KIDS FORWARD

Race to Equity 10-Year Report: Dane County

HEALTH

Full report at kidsforward.org/race-to-equity.

TABLE OF CONTENTS

METHODOLOGY & APPROACH

Quantitative data has been weaponized against Black, Indigenous, and People of Color (BIPOC) for centuries and used "to reinforce oppressive systems that result in divestment and often inappropriate and harmful policies.[1]" The Race to Equity 10 Year report strives to capture both quantitative and qualitative data in a way that is community centered and driven. It is not Kids Forward's intention to, and we strongly caution readers against, perpetuating harmful data practices which result in the erasure of Black voices, ignored lived experience, and harm against BIPOC communities.

"Our experience is data. It's just as important."
- Alia Stevenson, Health, Racial & Social Justice Change Agent

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Quantitative Data

Quantitative data for these report chapters are primarily publicly available data from government sources, such as the U.S. Census (American Communities Survey 5-Year estimates) and various Dane County departments and Wisconsin state agencies, with some data provided directly to Kids Forward. The years of data shown had been chosen to primarily present a recent pre-pandemic snapshot of experiences in Dane County, as well as a historical context for some indicators. Where appropriate and available for analysis, early pandemic data is provided, such as 2020-21 academic data. Data for Black residents[2] will often be presented for comparison with data for white residents (where possible, white residents who are not also Latiné.[3]) Data comparisons by race are used to highlight whether there are racial disparities, not to suggest that white residents' experiences are the standard. How race and ethnicity is defined for each indicator is controlled by each data source, and therefore cannot be standardized across all indicators. For additional comparisons, state and national level data may also be shown along with data for Dane County. Comparisons across state and national data allow us to understand how experiences in Dane County may or may not be unique. Details for each indicator, as well as data sources, are outlined in the endnotes.

Qualitative Data

Through interviews and focus groups, current and former Dane County residents described their social reality in their own words. This qualitative data qualified the quantitative data, helping to make sense of how different Dane County residents experience racial disparities. Qualitative data was collected by Kids Forward staff via (1) 28 semi-structured individual interviews from October 2019 to September 2023 that were conducted in person, over the phone, or virtually and (2) one focus group in September 2023. Participants brought a wealth of lived expertise as community health workers, doulas, non-profit CEOs, attorneys, parents, program managers, school principals, and more to the interviews. Interviews and focus groups were recorded, transcribed, and story banked. Qualitative data is presented as quotes throughout this chapter. Pseudonyms were used to maintain participant anonymity when appropriate and/or requested.

INTRODUCTION

Wisconsin's downright refusal to expand Medicaid due to partisan politics, racism, and classist tropes have hurt residents across the state, contributing to high medical bills, late stage diagnosis for chronic diseases, disproportionately higher maternal mortality rates for Black women, and the closure of rural hospitals. Wisconsin is also one of only four states refusing to extend postpartum Medicaid coverage to mothers and other birthing people, a decision that further exacerbates racial health inequities, especially maternal and infant mortality.

Despite Wisconsin's failure to expand Medicaid to assist people facing cost related health care barriers, Wisconsin stands out nationally for its relatively low uninsured rates, especially as one of only ten states who have refused Medicaid expansion to assist people facing cost-related health care barriers. More than 97% of Dane County's Black children (and more than 92% of Black residents of all ages) had health insurance, yet Black residents of all ages in Dane County were more likely to lack health insurance than those statewide.

Even though health insurance coverage is essential, it does nothing to guarantee that people have access to the high-quality, affordable, culturally appropriate care that they deserve. Black Dane County residents are experiencing some of the most inequitable health outcomes in the country and are disproportionately more likely to experience worse health outcomes than their white peers. This forces us to consider whether Dane County (and Wisconsin) is harmful to Black residents' overall well-being.

Black babies born in Dane County were less likely to be born premature and with low birthweight than those statewide, yet Black infants in Dane County died twice as often before their first birthday than white infants. Black Dane County residents are substantially more likely to be hospitalized for heart failure and chronic diseases like diabetes and hypertension. Black residents were also more likely to experience many cancers.

Without a commitment to the health of its residents through policies such as Medicaid expansion, coverage gaps will remain. Further, even with Medicaid expansion, it is likely that other social determinants of health such as chronic stress, economic insecurity, environmental toxins, and people's capacity to engage in actions that impact their health will remain barriers to overall wellness. Dane County and Wisconsin must acknowledge that it is harmful to its Black residents' health and that only sustained, innovative and targeted investments investments will lead to improvement.

DEMOGRAPHICS

Dane County is the fastest growing county in the state. Between 2010 and 2020, Dane County saw its largest increase in residents.[4] Its population growth represents more than a third of Wisconsin's net population growth over the past ten years. Of the estimated 542,459 people living in Dane County from 2016-2020, 25,673 (4.7%) were Black.[5] The median age among Black Dane County residents was 29.0 years old, like Black residents statewide whose median age was 29.4 years old. An estimated 6.8% of the county's children (7,544 children) were Black.[6] Notably, the median age of Black residents was 9 years younger than white Dane County residents (38.4 years old).[7]

HEALTH INSURANCE

Health insurance is an important resource which helps to decrease the cost of care and increase the likelihood that people can access health care services. Health insurance coverage does not necessarily mean that people have access to care. Barriers such as proximity to care, implicit bias, transportation, and access to paid time off all affect access to and quality of care. Additionally, access to care doesn't guarantee quality, culturally responsive care.

