File Name   SDEPrAffordability&SocialEquityHealthCare100329

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Sustainability Categories   Affordability and Social Equity; Children,
                                Health & Safety

Compelling Vision
Madison is a sustainable city that ensures social equity by building diverse
neighborhoods with equal access to quality education, affordable housing,
and accessible health care.

Scope   City of Madison

Systemic Threats
- Education: Current achievement gap in Madison School system is the
  highest in the country. The high mobility rate of economically
  disadvantaged students poses a significant challenge to their academic
  performance by disrupting the continuity of their instruction and
  undermining their sense of community in a particular school.
- Affordable Housing: Poverty in Dane County is rising at 9 times the
  national average and the poverty rate in Madison is approaching 18%,
  an increase of almost 3% in the past 10 years. Section 8 vouchers are
  closed and there is a one-year wait for subsidized housing. Landlords
  offering lower rents struggle to maintain properties let alone improve
  them to make them accessible to the disabled and free of
  environmental hazards. Often located in environmentally toxic areas,
  affordable housing can be a health hazard.
- Health Care: The financing of comprehensive national health care
  reform is in jeopardy and health care costs are rising, putting more
  burden on state-run health insurance which is already over-taxed. The
  rate of insured in Dane County is nearing 10% with ongoing concerns
  about an obesity epidemic and the aging population increasing health
  care demands.

Systemic Opportunities
- Education: Improvements in test scores and graduation rates increase
  employability of students in at-risk neighborhoods.
- Affordable Housing: Diverse neighborhoods that include permanent
  affordable housing provide stability to at-risk households, increasing
  employment opportunities and participation in the community.
  Stimulus money to improve energy efficiency/accessibility and
  eliminate environmental hazards encourages improvements in
  affordable housing, creates jobs and ultimately lowers stress on

families, freeing up energy to support children's educational and emotional growth. Decreasing homelessness lowers demands and budgetary requirements for social service agencies.

- Health Care: Affordable health care for all decreases costs of emergency room use for non-emergency concerns; eliminates need for care by promoting preventive practices; decreases infant mortality rates. The local health care providers have a history of collaboration with Public Health in providing care to uninsured children. Madison has top health care delivery systems capable of delivering comprehensive care to all residents. Technology offers new opportunities for non-traditional delivery of healthcare (e.g. retail clinics, worksite programs, telemedicine, group visits).

Significant TNS System Condition violations

People are not subject to conditions that systematically undermine their capacity to meet their needs.

Any household living at poverty level or below struggles to meet basic needs such as food, clothing, health care, and child care. This leads to breakdowns in the family support system, increased crime, higher school drop-out rates, greater needs for social services, and increased governmental intervention and budgetary requirements.

It is hoped that the Sustainable Design and Energy Committee will be mindful of this TNS System Condition and integrate social equity concerns in all proposals.

Goal A   Closing the Achievement Gap

Narrative

The Wisconsin Knowledge and Content Exam (WKCE), administered to students across the state, reflects significant achievement gaps that exist between white, middle-class students and economically disadvantaged students of color. White and middle class students outperform non-white and economically disadvantaged students in standardized test scores in both reading and math. The reasons for this disparity are deep-rooted and complex. The high mobility rate of low-performing students represents one of the Madison school system's greatest challenges. Broken families, illiterate, unemployed or overworked parents who feel threatened by or alienated from their children's schools are also contributing factors.

Closing the achievement gap will require a multi-faceted approach that goes beyond school reform. How do teachers establish bonds with and encourage the progress of students who don't stay in any one school for more than a few months. How do such students assimilate into a learning community in order to improve their reading and math scores? What can the schools and

community do to encourage more parents of underprivileged children to take a more active part in their children's education and reinforce the importance of academic success and lifelong learning? How can we teach sustainable practices that instill a sense of place and respect for nature?

The city's Sustainable Design and Energy committee, in an attempt to play its part in an integrated approach to addressing these questions, offers the following overview and suggested solutions.

