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HEALTH Mobilization Plan

Agenda for Change Health Goals:

> ➢ **Reduce racial health disparities in Dane County**
> ➢ **Increase resiliency and trauma supports for BIPOC Dane County residents**

The United Way Board recognizes our community wants to accelerate change in reducing racial disparities. To do that, the Health Community Solutions Team is taking an innovation approach to this mobilization plan. Typically, the Board requests a community level goal and macro change metric with a 5-year timeline to meet that goal; however, in the case of reducing racial health disparities, the CST recommended we not set a macro change metric (e.g. # insured, reduction in infant mortality, reduction in falls) in this plan. It is our expectation that starting with the large goal of reducing racial disparities at the beginning of this work, and increasing cultural responsiveness across service delivery, will ultimately increase health equity.

Problem Statement

The City of Madison and Dane County are routinely recognized as a top place for livability, education, opportunity and for being among the greenest communities in the country. In 2014, Madison was rated the best place to live in the United States. In 2019, Madison was named the best place to raise a family. In 2020, Madison was named the best place to retire. With an abundance of high-quality healthcare options, access to top-rated university and colleges, a vibrant tech and startup culture, Madison and Dane County should be communities where disparities in education, income and health outcomes are minimal. ***Unfortunately, disparities in income, education and health remain persistent in our county, and are some of the worst in the nation.***[1]

Health Equity

Across the nation, gaps in health are large, persistent and increasing—many of them caused by barriers at all levels of society. It is difficult to be healthy without access to good schools, jobs, safety and affordable living.

Health equity means increasing opportunities for everyone to live the healthiest life possible, no matter who we are, where we live, or how much money we make.. Health equity and health disparities are closely related to each other. Disparities in health and in the key determinants of health are how we measure progress toward health equity.

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[1] Dane County, Wisconsin – Community Health Needs Assessment
https://www.uwhealth.org/files/uwhealth/docs/pdf6/UW%20Health%202019-2021%20CHNA_FINAL.pdf

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Dane County does not have health disparities due to lack of quality care, in fact, the disparities are rooted in historical racism and customer experience.

<u>Racism is a Public Health Crisis</u>

With members of the Dane County Health Council, United Way of Dane County's Board adopted the American Public Health Association's Declaration that Racism is a Public Health Crisis in January 2019. Black, Indigenous, and People of Color (BIPOC) are significantly more likely to experience lower-quality healthcare, have less access to resources like education and to experience prejudice in their professional and personal lives. Medical conditions like high blood pressure, heart disease, stroke and anxiety all are the direct result of this health crisis.[2] **By definition, <u>a public health crisis</u> is something that hurts and/or kills people or impedes their ability to live a healthy, prosperous life**. Seeing racism in this light rather than as a nebulous social issue gives some substance and a way forward.

[3]Dane County has an abundance of high-quality health care. In fact, Wisconsin and Dane County rank high in overall health care nationally. Yet, we have some of the worst health disparities in the nation. The chart below shows the factors that contribute to health along with identified needs voiced by the community. In each instance data show inequities based on race and ethnicity.

		Identified Community Health Needs (Dane County, WI)	Voiced by Community[1]	Dane Data Worse than Benchmark[2]	Data Show Inequities[3]
Health Outcomes		Low birthweight births	✓		✓
		Infant mortality	✓		✓
		Death rate due to diabetes	✓		✓
		Death rate due to stroke			✓
		Obesity prevalence	✓		✓
		Asthma exacerbation		✓	✓
		Mental health conditions prevalence	✓	✓	✓
Factors Contributing to Health Outcomes in Dane County, WI	Health Behaviors	Food insecurity/Unhealthy eating	✓		✓
		Tobacco use		✓	✓
		Alcohol use	✓	✓	✓
		Drug use	✓	✓	✓
		Chlamydia incidence			✓
	Clinical Care	Access to health insurance	✓		✓
		Affordability of health care	✓		✓
		Ability to access care due to location and hours of operation	✓		✓
		Availability of culturally appropriate health care services	✓		*
		Access to dental care	✓		✓
		Access to mental health services	✓		✓
	Social and Economic Factors	Access to higher education	✓		✓
		High school graduation		✓	✓
		Income	✓		✓
		Older adults living alone	✓	✓	*
		Community relationships with law enforcement and the criminal justice system	✓		✓
	Physical Environment	Stressed housing	✓	✓	✓
		Unaffordable housing	✓	✓	✓
		Number of high ozone days		✓	*

[1]This represents concerns identified through the 2016 community voices video project, 2016 focus groups, and 2017-2018 community input sessions as part of the 2019-2021 Dane County Community Health Needs Assessment; [2]This represents areas where secondary data indicated the Dane County average is worse than state and/or national averages or established targets. This is limited to areas where comparison data exists, and does not reflect actual performance compared to ideal performance; [3]This represents areas where ethnic/racial, insurance payer, age, gender and/or income breakdowns show observable differences between

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[2] 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.
[3] 2019-2021 Dane County Community Health Needs Assessment.
https://www.uwhealth.org/files/uwhealth/docs/pdf6/UW%20Health%202019-2021%20CHNA_FINAL.pdf

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Sadly, despite major advances in medicine and public health during the past few decades, disparities in health and health care persist. Black, Hispanic/Latinx, Indigenous, South East Asian, and more communities of color are at disproportionate risk of being uninsured, lacking access to care, and experiencing worse health outcomes from preventable and treatable conditions than White individuals. This requires an insight into the social determinants of health, the structures and environments, policies and service delivery providers as critically important to understanding the key drivers of health.

Additionally, there is a growing body of evidence documenting the differences in access to health care, the quality of care, and health measures, including life expectancy and infant mortality, among these groups. Public health experts ascertain that the social environment in which people live, learn, work, and play contributes to disparities and are among the most important determinants of health throughout the course of life. Therefore, we must consider approach health broadly and from a culturally safe perspective. It will take an introspective, community involved approach to analyze what it truly means to have the 'best practices' in health care.

