

TO: Common Council and Boards, Commissions, and Committees  
FROM: Jessica Jones, Data & Innovation Analyst, Finance Department

SUBJECT: Health Strategies Memorandum  
DATE: 07/21/2022

## **Introduction & Background**

Under the Wisconsin State Comprehensive Planning Law (Statute 66.1001), cities, counties, and other local units of government are required to enact a Comprehensive Plan to guide their physical, social, and economic development over a 20-year planning period. Additionally, Comprehensive Plans are to be updated every 10 years to reflect growth, demographics, and economic changes.

The City of Madison adopted its first Comprehensive Plan in 2006, anticipating and supporting significant redevelopment in and near Madison's Downtown. It also emphasized sustainability, advocated for transit-oriented design, and encouraged compact and complete neighborhoods throughout the city. Subsequently, the 2018 Comprehensive Plan built upon those themes and anticipated emerging trends and issues, focusing on racial equity, inclusion, resiliency, community enhancement, and the creation of opportunities for future generations. Madison's Comprehensive Plan is commonly referred to as [Imagine Madison](#).

Imagine Madison defines six areas, or elements, to guide the City of Madison's policies, budgets, growth, and direction: Land Use and Transportation, Neighborhoods and Housing, Economy and Opportunity, Culture and Character, Green and Resilient, and Effective Government. Each element comprises related strategies and accompanying actions, as summarized in the [Imagine Madison Comprehensive Plan Appendix A](#).

However, health and safety, two prominent public concerns, are not explicitly presented as an element. Instead, early in the process of developing the Comprehensive Plan, health considerations were identified as guiding lenses to be applied throughout its elements, strategies, and actions. Additionally, the public health field has entered a new era called [Public Health 3.0](#), which focuses on the improvement of social, economic, and physical environments as they play significant roles in determining health outcomes, and the adopted Comprehensive Plan considers these in detail.

In support of Imagine Madison, the City has been working towards launching [Results Madison](#), an initiative that will link City services to its framework of goals, strategies, and actions. During the early stages of this linkage process, it became evident that health and safety services would need more explicit strategies and actions to be linked to the Comprehensive Plan. In order to eliminate this gap between Imagine Madison and Results Madison, the Data & Innovation Team in the Finance Department and Performance Excellence developed strategies and actions for a seventh element to go alongside the existing ones, namely Health & Safety.

This document focuses on the health aspect of the seventh element, presenting process for the development of one goal, four strategies, and fifteen accompanying actions, in the same style as Imagine Madison. These health goal, strategies, and actions are now combined with the safety goal, strategies, and actions developed in the spring of 2021.

Data and Innovation Manager Eleanor Anderson, Public Health Supervisor Sandra Bogar, Public Health Planner Justin Svingen, Performance Excellence Specialist Karalyn Kratowicz, and Comprehensive Planners Kirstie Laatsch and Brian Grady provided guidance with this project.

## Development Process

The process for developing the presented health strategies and actions involved research and consultation with subject-matter experts. This was divided into the following phases: research, first draft of strategies and actions, subject-matter expert consultation, second draft of strategies and actions, subject-matter expert review, third draft of strategies and actions, and key stakeholder consultation.

### Research

This first phase consisted of extensive readings on the following:

**Public Health Foundations.** Through the guidance of Public Health Supervisor Sandra Bogar, this research focused on the evolution of public-health views and approaches. In summary, public health practices developed from focusing on sanitation, food safety, and vaccination concerns to a modern version that additionally emphasizes cross-sectorial environmental, policy- and systems-level actions that directly affect social factors that determine health.

**Dane County's Health Status.** This research involved reviewing the 2019-2021 Community Health Assessment developed by the Healthy Dane Collaborative. The document combines population health data in addition to feedback gathered from the community through input sessions and interviews. Additionally, reports and data books developed by Public Health Madison & Dane County were reviewed to expand knowledge on specific health outcomes. Finally, the team gathered updated health data from Healthy Dane Collaborative and Wisconsin Department of Health Services.

**Public Health Madison & Dane County's Current Services and Plans.** All the content available on PHMDC's website was reviewed, including various strategic plans. This research provided a picture of the current services provided by Public Health Madison & Dane County and its vision and goals.

**Public Health Practices from Other Communities.** As a final step, other communities' Comprehensive Plans and Community Health Improvement Plans (CHIPs) were analyzed to provide inspiration for the writing of our health strategies and actions.

A detailed list of all sources can be found in [Appendix A: Research Sources](#).

### First Draft of Strategies and Actions

In this phase, areas of priority were identified based on the comprehensive research discussed above. Using an affinity diagram approach, these areas were organized into the following groups: Environmental Health and Safety, Mental Health and Substance Misuse, Physical Well-Being, and Health Inequities. Subsequently, these groups became the basis for the four health strategies. Lastly, multiple potential actions were drafted and reviewed by Public Health Supervisor Sandra Bogar and Planner Justin Svingen. With their help, four actions were selected for each strategy and lead agencies were identified, along with a comprehensive list of SMEs to consult.

