning of this document, on the surface, Dane County looks like an ideal picture of health, a perspective reinforced by its longstanding reputation as a great place to live. However, when you peel back the layers, a different, more complex story emerges. Despite strong population health indicators for the county as a whole, there are inequities—including stark racial inequities—in numerous health factors, outcomes, and indicators. In particular, racial inequities are evident at the start of life, as seen in Dane County data on infant mortality, and often persist throughout and up to the end of life, as seen within Dane County life expectancy data.

Our Community Health Assessment (CHA) findings also further illuminate the role of *underlying health factors*, all of which directly and indirectly contribute to inequities in health outcomes. The County Health Rankings model of population health has long shown that social, economic, and environmental health factors account for at least 50% of health outcomes, broadly defined as quality of life and length of life.

As we move forward with our CHIP, we want to thank our Steering Committee and the many community partners and data collection participants that contributed to the development of this CHA. Your steadfast support, honesty and vulnerability in sharing your experiences, patience, and commitment to positive change kept us uplifted even when we had to pause this work to lead the COVID-19 response. And thank you to the CHA/CHIP collaborations in other cities and counties who—like us—are listening to their communities and taking on complex social, economic, and environmental determinants of health. Undoubtedly, these are big, complicated issues, but we're learning from you, we're inspired by you, and we look forward to joining you in developing an innovative, collaborative CHIP.

NEXT STEPS

So what's next? Over the next few years, we will develop a Community Health Improvement Plan (CHIP) in partnership with our Steering Committee and seven CHIP workgroups will focus on each of our CHIP priorities. As a reminder, a CHIP is a long-term, systematic effort to build on existing community health assets and address health issues identified during the CHA. (123)

Together we'll identify and implement objectives and actions to address the CHIP priorities identified through the CHA process. The CHIP will also act as a catalyst to stimulate new partnerships, grow existing partnerships, and strengthen collaborations between public and private sectors, community-based organizations, and community members. The CHA process would not have been feasible without the support of our Steering Committee and partners, and the CHIP will likewise continue to emphasize and support a partnership approach.

Importantly, it is not our intention to duplicate or disrupt work that already exists in our communities. Rather, CHIP workgroups will bring together those with content expertise and lived experiences to increase awareness of existing initiatives that are uplifting CHIP priorities, build on and support existing initiatives where desired, and develop new strategies to advance CHIP priorities. We'll also raise awareness of the relationships between our CHIP priorities and health, build CHIP workgroup action plans, and collectively work to make Dane County a healthier, safer place for all.

RECOGNITIONS



Steering Committee

The following individuals served as members of our CHA Steering Committee, with core members noted with an asterisk. Thank you for your partnership and leadership throughout the CHA. This would not have been possible without you!

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APPENDICES

Health & Racial Equity Strategies

We worked to incorporate a Health & Racial Equity (HRE) lens throughout our Community Health Assessment (CHA) process. HRE supports the idea that everyone is provided with opportunities to achieve their full health potential. Recognizing the long history and impact of discriminatory racial policies and practices and their role in shaping inequitable environments, conditions, and outcomes, HRE explicitly highlights the relationships between race, health, and equity.

HRE is a core value at Public Health Madison & Dane County and likewise serves as a core value among our CHA Steering Committee and partners. While we continue to learn about and seek out new ways to elevate HRE within our work, we integrated HRE into this CHA through five main strategies. Below, we describe these strategies and provide some examples.

1. Frameworks & Orientations

Assess whether the frameworks, orientations, and tools you select align with HRE principles

