January 2013

Message to the Community

Since 1904 Stoughton Hospital has been an integral part of the community providing compassionate care to our community. We are a 35 bed critical access hospital serving residents primarily in the communities of Cambridge, Cottage Grove, Deerfield, Evansville, McFarland, Oregon, Stoughton and other nearby communities. We have a long history of being committed to improving the health of our communities and take pride in providing “Trusted Care …Close to Home”.

Now, with new health care reform regulations, we, along with other hospitals, are required to assess the health of the community by reviewing data and providing opportunities for community input. Stoughton Hospital has a long tradition of being part of wellness initiatives in the community and we welcome this opportunity to update you on our efforts as we focus on our first Community Health Needs Assessment (CHNA).

To assess the health needs of Dane County, four area hospitals (Meriter Hospital, St. Mary’s Hospital, Stoughton Hospital and UW Hospital and Clinics) joined with Public Health Madison & Dane County to form a collaborative group known as Healthy Dane. After a search for a vendor partner, Healthy Dane selected Healthy Communities Institute (HCI) to assist in gathering and analyzing data. Using many data sources including Wisconsin Hospital Association, Public Health Madison and Dane County, County Health Rankings, U.S. Census Bureau and more, a website was created and can be viewed at www.healthydane.org. The data used at this website is continually updated as it becomes available, providing the community with a current snapshot with up to date information. Another important component this website provides is a list of Best Practice Programs so users can learn what has been successful in other communities and apply those same strategies. By providing the public access to this website, it our hope that more organizations and community members get involved to learn about health issues, health factors and what are the best practices to improve the health of our community.

After reviewing the data and community leadership input, six health issues rose to the top:

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

[Image of soccer players]
Healthy Dane continued to receive input and direction by conducting four focus groups throughout Dane County with key community stakeholders. Attendees of the groups ranked the six health issues and key themes were summarized from those focus groups. The hospital then evaluated our own resources, took a closer look at what’s available in the community and looked at our ability to make a difference. Based on the above criteria, Stoughton Hospital has selected:

Diabetes - Asthma/COPD - Drugs/Poisoning – Poor Birth Outcomes

as the top priority areas of focus over the next three years. While Stoughton Hospital has selected the above four areas to focus on, I want to assure you, we will continue to support and provide education, community support groups, screening and services to address cancer, stroke, hypertension and the many other health issues that affect our community.

Stoughton Hospital remains committed to providing safe quality health care with exceptional personalized service as we grow to meet the changing needs of the communities we serve.

To address the identified health issues, Stoughton Hospital will collaborate with Healthy Dane on two of the health issues selected, Type 2 Diabetes and Poor Birth Outcomes. Other areas of focus will include:

- Enhance education
- Develop and strengthen partnerships
- Collaborate to provide community based outreach and services
- Seek and be open to new opportunities

As we move into this next phase, our implementation plan, we hope you will join us in responding to the needs of our community. As always, I welcome your thoughts and suggestions to help us improve the health and well-being of our community.

Sincerely,

Terry Brenny
President/CEO, Stoughton Hospital
Acknowledgements

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

Juli Aulik, University of Wisconsin Hospital and Clinics

Tobi Cawthra, Meriter Hospital

Kelly Cheramy, St. Mary’s Hospital

Janel Heinrich, Public Health Madison Dane County

Judith Howard, Public Health Madison Dane County

Stephanie Johnson, St. Mary’s Hospital

Laura Mays, Stoughton Hospital

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

Susan Webb-Lukomski, Public Health Madison Dane County

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

A Community Health Needs Assessment (CHNA) looks at the health of a community by using data and collecting community input. CHNAs look at community health from a big-picture view and consider risk factors, quality of life, mortality, morbidity, access to health care and more. A CHNA assists in developing, implementing and evaluating community health programming for the overall purpose of improving the health of the community. A CHNA creates awareness of comprehensive health care services, promotes collaboration and partnership and improve communication across health sectors. Under the new health care reform regulations, hospitals are now required to report the details of their assessment of their community’s current health status, health outcomes and unmet needs. Stoughton Hospital welcomes this opportunity.

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

Utilizing data available from the National Cancer Institute, the Environmental Protection Agency, U.S. Census Bureau, the U.S. Department of Education, as well as other national, state and regional sources, Healthy Communities Institute provided a snapshot look of the community’s health. The data and data sources can be viewed on the website www.healthydane.org. The data used in this website are continually updated as they become available, providing the community with a current overview.

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

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

History

Dr. Michael Iverson founded Stoughton Surgical Hospital in 1904. Dr. Iverson believed more personalized care could be provided in a smaller hospital. Over a century later, this philosophy is unchanged. Neighbors in the Stoughton area have trusted our experienced physicians, nurses, therapists, technicians and staff to provide personalized, forward-thinking healthcare for over 100 years. At Stoughton Hospital we take pride in providing “Trusted Care…Close to Home.”

Stoughton Hospital is the only hospital in Dane County outside of Madison. Stoughton Hospital is an acute care hospital, not for profit organization. The hospital has been designated a critical access hospital, fully accredited by the Joint Commission on Accreditation of Health Care Organizations, licensed by the state of Wisconsin and a member of the Wisconsin Hospital Association and Rural Wisconsin Hospital Cooperative. It is an independent community hospital owned and operated by the Stoughton Hospital Association while also being an affiliate of SSM Healthcare of Wisconsin.

Stoughton Hospital is an open medical campus and strives to provide the greatest number of local care options. Stoughton Hospital works with physicians, patients and clients from various medical clinics and health plans in order to promote community based healthcare.

Service Area
In addition to the hospital location in Stoughton, three off site services are also available:

- Oregon Rehabilitation and Sports Medicine Clinic
- Oregon Urgent Care
- Stoughton Rehabilitation & Sports Medicine Clinic

Quick Facts

- Stoughton Hospital delivers comprehensive healthcare to the people of Stoughton, Evansville, Oregon, McFarland, Brooklyn, Cambridge, Deerfield, Cottage Grove and surrounding areas.
  - Total Admissions/Visits for fiscal year 2012 were 1,363 inpatient admissions; 47,150 outpatient visits; and 20,701 emergency and urgent care visits.
- Beds: Licensed for 35 beds.
- Employees: 399 employees work for Stoughton Hospital
- Physicians: 163 physicians have been granted privileges to work at Stoughton Hospital
- Volunteers: 200 registered volunteers
Stoughton Hospital Services

- Emergency Services
- Urgent Care Services at two locations (Stoughton and Oregon)
- Inpatient Rehab (Swing Bed) Unit
- Intensive Care Unit
- Cardiac Rehabilitation & Wellness
- Ambulatory Infusion Center
- Home Health
- Lifeline Emergency Response System
- Occupational Health
- Respiratory Therapy Services
- Geriatric Psychiatry Program
- Laboratory
- Surgery including inpatient and outpatient; specialized surgery in orthopedic, ophthalmology, ENT, plastic/reconstructive, gynecology and gastroenterology
- Sleep Disorders Center
- Rehabilitation and Sports Medicine at two outpatient locations (Oregon and Stoughton)
- Medical Imaging (including a stationery MRI)
- Hospitalist Program

Community Benefit

In 2011, Stoughton Hospital provided more than $850,000 dollars in community benefit, composed of over $292,000 dollars in charity care, almost $56,000 dollars in community services; and more than $417,000 dollars in unpaid costs of Medicaid and other public programs (not including Medicare).