Goal
A1. Make changes in the existing school structure to help close the achievement gap

Sub-Goals
A1.1 Reorganize schools

A1.2 Lower class size

A1.3 Provide professional development to teachers

A1.4 Provide after-school tutoring and clubs

A1.5 Balance curricula across all schools

A1.6 Advocate for nutritious lunch programs

A1.7 Encourage schools to buy from local sources

A1.8 Create models of sustainable practices

A2. Give priority to inclusive education within communities

Sub-goals
A2.1 Develop magnet and charter schools

A2.2 Encourage city-wide walking buses and biking

A2.3 Promote city-wide health challenge

A2.4 Provide opportunities for schools to be more connected to neighborhood and city

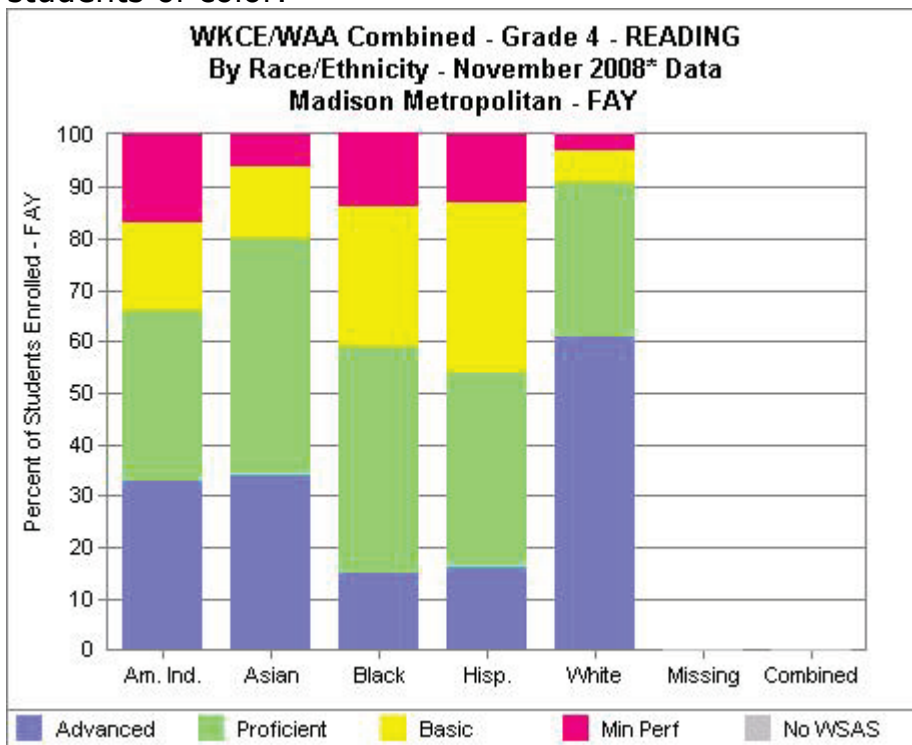**A3. Set standards for school buildings that comply with city-wide green initiatives**