### Subject-Matter Experts Consultation

After the development of the first draft of strategies and actions, 38 subject-matter experts from the fifteen agencies identified as leads were consulted to give insight about the role of their agencies on leading the action, give input into subject-matter language and wording choice, and further develop actions.

A list of all subject-matter experts consulted for each action can be found in [Appendix B: List of Subject-Matter Experts and Key Stakeholders Consulted](#).

## **Second Draft of Strategies and Actions**

In this phase, the health strategies and actions were further developed based on the feedback and suggestions from the subject-matter experts consulted. Most strategies and actions underwent minor to moderate changes, while Strategy 4 and its four accompanying actions were redrafted.

## **Subject-Matter Experts Review**

The second draft was then submitted to a second round of reviews by subject-matter experts to confirm alignment with their recommendations. All strategies and most actions were approved, and a few requests for changes on wording were made.

## **Third Draft of Strategies and Actions**

Following the final requests made by subject-matter experts, the third draft was finalized and submitted for a final review.

## **Key Stakeholders Review**

In this phase, the third draft of strategies and actions was shared with Public Health Planner Justin Svingen, Public Health Supervisor Sandra Bogar, Performance Excellence Specialist Karalyn Kratowicz, Planners Kirstie Laatsch and Brian Grady, and Public Health Director of Policy, Planning and Evaluation Aurielle Smith.

Following, the health draft was combined with the safety draft developed in the spring of 2021. Then, the complete health and safety list was presented to the Mayor's Management Team for a final review from department heads, including PHMDC director Janel Heinrich. This review resulted in the draft proposed in the [Resolution 71167](#).

## **Adoption Process**

In order to incorporate the health & safety goals, strategies, and actions into the City's Performance Excellence Framework, [Resolution 71167](#) was created and filed on May 27<sup>th</sup>, 2022. Plan Commission, Board of Health, Public Safety Review Committee, and Transportation Policy and Planning Board have been identified as part of this process as referrals based on the subject matter and past referrals from the Comprehensive Plan.

Based on the comments from the committees and commissions mentioned above and further staff analysis, an updated health and safety list has been recommended. The research materials and subject-matter experts consulted for this process have been included in Appendix A: Research Sources ([Adoption Process: Supplemental Research](#)) and Appendix B: List of Subject-Matter Experts and Key Stakeholders Consulted ([Adoption Process: Re-engagement and Recommended Changes](#)).

## **Inclusion of Reproductive Justice Actions**

During the adoption process, the U.S. Supreme Court decided to dismantle the constitutional protection of the right to have an abortion. As this decision has a big impact on health and safety outcomes, especially for marginalized communities, the staff team re-engaged with subject-matter experts in public health, policing, and law to explore ideas to potentially update the list of health and safety strategies and actions to highlight the City's goals around reproductive health and justice. Currently, two actions have been recommended, as presented in Appendix B: List of Subject-Matter Experts and Key Stakeholders Consulted under [Adoption Process: Re-engagement and Recommended Changes](#).

## **Discussion**

This section discusses factors and considerations important in shaping the final product.

## **Public Health Madison & Dane County's New Directions to Public Health 3.0**

As mentioned in the Process section, learning about the foundations of public health was the first step to understanding the role of PHMDC and City agencies in promoting the well-being of residents. Based on Public Health 3.0, the modern approach for public health practices, many of PHMDC's efforts and initiatives aim to improve the condition in which residents are born, live, work, and age, as they determine a person's health. Since Social Determinants of Health are already addressed by the other six elements in the Comprehensive Plan, translating this new public health approach into health strategies and actions without being redundant meant largely relying on the existing Imagine Madison strategies to capture these important components, while using the newly-drafted health strategies to add some additional areas of focus, and also to focus on other aspects of public health. [Appendix C](#) presents all the strategies and actions from the other six elements that would have been included as Health strategies and actions if not addressed elsewhere in the Comprehensive Plan.

### **Public Health 1.0 and 2.0 Practices**

It is important to note that Public Health 3.0 builds upon the successes of Public Health 1.0 and 2.0 practices. That is, public health is able to focus on social factors today because it has succeeded in providing essential services around systematized sanitation, food and water safety, immunization, and disease prevention and treatment. Thus, we found it vital to have actions supporting these services to prevent taking such ongoing practices for granted.

### **The Need for Partnerships**

Another important aspect of Public Health 3.0 is that efforts often involve partnerships with other City agencies and community organizations to generate collective impact. During the first round of consultations, the majority of subject-matter experts from PHMDC suggested that partnerships and coalitions were the most effective way to improve Madison's health outcomes. Moreover, some expressed PHMDC's limitations on addressing certain issues alone, with partnerships as a must-have practice. However, in the first draft, simply specifying that actions were to be done in partnership made these actions become repetitive and lose specificity. To overcome this challenge, the final draft includes details of what each partnership should try to accomplish, and how it should do so.