Examples of our community benefit programs include:

- Job Shadowing
- Scrub Club
- Health and Safety Fairs
- Medication and Sharps Disposal Drop
- Stoughton in Motion
- Community Education Classes
- Hands on Hearts
- Host site for Diabetes Support Group & Hope Chest (Breast Cancer Support)

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<th>Facility Specific Data</th>
<th>Dollar Amount</th>
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<td>Charity Care at Cost</td>
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<tr>
<td>Medicaid Shortfalls</td>
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<td>Subsidized Health Services</td>
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<tr>
<td><strong>Stoughton Hospital 2011 Community Benefit</strong></td>
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<tr>
<td><strong>Benefit Categories</strong></td>
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<td>Community Health Improvement Services</td>
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<td>Health Professionals Education</td>
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<tr>
<td>Cash or In-kind Donations</td>
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<td>Community Building Activities</td>
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<tr>
<td>Community Benefit Operations</td>
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</tr>
<tr>
<td><strong>Total Community Benefit</strong></td>
<td>$854,307</td>
<td>17,020</td>
</tr>
</tbody>
</table>
Community Partnerships
Stoughton Hospital is proud to be part of community projects with partners that work to improve health outcomes in our community:

- American Red Cross
- Stoughton Wellness Coalition (City, School and Hospital collaboration)
- START (Stoughton Area Resource Team)
- Stoughton CARES Coalition
- Dane County Public Health Department
- Shalom Free Clinic
- Stoughton Hospital Foundation
- Partners of Stoughton Hospital (POSH)

Additional Affiliations and Partnerships
- Herzing University
- Madison College
- Madison Area Technical College
- University of Wisconsin-Madison
- University of Wisconsin-Oshkosh
- University of Wisconsin Nurse Residency Program
- Rural Wisconsin Health Cooperative Nurse Residency
- Southern Wisconsin Emergency Associates
- Shared Imaging Services
- Madison Radiologist, S.C.
- SSM Healthcare of Wisconsin

For over 100 years, Stoughton Hospital has found collaboration to be critical to its success and effectiveness in caring for the community. Such a framework, combined with the priorities set by the Community Health Needs Assessment, Stoughton Hospital is poised to make a tangible difference in the health of our community.
Demographics of the Community

Community Served

Stoughton Hospital delivers comprehensive healthcare to the people of Stoughton, Evansville, Oregon, McFarland, Brooklyn, Cambridge, Deerfield, Cottage Grove and surrounding areas which encompass Dane, Green, Jefferson, Rock and other counties. While Stoughton Hospital values and recognizes all the communities served, for purposes of the Community Health Needs Assessment, Stoughton Hospital defined its community as the service area of Dane County. The residents of Dane County account for approximately 76% of inpatient cases, 81% of Emergency Department patients, and 68% of ambulatory patients.

<table>
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<tr>
<th>Counties</th>
<th>Group %</th>
<th>Group Total</th>
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</thead>
<tbody>
<tr>
<td>Dane County</td>
<td>75.8%</td>
<td>75.8%</td>
</tr>
<tr>
<td>Rock County</td>
<td>3.9%</td>
<td>89.7%</td>
</tr>
<tr>
<td>Jefferson County</td>
<td>2.3%</td>
<td>92.0%</td>
</tr>
<tr>
<td>Other</td>
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<td>100.0%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Stoughton Hospital will continue to collaborate with partners that have been established in other counties, such as Building a Stronger Evansville (BASE), Rock County Community Partnerships for Older Adults, Evansville Creekside Place and regional hospitals to improve the health of those communities.

Geography

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

In addition to being the center for state and county government, Dane County is also home to Wisconsin’s flagship public university, the University of Wisconsin–Madison. As a result, educational services is the largest industry sub-sector in the county, followed by food services, professional and technical services, hospitals and administrative and support services.
Population
Dane County is the second most densely populated county in Wisconsin, and Madison is the second largest city in the state. The population of Dane County grew 14.4% between 2000 and 2010, bringing the total population to 488,073. Madison has 233,209 residents, almost half of the county’s population. Among its residents are more than 42,000 UW students.

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

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

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

The percent of the population that has at least a bachelor’s degree is much higher in Dane County than in Wisconsin and the U.S., and it is higher yet in Madison (Dane County 45.4%, Madison 52.2%, Wisconsin 25.8%, U.S. 27.9%). However, Dane County’s current 86% high school graduation rate is one of the lowest among Wisconsin counties. Lately, much attention has been paid to the “achievement gap” and lower graduation rates for some racial minority groups in Madison, but other of Dane County’s 16 public school districts face the same challenge. In 2011, the four-year graduation rate for all students in the Madison Metropolitan School District was 73.7% (not including GED or other high school certificates) but there was considerable variation by racial group, as displayed in Chart 2.
The median household income for Dane County is $60,519 as compared to $51,598 in Wisconsin. Madison’s median household income is $52,550, which is lower than household incomes in the remainder of Dane County.

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

**Chart 3**

**Poverty Levels**
**Wisconsin, Dane and the City of Madison**

- **Wisconsin**: 11.60%
- **Dane**: 11.60%
- **Madison**: 17.90%

**Poverty Levels by City**

- **Stoughton**: 10.8%
- **Oregon**: 3.7%
According to the Center on Wisconsin Strategy, 31.5% of students in Dane County are eligible for federal free or reduced-price school lunch in 2012, an increase from 2000 when only 17.4% of students were eligible. In the City of Madison, over half of all public school students are eligible.

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

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

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

The following data sources were used in this assessment process:

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

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

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

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

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

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

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

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

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

The collaborative shares the observation that, while some health status indicators for Dane County are better than average, they may still represent problems that are highly prevalent, place a heavy burden on our population, and might be worsening or fall short of benchmarks. In addition, aggregate health data for the entire population often masks the unfair, heavy burden on some population groups.
After review and consideration of data, the collaborative identified six health issues that showed evidence of need in our community, based on our criteria. They are listed in the order ranked by all participants in our primary data collection process (see primary data section):

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

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

**Health Issue: Type 2 Diabetes**

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

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

- Approximately 60% of Dane County adults are overweight (BMI 25-29.9) or obese
- 23.2% of Dane County 7th-12th graders are overweight or obese (BMI for age percentile ≥85%). 9.2% of Dane County high school youth are obese (BMI for age percentile ≥95%), comparable to the obesity rate for Wisconsin high school youth. African-American, Latino, Hmong and mixed-race youth have significantly higher rates of being overweight/obese than white youth.
- The Wisconsin Diabetes Prevention and Control program reports in the *The 2011 Burden of Diabetes in Dane County*: An estimated 7% of adults in Dane County, or 24,150 individuals, have diagnosed or undiagnosed diabetes. People with pre-diabetes have an increased risk of developing type 2 diabetes, heart disease and stroke. In Dane County, an estimated 129,180 people who are 20 years and older have pre-diabetes. 14.2% of all hospitalizations of Dane County residents in 2010 were diabetes-related.
The cost of diabetes in Dane County adults is staggering. In 2009 for Dane County, direct costs were estimated at $206.7 million, indirect costs were estimated at $103.5 million, totaling an estimated $310.2 million.
Age-Adjusted Death Rate due to Diabetes by Race/Ethnicity
(Dane County, 2008-2010)

- Black: 39.1 deaths/100,000 population
- White: 13.1 deaths/100,000 population
- Overall: 13.5 deaths/100,000 population
## Hospitalization Rate due to Diabetes

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<tr>
<th><strong>Value:</strong></th>
<th>11.3 hospitalizations/10,000 population</th>
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<tr>
<td><strong>Location:</strong></td>
<td>County: Dane, Located in State: Wisconsin</td>
</tr>
<tr>
<td><strong>Comparison:</strong></td>
<td>WI Counties</td>
</tr>
<tr>
<td><strong>Categories:</strong></td>
<td>Health / Diabetes</td>
</tr>
</tbody>
</table>

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

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

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

### Source:
WHA Information Center

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

### Maintained By:
Healthy Communities Institute
### Hospitalization Rate due to Long-Term Complications of Diabetes

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

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

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

**Technical Note:** The distribution is based on data from 67 Wisconsin counties. Rates were calculated using population figures from the 2010 U.S. Census. Cases of gestational diabetes were excluded. Rates based on fewer than 10 hospitalizations are unstable and are not reported. Rates for zip codes with a population of less than 300 are not reported.

