Community Health Improvement Plan

Dane County, WI

2025-2029

Public Health
MADISON & DANE COUNTY
Healthy people. Healthy places.

FORWARD

At Public Health Madison & Dane County, we believe that everyone deserves the opportunity to live a healthy, safe, and fulfilling life. Achieving that vision requires more than just access to healthcare, it means creating communities where people have the resources and opportunities they need to thrive.

The Community Health Improvement Plan (CHIP) is a roadmap for improving health in Dane County. Grounded in data from our Community Health Assessment, this plan reflects health priorities identified during community engagement and data analysis, and outlines strategies to reduce health inequities in important health outcomes.

The CHIP focuses on four priority areas: Chronic Conditions, Reproductive Justice, Injury & Safety, and Mental Health & Substance Use. These priorities shape health every day, from access to nutritious food and safe environments, to supportive relationships and equitable access to care.

Public Health Madison & Dane County is committed to advancing the goals, objectives, and strategies outlined in this plan through leadership, collaboration, and a focus on making it easier for everyone to stay safe and healthy. As we implement this CHIP, we remain committed to listening, learning, and adapting alongside our community. Together we can create conditions that allow all of Dane County to thrive.

Janel Heinrich
Executive Director / Health Officer
Public Health Madison & Dane County

WHAT ARE THE CHA & CHIP?

The **Community Health Assessment (CHA)** and **Community Health Improvement Plan (CHIP)** are core public health responsibilities defined by state law and national standards. The **CHA** identifies the most pressing health needs in Dane County. The **CHIP** provides a framework for addressing those needs over the next five years.

This cycle, we aligned closely with the Healthy Dane CHNA (2025–2027) conducted by local health systems to strengthen coordination and reduce duplication. This alignment allows us to share priority areas, leverage common data sources, and coordinate efforts to strengthen impact across Dane County.

The four priority areas for the 2025–2029 CHA/CHIP cycle are:

- **Chronic Conditions**
- **Injury & Safety**
- **Reproductive Justice**
- **Mental Health & Substance Use**

Cross-Cutting Themes

Cross-cutting themes are factors identified by the community that have health implications across priority areas. The following cross-cutting themes were considered during strategy development:

- **Access to Care**: Navigating and connecting to appropriate, culturally responsive services.
- **Preventive Health:** Upstream strategies that reduce risk and strengthen protective factors.
- **Social Determinants of Health:** Factors such as food security, housing, and transportation that can impact health outcomes.

How the CHIP Fits into Public Health's Work

The CHIP aligns:

- CHA priorities
- Local ordinances and mandates
- The Foundational Public Health Services
- Public Health's 2024–2029 Strategic Plan
- Wisconsin State Health Improvement Plan

The CHIP serves as Public Health Madison & Dane County's framework for improving community health. The CHIP aligns programs, partnerships, and resources around shared priorities identified through the CHA. The CHIP provides a common framework that informs planning, decision-making, and collaboration across Public Health and community partners to improve the conditions that impact health.

Priorities at a Glance

Each overview below provides a concise picture of the priority area and includes:

1. **Why It Matters:** A brief overview of the issue and its impact on Dane County and key data insights from the Community Health Assessment.
2. **Community & Provider Perspectives:** Themes from CHA focus groups and provider surveys.
3. **Partner Landscape:** A summary of work underway across local health systems.
4. **Priority Area Improvement Plan:** Objectives and strategies for community health improvement.

Chronic Conditions

Why it matters for Dane County

Chronic conditions are long-term health issues that often require ongoing medical attention and can limit daily living activities. While many chronic conditions can be managed, most have no cure. Common examples of chronic conditions include heart disease, diabetes, cancer, and asthma. In addition to environmental, social, and economic conditions, several risk factors can increase one's chances of suffering from chronic conditions such as smoking, drinking alcohol, physical activity, and poor nutrition. The leading causes of death among all people in Dane County are heart disease and cancer, highlighting the impact chronic conditions have on the health and well-being of our community.