- **Overarching Framework:** We employed the Mobilizing Action through Planning & Partnership (MAPP) planning framework. MAPP encourages data collection that incorporates multiple, diverse sources of data. Its recommended four assessments encourage mixed methods and capture broad, holistic pictures of health. In addition, MAPP emphasizes the importance of partnership to address HRE and advocates that local health departments create a Steering Committee. Together, these strategies encourage the inclusion of those with lived experiences of health inequities throughout the CHA process.
- **Defining Health:** While MAPP gave us an overarching framework to inform our CHA, we also utilized County Health Rankings model of health. (2) Early in the CHA process, our Steering Committee expressed a desire to examine and capture broad, underlying determinants of health inequities that impact health outcomes in Dane County. Rather than just focus on specific health outcomes of concerns, they encouraged us to explore social, economic, and environmental health factors that influence and drive health outcomes and inequities in health outcomes. The County Health model addresses this more complete and complex definition of health.
- **Participatory Research:** Community-Based Participatory Research (CBPR) is an orientation to research that is explicit in its goal of advancing health equity and social justice. Photovoice is a CBPR method designed so that participants own and drive the narratives and, ultimately, prompt community action based on results. (86) We conducted two adapted youth photovoice projects during our CHA, which allowed youth to determine local community health challenges, opportunities, and strengths and then analyze the data and share recommendations for actions with numerous stakeholders.

2. Engaging Experts

Engage experts with professional and lived experiences related to HRE

- **Facilitation:** We hired external facilitator Annette Miller, founder of EQT by Design, who has established community trust and strong cross-sector community partner connections and networks. She assisted us in incorporating equity into the CHA design process and helped center HRE through the facilitation of the vision statement and CHIP prioritization process alongside our Steering Committee.
- **Steering Committee:** With the framing from the MAPP orientation and the support of our external facilitator, we developed and maintained a Steering Committee comprised of members who represent and work with those disproportionately impacted by health inequities in Madison and Dane County. We then utilized a co-ownership model and designed, developed, and implemented the CHA in partnership with them.

3. Data

Incorporate an HRE lens into data sampling and analysis

- **Sampling:** We oversampled many communities experiencing health inequities, including but not limited to the LGBTQ+ community, people with disabilities, and people whose primary language is Spanish. We also oversampled and made a particularly strong effort to engage Black Indigenous and People of Color (BIPOC) youth in our focus groups and photovoice projects. BIPOC youth now constitute almost 50% of the youth population in Madison; a proportion far greater than BIPOC adults. (124) However, Madison and Dane County have struggled to retain and attract BIPOC as adults. We wanted to focus our more engaging data collection efforts on youth of color to learn more about the community challenges, opportunities, and strengths they experience. Our hope is that this will help inform Community Health Improvement Plan (CHIP) actions that maintain and create more welcoming environments and conditions that support BIPOC youth interest in continuing to call Dane County home over the lifespan. We were fortunate to secure a Wisconsin Department of Health Services Community Conversations grant to engage BIPOC in focus groups and support this effort.
- **Data Analysis:** When possible, we disaggregated secondary data by race and highlighted racial inequities in primary data. We also shared primary data highlighting inequities that emerged within LGBTQ+ populations, people with disabilities, and those of different age groups. Breaking down Dane County health data by race and other group status is particularly important and illuminating as strong health measures for the County as a whole often mask concerning inequities.

4. Community Engagement

Infuse HRE into community engagement strategies and methods

- **Who:** We worked in partnership with our Steering Committee to identify and focus on communities underrepresented in previous community data collection efforts and those who disproportionately experience health inequities in Madison and Dane County.

- **What:** We leaned on our Steering Committee to help identify the most appropriate methods of data collection to engage different communities. For example, some wanted to provide time and space for rich discussion held within focus groups and community conversations, while others wanted to incorporate data collection into an existing community event where there would be more limited time and surveys were a better option. Together, we conducted both.
- **Where:** The Steering Committee identified community events (such as Disability Pride Festival) and spaces that could serve as data collection and facilitation opportunities.
- **How:** Whenever possible, we co-conducted data collection alongside our Steering Committee. In addition, we worked to make data collection accessible and culturally responsive by bringing multilingual staff and offering different ways to participate (e.g. surveys with a QR code, paper copies of surveys to fill out, and the option to have another person read survey questions aloud and fill in the answers). Finally, we offered incentives (monetary and giveaways) for all community engagement participants to acknowledge the value of their expertise and experiences. We likewise offered stipends to Steering Committee members for their participation.