### **Limitations in the Development of Actions**

Two main limitations were observed in the development of actions. The first one, identified in the development of the initial draft, is the limitation of the number of strategies and actions allowed by this format, compared to the many health outcomes and potential efforts to address them. The second limitation came as a result of the first. The actions initially written had a broad approach to encompass many current services and potential future efforts. Thus, the biggest challenge was to further develop the initial drafts to balance specificity and room for growth.

### **Equity Considerations**

The goal for the proposed health strategies and actions is to ensure that Madison is a place where all residents are equitably impacted by public health efforts. It focuses on equity because Dane County health data shows racial disparities in Dane County's health outcomes. Moreover, in alignment with the City of Madison's Racial Equity & Social Justice Initiative, we encourage lead agencies to engage in further equity investigations and utilize [RESJI's Analysis Tools](#) when implementing the actions.

### **Community Input and Data**

Due to time constraints and COVID-19 distancing restrictions, it was not possible to develop and implement a community outreach process designed solely for the construction of health strategies and actions. However, the previously-mentioned efforts on which this work is built include comprehensive

community outreach to ensure that the health element is representative of the health characteristics, living experiences, and perspectives of our community. We analyzed the 2019-2021 Community Health Needs Assessment developed by the Healthy Dane Collaborative, which combines population health data (disaggregated by race) in addition to feedback gathered from the community through community input sessions and interviews, with a special focus on input from marginalized residents. Additionally, we analyzed various PHMDC data and reports that focus on underserved communities and health inequities, with most being products of PHMDC's [community initiatives](#).

## **Appendix A: Research Sources**

### **Public Health Foundations**

1. [Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century \(2017\)](#)

This article describes the definition of public health, the evolution from Public Health 1.0 to 3.0, and the influence of social determinants of health. It also contains CDC's recommendations to achieve Public Health 3.0.

2. [Public Health 3.0: A Call to Action to Create a 21<sup>st</sup> Century Public Health Infrastructure \(2016\)](#)

This white paper describes the progress on public health, the key influence of social determinants of health, and the Public Health 3.0 approach. Additionally, it presents the key findings from OASH-HHS National Dialogues, accompanied by recommendations to achieve public health 3.0.

3. [Public Health 3.0 – Healthy People Slide Presentation](#)

This slide presentation summarizes public health 1.0, 2.0, and 3.0. It also presents the five key recommendations to support public health departments.

4. [Shifting and Sharing Power: Public Health's Charge in Building Community Power \(2021\)](#)

Article published in NACCHO Exchange, the quarterly publication by the National Association of County & City Health Officials, that describes frameworks to explore the concepts of power and community power building as well as ways that health departments can use these concepts as part of a strategy to advance health equity.

### **Madison and Dane County's Health Data and Reports**

5. [Access to Health Care in Dane County \(2015\)](#)

PHMDC's issue brief on the challenges and inequities impacting access to care, including the perspective of local health advocates along with recommendations and progress tracking.

6. [Dane County LGBT+ Health and Wellness Profile \(2016\)](#)

PHMDC's research and recommendations on LGBTQ+ health. To inform the profile, in 2016, staff from PHMDC conducted sixteen community interviews with health care providers, non-profit organizations and LGBTQ+ advocates in Dane County.

7. [Dane County Maternal and Child Health Data Book \(2019\)](#)

PHMDC's data report on maternal and child health as product of the Fetal Infant Mortality Review (FIMR), which aims to improve our understanding of the conditions that contribute to stillbirth and infant death.

8. [Dane County Sexually Transmitted Disease Surveillance Report \(2019\)](#)

A report on Dane County's sexually transmitted disease incidences published by Wisconsin Department of Health Services.

9. [Healthy Dane Collaborative: Data Dashboards](#)

This tool, created by the Healthy Dane Collaborative, provides a one-stop resource for online access to community health indicators.

**10. [Opioid Epidemic in Dane County](#) (2018)**

PHMDC's issue brief on how the opioid epidemic is changing in Dane County, including racial inequities.

**11. [Oral Health in Dane County](#) (2016)**

This issue brief presents the factors affecting oral health, how PHMDC monitors community oral health, health inequities in oral health, and initiatives to improve population oral health.

**12. [Suicide in Wisconsin: Impact and Response](#) (2020)**

The report presents the Wisconsin Suicide Prevention Plan, a comprehensive approach to reduce suicide attempts and deaths, which includes some field providers' lived experiences and perspectives.

**13. [Task Force on the Aging of Dane County](#) (2004)**

A report on the effects of the "Baby Boomer" generation and how this will influence the social, economic, community, and political developments to come.

**Madison and Dane County's Community Assessments**

**14. [Dane County Community Health Needs Assessment 2019-2021](#) (2019)**

This 2019-2021 CHNA was collaboratively completed in 2018 by Healthy Dane partners: Group Health Cooperative, Public Health Madison Dane County, SSM Health-St. Mary's, Stoughton Hospital, UnityPoint Health-Meriter and UW Health. It combines population health data in addition to feedback gathered from the community through community input sessions and interviews to present a big-picture view of the factors impacting the health of our community.