**Source:** WHA Information Center  
**URL of Source:** http://www.whainfocenter.com/  
**Maintained By:** Healthy Communities Institute
The following is from the 2011 Burden of Diabetes, cited below:
Weight, Physical Activity and Nutrition

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

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

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

Physical activity and sedentary screen time
Regular physical activity in childhood and adolescence improves strength and endurance, helps build healthy bones and muscles, and helps control weight. It may also reduce anxiety and stress, increase self-esteem, improve blood pressure and cholesterol levels,30 and benefit academic performance and behavior.31 Significant time spent sitting in front of a TV or computer screen (screen time) is associated with obesity in adolescents.32-38 Health experts recommend that youth should be physically active for at least 60 minutes a day, and limit sedentary screen time to no more than 2 hours a day.39

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

- Less than half (45.5%) of all 7th-12th grade youth are active for 60 minutes at least 5 days per week. 14.8% are very inactive, getting 60 minutes of physical activity on 0 or 1 day per week.

- Males are more active than females, particularly in high school when many girls become less active while males tend to maintain their level of activity.
Screen time
Youth were asked how much time they spend watching TV, playing video games, or using a computer or hand-held device for other than school work, on an average school day/night.
- The percent of 7th-12th grade males who reported high screen time (3 or more hours) was lower than in 2009 (40.3% ±1.1 vs. 45.6% ±1.4). By comparison, fewer 7th-12th grade females (33.3% ±1) reported high screen time, but there was no change since 2009.
- 10.7% of all 7th-12th grade youth spend 3 or more hours on non-homework screen time on school days/night.
- High screen time is most prevalent in middle school males, and least prevalent in high school females.

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

Skipping breakfast
- 22.6% (±6.7) of all 7th-12th grade youth reported skipping breakfast 5-7 of the past 7 days, comparable to that percentage from the 2009 DCYA (24% ±0.9). Middle school males are less likely to skip breakfast than the other groups.

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

Fruit and vegetables
- Fruit and vegetable consumption (excluding potatoes and juice) is very low for most youth. 23.2% of all 7th-12th grade youth said they eat 0 or 1 serving of fruit or vegetables per day, while only 9.2% eat the recommended 5 servings per day.
- Fruit and vegetable consumption is not significantly different for females and males.
- Several measures point to a decline in fruit/vegetable consumption since 2009: the percent of middle school youth who eat 0-1 serving per day went up from 18.3% (±1.2) in 2009 to 27.2% (±1.1); and percentages of both middle school and high school youth who eat 5 or more servings per day went down.

Percentage of youth who reported eating 3 or more servings of fruit or vegetables per day

<table>
<thead>
<tr>
<th>Youth</th>
<th>2009</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle School</td>
<td>14.1% ±1.1</td>
<td>11.4% ±0.9</td>
</tr>
<tr>
<td>High School</td>
<td>10.2% ±0.8</td>
<td>8.2% ±0.5</td>
</tr>
<tr>
<td>All Youth</td>
<td>11.6% ±0.6</td>
<td>9.2% ±0.5</td>
</tr>
</tbody>
</table>
Asthma

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

Asthma Prevalence

Asthma has long been a community health problem in Dane County:

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

<table>
<thead>
<tr>
<th>% of High School youth who currently have asthma</th>
<th>Dane County (2012 DCYA)</th>
<th>Wisconsin (2007 CDC Youth Risk Behavior Survey)</th>
<th>U.S. (2011 CDC Youth Risk Behavior Survey)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17.2% (±0.8)</td>
<td>12.4% (±1.5)</td>
<td>11.9% (±1)</td>
</tr>
</tbody>
</table>
## Asthma Hospitalization

### Hospitalization Rate due to Asthma

<table>
<thead>
<tr>
<th>Value:</th>
<th>6.9 hospitalizations/10,000 population</th>
</tr>
</thead>
</table>
| Location: | County: Dane  
Located in State: Wisconsin |
| Comparison: | WI Counties |
| Categories: | Health / Respiratory Diseases  
Health / Environmental & Occupational Health |

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

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

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

### Source:
WHA Information Center

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

### Maintained By:
Healthy Communities Institute
Chronic Obstructive Pulmonary Disease (COPD)

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

<table>
<thead>
<tr>
<th>Hospitalization Rate due to COPD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Value:</strong> 12.0 hospitalizations/10,000 population</td>
</tr>
<tr>
<td><strong>Measurement Period:</strong> 2007-2009</td>
</tr>
<tr>
<td><strong>Location:</strong> County: Dane Located in State: Wisconsin [View All Location Types]</td>
</tr>
<tr>
<td><strong>Comparison:</strong> WI Counties</td>
</tr>
<tr>
<td><strong>Categories:</strong> Health / Respiratory Diseases</td>
</tr>
</tbody>
</table>

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

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

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

Source: WHA Information Center
URL of Source: [http://www.wtainfocenter.com/](http://www.wtainfocenter.com/)
Maintained By: Healthy Communities Institute
Chronic Lower Respiratory Disease (CLRD) Deaths

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

### Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases

<table>
<thead>
<tr>
<th>Value</th>
<th>32.0 deaths/100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement Period</td>
<td>2008-2010</td>
</tr>
<tr>
<td>Location</td>
<td>Dane</td>
</tr>
<tr>
<td>Located in State</td>
<td>Wisconsin</td>
</tr>
<tr>
<td>Comparison</td>
<td>WI Counties</td>
</tr>
<tr>
<td>Categories</td>
<td>Health / Respiratory Diseases</td>
</tr>
</tbody>
</table>

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

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

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

**Source:** Wisconsin Department of State Health Services

**URL of Source:** [http://www.dhs.wisconsin.gov/](http://www.dhs.wisconsin.gov/)

**URL of Data:** [http://www.dhs.wisconsin.gov/wish/main/Mortality/Mortality..](http://www.dhs.wisconsin.gov/wish/main/Mortality/Mortality..)