Data insights (from the CHNA):

- 32% of adults in Dane County are obese, compared to 38% for Wisconsin, and 34% for the U.S.
- The age-adjusted death rate due to cancer is significantly higher for Black people in Dane County (181.4/100,000) than the Dane County population overall (132.1/100,000).
- 7.1% of adults in Dane County have been diagnosed with diabetes, compared to 8.9% for the country.
- The age-adjusted death rate due to heart disease is almost twice as high for Black people in Dane County (244.2/100,000) than the Dane County population overall (124/100,000).

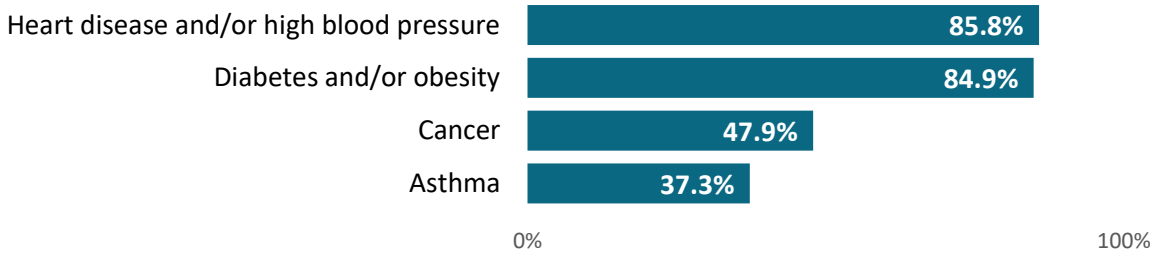
What does the community say?

Source: CHNA 2025-2027 focus groups and community conversations

- Social and economic conditions such as access to reliable transportation and healthy food, income, and employment can make managing and treating chronic conditions more difficult.
- Receiving care for chronic conditions can be more difficult for some populations, including recent immigrants, people struggling with housing security, and people with low health literacy. Alone or in combination, these factors increase inequities in health outcomes
- Solutions should focus on prevention and access to care.

What are healthcare providers saying?

Figure 1. Local health care providers identified heart disease and diabetes as the most important chronic health conditions in Dane County.



Source: Healthy Dane CHNS Clinical Provider Staff Survey (2024)

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

Healthcare system snapshot

Healthcare partners are working to reduce the burden of chronic conditions by expanding access to care and supporting prevention efforts. Strategies include strengthening community partnerships to increase screening opportunities, conducting targeted outreach to reach vulnerable populations, and providing education and skill building resources to help with the prevention and management of chronic conditions.

Examples from healthcare:

- **Stoughton Health** offers *Healthy Living with Diabetes* and chronic disease self-management workshops, as well as nutrition and exercise classes led by physicians, dietitians, and rehabilitation staff.
- **UW Health** provides cardiac rehabilitation programs, wellness screenings, and patient navigation to support ongoing management of heart disease and cancer.
- **Stoughton Health** offers foot-care clinics, Healthy Grilling classes, Grocery Store Tours, Budget Friendly Meals workshops, and other nutrition-focused education to help prevent and manage chronic conditions.
- **UW Health** offers Strong Bodies classes and other evidence-based physical activity programs that support healthy aging and chronic disease prevention.

Priority area improvement plan

Preventing and managing chronic conditions requires creating communities where healthy choices are accessible and achievable. Our approach focuses on improving the built environment to support active living, increasing access to healthy and affordable food, and reducing barriers to preventive and ongoing health care. Together, these strategies help create the conditions for a healthy community.

Objective 1: Increase opportunities for physical activity and improve the built environment to support active living, safe environments, and chronic condition prevention.

Strategies:

1.1. Support and promote community events and initiatives that increase opportunities for physical activity.
1.2. Inform planning processes to promote land use and community conditions that support physical activity and a healthy environment.
1.3. Monitor and analyze environmental data and provide timely communication and guidance to ensure those living with chronic conditions can limit the impact of negative environmental conditions.
1.4. Identify and investigate household risks that can lead to and exacerbate chronic conditions.