**15. [Dane County Youth Assessment: High Schools Combined Report](#) (2018)**

The Youth Assessment is a collaborative effort led by the Dane County Youth Commission in partnership with the United Way of Dane County, Public Health Madison & Dane County, the City of Madison, seventeen public school districts, and one private school in Dane County. Dane County high school students have been surveyed regarding their opinions, concerns, attitudes, behaviors, and experiences.

**16. [Dane County Youth Assessment: Middle Schools Combined Report](#) (2018)**

The Youth Assessment is a collaborative effort led by the Dane County Youth Commission in partnership with the United Way of Dane County, Public Health Madison & Dane County, the City of Madison, seventeen public school districts, and one private school in Dane County. Dane County middle school students have been surveyed regarding their opinions, concerns, attitudes, behaviors, and experiences.

**PHMDC's Strategies and Services**

**17. [About Us Overview](#) (2020)**

The document contains a summary of PHMDC's services and programs.



**18. [Annual Snapshot \(2019\)](#)**

A short report on PHMDC's activities in 2019.

**19. [Annual Snapshot \(2020\)](#)**

A short report on PHMDC's activities in 2020.

**20. [Madison Dane County Violence Prevention: A Roadmap to Reducing Violence \(2021\)](#)**

PHMDC's comprehensive violence prevention plan that takes a public health approach.

**21. [Maternal and child Health Program Strategic Plan 2019-2023 \(2019\)](#)**

PHMDC's strategic plan for addressing Maternal and child health for the period of 2019 to 2023, in accordance with the Dane County Maternal and Child Health Data Book.

**22. [New Directions for PHMDC \(2014\)](#)**

The document describes the new directions for PHMDC, focusing on social determinants of health and inequity reduction.

**23. [Strategic Plan 2016-2020 \(2016\)](#)**

PHMDC's strategic plan for the period of 2016 to 2020, applying Public Health 3.0 recommendations.

## **Inspiration from Other Communities**

**24. Chicago's [Community Health Improvement Plan 2025](#)**

Chicago's Community Health Improvement Plan (CHIP). The priority action areas focus on housing, food access, environment, public safety, neighborhood planning and development, health and human services, and public health systems organizations.

**25. Chicago's [Comprehensive Plan](#)**

Chicago's Comprehensive Plan. Similarly to Imagine Madison, it does not have a public health element.

**26. Milwaukee's [Community Health Improvement Plan 2017-2022](#)**

Milwaukee's Community Health Improvement Plan (CHIP). The priority action areas focus on economic security, inclusive and fair society, and positive mental health.

**27. Milwaukee's [Comprehensive Plan](#)**

Milwaukee's Comprehensive Plan. Similarly to Imagine Madison, it does not have a public health element.

**28. Saint Paul's [Comprehensive Plan 2040](#)**

Saint Paul's Comprehensive Plan, with especial attention to the Community/Public Health Focus Area distributed throughout the document chapters (Land Use; Transportation; Parks, Recreation and Open Space; Housing; Water Resources Management).

**29. San Francisco's [Comprehensive Plan](#)**



San Francisco's Comprehensive Plan, with especial attention to the Community Safety element for emergency preparedness and response inspiration.

**30. San Francisco's [Community Health Improvement Plan](#)**

San Francisco's Community Health Improvement Plan (CHIP), with especial attention to the priority focus areas for the strategic plan.

**31. San Francisco's [Health Care Services Master Plan](#) (2019)**

The San Francisco Planning Department and the San Francisco Department of Public Health (SFDPH) jointly produce the Health Care Services Master Plan (HCSMP). The HCSMP identifies current and projected needs for health care services in San Francisco, with a focus on vulnerable populations.

**32. Scottsdale's [Comprehensive Plan 2035](#)**

Scottsdale's Comprehensive Plan, with especial attention to the Healthy Community Element.

**33. Seattle's [Comprehensive Plan](#)**

Seattle's Comprehensive Plan, with especial attention to the Community Well-being element.

**Adoption Process: Supplemental Research**

**34. [Dane County Community Health Needs Assessment 2022-2024](#) (2022)**

This 2022-2024 CHNA was collaboratively completed in 2021 by Healthy Dane partners: Group Health Cooperative, Public Health Madison Dane County, SSM Health-St. Mary's, Stoughton Hospital, UnityPoint Health-Meriter and UW Health. It combines population health data in addition to feedback gathered from the community through community input sessions and interviews to present a big-picture view of the factors impacting the health of our community. This report was used to ensure that the proposed strategies and actions are appropriate for the most current community needs.

**35. [Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health](#) (2016)**

This report was prepared by the U.S. Department of Health and Human Services (HHS) in 2016. It defines the term "substance misuse" as "the use of alcohol or drugs in a manner, situation, amount, or frequency that could cause harm to the user or to those around them." Public Health Education Specialist Sarah Johnson referred to this report as a justification for the use of the term "substance misuse" in strategy 2.

**36. [Drug Overdose Deaths in Dane County - Annual Report](#) (2022)**

This report was prepared by Public Health Madison & Dane County. It reports data updated through 2020 about drug overdose deaths, including the type of drugs linked to those deaths. Public Health Education Specialist Sarah Johnson referred to this report as a justification for not focusing only on fentanyl in strategy 2.