How We Will Respond. We propose a culturally safe response, built from braided wisdom (the collection of community, clinical and academic wisdom to improve health outcomes and reduce disparities), including increased understanding of the Social Determinants of Health (SDoH), community-based strategies and increased diversity of the health care workforce will accelerate progress toward reducing health disparities and improving the health of Black, Indigenous, Hispanic/Latinx, Southeastern Asian, and many other communities of color families in Dane County. Our partners at the Dane County Health Council[4] assess Dane County for disparities every three years. We will monitor our efforts in comparison to the combined efforts reflected in the disaggregated outcomes in the Dane County, Wisconsin Community Health Needs Assessment. The Agenda for Change strategies and outcomes are the same as SDoH of Dane County. With our focus on being a catalyst for eliminating the racial health disparities through investments and partnerships in affective programs in Dane County, we ascertain that income, education and 2gen will have overlapping positive impacts.

The evidence for Dane County is clear and the need is urgent. For this reason, we are focusing our Health Agenda for Change work on reducing racial disparities in health outcomes in Dane County.

Why it Matters

The reality of race, injustice, and chronic disease: It is abundantly clear that racism is lethal to Black Americans as well as Indigenous people and other communities of color. It kills in acts of individual and police violence against BIPOC and also by fueling more subtle socioeconomic conditions like inequitable access to education, housing, employment and bias in the judicial and criminal justice system that, in turn, contribute to serious health issues such as increased risk of diabetes, stress, maternal mortality, hypertension, asthma, mental health conditions, and heart disease.[5]

Personal toll. These factors, along with other realities into which many BIPOC people are born and live, work, and play (i.e., the social determinants of health) are key drivers of health inequities that, too often,

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[4] Note: the Dane County Health Council is a partnership between the health systems, the Madison Metropolitan School District, Dane County Madison Public Health, Access Community Health Center and United Way focused on sharing strategies and resources designed to improve the health and well being of Dane County.

[5] *Racism is undeniably a public health issue Identifying racism in this view could lead to positive change.*
https://www.popsci.com/story/health/racism-public-health/

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result in illness and premature death[6] The impact of racism (implicit, explicit, and systemic) on the lives of BIPOC is especially amplified now—during the COVID-19 pandemic and recovery—when communities of color face not only disproportionate numbers of underlying health conditions due to these realities and stress, but also inequitable access to health insurance, testing, treatment, and care.

Black/African Americans have disproportionately high COVID-19 death rates and are more likely to live in areas experiencing outbreaks

Black Americans make up 12.5% of the U.S. population but account for 22.4% of COVID-19 deaths

Shares of population vs. shares of COVID-19 deaths, by race
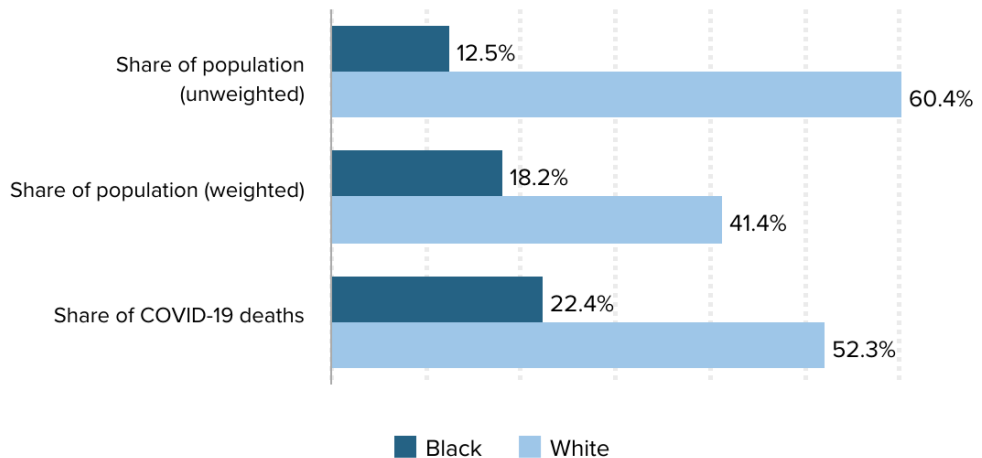
Notes: White refers to non-Hispanic whites, black refers to blacks alone. All shares are as of May 13, 2020. Shares of COVID-19 deaths are based on provisional death counts. Weighted population shares reflect the racial distribution of the geographic locations where COVID-19 outbreaks are occurring, and help to ascertain whether disproportionate deaths are occurring within certain racial groups.

Source: Centers for Disease Control and Prevention (CDC), Provisional Death Counts for Coronavirus Disease (COVID-19): Weekly State-Specific Data Updates.

Economic Policy Institute

The COVID pandemic has shined a bright light on the already existent disparate health outcomes for people of color. A recent report by the Economic Policy Institute shares that, "Given the disproportionate representation of Black workers in front-line occupations where they face greater risk of exposure to COVID-19 and have less ability to work from home, it is not surprising that illness and deaths are disproportionately found among black workers and their families." According to this date, African Americans' share of those who have died from COVID-19 nationally is nearly double (1.8 times higher than) their share of the U.S. population. Sadly, in Wisconsin the rate of African American deaths is more

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[6] Life Expectancy: Could where you live influence how long you live?https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html

Tab 3

than four times as high as their share of the population. (Meepagala and Romer 2020). By comparison, whites account for a smaller share of deaths than their share of the population.[7]

Economic Impact

Research reveals that the opportunities for healthy choices in homes, neighborhoods, schools, and workplaces can have decisive impacts on health. Health disparities have significant economic impacts and reducing and eliminating disparities is a moral imperative that is also advantageous to the US economy. These costs can include direct expenses associated with the provision of care to a sicker and more disadvantaged population, as well as indirect cost such as lost productivity, lost wages, absenteeism, family leave to deal with avoidable illnesses, and lower quality of life. Premature mortality alone imposes considerable cost on society in the form of lower wages, lost tax revenues, additional services and benefits for families of the deceased, and lower quality of life for survivors.[8] Eliminating these disparities in morbidity and mortality for people with less than a college education would have an estimated economic value of $1.02 trillion.[9] Moreover, in September, 2020, Citigroup released a report highlighting the economic impacts of reinforcing racism across income and education. Closing the Black racial wage gap 20 years ago might have provided an additional $2.7 trillion in income available for consumption and investment. Improving access to housing credit might have added an additional 770,000 Black homeowners over the last 20 years, with combined sales and expenditures adding another $218 billion to GDP over that time. Facilitating increased access to higher education (college, graduate, and vocational schools) for Black students might have bolstered lifetime incomes that in aggregate sums to $90 to $113 billion. Providing fair and equitable lending to Black entrepreneurs might have resulted in the creation of an additional $13 trillion in business revenue over the last 20 years. This could have been used for investments in labor, technology, capital equipment, and structures and 6.1 million jobs might have been created per year.[10]

The business case is clear. Eliminating the gaps between populations based on race is economically the right aim.