Objective 2: Advance food security and healthy eating to reduce risk and complications of chronic conditions.

Strategies:

2.1 Increase community access to affordable, healthy, and culturally relevant food in communities with greatest need.

2.2 Provide nutritional support during pregnancy, early childhood, and for children to prevent chronic disease risk.

2.3 Coordinate regional food systems planning and policy efforts to improve long-term security and equitable access to food.

Objective 3: Improve access to care and increase chronic disease screenings to enable early detection and management.

Strategies:

3.1. Strengthen prevention, screening, early detection, and management of chronic conditions through equitable access to care and community-based approaches.

3.2. Strengthen coordination, navigation, and referral approaches that improve connections across health, behavioral health, and community support systems.

Injury & Safety

Why it matters for Dane County

Injury and safety encompass both intentional and unintentional harm, including violence, motor vehicle crashes, falls, and poisonings. Injury and safety can be affected by a variety of social, economic, and environmental factors such as community design, Adverse Childhood Experiences (ACEs), and access to care.

Data Insights (from the CHNA):

- Dane County has one of the worst age-adjusted death rates due to falls (34/100,000) in Wisconsin (24.6/100,000).
- On average, 80% of annual firearm deaths in Dane County are due to suicide.
- 33% of motor vehicle crashes in Dane County involved alcohol.

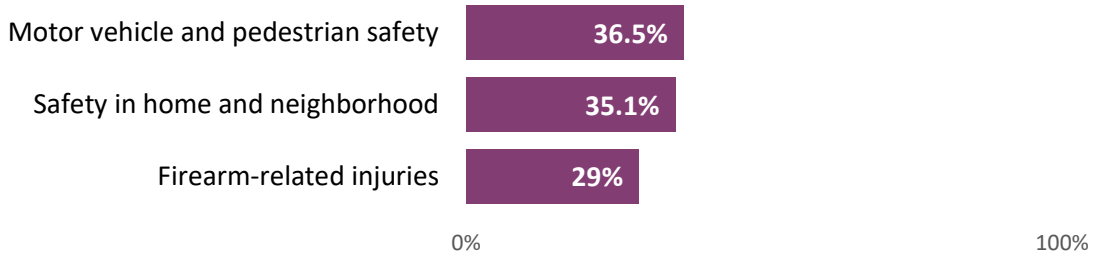
What does the community say?

Source: CHNA 2025-2027 focus groups and community conversations

- Injury and safety efforts should build upon the strong foundation of healthcare-based injury prevention specialists and their work such as Narcan OAK Boxes, firearm safety storage efforts, and child passenger safety resources.
- Greater investment is needed in upstream solutions for violence prevention and harm reduction efforts.
- Concerns related to child and youth traffic safety, compounded by an increase in unlicensed drivers who may be unfamiliar with traffic laws, continue to be an issue.

What are healthcare providers saying?

Figure 2. Local health care providers identified vehicle and pedestrian safety as the most significant concern related to injury and safety in Dane County.



Source: Healthy Dane CHNS Clinical Provider Staff Survey (2024)

> Access to basic needs remains an important first step towards injury prevention and safety, and some of the barriers mentioned previously, especially system navigation concerns, can impair prevention efforts."
>
> -- Focus group participant

Healthcare system snapshot

Healthcare partners across Dane County are working to prevent injuries and strengthen community safety by expanding education, improving referral pathways, and partnering with community organizations. Efforts focus on fall prevention, firearm safety, traffic safety, and coordinated response to violence and substance-related harms.

Examples from healthcare:

- **UW Health**: Provides firearm safety education and gun locks through injury prevention specialists; partners with Focused Interruption to support individuals and families at risk of gun violence.
- **SSM Health St. Mary's Hospital**: Offers fall-prevention education through the Falls Free Dane Coalition; distributed over 100 fall-prevention kits and provides senior-center workshops.
- **Stoughton Health**: Trains youth through Safe Sitter/Safe Home programs; partners with senior centers on *Stepping On* fall-prevention workshops; offers CPR classes and car-seat safety education.