**37. [Common Council Resolution 72236](#) (2022)**

Resolution sponsored by Mayor Satya V. Rhodes-Conway, Alder Keith Furman, Alder Patrick W. Heck, Alder Erik Paulson, Alder Matthew J. Phair, Alder Syed Abbas, Alder Jael Currie, Alder Regina M.

Vidaver, Alder Tag Evers, and Alder Barbara Harrington-McKinney, to protect reproductive justice in the City of Madison.

**38. [News Conference: Public Health Expanding Reproductive Health Services in Dane County](#) (2022)**

Conference led by Dane County Executive Joe Parisi, Mayor Satya V. Rhodes-Conway, and Public Health Director Janel Heinrich on the expansion of reproductive health services provided by Public Health Madison and Dane County as a response to the overturning of Roe v. Wade.

**39. PHMDC's internal drafts (2022)**

Internal drafts in development by Public Health Madison and Dane County to understand the physical, psychological, and socioeconomic impacts of the overturning of Roe v. Wade on the Madison Community.

**40. [PHMDC's Blog Entry: Reproductive Justice is Public Health](#) (2022)**

Public Health Madison and Dane County's blog entry on reproductive justice.

**41. [PHMDC's Blog Entry: Public Health Madison & Dane County Statement on Supreme Court Decision on Abortion Rights](#) (2022)**

Public Health Madison and Dane County's blog entry on the overturning of Roe v. Wade.

**42. [Mayor Satya's Blog Entry: Mayor Satya Rhodes-Conway's Statement on the Overturning of Roes. Wade](#) (2022)**

Mayor Satya's blog entry on the overturning of Roe v. Wade.

## Appendix B: List of Subject-Matter Experts and Key Stakeholders Consulted

Strategies	Actions	SMEs / Stakeholders	Discussion Highlights
<b>Strategy 1</b> <b>Share power</b> through partnerships to <b>reduce inequities</b> in health outcomes.	a. Expand and continue the active involvement of community organizations and leaders in public health decisions through systematic consultation and co-creation.	<b>PHMDC</b> Justin Svingen Sandra Bogar Katarina Grande	General agreement on the final draft of strategy/action and on the role of PHMDC as Lead Agency. Other things to note: SME's suggested wording for overall strategy, and helped develop the theme of addressing racial inequities through partnerships and sharing power.
		<b>Planning</b> Brian Grady Kirstie Laatsch	General agreement on the final draft of strategy/action and on the role of Planning as Lead Agency.
		<b>Economic Development</b> Matt Mikolajewski	General agreement on the final draft of strategy/action and on the role of Economic Development as Lead Agency.
	b. Champion the missions of health-focused organizations working with local communities of color and other underserved communities through logistical, in-kind, financial, and advocacy assistance.	<b>PHMDC</b> Justin Svingen Sandra Bogar Katarina Grande	General agreement on the final draft of strategy/action and on the role of PHMDC as Lead Agency.
		<b>Planning</b> Brian Grady Kirstie Laatsch	General agreement on the final draft of strategy/action and on the role of Planning as Lead Agency.
		<b>Economic Development</b> Matt Mikolajewski	General agreement on the final draft of strategy/action and on the role of Economic Development as Lead Agency.

	c.	Improve the accessibility and impact of health communications and data to community partners by ensuring they are easy to find and understand.	<i>PHMDC</i> Justin Svingen Sandra Bogar Katarina Grande Crystal Gibson Brittany Grogan	General agreement on the final draft of strategy/action and on the role of PHMDC as Lead Agency.
	d.	Ensure community partnership success and longevity by systematizing communication and coordination.	<i>PHMDC</i> Justin Svingen Sandra Bogar Katarina Grande	General agreement on the final draft of strategy/action and on the role of PHMDC as Lead Agency.
			<i>Planning</i> Brian Grady Kirstie Laatsch	General agreement on the final draft of strategy/action and on the role of Planning as Lead Agency.
			<i>Economic Development</i> Matt Mikolajewski	General agreement on the final draft of strategy/action and on the role of Economic Development as Lead Agency.
<b>Strategy 2</b> Expand <b>mental health</b> and <b>substance misuse</b> services, awareness, and access.	a.	Continue to work with Dane County and other community partners to streamline the entry and referral system for mental health services, regardless of insurance status.	<i>PHMDC</i> Jami Crespo	General agreement on the final draft of strategy/action and on the role of PHMDC as Lead Agency Other things to note: Jami explained the current partnership with the County and their goal to make the mental health care system easier to navigate.
			<i>Fire</i> Che Stedman	General agreement on the final draft of strategy/action and on the role of Fire as Lead Agency.
	b.	Reduce loneliness and involuntary social isolation by working with community organizations serving marginal populations and areas to develop and provide culturally responsive, socially connecting programming.	<i>Community Development</i> Jim O'Keefe	General agreement on the final draft of strategy/action and on the role of Community Development as Lead Agency.
			<i>Senior Center</i> Sally Jo Spaeni Laura Hunt	General agreement on the final draft of strategy/action and on the role of Senior Center as Lead Agency. Other things to note: They communicated a goal of trying to make programming accessible throughout the city, not just downtown. The "marginalized areas" part in the action reflects this goal. Senior Center is part of the Community Development Division.
			<i>Parks</i> Lisa Laschinger	General agreement on the final draft of strategy/action and on the role of Parks as Lead Agency.