**Maintained By:** Healthy Communities Institute
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases by Race/Ethnicity

- Black: 60.8 deaths/100,000 population
- White: 31.6 deaths/100,000 population
- Overall: 32.0 deaths/100,000 population
Health Issue: Preventable Stroke/Uncontrolled Hypertension

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

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

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

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

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

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

- The age-adjusted death rate due to stroke in Dane County is high, exceeding the 2020 target.
- The age-adjusted stroke death rate for African-Americans in Dane County is very high—almost double that for whites.
### Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)

<table>
<thead>
<tr>
<th>Value:</th>
<th>35.0 deaths/100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target:</td>
<td>33.8 deaths/100,000 population</td>
</tr>
<tr>
<td>Measurement Period:</td>
<td>2008-2010</td>
</tr>
<tr>
<td>Location:</td>
<td>County: Dane Located in State: Wisconsin [View Every County]</td>
</tr>
<tr>
<td>Comparison:</td>
<td>Healthy People 2020 Target</td>
</tr>
<tr>
<td>Categories:</td>
<td>Health / Heart Disease &amp; Stroke Health / Mortality Data</td>
</tr>
</tbody>
</table>

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

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

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

**Source:** Wisconsin Department of State Health Services

**URL of Source:** [http://www.dhs.wisconsin.gov/](http://www.dhs.wisconsin.gov/)

**URL of Data:** [http://www.dhs.wisconsin.gov/wsh/main/Mortality/Mortality...](http://www.dhs.wisconsin.gov/wsh/main/Mortality/Mortality...)

**Maintained By:** Healthy Communities Institute
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) by Race/Ethnicity (Dane County 2008-2010)

Asian: 13.6
Black: 65.0
White: 35.3
Overall: 36.0
Health Issue: Cancer

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

Cancer Risk Factors:

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

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

Cancer Screening:

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

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

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

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

**Value:** 23.0 deaths/100,000 females

**Measurement Period:** 2005-2009

**Location:** County: Dane
Located in State: Wisconsin

**Comparison:** U.S. Counties

**Categories:**
- Health / Cancer
- Health / Mortality Data
- Health / Women's Health

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

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

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

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

**Source:** National Cancer Institute

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

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

**Maintained By:** Healthy Communities Institute

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**Age-Adjusted Death Rate due to Prostate Cancer**

**Value:** 25.9 deaths/100,000 males

**Measurement Period:** 2005-2009

**Location:** County: Dane
Located in State: Wisconsin

**Comparison:** U.S. Counties

**Categories:**
- Health / Cancer
- Health / Mortality Data
- Health / Men's Health

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

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

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

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

**Source:** National Cancer Institute

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

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

**Maintained By:** Healthy Communities Institute
### Age-Adjusted Death Rate due to Cancer

<table>
<thead>
<tr>
<th>Unit: deaths/100,000 population</th>
</tr>
</thead>
</table>

**Current**: 164.4 deaths/100,000 population  
**Target**: 160.6 deaths/100,000 population  

**Measurement Period**: 2005-2009  
**Location**: County: Dane  
Located in State: Wisconsin  
[View Every County]

**Comparison**: Healthy People 2020 Target  
**Categories**: Health / Cancer  
Health / Mortality Data  

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

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

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

**Source**: National Cancer Institute  
**Maintained By**: Healthy Communities Institute
### Age-Adjusted Death Rate due to Breast Cancer

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Not Met</td>
<td>23.0</td>
<td>20.5</td>
</tr>
<tr>
<td>Current</td>
<td>23.3</td>
<td>21.3</td>
</tr>
<tr>
<td>Unit: deaths/100,000 females</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Values:**
- Healthy People 2020 Target: 20.5 deaths/100,000 females
- 2016: 23.0 deaths/100,000 females

**Measurement Period:** 2006-2009

**Location:** County: Dane
Located in State: Wisconsin

**Comparisons:** Healthy People 2020 Target

**Categories:** Health / Cancer
Health / Mortality Data
Health / Women's Health

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

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

The Healthy People 2020 national health target is to reduce the breast cancer death rate to 20.5 deaths per 100,000 females.

**Source:** National Cancer Institute

**URL of Source:** [http://www.cancer.gov](http://www.cancer.gov)


**Maintained By:** Healthy Communities Institute

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### Age-Adjusted Death Rate due to Prostate Cancer

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Not Met</td>
<td>25.9</td>
<td>21.2</td>
</tr>
<tr>
<td>Current</td>
<td>25.3</td>
<td>21.3</td>
</tr>
<tr>
<td>Unit: deaths/100,000 males</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Values:**
- Healthy People 2020 Target: 21.2 deaths/100,000 males
- 2016: 25.9 deaths/100,000 males

**Measurement Period:** 2006-2009

**Location:** County: Dane
Located in State: Wisconsin

**Comparisons:** Healthy People 2020 Target

**Categories:** Health / Cancer
Health / Mortality Data
Health / Men's Health

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

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

The Healthy People 2020 national health target is to reduce the prostate cancer death rate to 21.2 deaths per 109,000 males.

**Source:** National Cancer Institute

**URL of Source:** [http://www.cancer.gov](http://www.cancer.gov)


**Maintained By:** Healthy Communities Institute
Breast Cancer Incidence Rate

Breast Cancer Incidence by Race/Ethnicity

- Black: 112.6
- White: 121.1
- Overall: 122.3

Prostate Cancer Incidence Rate

Prostate Cancer Incidence by Race/Ethnicity

- Black: 255.0
- White: 121.7
- Overall: 123.8
Health Issue: Drug Use/Poisonings

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For further questions about data, including original charts, contact Lisa Bullard-Cawthorne at 444-3542 or email lbulardcawthorne@publichealthmdc.com
### Age-Adjusted Death Rate due to Unintentional Poisonings

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

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

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

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

**Source:** Wisconsin Department of State Health Services  
**URL of Source:** [http://www.dhs.wisconsin.gov/](http://www.dhs.wisconsin.gov/)  
**URL of Data:** [http://www.dhs.wisconsin.gov/wish/main/Mortality/Mortalit...](http://www.dhs.wisconsin.gov/wish/main/Mortality/Mortalit...)  
**Maintained By:** Healthy Communities Institute
In addition to the community at-large, the 2012 Dane County Youth Assessment describes issues related to drug and alcohol use among younger residents:

Tobacco, Alcohol and Drug Use

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

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

Current cigarette smoking
Youth were asked, “During the past 30 days, on the days you smoked cigarettes, on average how many did you smoke per day?” Those who reported smoking any amount were classified as current smokers.
- 9.1% (±0.6) of high school youth reported smoking cigarettes in the past 30 days, down from 14.9% (±0.9) in 2009. This may, in part, reflect the recent national trend of teens moving away from cigarettes in favor of less expensive and more portable tobaccos.
- 3% (±0.5) of middle school youth reported smoking cigarettes in the past 30 days, no significant change from 2009 (3.8% ± 0.6). However, if Dane County middle school youth have followed the national trend toward less expensive forms of tobacco, smoking may have actually increased since 2009.

Smokeless tobacco use
Youth were asked about use of chewing tobacco, snuff, SNUS and dip.
- 7.7% (±0.7) of high school males use smokeless tobacco. Use of smokeless tobacco is lower in middle school males (2.1% ±0.5) and females (middle school 1.2 ±0.3; high school 1.6 ±0.3).