Priority area improvement plan

Everyone deserves to live, work, and play in communities that are safe and supportive. Our strategies focus on preventing violence, protecting community health through environmental health inspections and investigations, and strengthening emergency preparedness to build resilience before, during, and after emergencies.

Objective 1: Prevent violence and support healing for individuals, families, and communities affected by violence.

Strategies:

1.1. Strengthen community-informed and cross-sector violence prevention efforts through partnership, coordination, and prevention.

1.2. Provide healing centered response and recovery support for families and community members affected by violence.

Objective 2: Protect community health from injury and illness through environmental inspections, surveillance, and education.

Strategies:

2.1. Conduct routine, pre- and re-inspections and complaint investigations to ensure safe environments.

2.2. Conduct prompt investigations of foodborne illness, waterborne disease, and environmental outbreaks to identify the source, prevent further cases, and develop corrective action.

2.3. Prevent animal-related injury and zoonotic illness through bite follow-up, water testing, and education.

Objective 3: Reduce preventable injury and increase community preparedness for emergencies and hazards.

Strategies:

3.1. Prevent injuries related risks such as alcohol impaired driving, unsafe child transport, and household hazards through education, programming, and community partnerships.

3.2. Build community resiliency and preparedness for hazards related to flooding, extreme heat, poor air quality, and power outages.
3.3. Prevent injury and increase security for older adults through collaborative efforts.

Reproductive Justice

Why it matters for Dane County

Reproductive justice, as defined by SisterSong, as "the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities." All people deserve the power and resources to make informed decisions about their bodies, sexuality, and families.

Data insights (from the CHNA):

- Dane County is in the lowest 25% of counties in Wisconsin for chlamydia and gonorrhea.
- The rate of Black infants with low birthweight (15%) is nearly twice that of the population overall (7.9%).
- Black (67%), Hispanic/Latino (69.7%), and multiracial (72.7%) mothers received less prenatal care than the population overall (82%).

What does the community say?

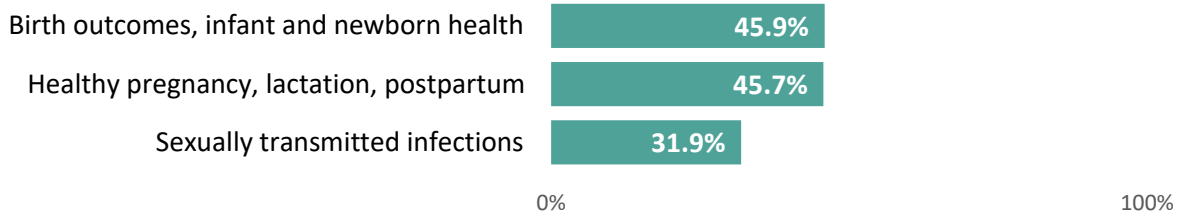
Source: CHNA 2025-2027 focus groups and community conversations

- Considerable inequities in birth outcomes remain, notably for Black maternal and infant mortality. Efforts should build upon the recent success of initiatives such as ConnectRx and increasing access to doula services.
- During the abortion ban in Wisconsin, many pregnant people had to travel out of state for abortion care, miscarriage support, and routine pregnancy-related healthcare. Access to transportation and costs associated with travel created significant barriers for those seeking care.

> "We know family planning services are needed. Birthing folks should be able to access quality services without barriers." – Community conversation participant

What are healthcare providers saying?

Figure 3. Local health care providers identified birth outcomes and pregnancy and postpartum care as the most significant concern related to reproductive justice in Dane County.



Source: Healthy Dane CHNS Clinical Provider Staff Survey (2024)

Healthcare system snapshot

Healthcare systems and public health partners are strengthening access to reproductive, sexual, and perinatal health by expanding education, care coordination, and culturally-grounded support. Work includes improving prenatal care, supporting birthing people, and increasing access to family planning services.