		<b>Library</b> Greg Mickells Krissy Wick	General agreement on the final draft of strategy/action and on the role of Library as Lead Agency.
		<b>Monona Terrace</b> Connie Thompson	General agreement on the final draft of strategy/action and on the role of Monona Terrace as Lead Agency.
	c. Pursue behavioral health approaches to mental health-related emergency calls and community needs.	<b>Fire</b> Che Stedman	General agreement on the final draft of strategy/action and on the role of Fire as Lead Agency.
		<b>PHMDC</b> Aurielle Smith Cindy Grady	General agreement on the final draft of strategy/action and on the role of PHMDC as Lead Agency.
		<b>Police</b> Matthew Tye Sarah Shimko	Matthew and Sarah were sent the final draft of the strategy and action for review, and did not return any comments.
	d. Work to reduce drug misuse and overdose rates, especially synthetic opioid misuse, through providing education and safer use tools to high-risk individuals, their friends and families, and their communities.	<b>PHMDC</b> Julia Olsen Ryan Sheahan Sarah Johnson Jami Crespo	General agreement on the final draft of strategy/action and on the role of PHMDC as Lead Agency. Other things to note: SMEs explained that many recent opioid overdoses are due to synthetic opioids, which require a different approach from prescription opioids.
	<b>Strategy 3</b> Promote the <b>physical health and well-being</b> of all residents.	a. Address racial disparities in birth outcomes by facilitating the entry of underserved pregnant people of color into culturally-aligned community services and health care system services through outreach and coordination with community partners.	<b>PHMDC</b> Daniel Stattelmann-Scanlan Katarina Grande Sarah Hughes
b. Expand the sexual health clinic's reach to new populations via tailored communications and culturally competent care.		<b>PHMDC</b> Jill Denson Margaret LaBorde	General agreement on the final draft of strategy/action and on the role of PHMDC as Lead Agency. Other things to note: Jill and Margaret communicated their goal of attracting new populations of clientele to the sexual health clinic and providing more updated, personalized educational materials.

	c. Promote public trust in vaccines by spearheading education and outreach efforts in conjunction with community groups, health care providers, businesses and other agencies.	<b>PHMDC</b> Daniel Stattelman-Scanlan Katarina Grande Sarah Hughes	General agreement on the final draft of strategy/action and on the role of PHMDC as Lead Agency.
	d. Encourage participation in fitness, recreational, and outdoor activities by making it easy and appealing for a broad range of communities and organizations to use parks and recreational programs.	<b>Parks</b> Lisa Laschinger	General agreement on the final draft of strategy/action and on the role of Parks as Lead Agency. Other things to note: Lisa helped us define this action by sharing how Parks work to encourage recreation activities.
<b>Community Development</b> Jim O'Keefe		General agreement on the final draft of strategy/action and on the role of Community Development as Lead Agency.	
<b>Planning</b> Brian Grady Kirstie Laatsch		General agreement on the final draft of strategy/action and on the role of Planning as Lead Agency.	
<b>Monona Terrace</b> Connie Thompson		General agreement on the final draft of strategy/action and on the role of Monona Terrace as Lead Agency.	
<b>Strategy 4</b> Support policies and services that foster <b>healthy and safe living environments</b> .	a. Continue to mitigate built environmental hazards through licensing, permitting, laboratory testing, inspection, regulation, and enforcement services.	<b>PHMDC</b> Bonnie Koenig John Hausbeck	General agreement on the final draft of strategy/action and on the role of PHMDC as Lead Agency. Other things to note: In addition to this action, the initial draft presented an action focusing on animal and pest control. Bonnie and John suggested the removal of the action because the services linked to animal and pest control are around licensing and laboratory testing.
<b>Building Inspection</b> Matthew Tucker JoseMaria Donoso Kyle Bunnow		General agreement on the final draft of strategy/action and on the role of BI as Lead Agency. Other things to note: SMEs suggested the addition of "permitting" services to the action.	
<b>Fire</b> Ed Ruckriegel		General agreement on the final draft of strategy/action and on the role of Fire as Lead Agency.	
<b>Water Utility</b> Joseph Grande		Joseph was sent the final draft of the strategy and action for review, and did not return any comments.	