Sub-goals

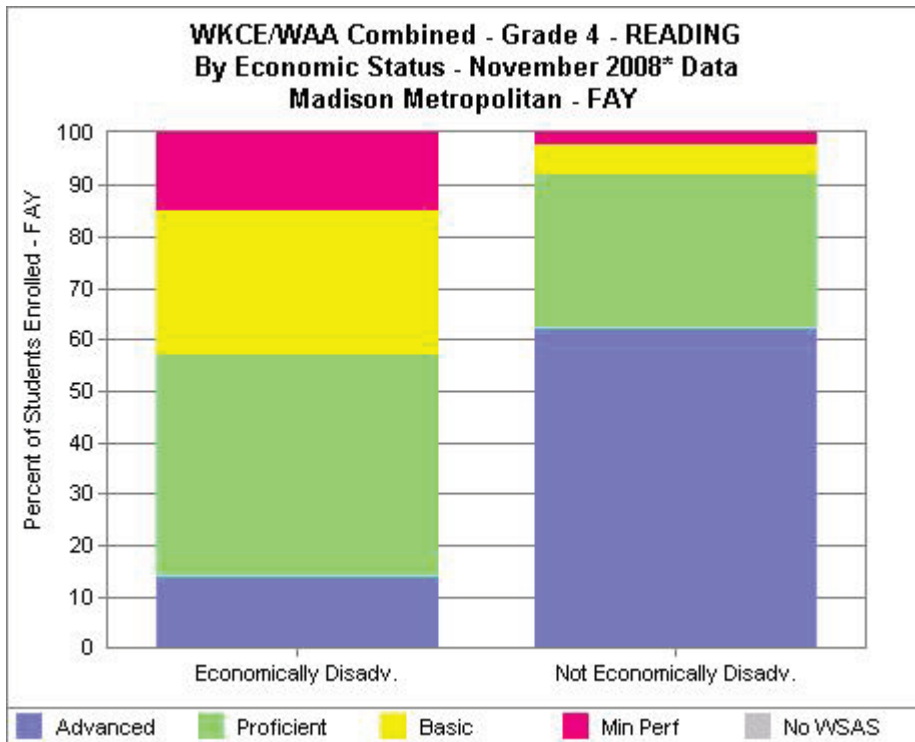## A3.1 Develop a sustainability office within the MMSD

A3.2 Upgrade facilities to green standards

A3.3 Build sustainable new structures

Baseline

The Wisconsin Knowledge and Content Exam (WKCE), administered to students across the state, reflects significant achievement gaps that exist between white, middle-class students and economically disadvantaged students of color.

WKCE/WAA Combined - Grade 4 - READING
By Race/Ethnicity - November 2008* Data
Madison Metropolitan - FAY

WKCE/WAA Combined - Grade 4 - READING
By Economic Status - November 2008* Data
Madison Metropolitan - FAY

Chart: Percent of Students Enrolled - FAY by Economic Status (Economically Disadv. and Not Economically Disadv.) with categories Advanced, Proficient, Basic, Min Perf, No WSAS.

Gaps

White and middle class students outperform non-white and economically disadvantaged students in standardized test scores with more than 90% of the first group scoring either proficient or advanced in reading compared to less than 60% in the same categories for Blacks, Latinos and Native Americans.

Who are the major stakeholders?

- Students and their families
- Teachers
- School District Officials
- Industry
- Criminal Justice System

What are the major stakeholders' perspectives on the gaps?

The Madison Metropolitan School District's priorities include:

- All students complete 3rd grade able to read at grade level or beyond.
- All students complete algebra by the end of 9th grade and Geometry by the end of 10th grade.
- All students, regardless of racial, ethnic, socioeconomic or linguistic subgroup, attend school at a 94 percent attendance rate at each grade level.

Possible Solutions

- Smaller class sizes
- Increased professional development for teachers

- More funding for after-school and tutoring programs
- Reorganization of existing schools
- Creation of more charter schools
- Schools open longer each day
- Schools open year round
- Foster more neighborhood schools
- Create magnate schools that attract a diverse population city-wide
- Create a centralized sustainability office within the school district, one that addresses everything from purchasing and green building goals to social equity and affordability
- Foster more partnerships between schools and business community
- Foster more small learning communities outside the schools in places such as libraries and businesses
- Encourage more neighborhood centers with education-oriented programming

Possible Useful Resources
www.madison.k12.wi.us/ (Madison Metropolitan School District web) page
www.madison.k12.wi.us/priorities
www.countyofdane.com/foodcouncil (The Food Council)
www.ecoliteracy.org (The Center for Ecoliteracy)
The State of Black Madison 2008: Before the Tipping Point by the
    State of Black Madison Coalition

Goal B   Affordable Housing

Narrative
The lack of safe, stable, affordable housing for those who live at or below the poverty line in Madison leads to homelessness, constant mobility, stressed family life, challenges in gaining employment, low achievement rates in our schools, and limited access to health care. While great progress has been made since the early 2000's and there are many good initiatives in place to lower homelessness and offer more subsidized housing, the demand far exceeds the need. With Section 8 Housing vouchers closed and applicants for subsidized housing on one-year waiting lists, it is critical that new initiatives be implemented.