Examples from healthcare:

- **UW Health**: Expands access to breastfeeding support through Breastfeeding Champion Training; integrates behavioral health within OB-GYN clinics; implements neighborhood-based health education in collaboration with EOTO Culturally Rooted LLC.
- **SSM Health and UnityPoint Health-Meriter**: Provides care coordination and resources for birthing families, including lactation services and postpartum support.

Priority area improvement plan

Reproductive justice requires that all people have the resources, opportunities, and support to make informed decisions about their reproductive health. Our strategies focus on improving birth outcomes, expanding access to STI prevention, testing, and treatment, and increasing access to family planning services to promote health and well-being across the lifespan.

Objective 1: Improve birth outcomes and advance maternal health equity.

Strategies:

1.1. Use timely, community-level data to identify disparities in birth outcomes and drive evidence-based actions. Prioritize populations experiencing the greatest inequities.
1.2. Partner with community organizations and healthcare systems to improve Black maternal and child health outcomes through screening people for social determinants of health and connecting individuals and families to resources.
1.3. Strengthen and expand continuous, trusted support for pregnant people before, during, and after birth.
1.4. Advance policies that expand access to care and resources for pregnant people.

Objective 2: Provide early and reliable access to prevention, detection and treatment of sexually transmitted infections (STIs) and infectious diseases.

Strategies:

2.1. Build upon existing STI and hepatitis screening and early detection through monitoring infection trends to identify priority populations and expanding community-based testing.
2.2. Strengthen referral systems, provide follow-up and care coordination, and track linkage to care to ensure timely treatment and completion of STI and hepatitis B and C services.
2.3. Deliver and promote HPV and hepatitis vaccinations through education and outreach and support policies that improve vaccine access.
2.4. Provide sexual health education and risk reduction messaging, partner with community organizations and schools for outreach, and expand access to prevention tools and safe sex resources.

Objective 3: Increase access to family planning resources and promote reproductive autonomy.

Strategies

3.1. Increase access to high quality, client-centered, reproductive health education and counseling.

3.2. Partner with trusted community-based organizations and health care systems to provide care coordination, education, and outreach to ensure reproductive autonomy for all.

3.3. Advance reproductive equity through policy and practices that ensure individuals have the knowledge and the power to make informed decisions about their reproductive health.

Mental Health & Substance Use

Why it matters for Dane County

Mental health and substance use refer to the emotional, psychological, and social well-being of individuals and the ways people cope with stress, relationships, and substance use. Mental health and substance use are interconnected and are influenced by a variety of social and economic conditions such as employment, housing, and access to care.

Data insights (from the CHNA):

- In Dane County, 15% of adults reported experiencing poor mental health for 14 or more of the last 30 days, compared to 17% for Wisconsin and 16% for the Country as a whole.
- Overdose is the leading cause of death in Dane County for those between the ages of 18-54.
- 80% of overdose deaths in Dane County are linked to opioids.
- American Indian/Alaska Native (84.2) and Black/African American (36) populations in Dane County experience significantly higher age-adjusted hospitalization rates due to adult alcohol use than the Dane County population overall (21.8).

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

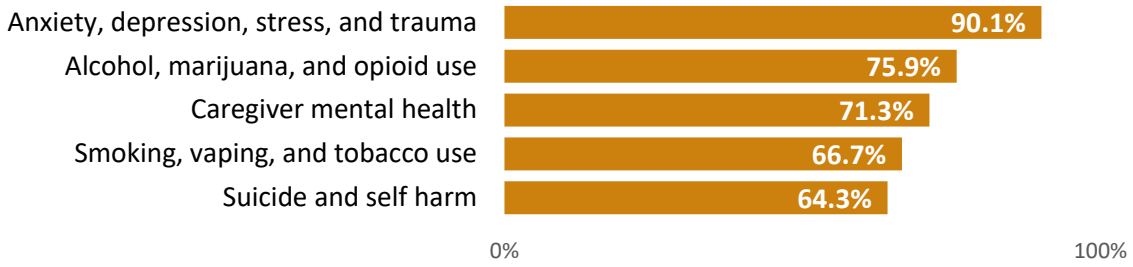
What does the community say?