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

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

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

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

Binge drinking
Binge drinking is defined in the survey as “having 5 or more alcoholic drinks at one time, in a row, within a couple of hours.”
- 15.8% (±0.7) of high school youth reported binge drinking in the past 30 days, up from 12.6% (+0.9) in 2009. The increase was seen in both females and males (females: 14.3% ±1 vs. 10.8% ±1.2 in 2009; males: 17.4% ±1 vs. 14.4% ±1.5 in 2009).
- 1.9% of middle school youth engaged in binge drinking in the past 30 days. There is no statistically significant difference between middle school females and males, and no change since 2009 (1.8% ±0.5).
- Among high school youth who reported drinking any alcohol in the past 12 months, 26.1% (±1.5) engaged in binge drinking in the past 30 days. Among middle school youth who reported drinking any alcohol in the past 12 months, 15.4% (±3) reported recent binge drinking.

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

<table>
<thead>
<tr>
<th>Source of Alcohol Access</th>
<th>% of Middle School Youth who have drank</th>
<th>% of High School Youth who have drank</th>
</tr>
</thead>
<tbody>
<tr>
<td>From friends</td>
<td>39.3 (±5.0)</td>
<td>61.8 (±1.6)</td>
</tr>
<tr>
<td>At parties</td>
<td>41.7 (±5.0)</td>
<td>59.9 (±1.5)</td>
</tr>
<tr>
<td>Someone else buys it for me</td>
<td>12.6 (±3.2)</td>
<td>39.7 (±1.6)</td>
</tr>
<tr>
<td>I steal it from home</td>
<td>24.4 (±4.2)</td>
<td>23.1 (±1.4)</td>
</tr>
<tr>
<td>My parents give it to me</td>
<td>32.5 (±4.7)</td>
<td>22.4 (±1.3)</td>
</tr>
<tr>
<td>From older brother or sister</td>
<td>15.2 (±3.5)</td>
<td>19.0 (±1.7)</td>
</tr>
<tr>
<td>I buy it myself</td>
<td>5.7 (±2.9)</td>
<td>8.2 (±0.9)</td>
</tr>
<tr>
<td>I steal it from a store</td>
<td>9.9 (±2.6)</td>
<td>5.2 (±0.7)</td>
</tr>
<tr>
<td>I get it some other way</td>
<td>23.7 (±4.3)</td>
<td>15.0 (±1.1)</td>
</tr>
</tbody>
</table>

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

2012 DANE COUNTY YOUTH ASSESSMENT
Marijuana use

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

Other drug use

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

<table>
<thead>
<tr>
<th>Other Drugs</th>
<th>Middle School</th>
<th>High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>Percent (±0.5)</td>
<td>Count</td>
</tr>
<tr>
<td>Over the counter (non-prescription) drugs to get high</td>
<td>187</td>
<td>2.5% (±0.4)</td>
</tr>
<tr>
<td>Prescription drugs not prescribed for you</td>
<td>217</td>
<td>2.9% (±0.5)</td>
</tr>
<tr>
<td>Inhalants (glue, paint, spray cans, markers)</td>
<td>411</td>
<td>5.4% (±0.6)</td>
</tr>
<tr>
<td>Synthetic marijuana</td>
<td>1600</td>
<td>9.3% (±0.6)</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>510</td>
<td>3.0% (±0.3)</td>
</tr>
<tr>
<td>Cocaine or crack</td>
<td>367</td>
<td>2.1% (±0.3)</td>
</tr>
<tr>
<td>Speed, crystal meth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bath salts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steroids, EPH</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parents’ attitudes about smoking, drinking and marijuana use

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

- Youth were more likely to report that their parents would strongly disapprove of them smoking cigarettes than smoking marijuana or drinking alcohol. A significantly lower percentage of youth reported strong parental disapproval of youth alcohol use.
- Overall, strong parental disapproval of substance use was reported by a higher percentage of middle school than high school students, and by slightly more females than males.
Public Health Madison & Dane County (PHMDC) brought the issue of poor birth outcomes to the hospital partners. The concerns of Public Health are based on in-depth analysis of prenatal risk factors and their association with poor birth outcomes, including fetal and infant mortality in Dane County. These research findings support the clinical experience of staff who serve pregnant and postpartum women in public health programs and client-expressed needs.

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

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

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

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

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

- 8.4% of births (1540 cases) were to women who smoked during the pregnancy
- 9.6% of births (1736 cases) were to women who started prenatal care late, after the first trimester
- 4.9% of births (901 cases) were to teen moms (< age 20) and 9.7% (1775 cases) were to women with less than a high school degree
Poor birth outcomes (2008-2010 Dane County births):\textsuperscript{31}

- 9.3\% of infants (1705 cases) were born preterm (before 37 weeks)
- 6.1 of infants (1111 cases) had low birth weight (<2500g)
<table>
<thead>
<tr>
<th>County</th>
<th>Time Period</th>
<th>HP 2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Babies with Low Birth Weight**

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

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

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

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

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

**Source:** Wisconsin Department of State Health Services

**URL of Source:** [http://www.dhs.wisconsin.gov/](http://www.dhs.wisconsin.gov/)

**URL of Data:** [http://www.dhs.wisconsin.gov/dshs/main/lbw/lbw_home.htm](http://www.dhs.wisconsin.gov/dshs/main/lbw/lbw_home.htm)

**Maintained By:** Healthy Communities Institute
Infant Mortality Rate by Maternal Age

- 15-17: 18.9
- 18-19*: 6.4
- 20-24: 8.8
- 25-29: 4.8
- 30-34: 4.1
- 35-39: 3.4
- 40-44: 10.8
- Overall: 5.4

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

Infant Mortality Rate by Maternal Race/Ethnicity

- American Indian*: 14.9
- Black, non-Hispanic: 16.1
- Hispanic: 4.3
- Laotian/Hmong: 16.0
- Other*: 3.8
- White, non-Hispanic: 4.2
- Overall: 5.4

*Value may be statistically unstable and should be interpreted with caution
Primary Data Collection and Analysis

As described earlier in the report, *Healthy Dane* contracted with Healthy Communities Institute Inc. (HCI) to gather and assess data from a variety of sources. HCI’s community dashboard indicators for Dane County are updated as new information is available, and the dashboard is linked through Healthy Dane.org and Stoughton Hospital’s website ([www.stoughtonhospital.com](http://www.stoughtonhospital.com)) to make it accessible to all members of the community. It is anticipated that community agencies and individuals will utilize this data frequently to assist in decision-making for adjustments in processes and services, and to serve as valid research supporting efforts to pursue grant funding.

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

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

With our top six community-specific health issues in mind, we continued to evaluate each issue, using the following criteria:

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

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

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

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

In addition to community leader input, Public Health Madison & Dane County offered professional expertise and input as well as perspective about data analysis and issue selection. Healthy Dane also inventoried existing initiatives of significance in the community. Those are listed in the Other Resources section in the CHNA.