Encouraging diversification in all neighborhoods provides for greater stability and integration into the community for those living below the poverty line. Rehabilitating unsightly buildings and underutilized space for affordable housing meets a great need while improving neighborhoods. Offering employment opportunities within the neighborhood and/or easy access to affordable mass transit and social services lays the groundwork for a tenant's successful transition out of poverty. Creating housing that not only provides a roof over one's head, but a sense of community and opportunity

is crucial to eliminating homelessness and the need for subsidized housing in Madison.

Providing incentives to affordable housing landlords to enable renovation for energy efficiency and elimination of toxic materials increases the value of their property, improves quality of life for inhabitants, and lowers the city's carbon emissions. Creative approaches to building renovation—like training and hiring tenants to do the work—increases residents' likelihood to succeed.

Building new green affordable housing in stable neighborhoods not only increases the number of units available and lowers tenants' energy bills, but helps the city reach carbon emission reduction goals. The new construction also provides jobs. With access to training programs, those who are in need of the housing could be employed to construct their own future home.

With at least two capital campaigns for renovation and construction of new affordable housing ongoing in Madison (The Road Home and Porchlight), additional initiatives could be funded with more active participation on the part of the business community. Developing partnerships between businesses and non-profits would not only raise awareness of social equity issues, but create positive publicity for the corporate sponsors.

Sub-Goal
B1. Diversify Neighborhoods

Recommendation
B1.1) **Implement a city-wide plan to encourage diversification within our neighborhoods.**

What: Encourage neighborhood associations to integrate housing for the vulnerable into their community.

Why: Building bridges between socioeconomic classes results in greater stability for the vulnerable.

How: Using the City of Madison Neighborhood Indicators program, analyze neighborhoods for diversity, target neighborhoods most likely to welcome the challenge, develop pilot projects, and analyze results. If successful, expand program to other neighborhoods.

Recommendation
B1.2) **Build affordable housing on sites that are currently underutilized or unsightly.**

What: Rehab or tear down old buildings and convert the space into new affordable housing.

Why: Revitalize neighborhoods and provide housing for the vulnerable.

How: Working with Madison Neighborhood Associations, locate eyesores and/or underutilized buildings, work with developers to rehab or rebuild, partner with non-profits to obtain grants to build affordable housing for clients.

Recommendation
B1.3) **Ensure that all affordable housing is located within one-half mile of mass transit**

What: When integrating affordable housing into neighborhoods, evaluate mass transit access.

Why: Affordable housing residents need low-cost transit to get to jobs, social services, schools, and health care.

How: Evaluate mass transit access. If site is ideal for affordable housing and no mass transit is available, lobby for changes to mass transit system.

Recommendation
B1.4) **Locate affordable housing within walking distance of employment opportunities.**

What: Find employment opportunities near affordable housing.

Why: Average transportation cost is 17% of the family budget. If those living in affordable housing can eliminate that cost, they have a better chance of paying 30% of their income for affordable housing. Living close to work allows for more quality time with family and the opportunity to get involved in neighborhood programs.

How: Evaluate existing and potential employment opportunities near affordable housing, including maintenance within building itself.

Recommendation
B1.5) **Decentralize social services for easier access for those in affordable housing.**

What: Locate branch offices for social services within the neighborhoods that include affordable housing.

Why: With one job center on the East Side, it can take up to 2 hours for the un- or under-employed to get to this location. Having access to social services in the neighborhood where one lives means less stress/expense for those below the poverty line. A neighborhood facility is less threatening and helps build community.

How: Have mobile social service representatives assigned to open office space in the neighborhoods where affordable housing exists. Include social service agency office space in any new affordable housing multi-unit facilities.

Sub-Goal
B2. Provide incentives to upgrade existing low-income housing.

Recommendation
B2.1) Develop a ranking system for energy efficiency on low-income housing units.

What: Encourage low-income housing landlords to get energy audits and implement changes.