Source: CHNA 2025-2027 focus groups and community conversations

- Challenges related to housing, transportation, and limited capacity for self-care can exacerbate mental health needs.
- A shortage of mental health care providers leads to long wait times, missed opportunities for care, and worsening conditions which often leads to a reliance on police rather than trained crisis response teams, such as CARES.
- Services focused on mental health or substance use are often siloed creating harmful gaps for people seeking care.

What are healthcare providers saying?

Figure 4. Local health care providers identified anxiety, depression, stress, and trauma as the most significant concern related to mental health in Dane County.



Source: Healthy Dane CHNS Clinical Provider Staff Survey (2024)

Healthcare system snapshot

Health systems are expanding behavioral health capacity through integrated care, improved access to treatment, and partnerships that connect patients to community support. Efforts focus on prevention, early intervention, and coordinated crisis response.

Examples from healthcare:

- **UW Health**: Integrates behavioral health providers into OB-GYN clinics and primary care; participates in trauma-informed care initiatives; and collaborates on community mental health education through Health Promoters programs.
- **SSM Health St. Mary's Hospital**: Provides trauma-informed care training; offers programs that address social isolation among older adults; partners with Safe Communities on fall prevention and senior mental-health supports.
- **Stoughton Health**: Offers community mental health education, including Healthy Living with Diabetes/Chronic Disease workshops that include mental well-being components.

Priority area improvement plan

Mental health and substance use are shaped by the communities in which people interact with and reside in. Our approach emphasizes preventing substance misuse, expanding harm reduction efforts, and addressing the community conditions that influence mental well-being, recovery, and resilience.

Objective 1: Prevent and reduce substance misuse through policy, education, and community-based strategies.

Strategies:

1.1. Advance policies and enforce regulations that reduce substance use initiation and access.
1.2. Increase awareness of the risks associated with substance misuse through the development and delivery of education initiatives in schools and community settings.

Objective 2: Reduce harm from substance misuse through accessible, evidenced based harm reduction strategies

Strategies:

2.1. Strengthen overdose prevention efforts through community-based and data-informed approaches.

2.2. Reduce disease transmission and connect people to care through harm reduction programs and access to care and resources.

Objective 3: Promote efforts to address mental health and substance use as community level issues.

Strategies:

3.1. Use data and community voice to identify and address mental health and substance use inequities.
3.2. Develop robust referral networks for mental health and substance use treatment and care.
3.3. Support community collaborations and efforts that increase access to care for mental health and substance use treatment.
3.4. Provide healing centered response and recovery support for families and community members affected by violence.

Appendix: Summary of Objectives & Strategies

Chronic Conditions

Objective 1	Increase opportunities for physical activity and improve the built environment to support active living, safe environments, and chronic condition prevention
Strategy 1.1	Support and promote community events and initiatives that increase opportunities for physical activity.
Strategy 1.2	Inform planning processes to promote land use and community conditions that support physical activity and a healthy environment.
Strategy 1.3	Monitor and analyze environmental data and provide timely communication and guidance to ensure those living with chronic conditions can limit the impact of negative environmental conditions.
Strategy 1.4	Identify and investigate household risks that can lead to and exacerbate chronic conditions.
Objective 2	**Advance food security and healthy eating to reduce risk and complications of chronic conditions.**
Strategy 2.1	Increase community access to affordable, healthy, and culturally relevant food in communities with greatest need.
Strategy 2.2	Provide nutritional support during pregnancy, early childhood, and for children to prevent chronic disease risk.
Strategy 2.3	Coordinate regional food systems planning and policy efforts to improve long-term security and equitable access to food
Objective 3	**Improve access to care and increase chronic disease screenings to enable early detection and management**
Strategy 3.1	Strengthen prevention, screening, early detection, and management of chronic conditions through equitable access to care and community-based approaches.
Strategy 3.2	Strengthen coordination, navigation, and referral approaches that improve connections across health, behavioral health, and community support systems.