National Research

Health, as defined by the World Health Organization (WHO), is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." **The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, and economic or social condition.**[11]

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[7] Black workers face two of the most lethal preexisting conditions for coronavirus—racism and economic inequality Report • By Elise Gould and Valerie Wilson • June 1, 2020 https://www.epi.org/publication/black-workers-covid/#death-rates

[8] The Economic Burden Of Health Inequalities in the United States Thomas A. LaVeist, Ph.D., Darrel J. Gaskin, Ph.D., and Patrick Richard, Ph.D.

[9] Schoeni RF, Dow WH, Miller WD, Pamuk ER. The economic value of improving the health of disadvantaged Americans. Am J Prev Med. 2011;40

[10] CLOSING THE RACIAL INEQUALITY GAPS The Economic Cost of Black Inequality in the U.S Citi GPS: Global Perspectives & Solutions September 2020

https://ir.citi.com/%2FPRxPvgNWu319AU1ajGf%2BsKbjJjBJSaTOSdw2DF4xynPwFB8a2jV1FaA3Idy7vY59bOtN2lxVQM%3D

[11] Sartorius N. (2006). The meanings of health and its promotion. *Croatian medical journal*, *47*(4), 662–664.
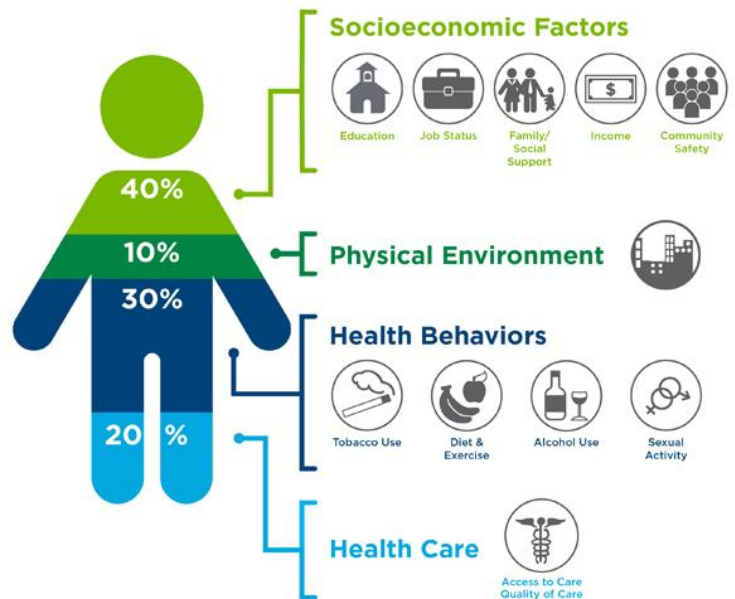
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There is a growing body of research that affirms, **what happens outside of a patient's clinical care – where a patient lives, what they eat and whether they have a support system – all have tremendous impact on patient health.** In fact, research suggests <u>medical care accounts for only 10 – 20 percent of health outcomes</u> while the other 80 – 90 percent are attributed to environmental and socioeconomic factors and individual behavior, collectively known as social determinants of health[12] (SDoH).

Evidence from the County Health Rankings confirms that "*Health is influenced by every aspect of how and where we live. Access to secure and affordable housing, safe neighborhoods, good paying jobs and quality early childhood education are examples of important factors that can put people on a path to a healthier life. But access to these opportunities often looks different based on where you live, the color of your skin, or the circumstances you were born into. Data show a persistent pattern in barriers to opportunity for people with lower incomes and for communities of color across the United States. Patterned differences in a range of health factors emerge from unfair policies and practices at many levels and over many decades.*[13]"

Health Care Access - Compared with Euro-Americans, Black, Indigenous and Persons of Color (BIPOC) are less likely to receive preventive health services and often receive lower-quality

What Goes Into Your Health?

Socioeconomic Factors — Education, Job Status, Family/Social Support, Income, Community Safety — 40%
Physical Environment — 10%
Health Behaviors — Tobacco Use, Diet & Exercise, Alcohol Use, Sexual Activity — 30%
Health Care — Access to Care, Quality of Care — 20%

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)
The Bridgespan Group

care. BIPOC members often demonstrate worse health outcomes for certain conditions. To combat these disparities, advocates say health care professionals must explicitly acknowledge that race and racism factor into health care. A recent Institute for Healthcare Improvement paper, "the forgotten aim," noted, as did the Institute of Medicine report, *How Far Have We Come in Reducing Health Disparities?*, how little progress has been made.[141516]

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[12] Kelly M. et al (2007). The social determinants of health: Developing an evidence base for political action. National Institute for Health and Clinical Excellence.
https://www.who.int/social_determinants/resources/mekn_report_10oct07.pdf
[13] https://www.countyhealthrankings.org/sites/default/files/media/document/CHR2020_WI_0.pdf
[14] https://www.commonwealthfund.org/publications/2018/sep/focus-reducing-racial-disparities-health-care-confronting-racism
[15] Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. Achieving Health Equity: A Guide for Health Care Organizations. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at ihi.org)
[16] https://www.ncbi.nlm.nih.gov/books/NBK100492/

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Maternal & Child health – Nationally, Black mothers die from pregnancy-related complications at three to four times the rate of white women. And while maternal mortality has been dropping in Sub-Saharan Africa, rates increased in the United States from 2000 to 2014. Socioeconomic status, education, and other factors do not appear to protect black women from this risk, while factors including smoking, drug abuse, and obesity do not explain the differences.