	b. Continue to collect and convey solid waste and wastewater to maintain the sanitation and safety of physical environments.	<b>Streets</b> Charles Romines	General agreement on the final draft of strategy/action and on the role of Streets as Lead Agency.
		<b>Engineering</b> Kathy Cryan	General agreement on the final draft of strategy/action and on the role of Engineering as Lead Agency.  Other things to note: Kathy suggested switching “sanitary sewers” for “wastewater collection and conveyance.” Additionally, she suggested adding language around landfill services, but this was not added here because it is already present in the Green & Resilient element.
		<b>Building Inspection</b> Matthew Tucker JoseMaria Donoso Kyle Bunnow	General agreement on the final draft of strategy/action and on the role of BI as Lead Agency. Other things to note: SMEs suggested including BI as a Lead Agency in this action as they enforce things like junk, trash and debris on exterior areas of the property, storage of garbage and recycling carts on properties, and they are the ones who enforce things like large item removal.
	c. Manage emergency plans and systems to ensure coordinated and effective handling of 21st-century emergencies and disasters.	<b>Fire</b> Ed Ruckriegel	General agreement on the final draft of strategy/action and on the role of Emergency Management Command as Lead Agency. Other things to note: Ed suggested naming the Lead Agency as “Emergency Management Command.”  Initial draft had all agencies involved in emergency response named separately as Lead Agencies, but there are many agencies involved in various ways.
<b>Overall Draft</b>		<b>Human Resources</b> Karalyn Kratowicz	Provided direction around the wording structure of strategies and actions to align with the existing ones in the Comprehensive Plan. Also provided information on the development process of Safety Strategies. Lastly, reviewed third and final drafts.
		<b>Mayor’s Management Team</b>	Reviewed Health and Safety combined list and provided final feedback.
		<b>PHMDC</b> Aurielle Smith Justin Svingen Sandra Bogar	Provided information on PHMDC’s services, public health foundations, and SMEs related to each action. Lastly, reviewed third draft.
		<b>Planning</b> Brian Grady Kirstie Laatsch	Provided direction around the wording structure of strategies and actions to align with the existing ones in the Comprehensive Plan. Lastly, reviewed third and final drafts.



## Adoption Process: Re-engagement and Recommended Changes

Strategies	Actions	SMEs / Stakeholders	Discussion Highlights
<b>Strategy 2</b> Expand <b>mental health</b> and <b>substance misuse</b> services, awareness, and access.	d. Work to reduce drug misuse and overdose rates, especially synthetic opioid misuse (including fentanyl), through providing education and safer use tools to high-risk individuals, their friends and families, and their communities.	<i>PHMDC</i> Sarah Johnson	Sarah recommends the retention of the existing language with the addition of “(including fentanyl).”
<b>Strategy 3</b> Promote the <b>physical health and well-being</b> of all residents.	new Ensure a full range of equitable and evidence-based reproductive health services by strengthening and expanding programs and partnerships around education and outreach, pregnancy prevention and early detection services, and all-options counseling.	<i>PHMDC</i> Aurielle Smith Carl Meyer Katarina Grande Sarah Hughes	General agreement on the new action and on the role of PHMDC as Lead Agency.
[Safety] <b>Strategy 9</b> Reimagine public safety through an <b>equitable, intersectional</b> perspective that strengthens relationships between city agencies and the community.	new Establish law enforcement priorities that consider the need to protect the physical and legal safety of pregnant people and their care providers.	<i>Police</i> John Patterson	General agreement on the new action and on the role of Police as Lead Agency.
		<i>Attorney’s Office</i> Michael Haas	General agreement on the new action and on the role of the Attorney’s Office as Lead Agency.
<b>Overall Draft</b>		<i>PHMDC</i> Sandra Bogar	General discussion around the changes between the 2019-2021 and the 2022-2024 Community Health Needs Assessment.

## Appendix C: Health Strategies and Actions included in the Existing Elements

This appendix presents the strategies and actions of the existing six elements that contain topics that would have been included as Health strategies and actions if not addressed elsewhere in the Comprehensive Plan.

Please also note that, as presented in the [Discussion section](#), the concepts of Public Health 3.0 and Social Determinants of Health expand the concept of public into broad categories affecting wellness, like stable housing and employment. Although not highlighted here, many of the strategies and actions in other Comprehensive Plan elements pertain to the Social Determinants of Health.

### Land Use and Transportation

Strategies	Actions	
<b>Strategy 8</b> Expand and improve the city's <b>pedestrian and bicycle networks</b> to enable safe and convenient active transportation.	a. Proactively fill gaps in the pedestrian and bicycle network.	Engineering
	b. Continue to integrate pedestrian and bicycle safety improvements and amenities into new and reconstructed streets.	Engineering
	c. Update the subdivision ordinance to ensure that new developments incorporate the City's planned shared-use path network.	Planning
	d. Develop and adopt a citywide pedestrian and bicycle plan that advocates for implementation of modern design principles while also moving towards a financially sustainable maintenance program.	Planning