Why: Families below the poverty line benefit from lower energy bills. Wisconsin Home Energy Assistance Program (WHEAP) also benefits with less demand on their services.

How: Work with Focus on Energy and/or energy providers to develop a ranking/tracking system; provide free energy audits and implementation guidelines; reward those who take action with rebates/tax credits/publicity.

Recommendation
B2.2) Provide incentives to low-income housing landlords to eliminate toxic building materials in existing structures.

What: Develop relationships with contractors who are willing to provide their services for free or at cost to low-income housing landlords who may not be able to afford to upgrade for removal of toxic substances.

Why: Families below the poverty line suffer poor health in part due to toxic substances in their homes. Eliminating toxic substances can lower health care costs.

How: Inspect low-income housing for toxic substances with no penalty for non-compliance as long as upgrades are accomplished within a reasonable

timeframe. Connect landlords with contractors approved by the city to do the work at reduced rates.

Recommendation
B2.3) Develop training programs for tenants to do rehabilitation of the buildings they live in.

What: Offer tenants training in construction in exchange for work on their building.

Why: Working on one's own residence builds pride, encourages tenants to care for their residence, and builds community. Training builds job skills with the potential of employment at a living wage.

How: Work with construction companies/trade schools in the area to develop the program.

Sub-Goal
B3. Provide more green affordable housing.

Recommendation
B3.1) Locate new affordable rental units in a stable neighborhood near mass transit lines

What: Work with Porchlight[1], making their new facility a pilot project and model for future development.
--Follow Wentworth Commons[2] model in Chicago and develop a mixed-use multi-unit housing community with support services for low-income residents on first floor.
--Build units to meet LEED certification (or equivalent) with vegetable garden space on adjacent land or rooftop.

Why: Pilot project has the potential to transform an underutilized, unsightly space into new housing units and provide low-income tenants permanent housing with easy access to support services and mass transit. New construction provides jobs.

How: Developer works with city to locate site(s), holds neighborhood listening sessions, applies for grants/stimulus funds to begin construction.

Sub-Goal
B4. Create new partnerships to fund affordable housing.

Recommendation
B4.1) Partner local businesses with non-profits

What: Have a Fair to introduce local businesses to non-profits that are working on affordable housing.

Why: Business leaders who actually meet and become inspired by non-profit directors working on social equity issues are more likely to invest in their initiatives; encourage their employees to donate and/or volunteer; look for employment opportunities for those living below the poverty level; and build a long-term mutually beneficial relationship with the non-profit.

How: Incorporate a "giving back to the community" proponent to the M-Powering program for businesses. At the next conference, have non-profits present/exhibit their programs/needs/successful fund-raising campaigns. Invite PR firms to present creative fund-raising campaign ideas that benefit both the recipient and the corporate giver. One example: a recent WPR fund-raiser included a premium that was a contribution to Second Harvest.

Recommendation
B4.2) Partner with businesses/governmental agencies invested in new green technologies for in-kind contributions and grants.

What: Encourage non-profits to apply for grants with business/agencies looking for partners to showcase new green technologies.

Why: Business leaders/governmental agencies are looking for opportunities to be seen as socially responsible—building affordable housing that takes advantage of new green technologies makes for great public relations statements while addressing the need for permanent housing for Madison's at-risk population.

How: One example: MG&E contributed the geo-thermal system for the Lussier Community Education Center. See the Home Depot[3] website for another example. Review the Claretian Associates[4] affordable housing project in Chicago where the first ten homes were funded through US DOE's Zero Energy Homes program.

Baseline
There are 4,865 renter households and 1,976 owner households in Dane County with incomes of $20,886/yr (less that 30% of the County Median Income) who are not able to find/afford housing within their means.*

The Fair Market Rent (FMR) for a two-bedroom apartment in Madison is $846. To afford this without paying more than 30% of income on housing, a household must earn $33,840 annually. At a 40-hour work week, 52

weeks/year, this income level equates to an hourly rate of $16.27. Minimum wage in Madison is $6.55.**

A disabled person receives $674 monthly SSI payments. If that is an individual's only source of income, $202 in monthly rent is affordable while FMR for a one-bedroom apartment is $716.**

*Nan Cnare, United Way Dane County.
** Bob Jones, Public Policy Director, WISCAP

Additional data attached.