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

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

See Appendix D for Community Prioritization Matrix

<table>
<thead>
<tr>
<th>Healthy Dane Focus Group Results by Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sun Prairie N=12</td>
</tr>
<tr>
<td>Birth Outcomes: 8</td>
</tr>
<tr>
<td>Asthma/COPD: 9</td>
</tr>
<tr>
<td>CVA/HTN: 10</td>
</tr>
<tr>
<td>Cancer: 11</td>
</tr>
<tr>
<td>Drugs/Poisoning: 10</td>
</tr>
</tbody>
</table>

Community Prioritization Matrix: The number after each identified health issue is the Total Priority Score given by the focus group. A caution to this data is that it may measure opinions and perceptions rather than true health need.
Healthy Dane Focus Group Total Participant Summary: In summary, the total participant prioritization ranking from the 4 focus groups is as follows:

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

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

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

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

Summary of Focus Group Themes:

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

As a result of focus groups, Public Health Madison & Dane County expertise, community input and inventory of resources available, the collaborative identified Type 2 Diabetes and Poor Birth Outcomes as top priorities where Healthy Dane may be able to collaborate.
CHNA-Identified Health Needs

Stoughton Hospital CHNA-Identified Health Needs

Internal Prioritization process
HCI data and results from the community stakeholder focus groups were shared with members of Stoughton Hospital’s Administration Team, Medical Director of the Hospitalist Program and the Community Education Coordinator. (See Appendix E for list of participants.) Members participated in an internal prioritization process to identify the top health issues for the hospital to address using the following criteria:

- Magnitude
- Alignment with mission, strategic plan and priorities
- Resources needed to address the issue
- Hospital’s ability to make an impact

The criteria used for prioritization and decision-making included a heavy analysis of current community coalitions, initiatives and collaborations. High priority was given to strategies in which opportunities with partners currently exist. At the end of the discussion and prioritization, the following health issues were ranked highest to lowest:

- Diabetes
- Asthma/COPD
- CVA/HTN
- Drugs/Poisoning
- Cancer
- Birth Outcomes

After further discussion and review of recommendations made from focus group participants, community leaders, Public Health Madison and Dane County and the sharing of opportunities for collaboration, Stoughton Hospital selected Diabetes, Asthma/COPD, and Drugs/Poisoning as the top priority three areas of focus. Additionally, Stoughton Hospital will collaborate with the Healthy Dane partners to address Poor Birth Outcomes.
Stoughton Hospital recognizes the selected list of health issues does not represent the entirety of priorities and commitments. Collaborative members continue to participate in a wide variety of efforts intended to benefit community health. The four hospital members of Healthy Dane provided collectively $201,873,600 in community benefit as defined by the Wisconsin Hospital Association in its 2012 report.

Healthy Dane and the CHNA process have offered our community the opportunity to work together and will provide an opportunity to address priorities that are driven by data and community. Recommendations to address these identified health issues will be developed together with partners across the community, taking into account best practices and measurable objectives.
Collaborative Input

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

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

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

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

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

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

HCI utilizes a multi-disciplinary team composed of experienced healthcare information technology staff including professional internet system developers and evaluators, academicians (health informatics experts, urban planners, epidemiologists) and former senior government officials. The company is rooted in work started in 2002 in concert with the Healthy Cities Movement and the University of California-Berkeley. The management team from Harvard University, Cornell University and the University of California-Berkeley has expertise in informatics, public health, urban sustainability, community planning and high-volume internet sites.
Public Health Director Janel Heinrich MPH, MA, and Public Health Supervisor Judy Howard RN, MS, served on the collaborative committee during the process of selecting HCI as the data website vendor and during the development of the hospitals’ CHNA work plans.

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

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

Stoughton Hospital fully recognizes the necessity and appreciates the collaboration and guidance in working toward improving the health of our community.
Other Resources

Significant resources in the community are already at work addressing specific health issues and important health factors. The collaborative has attempted to document some of the active work under way through joint initiatives. What follows are examples, but not meant to be an all-inclusive list:

Dane County Health-Related Collaborations

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

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

2012 Dane County Youth Assessment Overview Report

Wisconsin Asthma Plan 2009-2014
http://www.dhs.wisconsin.gov/eh/asthma/pdf/WACPlan20092014ExecutiveSummary.pdf

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

Wisconsin Diabetes Strategic Plan 2010-2015

The Epidemic of Chronic Disease in Wisconsin
Appendix B: Healthy Dane Focus Group Invitees

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

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact</th>
</tr>
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<tbody>
<tr>
<td>Joining Forces for Families</td>
<td>Ron Chance</td>
</tr>
<tr>
<td>March of Dimes</td>
<td>Christine Rader</td>
</tr>
<tr>
<td>Wisconsin Women’s Health Foundation</td>
<td>Tommi Thompson</td>
</tr>
<tr>
<td>Wisconsin Women’s Health Foundation</td>
<td>Lisette Kahlil</td>
</tr>
<tr>
<td>WI Assoc. for Perinatal Care</td>
<td>Ann Conway</td>
</tr>
<tr>
<td>Safe Harbor</td>
<td>Jennifer Ginsburg</td>
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### Mental Health and Mental Disorders

<table>
<thead>
<tr>
<th>Organization</th>
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</thead>
<tbody>
<tr>
<td>Journey Mental Health Center</td>
<td>William Greer</td>
</tr>
<tr>
<td>Access Community Health Center</td>
<td>Ken Loving</td>
</tr>
<tr>
<td>NAMI – Dane</td>
<td>Bonnie Loughran</td>
</tr>
<tr>
<td>Porchlight</td>
<td>Steve Schooler</td>
</tr>
<tr>
<td>Triangle Ministry</td>
<td>Kate Pender</td>
</tr>
<tr>
<td>Public Health Madison Dane County</td>
<td>Sharon Mason-Boersma</td>
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### Nutrition and Weight Status

<table>
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<tbody>
<tr>
<td>YMCA - Dane</td>
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</tr>
<tr>
<td></td>
<td>Carrie Wall</td>
</tr>
<tr>
<td>Senior Centers</td>
<td></td>
</tr>
<tr>
<td>NE Side Senior Coalition</td>
<td>Cheryl Batterman</td>
</tr>
<tr>
<td>West Madison Senior Ctr.</td>
<td>Ingrid Kundinger</td>
</tr>
<tr>
<td>Stoughton Senior Center Director</td>
<td>Cindy McGlynn</td>
</tr>
<tr>
<td>Oregon Senior Center Director</td>
<td>Alison Koelsch</td>
</tr>
<tr>
<td>Verona Senior Center Director</td>
<td>Diane Landerville</td>
</tr>
<tr>
<td>Central Madison Senior Center Director</td>
<td>Christine Beatty</td>
</tr>
<tr>
<td>Fitchburg Senior Center Director</td>
<td>Jill McHone</td>
</tr>
<tr>
<td>Sun Prairie Senior Center Director</td>
<td>Bob Power</td>
</tr>
<tr>
<td>DeForest Senior Center Director</td>
<td>Deanne Symbolik</td>
</tr>
<tr>
<td>Mt. Horeb Senior Center Director</td>
<td>Lynn Forshaug</td>
</tr>
<tr>
<td>Middleton Senior Center Director</td>
<td>Jill Kranz</td>
</tr>
<tr>
<td>Prairie Athletic Club</td>
<td>Pete Simon</td>
</tr>
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</table>

### Physical Activity

<table>
<thead>
<tr>
<th>Location</th>
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</tr>
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<tr>
<td>YMCA - Dane</td>
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<td></td>
<td>Carrie Wall</td>
</tr>
<tr>
<td>Senior Centers</td>
<td></td>
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<td>Cheryl Batterman</td>
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<tr>
<td>West Madison Senior Ctr.</td>
<td>Ingrid Kundinger</td>
</tr>
<tr>
<td>Stoughton Senior Center Director</td>
<td>Cindy McGlynn</td>
</tr>
<tr>
<td>Oregon Senior Center Director</td>
<td>Alison Koelsch</td>
</tr>
<tr>
<td>Verona Senior Center Director</td>
<td>Diane Landerville</td>
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<tr>
<td>Central Madison Senior Center Director</td>
<td>Christine Beatty</td>
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<tr>
<td>Fitchburg Senior Center Director</td>
<td>Jill McHone</td>
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<td>Bob Power</td>
</tr>
<tr>
<td>DeForest Senior Center Director</td>
<td>Deanne Symbolik</td>
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<tr>
<td>Mt. Horeb Senior Center Director</td>
<td>Lynn Forshaug</td>
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<tr>
<td>Middleton Senior Center Director</td>
<td>Jill Kranz</td>
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<tr>
<td>Mazomanie Senior Center Director</td>
<td>n/a</td>
</tr>
<tr>
<td>Prairie Athletic Club</td>
<td>Pete Simon</td>
</tr>
<tr>
<td>Stoughton High School Athletic Director</td>
<td>Mel Dowe</td>
</tr>
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</table>
## Substance Abuse