Local Data/Research

Wisconsin leads or is close to leading the nation in inequities including but not limited to: unemployment, labor force participation, median household income, poverty rates, poverty rates for households with children >18, educational attainment and completion rates, incarceration rates and individuals with no health insurance.[17]

Maternal, Infant, and Child Health

Infant Mortality Rate by Race and Ethnicity of Mother, 2017

The infant mortality rate experienced by infants born to non-Hispanic black mothers was **more than 2.5 times** the rate experienced by infants born to Asian or Pacific Islander mothers (10.9 versus 4.2 deaths under 1 year of age per 1,000 live births, respectively).

Infant deaths per 1,000 live births

Black, not Hispanic	10.9
American Indian or Alaska Native	8.3
Hispanic	5.1
White, not Hispanic	4.7
Asian or Pacific Islander	4.2

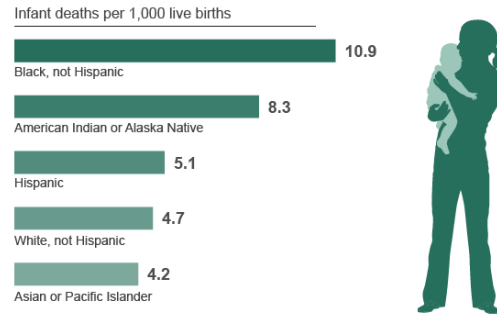Data source: Linked Birth/Infant Death Data Set, CDC/NCHS.

In Wisconsin and Dane County, individuals who are Black, Indigenous or a Person of Color experience persistent negative health outcomes at a higher rate than white individuals in our community. Moreover, Wisconsin is the only state in which the life expectancy gap between Black and White Dane residents has grown significantly, particularly for women, according to research.[18] The 2019-2021 Dane County Community Health Needs Assessment illuminated the same research that demonstrated that during this same period, the life expectancy gap between Black and White women in Wisconsin grew from 4.9 years to 6.4 years. As nationally recognized Black Women's Wellness expert, Lisa Peyton-Caire said, "These disparities are persistent and the **root causes** of these inequities are chronic, toxic stress over the life course, tied to generational economic **insecurity** and unmet social needs."

Dane County has five high-quality, award winning hospitals and health systems. An active County/City Public Health Department, a Federally Qualified Health Center and HealthConnect, a program that covers the cost of health insurance to those most in-need. Dane County has the resources and tools to deliver equitable access and culturally safe health programs to eliminate the disparities that remain persistent.

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[17] Gordon, C. Race in the Heartland - Equity, Opportunity, and Public Policy in the Midwest
Colin Gordon - *University of Iowa and Iowa Policy Project*
[18] http://archive.jsonline.com/news/health/life-expectancy-gap-between-blacks-and-whites-improves--but-not-in-wisconsin-b99324230z1-269883861.html

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Racism leads to trauma and chronic stress within BIPOC communities. Racism fosters environments that influence how individuals and families experience life differently from those whose lives have not been devalued. BIPOC people experience overt racism and bigotry far too often, which leads to a mental health burden that is deeper than what others may face. The pervasive and lasting impact of the stress of racism, known as weathering, affects body and brain, and produces an increased risk for mental health disorders. Exposure to racism or racial discrimination precipitates a chronic stress state, supported by studies showing higher levels of PTSD and increased disease risk[19].

A sad reminder
"A most sobering illustration of this crisis in one of our many engagement sessions was the testimony of a local church pastor who shared that within her church congregation, 8 babies have died at or shortly after birth in the past 7 years to seven families. Two died from sudden infant death syndrome (SIDS), the others from complications related to premature birth or unknown causes. The families are still struggling with the immense grief and loss of these unspeakable casualties."

Saving our Babies

Mental health and many common mental and behavioral health challenges are shaped to a great extent by the social, economic, and physical environments in which people live. Social inequalities are associated with increased risk of many common mental health diagnosis[20]. Furthermore, racism is a mental health issue because racism causes trauma. And trauma paints a direct line to mental illnesses, which needs to be taken seriously. Past trauma is prominently mentioned as the reason that people experience serious mental health conditions today.[21] Yet, obvious forms of racism and bigotry are just the tip of the iceberg when it comes to racial trauma.

The life experience of the BIPOC community in Dane County also reveals this gap. The 2018 Dane County Youth Assessment reveals a high level of stress for high school age students that likely grossly underestimates the levels of additional stress brought on by the COVID-19 pandemic.

"OF ALL THE FORMS OF INEQUALITY, INJUSTICE IN HEALTH CARE IS THE MOST SHOCKING AND INHUMAN." -MARTIN LUTHER KING JR.

- 54.7% of Dane County high school students reported feeling nervous or anxious always or often in the past 30 days.[22]

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[19] Harnett NG. Neurobiological consequences of racial disparities and environmental risks: a critical gap in understanding psychiatric disorders. Neuropsychopharmacology. 2020;45:1247–50.
[20] Campion J, Bhugra D, Bailey S, Marmot M. Inequality and mental disorders: opportunities for action. The Lancet. 2013;382(9888):183-4.
[21] bipoc mental health month 2020 outreach toolkit
https://mhanational.org/sites/default/files/2020%20BIPOC%20MHM%20TOOLKIT%20FINAL%206.29.20_0.pdf
[22] 2018 Dane County Youth Assessment, Dane County Youth Commission.

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- Over 36% of African-American Dane County high school students say they feel anxious always or often. That percentage increases to 48% for African-American girls.[23]
- 26% of Dane County high school students have felt sad or hopeless almost every day for at least 2 weeks in a row that stopped [them] from doing some usual activities.[24]
- 24.9% of high school females reported long-term (more than 6 months) depression.[25]

Every day, people of color experience far more subtle traumas. Some examples include:
• People who avoid BIPOC members and their neighborhoods out of ignorance and fear
• Banks and credit companies who won't lend BIPOC members money or do so only at higher interest rates
• Mass incarceration of their peers
• School curricula that ignore or minimize their contributions to our shared history
• Racial profiling

Racism Affects Maternal and Child Health Widely used as a measure of population health and the quality of health care, infant mortality is defined as the death of an infant before their first birthday. The infant mortality rate is not only understood as a measure of the risk of infant death; it is used more broadly as an indicator of a community's health status along with poverty, socioeconomic status, and the availability and quality of health services.