5. Power Sharing & Decision Making

Consider who is at the table and how decisions are made

- **Co-ownership:** As previously mentioned, we used a co-ownership and power sharing approach wherein our Steering Committee co-designed and conducted the CHA data collection process. In addition, they engaged in a prioritization process to determine CHIP priorities.
- **Youth Voice:** Earlier in this appendix, we discussed our adapted youth photovoice projects, a data method that is explicit in advancing health equity and resulted in youth-led recommendations for community action. It was important for us that the youth have an audience that included those with formal power and decision making authority. One youth photovoice presentation included the Madison mayor and the local neighborhood Alder, while the other was a partnership with Dane County's Board of Supervisors and included the County Executive. Together, their efforts resulted in ~\$50,000 in the 2020 City and County budgets to address youth photovoice recommendations.

Beyond these strategies and activities, we strive to call attention to ways in which structural inequities have directly and indirectly informed disparities and inequities in health. Furthermore, we acknowledge the significant role that the government has played in the creation and maintenance of discriminatory policies and practices that have created and contributed to structural inequities. These include but are not limited to: treaties with Native American tribes that resulted in native land appropriation and forced assimilation; redlining policies and racially restrictive covenants; and laws which, until 2015, barred the LGBTQ+ community from the legal right to marry. (125) (90) (126)

Notes on Data

Our report contains a large volume of primary and secondary data. We know that data can appear cold, and we want to take a minute to remind people that behind the numbers and themes are real people, whose full lives, experiences, and stories are not always fully represented in these data snapshots. Below we speak further to data limitations, but recognize even these limitations don't fully address the complexities of the real people and stories behind the data.

To start, the timing of our CHA—and subsequently, our data collection and analysis—was paused and prolonged by the COVID-19 pandemic. As aforementioned, while we began our CHA in 2018, it was paused from March 2020-July of 2021. Two related limitations emerged from this:

- Primary data was collected and analyzed in 2019 and therefore does not reflect the impact of the pandemic
- Many secondary data sources used in this report also represent data from before the pandemic and do not reflect the full impact of the pandemic

A second overarching limitation relates to the use of diverse sources of primary and secondary data. Across these data sources, there was a lack of standardization in terms used to categorize communities and groups. For example, some data included the term “Hispanic” other “Hispanic/Latino” others “Latinx.” Similarly, some data used the term “LGBT” others “LGBTQ+” and others included multiple, additional options. This may have implications for how respondents self-identify and respond, ultimately impacting the uniformity of data. Related, diverse sources of data and the use of some data points to highlight trends over time contributed to using different data time frames. We note the timeframes of data sources throughout the document.

A third limitation to note, is that while we utilized a number of secondary data sources that examine data trends and patterns within Dane County as a whole, as we've reiterated throughout this report, reviewing aggregate data doesn't sufficiently paint the picture of many health inequities that exist in Dane County. As a result, both our Steering Committee and our primary data collection efforts centered on engaging underrepresented communities who disproportionately experience health inequities. This resulted in an oversampling of many different communities as seen in our survey and focus group demographics. While this aligns with our agency value of health equity, we also recognize that our primary data may not be generalizable to or representative of all of Dane County.

Finally, within our Community Themes and Strengths Assessment (CTSA) there are some themes, including Social & Community Connectedness and Safety that show mixed results. There are many reasons for this. In some cases, *overall* survey results suggested most people feel one way about a certain issue, but examination of the data by group status such as race, sexual orientation, or disability highlighted differences of opinion. In addition, for the most part, our surveys, focus groups, interviews, and photovoice projects were discrete events that engaged different people. Hence, there is some variation in demographics of the respondents within and across data collection methods. Third, we utilized different data methods, which capture different information. For example, while survey data suggested that most people find their neighbors are friendly—a point focus group and interview participants agreed with—focus groups and interviews allowed for more in-depth conversations and revealed that many people still craved deeper, more trusting relationships with neighbors.

