



Reducing Racial Disparities in Health Outcomes

**United Way
of Dane County**



The Power of Many. Working for All.



At United Way of Dane County, we're committed to addressing community health care needs and promoting overall well-being.

While our community remains a top place to live, raise a family and retire, for our BIPOC neighbors (including Black, Indigenous, Latinx, Southeast Asian and people of color) in Dane County, education, income and health inequities and disparities remain consistent. Unfortunately in Dane County, the color of your skin and the ZIP Code in which you live have a significant impact on your quality of life, life expectancy and a wide range of health outcomes.

The evidence is clear, and the need is urgent. Our focus is to reduce racial disparities in health outcomes and increase trauma and resiliency supports in Dane County.

WHY IT MATTERS

BIPOC community members are significantly more likely to experience lower-quality health care, have less access to resources like education and to experience prejudice in their professional and personal lives. One result of these experiences is stress, which contributes to medical conditions like high blood pressure, heart disease, stroke and eye disease.¹ Wisconsin and Dane County rank high in overall health care nationally. Yet, we have some of the worst health disparities in the nation.²

DANE COUNTY HEALTH DISPARITIES		Voiced by community	Data worse than benchmark	Data shows inequities
HEALTH OUTCOMES	COMMUNITY HEALTH NEEDS			
	Low birthweight births	•		•
	Infant mortality	•		•
	Death rate due to diabetes	•		•
	Death rate due to stroke			•
	Obesity prevalence	•		•
	Asthma exacerbation		•	•
	Mental health condition prevalence	•	•	•

Despite an abundance of high-quality health care, Dane County has some of the worst health disparities in the nation. In each instance data shows inequities based on race and ethnicity.

To see a much more comprehensive version of this chart and the data in this document, please visit www.unitedwaydaneconomy.org/mobilization-plans

¹ Williams DR, Sternthal M. Understanding racial-ethnic disparities in health: sociological contributions. J Health Soc Behav. 2010;51 Suppl(Suppl):S15-27. doi: 10.1177/0022146510383838. PMID: 20943580; PMCID: PMC3468327.

² 2019-2021 Dane County Community Health Needs Assessment. https://www.uwhealth.org/files/uwhealth/docs/pdf6/UW%20Health%202019-2021%20CHNA_FINAL.pdf

OUR VISION:

A Dane County Absent of Racial Health Disparities

By building on community, clinical and academic wisdom, we intend to improve health outcomes and reduce disparities across the county. Our strategies are built on an understanding of social determinants of health that includes an increased understanding of community-based strategies and increased diversity of the health care workforce to accelerate progress towards improving the health care outcomes for BIPOC community members.



Together, with the help of local programs and nonprofits, we will ensure that the places where Dane County residents receive social and medical health services provide an equitable, affordable, accessible and culturally-safe care experience that meets the unique needs of every population.

GOALS AND STRATEGIES:

1. REDUCE RACIAL HEALTH DISPARITIES IN DANE COUNTY

Health inequity arises from social, economic, environmental and structural disparities that contribute to intergroup differences in health outcomes both within and between groups identified by race.

Priority Strategies:

- Increase culturally relevant, reflective, and safe wellness models and programs defined and/or led by BIPOC communities.
- Increase capacity in communities to address health disparities for BIPOC residents (example: invest in Fund Health Programs that are community-based and in which disparities are persistent).
- Increase community-based health programs that address BIPOC communities.
- Advance clinic and community linkages to improve health access.
- Increase patient and/or family information exchange with desire to expand current levels of linkage across the care coordination continuum.
- Increase community-based maternal child health programming for BIPOC communities.

2: INCREASE RESILIENCY AND TRAUMA SUPPORTS FOR DANE COUNTY RESIDENTS

Intercultural clinical communication depends on more than language. Understanding and responding to patients' symptoms and concerns requires broader cultural knowledge.

Priority Strategies:

- Increase culturally-safe and responsive trauma and resiliency programs (example: mental health programming) for BIPOC communities.
- Cultural adaptation of behavioral or mental health intervention.
- Embed culture brokers* into care teams for individuals and families disengaged from mental health supports due to racism, power dynamics and distrust.

**Culture Brokers are paraprofessionals trained to act as mediators or go-betweens in clinical settings. They can provide the missing context to practitioners and patients to improve clinical communication. (Examples of Culture Brokers include: Community Health Workers, Health Education Specialists, Healthy Birth Ambassadors)*



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Full mobilization plan is available at www.unitedwaydanecounty.org/mobilization-plans