A recent analysis of Dane County public health data revealed a Black infant mortality rate as high as 15.4 infant deaths per 1,000 live births during the period of 2015-2017[26] This compares with 6.2 infant deaths per 1,000 live births for White infants. Additionally, low birthweight signals cause for concern. In Dane County, Black babies are 2x more likely to be born at low (less than 5 pounds, 8 ounces) or very low birth weight (less than 3 pound, 5 ounces) than White babies[27]

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[23] 2018 Dane County Youth Assessment, Dane County Youth Commission.
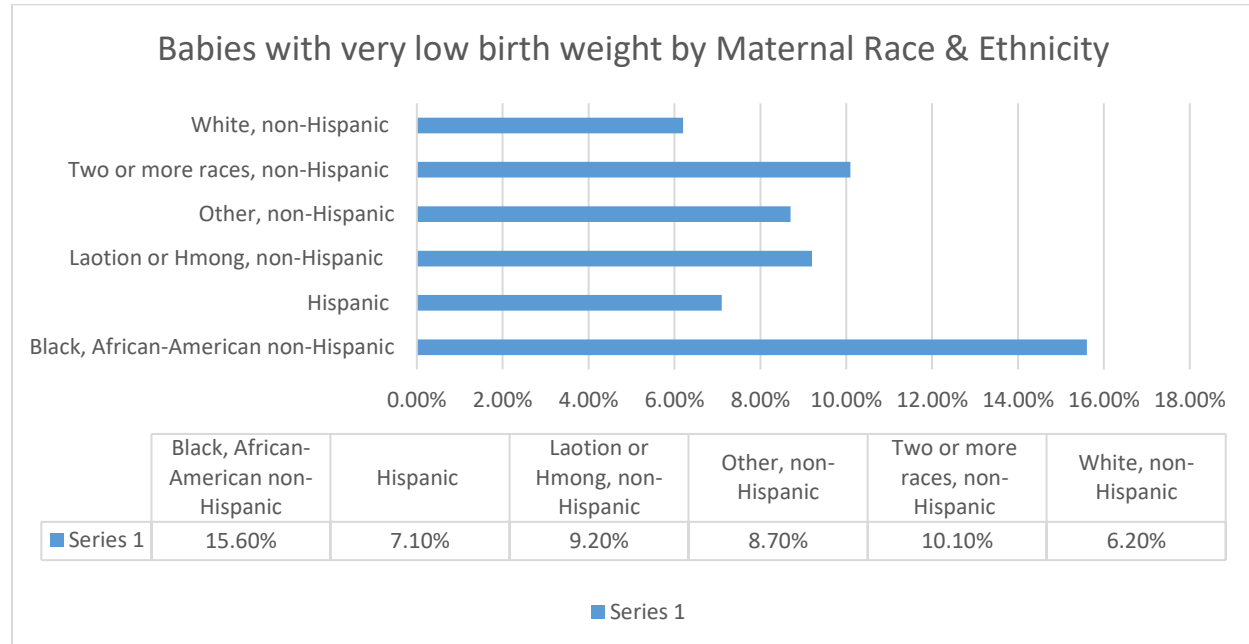[24] 2018 Dane County Youth Assessment, Dane County Youth Commission.
[25] 2018 Dane County Youth Assessment, Dane County Youth Commission.
[26] 2015-2017 Dane County Infant Mortality Rate, Public Health Madison Dane
[27] Wisconsin Department of Health Services. (2015) Retrieved from: http://healthydane.org

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Babies with very low birth weight by Maternal Race & Ethnicity

	Black, African-American non-Hispanic	Hispanic	Laotion or Hmong, non-Hispanic	Other, non-Hispanic	Two or more races, non-Hispanic	White, non-Hispanic
■ Series 1	15.60%	7.10%	9.20%	8.70%	10.10%	6.20%

■ Series 1

The Dane County Community Health Needs Assessment (CHNA) 2019-2021 findings note similar concerns:

1. The Dane County Health Council has identified Maternal Child Health as their shared #1 priority. Other shared priorities include: Chronic Conditions, Mental Health/Behavioral Health, and Substance Use Disorders.
2. Local data collected during the CHNA 2019-2021 process highlighted that inequities driving health outcomes remain persistent.
3. Chronic health challenges will remain prevalent if underlying conditions like racism and social influences on health are left unaddressed.

While Dane County health outcomes exceed those of many other Counties and States, the positive health attributes of Dane County only blur the deep divide of inequities that remain persistent. During the 2019-2021 Dane County Community Health Needs Assessment process, BIPOC community members voiced the following themes for a healthier Dane County[28]:

1. A desire for equal opportunity, resources, and respect
2. A desire to build resiliency and demonstrate a commitment to the community
3. A need for coordinated community resources
4. Importance of connectedness and social cohesion and
5. A need for culturally responsive care.

In 2019, the United Way in collaboration with the Dane County Health Council funded a comprehensive community based study by the Foundation for Black Women's Wellness and EQT by Design to understand the drivers of birth outcomes for Black women in Dane County. By engaging women themselves and their families, the project delivered a comprehensive set of recommendations for

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[28] https://www.publichealthmdc.com/documents/UW%20Health%202019-2021%20CHNA_FINAL.pdf

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improving the lives of local families. These recommendations were included in the nationally recognized: Saving Our Babies Report recommendations[29]

- Prioritize cultural competence and workforce diversity in all current programs
- Root out racial bias and invest deeply in efforts that embed equity in the member organizations
- Root solutions in highest need zip codes
- Continue to invest in and partner deeply with existing community-based efforts and organizations that address health disparities and well-being in the Black community
- Care Coordination: resource sharing system for better patient connections with community resources and services
- Expand availability of African American Doulas, who are women employed to provide guidance and support to mothers of a newborn babies.

What works?