Injury & Safety

Objective 1	Prevent violence and support healing for individuals, families, and communities affected by violence.
Strategy 1.1	Strengthen community-informed and cross-sector violence prevention efforts through partnership, coordination, and prevention.
Strategy 1.2	Provide healing centered response and recovery support for families and community members affected by violence.
Objective 2	**Protect community health from injury and illness through environmental inspections, surveillance, and education.**

Strategy 2.1	Conduct routine, pre- and re-inspections and complaint investigations to ensure safe environments.
Strategy 2.2	Conduct prompt investigations of foodborne illness, waterborne disease, and environmental outbreaks to identify the source, prevent further cases, and develop corrective action.
Strategy 2.3	Prevent animal-related injury and zoonic illness through bite follow-up, water testing, and education.
Objective 3	**Reduce preventable injury and increase community preparedness for emergencies and hazards**
Strategy 3.1	Prevent injuries related risks such as alcohol impaired driving, unsafe child transport, and household hazards through education, programming, and community partnerships.
Strategy 3.2	Build community resiliency and preparedness for hazards related to flooding, extreme heat, poor air quality, and power outages.
Strategy 3.3	Prevent injury and increase security for older adults through collaborative efforts such as Age Friendly Communities.

Reproductive Justice

Objective 1	**Improve birth outcomes and advance maternal health equity.**
Strategy 1.1	Use timely, community-level data to identify disparities in birth outcomes and drive evidence-based actions. Prioritize populations experiencing the greatest inequities.
Strategy 1.2	Partner with community organizations and healthcare systems to improve Black maternal and child health outcomes through screening people for social determinants of health and connecting individuals and families to resources.
Strategy 1.3	Strengthen and expand continuous, trusted support for pregnant people before, during, and after birth.
Strategy 1.4	Advance policies that expand access to care and resources for pregnant people.
Objective 2	**Provide early and reliable access to prevention, detection and treatment of sexually transmitted infections (STIs) and infectious diseases.**
Strategy 2.1	Build upon existing STI and hepatitis screening and early detection through monitoring infection trends to identify priority populations and expanding community-based testing.
Strategy 2.2	Strengthen referral systems, provide follow-up and care coordination, and track linkage to care to ensure timely treatment and completion of STI and hepatitis B and C services.
Strategy 2.3	Deliver and promote HPV and hepatitis vaccinations through education and outreach and support policies that improve vaccine access.
Strategy 2.4	Provide sexual health education and risk reduction messaging, partner with community organizations and schools for outreach, and expand access to prevention tools and safe sex resources.

Objective 3	Increase access to family planning resources and promote reproductive autonomy
Strategy 3.1	Increase access to high quality, client-centered, reproductive health education and counseling.
Strategy 3.2	Partner with trusted community-based organizations and health care systems to provide care coordination, education, and outreach to ensure reproductive autonomy for all.
Strategy 3.3	Advance reproductive equity through policy and practices that ensure individuals have the knowledge and the power to make informed decisions about their reproductive health.

Mental Health & Substance Use

Objective 1	Prevent and reduce substance misuse through policy, education, and community-based strategies.
Strategy 1.1	Advance policies and enforce regulations that reduce substance use initiation and access.
Strategy 1.2	Increase awareness of the risks associated with substance misuse through the development and delivery of education initiatives in schools and community settings.
Objective 2	**Reduce harm from substance misuse through accessible, evidenced based harm reduction strategies**
Strategy 2.1	Strengthen overdose prevention efforts through community-based and data-informed approaches.
Strategy 2.2	Reduce disease transmission and connect people to care through harm reduction programs and access to care and resources
Objective 3	**Promote efforts to address mental health and substance use as community level issues.**
Strategy 3.1	Use data and community voice to identify and address mental health and substance use inequities.
Strategy 3.2	Develop robust referral networks for mental health and substance use treatment and care.
Strategy 3.3	Support community collaborations and efforts that increase access to care for mental health and substance use treatment.
Strategy 3.4	Provide healing centered response and recovery support for families and community members affected by violence.