Community Health Assessment Survey



Public Health Madison & Dane County (PHMDC) is collecting feedback from community members about their communities, since where you live is an important part of your health. Your responses will help PHMDC and its partners develop health priorities. This survey will take about 10 minutes to complete. You may choose not to answer any questions on the survey and all responses will be confidential and anonymous. We will only share combined results from the survey.

Thank you for your participation!

Think about your community. *Your community is where you live, learn, work and play.* Please choose whether you agree or disagree with the following statements. We understand that you might not completely agree or disagree with some statements. In those cases, please choose the answer that best reflects your opinion.

Agree	Disagree	I Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am friendly with most of my neighbors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There are places for people to come together in my community (such as places of worship, community centers, libraries, and/or parks)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I feel safe in my community
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children in my community have access to high quality education
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Houses and apartments in my community are affordable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have enough money to pay for my family's basic needs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My community has access to a variety of transportation options (such as public buses and bikes, bike paths, trails, and sidewalks)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have access to healthy food in my community
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have access to the health services I need
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I do not experience discrimination in my community
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I feel like I belong in my community
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I trust the public service providers in my community (such as police, public health, and emergency services)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decisions for the community are made with resident participation

What do you think are the TOP FIVE most important *strengths* in YOUR community?

- | | |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Ability to continue living in my home or chosen community as I get older | <input type="checkbox"/> Community safety |
| <input type="checkbox"/> Access to affordable health care (family doctor) | <input type="checkbox"/> Community spaces (such as businesses, parks, etc.) are inclusive to people of all identities |

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Access to affordable healthy foods | <input type="checkbox"/> Good jobs and strong economy |
| <input type="checkbox"/> Access to community parks and green space | <input type="checkbox"/> Good place to raise a family |
| <input type="checkbox"/> Accessible housing | <input type="checkbox"/> Good schools |
| <input type="checkbox"/> Accessible transportation | <input type="checkbox"/> Opportunities to practice spiritual beliefs |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Racial and ethnic diversity |
| <input type="checkbox"/> Affordable transportation | <input type="checkbox"/> Sense of belonging |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Strong family life/relationships |
| <input type="checkbox"/> Community events | <input type="checkbox"/> Other(s) _____ |

What do you think are the TOP FIVE greatest areas for improvement in YOUR community?

- | | |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Ability to continue living in my home or chosen community as I get older | <input type="checkbox"/> Community safety |
| <input type="checkbox"/> Access to affordable health care (family doctor) | <input type="checkbox"/> Community spaces (such as businesses, parks, etc.) are inclusive to people of all identities |
| <input type="checkbox"/> Access to affordable healthy foods | <input type="checkbox"/> Good jobs and strong economy |
| <input type="checkbox"/> Access to community parks and green space | <input type="checkbox"/> Good place to raise a family |
| <input type="checkbox"/> Accessible housing | <input type="checkbox"/> Good schools |
| <input type="checkbox"/> Accessible transportation | <input type="checkbox"/> Opportunities to practice spiritual beliefs |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Racial and ethnic diversity |
| <input type="checkbox"/> Affordable transportation | <input type="checkbox"/> Sense of belonging |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Strong family life/relationships |
| <input type="checkbox"/> Community events | <input type="checkbox"/> Other(s) _____ |

In your opinion, what would make your community a healthier place to live?

Would you say that, in general, your health is:

- Excellent
 Very Good
 Good
 Fair
 Poor

Now we will ask a little bit more about you. You may choose not to answer any questions and all responses will be confidential and anonymous. We will only share combined results.

What is your gender? _____

(Examples: male, female, non-binary, genderqueer)

- Prefer not to answer

Do you identify as transgender?

- Yes No Prefer not to answer

What is your sexual orientation? _____

(Examples: lesbian, gay, straight/heterosexual, bisexual, asexual)

- Prefer not to answer

With which categories do you identify (choose all that apply)?