Access to culturally responsive health care

In the early 2000's, New Zealand's Indigenous communities were facing consistent poorer health outcomes than the majority population. Initially a response to the poor health status of indigenous New Zealanders but since broadened to encompass a wide range of cultural determinants, cultural safety involves empowerment of the healthcare practitioner and the patient. The determinants of 'safe' care are defined by the recipient of care. Importance is placed on identifying and evaluating one's own beliefs and values and recognizing the potential for these to impact on others. Dissemination of cultural safety knowledge and practice outside of New Zealand is growing. This concept provides recognition of the indices of power inherent in any interaction and the potential for disparity and inequality within any relationship. Acknowledgement by the healthcare practitioner that imposition of their own cultural beliefs may disadvantage the recipient of healthcare is fundamental to the delivery of culturally safe care.[30]
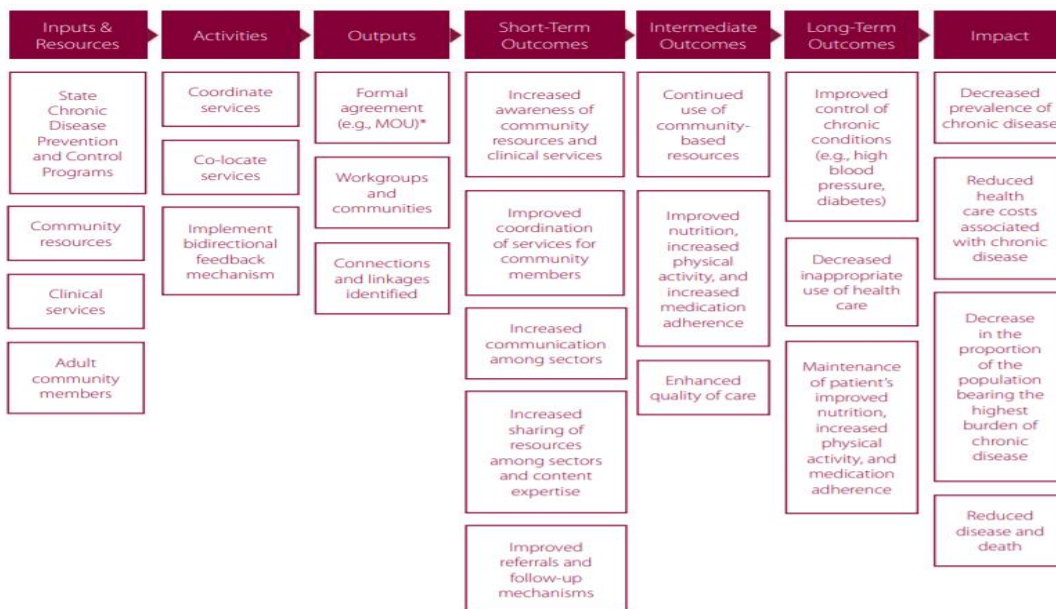
Care Coordination

Care coordination synchronizes the delivery of a patient's health care from multiple providers and specialists. The goals of coordinated care are to improve health outcomes by ensuring that care from disparate providers is not delivered in silos, and to help reduce health care costs by eliminating redundant tests and procedures. Care coordination drives better understanding of the client's needs, creates environments for the right providers to communicate efficiently, and whether SDoH referrals made a difference in the client's life. Through our partnership at the Dane County Health Council, United Way of Dane County is partnering in a demonstration care coordination project that aims to eliminate inequities in Black/White maternal child health. By listening to Black women and their families continually throughout the process, the DCHC is intentionally designing the care coordination model in a culturally safe and responsive way.

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[29] https://ffbww.org/wp-content/uploads/2019/04/FFBWW-DCHC-Low-Birthweight-Report_April2019.pdf
[30] Richardson S, Williams T. Why is cultural safety essential in health care? Med Law. 2007 Dec;26(4):699-707. PMID: 18284111.

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Inputs & Resources	Activities	Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes	Impact
State Chronic Disease Prevention and Control Programs	Coordinate services	Formal agreement (e.g., MOU)*	Increased awareness of community resources and clinical services	Continued use of community-based resources	Improved control of chronic conditions (e.g., high blood pressure, diabetes)	Decreased prevalence of chronic disease
Community resources	Co-locate services	Workgroups and communities	Improved coordination of services for community members	Improved nutrition, increased physical activity, and increased medication adherence	Decreased inappropriate use of health care	Reduced health care costs associated with chronic disease
Clinical services	Implement bidirectional feedback mechanism	Connections and linkages identified	Increased communication among sectors	Enhanced quality of care	Maintenance of patient's improved nutrition, increased physical activity, and medication adherence	Decrease in the proportion of the population bearing the highest burden of chronic disease
Adult community members			Increased sharing of resources among sectors and content expertise			Reduced disease and death
			Improved referrals and follow-up mechanisms			

Community Health Workers – Mamatototo Village, a Washington DC based not for profit uses a community health worker (CHW) model, recruiting mothers from the neighborhood offering two years of training, mentorship and field work. The CHWs then specialize in one of three paths: 1) helping women with social problems (e.g., domestic violence or housing instability), 2) helping them initiate and sustain breastfeeding, or 3) helping them manage their health and wellness.

According to reports from the Commonwealth Fund, four managed care organizations now pay for their members to receive Mamatoto's services. Last year, among 462 women served by the organization, 74 percent gave birth vaginally (compared with 69 percent of women nationally) and there were no infant or maternal losses. Ninety-two percent of women who received labor support attended their six-week postpartum appointment, and 89 percent were able to initiate breastfeeding (compared with 79 percent of women nationally). The average weight for newborns of mothers who received prenatal and labor support was 6.98 lbs. in 2017, compared with 6.07 lbs. for newborns of mothers who entered the program after entered the program after giving birth.[31]

A theme from the local report Saving Our Babies, that was clear and present was the need to expand traditional perinatal care teams for Black women. This is similar to what is being voiced in the Hispanic/Latinx, Indigenous and South Eastern Asian communities. As a result, the DCHC has secured funding to embedded community health workers and doulas into the perinatal teams across our partnership and in high-need zip code regions.