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact</th>
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<tbody>
<tr>
<td>Tellurian</td>
<td>Kevin Florek</td>
</tr>
<tr>
<td>Hope Haven</td>
<td>Mike Pond</td>
</tr>
<tr>
<td>Journey Mental Health Center</td>
<td>William Greer</td>
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</table>

## Tobacco Use

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact</th>
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<tbody>
<tr>
<td>WWHF</td>
<td>Tommi Thompson</td>
</tr>
<tr>
<td>Smoke Free Wisconsin</td>
<td>Maureen Busalacchi</td>
</tr>
<tr>
<td>Stoughton AODA Prevention Coordinator</td>
<td>Nancy Crassweller</td>
</tr>
</tbody>
</table>

## Other Key Stakeholders

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact</th>
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<tbody>
<tr>
<td>100 Black Men</td>
<td>Isadore Knox</td>
</tr>
<tr>
<td></td>
<td>Floyd Rose</td>
</tr>
<tr>
<td></td>
<td>Derrick Smith</td>
</tr>
<tr>
<td>ULGM</td>
<td>Kaleem Caire</td>
</tr>
<tr>
<td>Promise Zone</td>
<td>Peng Her</td>
</tr>
<tr>
<td>Catholic Multicultural Center</td>
<td>Andy Russell</td>
</tr>
<tr>
<td>Literacy Network (Health Literacy)</td>
<td>Jeff Burkhart, Beth Gayton</td>
</tr>
<tr>
<td>Boys and Girls Clubs of Dane County</td>
<td>Michael Johnson</td>
</tr>
<tr>
<td>WI Council on Children and Families</td>
<td>Ken Taylor</td>
</tr>
<tr>
<td>Centro Hispano</td>
<td>Kent Craig</td>
</tr>
<tr>
<td>City of Madison, Office of Comm Svs</td>
<td>Lorri Wendor</td>
</tr>
<tr>
<td>African American Council of Churches</td>
<td>Rev. David Smith</td>
</tr>
<tr>
<td>United Way</td>
<td>Deedra Atkinson</td>
</tr>
<tr>
<td>Neighborhood Centers</td>
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<td></td>
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</tr>
<tr>
<td>East Madison</td>
<td>Tom Moen</td>
</tr>
<tr>
<td>Goodman</td>
<td>Becky Steinhoff</td>
</tr>
<tr>
<td>Kennedy Heights</td>
<td>Alyssa Kenney</td>
</tr>
<tr>
<td>Lussier</td>
<td>Paul Terranova</td>
</tr>
<tr>
<td>Madison Senior Ctr.</td>
<td>Christine Beatty</td>
</tr>
<tr>
<td>NHCC</td>
<td>Dan Foley</td>
</tr>
<tr>
<td>Northport Apt. Comm Ctr</td>
<td>Rev Carmen Porco</td>
</tr>
<tr>
<td>Vera Court</td>
<td>Tom Solyst</td>
</tr>
<tr>
<td>Wii-Mar</td>
<td>Gary Kallas</td>
</tr>
<tr>
<td>WI Youth Company</td>
<td>Kay Stevens</td>
</tr>
<tr>
<td>Madison Urban Ministry</td>
<td>Barbara McKinney</td>
</tr>
<tr>
<td>South Metro Planning Council</td>
<td>John Quinlan</td>
</tr>
<tr>
<td>LUCHA</td>
<td>Sal Carranza</td>
</tr>
<tr>
<td>CUNA Mutual Foundation</td>
<td>Steve Goldberg</td>
</tr>
<tr>
<td>Allied Community Coop</td>
<td>Susan Corrado</td>
</tr>
<tr>
<td>Stoughton School District</td>
<td>Dr. Tim Onsager</td>
</tr>
<tr>
<td>Oregon School District</td>
<td>Courtney Odorico</td>
</tr>
<tr>
<td>Verona School District</td>
<td>Dean Gorrell</td>
</tr>
<tr>
<td>Central Madison School District</td>
<td>James Howard</td>
</tr>
<tr>
<td>Fitchburg School District</td>
<td>Dennis Beres</td>
</tr>
<tr>
<td>Sun Prairie School District</td>
<td>Tom Weber</td>
</tr>
<tr>
<td>DeForest School District</td>
<td>Janis Berg</td>
</tr>
</tbody>
</table>
Mt. Horeb School District  
Middleton School District  
Mazomanie School District  
Stoughton Law Enforcement  
Oregon Law Enforcement  
Verona Law Enforcement  
UW Law Enforcement  
Fitchburg Law Enforcement  
Sun Prairie Law Enforcement  
DeForest Law Enforcement  
Mt. Horeb Law Enforcement  
Middleton Law Enforcement  
Mazomanie Law Enforcement  
Stoughton Mayor  
Oregon Village Board President  
Verona Mayor  
Madison Mayor  
Fitchburg Mayor  
Sun Prairie Mayor  
DeForest Village President  
Mt. Horeb Village President  
Middleton Mayor  
Mazomanie Village President  
Stoughton Community Center Director  
Verona Community Center Director  
Central Madison Community Center Director  
Fitchburg Community Center Director  
Sun Prairie Community Center Director  
DeForest Community Center Director  
Mt. Horeb Community Center Director  
Middleton Community Center Director  
Mazomanie Community Center Director  
Health Council Staff Team  
Stoughton Hospital Board  
Covenant Lutheran Church, Stoughton  
START (Stoughton Area Resource Team)  
START  
Stoughton Community Member/Home Health RN  
Stoughton Business Leader  
Skaalen Nursing Home  
Supporting Families Together
# Appendix C: Healthy Dane Focus Group Attendees