- African American or Black
- American Indian or Alaska Native
- Asian Indian
- East Asian (Examples: Chinese, Japanese, Korean)
- Hispanic or Latinx (Examples: Mexican, Mexican American, Puerto Rican, Dominican, Colombian)
- Middle Eastern or North African (Examples: Lebanese, Iranian, Egyptian, Syrian)
- Native Hawaiian or Other Pacific Islander (Examples: Guamanian, Samoan)
- Other Asian (Examples: Bhutanese, Nepalese, Pakistani, Afghan)
- Southeast Asian (Examples: Cambodian, Indonesian, Malaysian, Thai, Vietnamese)
- White
- A category not listed: _____

What language(s) do you speak at home? _____

What is your age group?

- Under 18 18-24 25-34 35-44
- 45-54 55-64 65-74 75+

What is the highest grade or year of school you completed?

- Less than 9th grade Some college credit, no degree
- 9th to 12th grade, no diploma Associate's degree
- High school graduate (includes GED) Bachelor's degree
- Trade/technical training program Graduate or professional degree

What is your employment status (choose all that apply)?

- Employed, full-time (including self-employment) Caregiver
- Employed, part-time (including self-employment) Student
- Out of work for more than 1 year Retired
- Out of work for less than 1 year Unable to work

How would you describe your current financial situation (choose all that apply)?

- I live paycheck to paycheck Money is a major stressor in my life

- I have enough money to live comfortably without stress I am financially secure and meet my and my family's needs

Do you consider yourself to be a person with a disability (circle one)? Yes No

Please select any types of disabilities that apply to you:

- | | |
|---------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Chemical sensitivity/Environmental | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Neurodiversity/Autism |
| <input type="checkbox"/> Intellectual/Developmental/Cognitive | <input type="checkbox"/> A disability not listed (please describe): |
| <input type="checkbox"/> Speech | _____ |

Do you currently have health insurance (circle one)? Yes No

Do you currently have dental insurance (circle one)? Yes No

What is your zip code? _____

***Thank you for your participation! Results will inform public health priorities.
-Public Health Madison & Dane County***

Community Health Assessment Focus Group & Key Informant Interview Script

Introductions

Ice breaker (if appropriate)

Discuss why we're here and what we'll do with the information

- Public Health Madison & Dane County is collecting feedback from community members about their communities, since where you live is an important part of your health. Your responses will help us and our partners develop health priorities for the community
- This process is called the community health assessment and it's really meant for community to inform what the health department alongside the community will address in our Community Health Improvement Plan
- We would be willing to come back to this group and report back not only what we learned from you but what we learned throughout the whole process.
- We would also like some input on the development of an action plan around the strategic priorities that are selected, so if this is something that is of interest to anyone in this room, we'd like to get your contact info for involvement in the CHIP process

Discuss why you're audio recording and/or taking notes

- We will be writing notes on the big post it notes, so if we misrepresent any of your comments or thoughts, please let us know
- We will also be recording our conversation in the event we need to revisit a topic to ensure we are representing the conversation correctly
- There may be a quote that we want to formally record on the notes, so we may have to pause the conversation to record that
- We may also ask to collect your notes sheet so we are collecting all your thoughts, including those you may not feel comfortable answering publicly

Discuss other logistics and ground rules as needed

- Since we are in a large room, it's important to allow others to speak and share their thoughts
- Since we are recording the audio, please speak clear and with enough volume that others can hear you

Make it clear that their participation is voluntary and they don't have to answer any question that makes them uncomfortable. We also will not record their names.

After focus group/Key informant interview:

1. Ask people to fill out sheets collecting demographic information, explaining that no names will be used, but we want to be able to connect the information to the group we're talking with

2. Remind folks that this information is completely anonymous and will be used to inform the community health priorities
3. If the group would like us back, please contact us! Or if there are folks who want to be involved further, connect with us (contact info is in the original email that was sent out—we will bring business cards too)
4. Thank them for their participation and let them know who they can contact if they have follow-up questions or concerns