Gaps

Affordable Housing in Dane County	2008	Proposed 2015 Goal
Families w/greatest potential to be homeless	20,000	19,000
Supported by subsidized housing programs	9,000	9,450
Supported by eviction prevention programs	3,500	3,675
Supported by quality case management	1,900	1,995
Access to stable housing	120	126
Families requiring more than short stays in Shelter Systems	400	380
Notes:		
Madison numbers are approximately 2/3's of the totals.		
Data shows 2008 numbers as baseline for 2010.		
Goal is a 1% increase/decrease annually starting in 2010.		

Who are the major stakeholders?
Those who are most at stake are the unemployed, homeless, households earning less than 30% of the Dane County Median Income (CMI) and/or paying more than 30% of their gross income on housing. Those who have the power to influence this change include landlords, developers, banks, governmental and social service agencies and non-profit organizations.

What are the major stakeholders' perspectives on the gaps?
The unemployed, homeless, and households paying more than 30% of gross income on housing feel victimized by a system that does not enable them to become economically independent.
Developers, banks, and landlords are leery of committing resources to an at-risk population because of the potential negative impact on their bottom line.

Possible useful resources

- United Way Dane County created the Housing in Action Leadership Team Mobilization Plan in 2006. Nan Cnare is a source of the data used for the baseline in this document. (608) 246-4353, nanc@uwdc.org
- Bob Jones, Public Policy Director, WISCAP, works on housing affordability statewide, and provided some of the data in this document. 608-244-4064, bjones@wiscap.org
- Barbara Constans, Grants Administrator, Community Development Block Grants Commission advised on the status of grants issued for affordable housing. (608) 267-1983
- Sue Wallinger, CDBG Grants Administrator, author of 2008 Year End Data and Previous Years End Data Comparisons for Persons Served in Emergency Shelter; Transitional & Supportive Permanent Housing: Outreach; Tenant Services; and Financial Assistance Programs. (608) 261-9148
- Websites for green affordable housing initiatives follow. These are just two links. The Zero Net Energy Site has more examples beyond the Midwest.
  [4]http://www4.uwm.edu/shwec/zeronetenergy/res_midwest.html; [2]http://www.designadvisor.org/green/wentworth.htm
- Grant applications for green affordable housing: [3]http://www.homedepotfoundation.org/housing.html
- Local agencies with capital campaigns to purchase existing and/or build new affordable housing.
  - [1]Porchlight, Inc. http://www.porchlightinc.org/, Executive Director: Steven Schooler, schooler@tds.net,
  - The Road Home, http://road2la.org/about-us/default.htm, Executive Director, Rachel Krinsky, (608) 294-7998; rachelk@trhome.org
- Neighborhood Indicators Study http://madison.apl.wisc.edu/snapshot.html

Goal C   Offer Affordable, Accessible Healthcare and Encourage Wellness Activities

Obtaining affordable, accessible healthcare for all City of Madison residents is critical to improved health status and increased lifespan for Madison residents. Each resident should establish a "Medical Home" relationship with a primary care provider as a key to coordinating the delivery of various healthcare services in the most appropriate, cost-effective manner. In addition to coordinating care for acute medical problems, the concept of the Medical Home assures that appropriate preventive care and chronic disease

management is also provided. Local private medical providers, Public Health Department – Madison Dane County, Madison Metropolitan School District and United Way of Dane County have a history of collaborating on several medical pilot projects such as Adopt a School, Bridges to Excellence for the homeless, immunization response to H1N1 influenza and the Healthcare Access Pilot program for the uninsured.

Children and Blacks in Dane County are among the most vulnerable populations with respect to health status. The ability to leverage technology to deliver medical care "outside clinic walls" at schools and neighborhood locations in non-traditional ways, such as via mass immunization clinics, mobile clinics and 24/7 telemedicine, will be critical to providing accessible healthcare.