### Neighborhoods and Housing

Strategies	Actions	
<b>Strategy 5</b> Provide <b>housing options with health and social services</b> for residents who need it most, including residents experiencing homelessness.	a. Through partnerships, support organizations that provide temporary shelter and access to a full range of supportive services in or near affordable housing.	Community Development
	b. Continue to support the provision of tenant resources and information about housing rights and options, especially for low-income households.	Community Development
	c. Continue the permanent supportive housing program and monitor the success of the program in meeting the challenges of homelessness.	Community Development
<b>Strategy 8</b> Ensure <b>access to food</b> that is	a. Continue initiatives to support the introduction of neighborhood-serving grocery stores into under-served established neighborhoods.	Economic Development, Public Health

affordable, nutritious, and culturally specific.	b. Identify public and private spaces suitable for community gardens and explore expansion of existing gardens to meet demand.	Planning, Parks, Public Health
	c. Improve access to fresh foods by encouraging and facilitating the equitable distribution of farmers markets and farm stands.	Economic Development, Public Health
	d. Encourage initiatives that support the emergency food system and facilitate donation of near-expired, but high-quality, foods.	Public Health

## Economy and Opportunity

### Strategies

### Actions

<b>Strategy 7</b> Support efforts for businesses and consumers to <b>produce and buy local</b> food, products, and services.	a. Foster a Northside Food Innovation District.	Economic Development
	b. Continue implementation of the Madison Public Market and MarketReady program.	Economic Development
	c. Expand the Street Vending program.	Economic Development, Public Health

## Culture and Character

### Strategies

### Actions

<b>Strategy 3</b> Create <b>safe and affirming community spaces</b> that bring people together and provide social outlets for underrepresented groups.	a. Identify existing underutilized spaces, both public and private, and help facilitate their increased usage and activation.	Planning, Library
	b. Design a wide variety of new parks and public spaces in developing parts of the city for enjoyment by a broad range of users.	Parks, Planning
	c. Engage artists and talent to find positive ways for the City to improve its support of concerts, events, and gatherings, including encouraging music venues for a wider range of audiences.	Planning

## Green and Resilient

### Strategies

### Actions

### Lead Agencies

<b>Strategy 1</b> Protect Madison's water supply and infrastructure to provide <b>safe, clean drinking water</b> .	a. Continue the accelerated water main replacement program and infrastructure renewal program.	Water Utility
	b. Expand education programs related to appropriate salt application.	Water Utility, Engineering

	c. Pursue updates to the building code to expand use of rainwater harvesting and use of graywater for water conservation.	Planning, Building Inspection
	d. Continue to partner with Project Home to help homeowners make water conservation upgrades.	Water Utility
<b>Strategy 2</b> Improve <b>lake and stream water quality.</b>	a. Partner with other entities to keep phosphorus and other pollutants out of the lakes.	Engineering
	b. Increase frequency and efficiency of leaf collection and street sweeping to reduce phosphorus runoff.	Streets
	c. Further incentivize rain gardens and other types of green infrastructure.	Engineering
	d. Continue adaptive stormwater management and erosion control to prepare for more intense rain events.	Engineering
<b>Strategy 4</b> Acquire <b>parkland</b> and upgrade <b>park facilities</b> to accommodate more diverse activities and gatherings.	a. Incorporate preferences specific to different cultures, age groups, and abilities in parks and open spaces.	Parks
	b. Pursue acquisition of parkland in areas planned for or which have had significant redevelopment.	Parks
	c. Increase connectivity between parks and open spaces through greenways and trails.	Parks
<b>Strategy 7</b> Improve public <b>access to the lakes.</b>	c. Prioritize water quality improvements at public beaches.	Parks, Public Health
<b>Strategy 8</b> Reduce <b>landfilled waste.</b>	a. Establish a new westside full-service drop-off site for recyclables, hazardous materials, and yard waste.	Streets
	b. Establish a citywide food scrap recycling program.	Streets
	c. Create multi-lingual educational information about recycling and composting.	Streets
<b>Strategy 9</b> Support sustainable <b>farming and gardening</b> practices that protect the ecosystem and public health.	a. Work with partners to continue to support community gardens and associated infrastructure.	Mayor's Office, Community Partners, Parks
	b. Identify opportunities to support local food production within the City.	Mayor's Office, Planning
	c. Establish guidelines for sustainable agricultural best practices.	Mayor's Office, Parks

## Effective Government

### Strategies

### Actions

<b>Strategy 6</b> Improve <b>accessibility to government</b> agencies and services.	a. Provide language translation and interpretation to meet the needs of residents.	Civil Rights
	b. Consider new technology and systems, such as a 311 system for people to efficiently communicate with the City.	Finance, Information Technology

	c. Explore expanded office hours and satellite facilities to accommodate customers with varying work schedules or those who rely on transit.	Planning, Library, Police, Fire, Public Health
<b>Strategy 8</b> Continue to <b>build better relationships</b> between police officers and the diverse communities they serve.	a. Continue outreach programs that develop connections with individual residents and the community.	Police, Public Health
	b. Increase avenues for community feedback and influence in police practices.	Police, Public Health
	c. Continue Madison Police Department training in cultural competency.	Police, Public Health
<b>Strategy 9</b> Ensure all <b>neighborhoods are clean and safe</b> through the provision of quality non-emergency services.	a. Raise awareness of the City's Report-a-Problem service to increase use and quickly address resident concerns.	Engineering, Others
	b. Continue to pursue innovation and efficiency in the provision of core city services.	Engineering, Streets, Others