<table>
<thead>
<tr>
<th>Wednesday, August 8, 2012  9:30-10:30</th>
<th>Sun Prairie Library, Angie Bloyer, Jodi Neitzel, Beth Pinkerton</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td><strong>Agency</strong></td>
</tr>
<tr>
<td>Bob Power, Exec Direc</td>
<td>Colonial Club Senior Center</td>
</tr>
<tr>
<td>Christine Rader, Division Dir</td>
<td>March of Dimes</td>
</tr>
<tr>
<td>Bonnie Loughran, Exec Dir</td>
<td>NAMI of Dane County</td>
</tr>
<tr>
<td>Brenda Dottl, RN</td>
<td>Stoughton Hospital Home Health</td>
</tr>
<tr>
<td>Alison Prange, Exec Dir</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>Carrie Wall, Exec Dir</td>
<td>YMCA of Dane County</td>
</tr>
<tr>
<td>Nicole L Vesely, Program Coord</td>
<td>UW Health</td>
</tr>
<tr>
<td>Jennifer Ellestad, Comm Advocacy</td>
<td>Dean Clinic</td>
</tr>
<tr>
<td>Kristin Burki, Director of Services</td>
<td>Domestic Abuse Intervention Services</td>
</tr>
<tr>
<td>Sally Zirbel Donisch, Health Services</td>
<td>Madison Metropolitan School District</td>
</tr>
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<table>
<thead>
<tr>
<th>Thursday, August 9, 2012  3:30-4:30</th>
<th>Stoughton Library, Angie Bloyer, Laura Mays, Beth Pinkerton</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td><strong>Agency</strong></td>
</tr>
<tr>
<td>Bradley D. Schroeder, Employee Benefit Specialist</td>
<td>Stoughton Business Owner-Insurance</td>
</tr>
<tr>
<td>Cindy McGlynn, Director</td>
<td>Stoughton Senior Center</td>
</tr>
<tr>
<td>Amy L. Miller, Community Education Director</td>
<td>Oregon School District</td>
</tr>
<tr>
<td>Donna Olson, Mayor</td>
<td>City of Stoughton-Government</td>
</tr>
<tr>
<td>Cathy Rigdon, Director</td>
<td>Stoughton Emergency</td>
</tr>
<tr>
<td>Sharon Mason-Boersma, Social Worker</td>
<td>Management Services</td>
</tr>
<tr>
<td></td>
<td>Joining Forces for Families - Dane County</td>
</tr>
</tbody>
</table>

*Appendix C, continued*
<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lynn Green, Exec Dir</td>
<td>Dane County Human Services</td>
</tr>
<tr>
<td>Dr. Floyd Rose, Exec Dir</td>
<td>100 Black Men of Madison</td>
</tr>
<tr>
<td>Kelly Anderson, Exec Dir</td>
<td>Rape Crisis Center</td>
</tr>
<tr>
<td>Michelle Heitzinger, Exec Dir</td>
<td>Susan G. Komen of South Central WI</td>
</tr>
<tr>
<td>Eva Brummel, Learning Coordinator</td>
<td>Wisconsin Perinatal Association</td>
</tr>
<tr>
<td>Dan Foley, Exec Dir</td>
<td>Neighborhood House Community Center</td>
</tr>
<tr>
<td>Bobby Peterson, Exec Dir</td>
<td>ABC for Health</td>
</tr>
<tr>
<td>Penny Kasprzak, Assoc Dir</td>
<td>American Diabetes Association, WI Chapter</td>
</tr>
<tr>
<td>Shiva Bidar-Sielaff, Co-Chair</td>
<td>Latino Health Council</td>
</tr>
<tr>
<td>Tom Luedtke, Corp Events Dir</td>
<td>American Heart Association, WI Chapter</td>
</tr>
<tr>
<td>Astra Iheukumere, Mayoral Aide</td>
<td>City of Madison, Mayor's Office</td>
</tr>
<tr>
<td>Lisette Khalil, Development Dir</td>
<td>Wisconsin Women’s Health Foundation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lannia Syren Stenz, Exec Dir</td>
<td>Gilda’s Club of Madison</td>
</tr>
<tr>
<td>Ken Taylor, Exec Dir</td>
<td>Wisconsin Council on Children and Families</td>
</tr>
<tr>
<td>Sandy Erickson, Dir, Community Impact</td>
<td>United Way Dane County</td>
</tr>
<tr>
<td>Steve Hiniker, Exec Dir</td>
<td>1000 Friends</td>
</tr>
<tr>
<td>Kent Craig, Exec Dir</td>
<td>Centro Hispano</td>
</tr>
<tr>
<td>Muriel Nagle, Director of Health Promotion</td>
<td>University Health Services</td>
</tr>
<tr>
<td>Lorri Wendorf-Corrigan, Neighborhood Services Coord</td>
<td>City of Madison, Community Development Division</td>
</tr>
<tr>
<td>Julie Willems Van Dijk, RN, PhD</td>
<td>UW-Madison, Population Health Dept.</td>
</tr>
<tr>
<td>Hedi Rudd, Program Coord</td>
<td>Urban League of Greater Madison, Promise Zone</td>
</tr>
<tr>
<td>Jeff Burkhart, Exec Dir</td>
<td>Literacy Network</td>
</tr>
</tbody>
</table>
## Appendix D: Community Prioritization Matrix

**Community Prioritization:** Have your community partners or community members on your CHNA work team complete the ranking below. A high "total priority score" indicates the highest prioritized, most pressing need.

**Instructions:** For each of the identified community needs, please select the rating that best describes your agreement with the statements below and write it in the box below the question.

<table>
<thead>
<tr>
<th>Severity</th>
<th>Importance to Community</th>
<th>Impact</th>
<th>Existing community resources</th>
<th>Total Priority Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Identified Community Needs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>In my opinion, this is a serious health need within this community.</td>
<td>In my opinion, addressing this health need is very important to this community.</td>
<td>In my opinion, addressing this health need will improve the quality of life within this community.</td>
<td>In my opinion, there are no resources for addressing this health need within this community.</td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Drugs/Poisoning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma/COPD</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>CVA/HTN</td>
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<td></td>
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<tr>
<td>Birth Outcomes</td>
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</table>
Appendix E: Stoughton Hospital CHNA Internal Prioritization Team

Terry Brenny
President/Chief Executive Officer

Karen Myers
Vice-President Finance/Chief Financial Officer

Teresa Feidt, RN, MBA
Chief Nursing Officer/Vice-President of Outpatient Services

Amy Hermes, RN, BSN
Associate Vice-President of Inpatient Services

Chris Schmitz
Associate Vice-President of Human Resources

Laura Mays
Business Development/Public Relations Director

Stefanie Gerberding
Foundation Director

Susan Corcoran, Community
Education Coordinator

Sommer Perry
Regional Strategic Planner, SSM Healthcare of Wisconsin
### Appendix F: Stoughton Hospital Team Prioritization Matrix

**Internal Prioritization:** Once community members have created a list of priorities, using the newly prioritized list of needs, complete the ranking below. A high "total priority score" indicates the highest prioritized most pressing need.

**Instructions:** Please rank each of the identified needs using the following criteria and scale.

<table>
<thead>
<tr>
<th>Magnitude</th>
<th>Alignment with Mission, Key Strategies &amp; Priorities</th>
<th>Resources Needed to Address the Issue</th>
<th>Hospital's ability to Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Red Zone OR Yellow Zone &amp; HP 2020 Target Not Met</td>
<td>Consistent with 2 or more strategies or priorities</td>
<td>No additional resources needed; service is currently in place</td>
</tr>
<tr>
<td>3</td>
<td>Yellow Zone OR Green Zone &amp; HP 2020 Target Not Met</td>
<td>Consistent with one of the strategies or priorities</td>
<td>Minimal resources needed to extend a current service</td>
</tr>
<tr>
<td>1</td>
<td>Green Zone</td>
<td>Inconsistent with the strategies or priorities</td>
<td>Requires significant resources</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identified Community Needs</th>
<th>Total Priority Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
</tr>
<tr>
<td>Drugs/Poisoning</td>
<td></td>
</tr>
<tr>
<td>Asthma/COPD</td>
<td></td>
</tr>
<tr>
<td>CVA/HTN</td>
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<tr>
<td>Birth Outcomes</td>
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Endnotes


23 CDC Behavioral Risk Factor Survey, data provided by the Wisconsin Division of Public Health.