Community Health Assessment Focus Group & Key Informant Interview Questions

1. What assets exist within your community that promote a healthy life?
 - **Context & Definitions:** Community can mean people brought together by shared interests or backgrounds, community can be your neighborhood, gathering spaces, social networks, etc.
 - **Prompts:** *What is working well? How does it/do they contribute to the health of the community? What do you like most about living in your community?*
 - **Examples:** *Access to healthy food, easy access to public transportation, sense of community among neighbors, library, etc.*
2. What barriers exist within your community that prevent you from living a healthy life?
 - **Prompts:** *What worries you about your community? What do you not like about living in your community? What seem to be the community's biggest challenges?*
 - **Examples:** *lack of affordable housing, lack of parks and open space, no sense of community among neighbors, crime and violence, etc.*
3. What improvements within your community would promote living a healthy life?
 - **Prompts:** *What does a healthy community look like to you? If you could design your own community, what would make it a positive healthy place to live?*
 - **Examples:** *Increase the level of green space, create gathering spaces to promote interaction with and trust among neighbors, increase access to employment opportunities.*

CHA Youth Focus Group Guide*:

1. What does community mean to you, or how would you define community? What communities do you belong to?
 - **Prompt:** *Think of activities and places you spend time in and people and groups you feel connected to*
 - **Examples:** *Neighborhood, school, sports team, church, BSU, etc.*

2. What is important to the community?

- **Prompt:** Are there certain issues or things people in your community feel passionate about? What are your top 3 priorities?
- **Examples:** Safety, health, education, etc.

3. What assets (strengths) does the community have that can be used to improve community health?

- **Prompts:** What are some of the strengths in your community? How do they contribute to the health of the community? What do you like most about living in your community?
- **Examples:** the YMCA because I can play basketball with friends and work off some stress

4. What are some of the needs youth have in your community? What seem to be the community's biggest challenges?

- **Prompts:** What worries you? What do you not like about living in your community?
- **Examples:** Not enough to do, violence, noise

5. What are some reasons why it is easier to make healthy choices than others?

- **Prompt:** Why is it easier for some people to live a healthy lifestyle?
- **Examples:** More money for healthy food, not having to deal with discrimination

6. In your time living in Madison/Dane County, how have you seen it change?

- **Prompts:** What has happened in the past or recently to impact your community? What positive and negative changes (if any) have you seen?
- **Examples:** more community gardens, more crime

7. How is the quality of life perceived in the community?

- **Prompt:** If you had to give your community/neighborhood a rating of 1-5, where 1 is terrible and 5 is excellent, how would you rate it? Why? What do you think about the conditions in your community and the opportunities that are available to you?
- **Examples:** A high quality of life might include things like having enough food and money, positive relationships with neighbors, neighborhood safety, lots of things to do, etc. A low quality of life might include feeling unsafe in your school, fighting among neighborhoods, not enough things to do, etc.

8. What does a healthy community look like to you?

- **Prompt:** If you could design your own community, what would make it a positive, healthy place to live?
- **Examples:** Strong community centers, wheelchair accessible parks, high quality schools, etc.

**We received a Wisconsin Department of Health Services Community Conversations Grant to support CHA focus groups with BIPOC youth. The grant required the inclusion of some specific questions be included in CHA engagement so we expanded and adapted our focus group guide to include these questions.*

Community Themes & Strengths Assessment

Process: Data Participants & Events

The following organizations participated in CHA data collection efforts. Thank you for your participation and support in generating rich, enlightening data about the Dane County community!

Surveys were conducted at the following community events in the summer of 2019:

- Disability Pride Festival
- Outreach Pride Festival
- A farmer's market at Centro Hispano
- Latino Academy graduation
- Classes at McFarland and DeForest high schools
- Organizational events hosted by the Foundation for Black Women's Wellness and 100 Black Men
- A Bayview Foundation health fair

Focus Groups were held with the following groups:

- Spinal Cord Issues organization
- Stoughton faith leaders, Rotary Club, & Senior Center
- Centro Hispano
- The Latino Academy
- Nehemiah
- Warner Park
- Urban League
- Dane County Juvenile Reception Center
- Deforest, Stoughton, and McFarland High schools

Key Informant Interviews were held with:

- 3 Ho-Chunk leaders and health care providers
- A prominent leader within the Madison disability community
- The former Mayor of Stoughton