C1. Provide Accessible, Affordable Healthcare Services

C1.1) Offer City Residents without Health Insurance Coverage the Opportunity to Establish a Relationship with a Primary Care Provider or Care Team as a "Medical Home" for Access to Preventive Services and Chronic Disease Management

What: Develop a HealthCare Access Program for the uninsured coordinated through Dane County Health Council partnership of public and private healthcare providers and United Way Dane County

Why: Coordination of medical care delivery through the primary care "medical home" model is critical to gaining patient access to acute and preventive medical services delivered in the most appropriate, cost-effective setting

How: Strengthen the coordination of charitable programs currently offered by local Madison hospitals and clinics with the efforts of the Public Health Department – Madison Dane County to most cost-effectively care for uninsured individuals. Expand on the recent HealthCare Access Pilot (HAP) program piloted by the Dane County Health Council and United Way of Dane County that connected uninsured patients accessing emergency services with a medical clinic for follow-up care.

C1.2) Improve Access to Primary Care Services for School-age Children who are Uninsured

What: Expand Primary Care Access for Kids (PAK) a program offered by local health care providers of "adopting" Madison schools to provide medical care to uninsured children.

Why: Madison schools are serving an increasing number of uninsured children who are ineligible for BadgerCare programs and need medical care.

How: Local medical providers offer free primary care services at existing area medical clinics to children identified by school nurses as uninsured. These efforts improve how care is coordinated between school nurses and the medical community. Expansion of services to include dental care will be important to maintaining the health of these children.

C1.3) Offer Delivery of Medical Care "Outside Clinic Walls" to Improve Healthcare Access to Madison Residents

What: Strengthen partnership between Public Health Department – Madison Dane County, Madison Metropolitan School District (MMSD) and area health care providers to provide on-site medical services at schools and neighborhood locations.

Why: Access to medical care for the uninsured/underinsured is limited. In addition to elimination of financial barriers, convenient access to care is critical for patient compliance with preventive health screening and disease management treatment plans.

How: Offer on-site services that bring preventive care services to school or neighborhood locations such as community centers. This effort would assist in meeting the Healthy People 2010 goals for immunization of children <2 years of age and lead screening as well as increase the rates of cholesterol screening for adults.

In addition, provision of medical services via mobile clinics could expand the range of services to offer medical examinations and the provision of much-needed dental care to uninsured residents. Bringing care "outside clinic walls" would also encourage compliance with established treatment plans (e.g. asthma, diabetes care) to help residents better manage chronic disease.

C2. Promote Wellness

C2.1) Foster Programs for Healthy Eating and Exercise in Schools and Businesses

What:
- Foster more healthy eating programs in schools and businesses

- Change school lunch programs to include fresh local produce
- Change school and business vending machine policies to more healthy choices
- Encourage "walking school bus" programs throughout the city
- Encourage biking-to-work and exercise/weight loss programs in all businesses
- Support community gardening efforts in schools and neighborhoods
- Facilitate the participation of children from low-income families on school sports teams
- Offer summer programs for children to encourage life-long exercise. Studies indicate that fitness of children decreases during summer months. Dr. David Allen, University of Wisconsin pediatrician, has studied the health benefits of fitness in school age children.

Why: Most Madison residents do not meet the goal for eating healthy diets and maintaining desired weights. Many residents do not meet the goal for physical activity.

How: Create a City-wide "Healthy Living" contest in schools and businesses

Baseline for Goal C - Offer Affordable, Accessible Healthcare and Encourage Wellness Activities

Insurance Status in Dane Country 2004-2006

Insurance Status	Estimated Number	Est. Percent
Insured all last year	398,000	91%
Insured part of year	21,000	5%
Uninsured	16,000	4%

Types of Insurance Coverage

Type of Coverage	Estimate Number	Estimated %
Employer	362,000	82%
Private	12,000	3%
Medicaid	19,000	4%
Medicare	19,000	4%

Source: Bureau of Health Information & Policy, Wisconsin Family Health Survey, 2004-2006

Gaps
- Approximately 10% of the city's population lacks health care coverage.
- There is a larger disparity in death rates between Blacks and Whites in Dane County compared to the rest of Wisconsin.