A sample of local programs that employ or organize individuals in these types of supportive roles, include but are not limited to – Centro Hispano, Urban Triage, Roots4Change, Allied Wellness Center and The Hmong Institute. The Health CST is mindful in these recommendations, that we are not intending to create gatekeepers but rather widen the perspectives shaping how 'care' is delivered.

Hypothesis and Goal Statement

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[31] http://www.mamatotovillage.org

Tab 3

Dane County's health disparities will reduce over time when service providers (broadly defined) deliver an equitable, affordable, accessible and culturally safe care experience.

Dane County does not have health disparities due to lack of quality care; in fact, the disparities are rooted in historical and structural racism and customer experience.

This targeted approach has ripple effects that will illuminate additional areas for improved health outcomes for Dane County. By focusing on the BIPOC experience being culturally safe, we will turn the tide on the disparities that remain persistent in Wisconsin and in Dane County. Dane County does not need better quality opportunities for health care, Dane County needs culturally safe environments that foster positive changes in health outcomes, especially for our community members who identify as Black, Indigenous and/or a Person of Color.

To truly create more equitable health outcomes, the Health CST will prioritize outcomes in the following categories.

A Pattern of Unfair Differences Exists for People with Lower Incomes and Communities of Color in:

- Access to Care
- Air and Water Quality
- Availability of Healthy Foods
- Community Safety
- Educational Supports
- Employment Opportunities
- Housing Opportunities
- Income
- Quality of Care

- Programs that make use of braided wisdom.
- Solutions that make progress in racial disparities across the healthcare's broad spectrum in Dane County, WI
- Programs that work specifically to reduce disparities in birthweight/infant mortality rate for the Black & Hispanic/Latinx communities
- Programs that promote Resiliency in high-needs zip codes and BIPOC communities
- Successful features of interventions include the use of multifaceted, intense approaches, culturally and linguistically appropriate safe methods, improved access to tailored care, and the establishment of partnerships with stakeholders, and community involvement.
- Increased coordination to disrupt disparities across Agenda For Change portfolios.

Our measures — how we plan to measure and evaluate success

Persistent disparities in chronic disease, mental health and trauma, education, employment, and incarceration rates are larger than one system or organization to solve by its self. United Way will use data collected and evaluated from our partner agencies to share broadly our successes in reducing and/or removing health disparities in Dane County starting with the 2022 year-end reports from partners and the Dane County Community Health Needs Assessment. Programming that aligns with a vision of braided wisdom promoting health equity and well-being, which can show evidence that it will reduce disparities and aligns with our outlined goals will be considered for investment. Each goal provides example strategies but is not meant to be an exhaustive list to honor the community's historical wisdom of best practices.

Goal #1. Reduce Racial Health Disparities in Dane County

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Health inequity arises from social, economic, environmental, and structural disparities that contribute to intergroup differences in health outcomes both within and between societies. [32]

Strategy: Increase culturally relevant, reflective, and safe wellness models and programs defined and/or led by BIPOC communities

Strategy: Increase capacity in communities to address health disparities for BIPOC residents (example: invest in health programs that are community based and in which disparities are persistent.)

Strategy: Increase community-based health programs that address BIPOC communities

Strategy: Advance clinic and community linkages to improve health access

Strategy: Increase patient and/or family information exchange with desire to expand current or into new levels of linkage across the care coordination continuum. [33]

Strategy: Increase community-based maternal child health programming for BIPOC community

Program Measure Examples:

1. Baseline
   a. Number of program participants
   b. Improved health outcome (disaggregated)
   c. percent who complete goals in the program
2. Percent of participants in programs aimed at supporting the environmental factors influencing a woman pre/post-natal (care coordination participants)
3. County birthweight and infant mortality rates; birthweight and IM of participants in programs

Goal #2: Increase resiliency and trauma supports for BIPOC Dane County Residents

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

Strategy: Increase culturally safe and responsive trauma and resiliency programs for BIPOC communities.

Strategy: Cultural adaptation of behavioral or mental health intervention

Strategy: Embedding 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 (many who function in these roles exist within nonprofit programs). They can provide the missing context to practitioners and patients to improve clinical communication. (Examples of Culture Brokers include

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[32] National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Community-Based Solutions to Promote Health Equity in the United States; Baciu A, Negussie Y, Geller A, et al., editors. Communities in Action: Pathways to Health Equity. Washington (DC): National Academies Press (US); 2017 Jan 11. 3, The Root Causes of Health Inequity. Available from: https://www.ncbi.nlm.nih.gov/books/NBK425845/#

[33] Community-Clinical Linkages for the Prevention and Control of Chronic Diseases https://www.cdc.gov/dhdsp/pubs/docs/ccl-practitioners-guide.pdf

Tab 3
Community Health Workers, Health Education Specialists, Healthy Birth Ambassadors, Doulas or Promotores, community wellness workers.)

Program measure examples:

1. Self-assessment - Assessing attitudes, practices, structures and policies of programs and their personnel is a necessary, effective and systematic way to plan for and incorporate cultural and linguistic competency within organizations.
2. Total number of Dane residents who participate in culturally safe and responsive programming
3. Number of program participants who identify a need for a culture broker and receive culture broker services

*Program measures will be determined after investment recommendations are approved. Metrics provided by investments will guide internal and community reporting.

Cultural competency, cultural safety and related terms have been variably defined and applied. Regulatory and educational health organizations have tended to frame their understanding of cultural competency towards individualized rather than organizational/systemic processes, and on the acquisition of cultural-knowledge rather than reflective self-assessment of power, privilege and privilege and biases. This positioning has limited the impact on improving health inequities. A shift is required to an approach based on a transformative concept of cultural safety, which involves a critique of power imbalances and critical self-reflection.

Our timeframe, plans, and costs for implementation

The persistent nature of the health and socioeconomic disparities that exist our in our community did not happen overnight. While the aims are critically needed, United Way recognizes that transformational, county-wide change will take time. During the 2022-23 investment cycle, the Health CST will take time to learn from our partner programs. This reflective and strategic process will inform our 2024-25 strategies.