- Most residents do not meet the goal for eating healthy diets and maintaining desired weights.
- Many residents do not meet the goal for physical activity.
- Healthy People 2010 goals to perform adequate lead testing of children and to test for lead and radon in homes have not been met in Dane County.

Who are the major stakeholders?
Public
Public Health Department – Madison Dane County
Private Sector Health Care Providers
Insurance Companies
Elected Officials

What are the major stakeholders' perspectives on the gaps?

Not all Madison residents have affordable access to healthcare. During 2004-2008, it was estimated that only 91% of Dane County residents had health insurance coverage throughout the year. With the current increase in the unemployment rate and State funding limiting enrollment in the BadgerCare Core Program, it is likely that the rate of uninsured is increasing. Individuals who are uninsured often utilize emergency rooms in times of crisis because lack of access to healthcare prevents them from using healthcare resources more appropriately. As a result, hospitals and insured residents bear the financial burden of the costs of uncompensated care. **The unmet needs for access to dental health services are significant in the Madison community.** Access to low cost dental services within Madison is limited. **The goal for immunization of children at 24 months of age is not being met.** In 2007, although 89% of 3 month olds were immunized, only 69% of children at 24 months of age were fully immunized. The rate of performing health screening tests such as pap smears and cholesterol levels on adults is lower than *Healthy People 2010* goals.

There is a larger disparity in death rates between Blacks and Whites in Dane County compared to the rest of Wisconsin. While Whites in Dane County have death rates lower than Whites statewide for the leading causes of death, Dane County Blacks have death rates comparable to Blacks statewide. 37% of Madison Blacks live in poverty compared to 11% of entire community. Black children in Dane County are 12 times more likely to be poor than White children.

Most residents do not meet the goal for eating healthy diets and maintaining desired weights. From 2000-2005, 75% of Dane County adults reported eating less than the recommended 5 servings of fruits and vegetables daily. The Wisconsin state goal is 40%. Only 11.9% of Dane County 7th and 8th graders and 6.8% of high school students reported eating the recommended 5 service of fruit and vegetables most days, lower than the rate for Wisconsin (28%) and the U.S. (20.1%) in 2005. From 2000-2006, over 54% of Dane County adults were either overweight or obese, falling short of the *Healthy People 2010* goal of 40%. 25.7% of children ages 2-5 in the WIC Program have a body mass index (BMI) that fell into either the overweight or obese range.

Many residents do not meet the goal for physical activity. Dane County reports a higher level of physical activity among residents than most Wisconsin communities but it does not meet the goal for adolescents. From 2004-2006, 42.5% of Dane County adults reported not getting the recommended amounts of moderate or vigorous exercise. Less than 50% of adolescents report physical activity in at least 5 of the past 7 days, and 17.5% reported no physical activity in the past 7 days.

Healthy People 2010 goals to perform adequate lead testing of children and to test for lead and radon in homes have not been met in Dane County. In 2008, only 22% of Dane Co. children less than 3 years of age were tested for lead poisoning. It is estimated that 35%-50% of children are at risk. Dane County has also not achieved the *Healthy People 2010* objective to test 50% of homes built before 1950 for lead hazards. As of 2004, only 25% of homes were tested. Dane County has a large number of older homes, approximately 21% of the total housing stock, which may still have lead hazards such as lead-based paints and plumbing. Only 25% of homes are reported as tested for radon. Individuals exposed to high levels of radon over time have a greater risk of developing lung cancer.

Resources:
Dane County: Health at a Glance 2008 Summary Report
Madison and Dane County Environmental Health Report Card - 2008
City of Madison data on health care, mortality rates, etc.
The State of Black Madison 2008: Before the Tipping Point by the
     State of Black Madison Coalition