Appendix A

Definitions:
- **Health**: a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.
- **Health Equity**: Health equity is the principle underlying a commitment to reduce—and, ultimately, eliminate—disparities in health and in its determinants, including social determinants. Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.[34]
- **Health Disparity**: A particular type of health difference that is closely linked with economic, social, or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic -status, gender, age, or mental health;

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[34] Braveman P. (2014). What are health disparities and health equity? We need to be clear. Public health reports (Washington, D.C. : 1974), 129 Suppl 2(Suppl 2), 5–8. https://doi.org/10.1177/00333549141291S203

Tab 3

cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.[35]

- **Care Provider**: To qualify as health care providers, such employees must be "employed to provide diagnostic services, preventive services, treatment services, or other services that are integrated with and necessary to diagnostic, preventive, or treatment services and, if not provided, would adversely impact patient care." These health care services encompass a broader range of services than those medical professionals who are licensed to diagnose serious health conditions.[36]

- **Culture Broker**: Paraprofessionals trained to act as mediators or go-betweens in clinical settings, can provide the missing context to practitioners and patients to improve clinical communication.

- **Result:** a population condition of well-being for children, adults, families and communities, stated in plain language

- **Indicator:** a community measure that helps quantify the achievement of a result

- **Strategy:** a coherent collection of research-based actions outlined in Mobilization Plans that has a chance of improving a result

- **Program Performance Measure:** a universal measure of how well a program is working. The most important performance measures tell us whether program customers are better off.
  - There are three types of performance measures:
    1. Quadrant 1 (Q1) - performance measure that answers the question "How much did we do?"
    2. Quadrant 2 (Q2) - performance measure that answers the question "How well did we do it?"
    3. Quadrant 3 & 4 (Q3 & Q4) – performance measure that answers the Question "Is anyone better off?

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[35] HealthyPeople.gov. Disparities [cited 2012 Nov 20] Available from: URL: http://www.healthypeople.gov/2020/about/disparitiesAbout.aspx.

[36] "Health Care Providers" Under the FFCRA: Department of Labor Revises the Regulation and Focuses the Field of Employees Eligible for Leave. November 2, 2020 Volume X, Number 307 https://www.natlawreview.com/article/health-care-providers-under-ffcra-department-labor-revises-regulation-and-focuses

Tab 3
Appendix B: History of Health Strategies

In the fall of 2014, United Way of Dane County (UWDC) convened a group of community leaders to form the Delegation to Increase Economic Stability for Young Families. UWDC charged the Delegation to research and identify approaches and strategies that can be deployed to (1) decrease the number of young families with children who are living in poverty in Dane County and (2) specifically address economic barriers experienced by families of color in our community.

In 2015, during the final months of the Delegation's work, United Way's Healthy for Life Community Solutions Team (CST) embarked on a strategic visioning process. The goal was to assess the relevance of our current health agenda, align our health priorities to the recommendations of the Delegation, and to identify opportunities to further maximize the positive impact of the investment of community resources entrusted to United Way. Beginning in 2007 and reaffirmed in 2015, priorities for the Healthy For Life CST included; 1. ***Behavioral and Mental Health for Children and Youth, 2. Mental and Behavioral Health for Adults, 3. Dental, 4. Access to Health Care, 5. Disparities.*** The strategies aimed at reducing over-utilization of emergency services, increasing behavioral and mental health supports for students to improve academic outcomes, specifically, graduation rates.

In 2016, UWDC's Self-Reliance & Independence (SRI) CST evaluated the results of the 2010 Safe and Healthy Aging Mobilization Plan and updated the strategies with a new plan effective January 2017. SRI made significant progress reducing ADEs and falls, seeing an 11% decrease in emergency room visits and hospitalizations of older adults 65+.

SRI worked to improve the coordination of care between the pharmacists and physicians which helped to strengthen adverse drug event/falls outcomes for our older adults, and increased nutrition supports for the older adult population in targeted rural areas and communities of color. SRI's goals included; ***1. Keep older adults safe, healthy and independent, 2. Improve health care delivery and continuity of care, 3. Increase awareness of community resources, and 4. Foster older adult community engagement.***

In 2019, UWDC Community Impact merged the two teams under each of the Education, Income, Health and 2Gen Community Solutions Teams. For Health, this meant completing two successful mobilization plans, and developing a new cohesive plan aligned with United Way's Strong Roots plan, strategic equity work and Health Council partnership.

Tab 3
Appendix C Health Community Solution Team, 2020-2021

CST Member	Organization
Jesi Wang – Chair	Metastar
Shelly Shaw – Vice Chair	University of Wisconsin – Family Medicine – Community Health
Jeff Liggon	The Fit
Karen Katz	Department of Human Services
Dan Wilson	Moxe Health
Sridevi Mohan	Public Health Madison Dane
Quinton Cotton	PhD Candidate Univ. of WI
Carola Gaines	Quartz
Katrina Morrisson	Government Affairs – WI Assembly
Marta Karlov	American Family Insurance
Beth Freeman	Dane County
Heidi Wegleitner	County Board Supervisor
Beatrice Christensen	Community Member
Marjory Givens	University of Wisconsin Population Health Institute
Sara Lindberg	University of Wisconsin Population Health Institute
Jessica Bartell	United Healthcare
April Kigeya	Madison Forward, Foundation for Black Women's Wellness
Corinda Rainey-Moore	Unity Point Health – Meriter

Appendix D Dane County Health Council Roster, 2020-2021

Cartlon Jenkins, MMSD

Sally Zirbel-Donisch, MMSD

Jonathan Jaffery, UW Health

Shiva Bidar-Sielaff, UW Health

Ariel Robbins, UW Health

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Robin Lankton, UW Health

Adrian Jones, UW Health

Ken Loving, ACHC

Tammy Quall, ACHC

Janel Heinrich, PHMDC

Jami Crespo, PHMDC

Julia Olsen, PHMDC

Kat Grande, PHMDC

Renee Moe, United Way

Gabe Doyle, United Way

Kyle Nondorf, SSM Health

Jennifer Ellestad, SSM Health

Sue Erickson, UPH-Meriter

Corinda Rainey-Moore, UPH-Meriter

Sarah Valencia, UPH-Meriter

Tiffany Green, BMCHA

Alia Stevenson, BMCHA

Mark Huth, GHC

Sarah Camacho, GHC