**"People always want to talk about Tuskegee...But, what about what happened two months ago? ... There's not just a historical antitrust of medical systems... It's a current day [distrust] because we're not listened to and not believed. If we want to start changing things, we need to be listened to and we need to be believed."[8]
- Alia Stevenson, Health, Racial & Social Justice Change Agent**

The implementation of the Affordable Care Act (ACA) in 2014 resulted in substantial decreases in the uninsured rate nationally, especially for Black and Brown people as states across the country decided to expand Medicaid. The ACA expanded access to health insurance through the marketplace, but also by funding state-level Medicaid expansion. To date, Wisconsin has refused to expand Medicaid to those up to 138% of the federal poverty level (about twenty thousand dollars per year for a single adult). Since health insurance in the U.S. is often tied to employment or the ability to afford insurance in the healthcare marketplace, many residents between 100% and 138% of the federal poverty level are left struggling to secure affordable medical coverage.
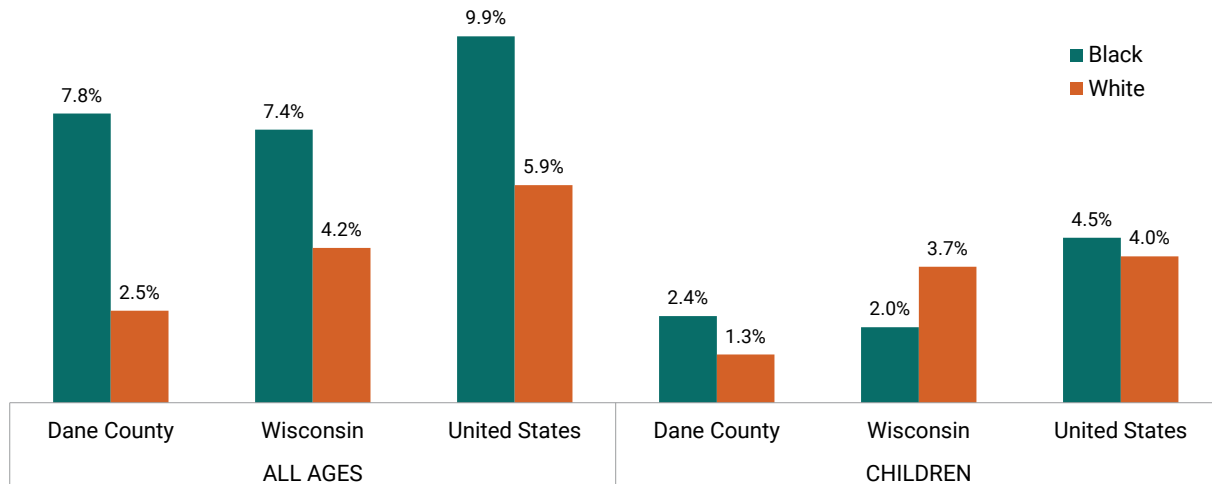
In Dane County, 7.8% of Black residents of all ages lacked health insurance between 2016-

2020. Black residents were 3.1 times more likely to be uninsured than white residents.[9] Statewide, 7.4% of Black residents of all ages lacked health insurance. Black Dane County children, due in large part to Medicaid, were more likely to be covered than Dane County residents of all ages. In 2019, 65% of Black births were covered by Medicaid.[10]

In Dane County, 2.4% of Black children lacked health insurance. Black Dane County children were nearly twice as likely to lack health insurance than white children (1.3%). Black Dane County children were also slightly more likely to lack health insurance than Black children statewide (2.0% statewide), but less likely to lack health insurance than white children statewide. Despite greater overall healthcare coverage rates in Dane County and Wisconsin than in many other states, Black residents of all ages still experience worse overall health and mental health outcomes than any other group.[11]

Lack of Health Insurance, 2016-2020

Source: US Census Bureau, American Community Survey
Notes: Data for white people do not include Latiné people; data for Black people may include Latiné people. Data for children are for the population under age 19.

In February of 2020 federal COVID-19 pandemic relief legislation boosted state's Medicaid funding and required them to guarantee those enrolled in Medicaid would maintain their coverage throughout the public health emergency. This was a major milestone which ensured coverage for many people during the COVID-19 pandemic and helped more people access and afford health care services. In spring of 2023, these protections ended, and over the following year, everyone enrolled in Medicaid in Wisconsin will need to update their household, income, and other information to check whether they are still eligible. According to a December 2022 report from the Urban Institute and Robert Wood Johnson Foundation, 309,000 children and non-elderly adults are estimated to lose their Medicaid coverage during this time.[12] Many of those who are disenrolled could still be eligible and lose Medicaid coverage for failing to submit required paperwork or other bureaucratic hurdles. National research suggests this will likely disproportionately impact Black residents.

BIRTHS AND BIRTH OUTCOMES

The Maternal Vulnerability Index helps identify where and why birthing mothers/people are vulnerable to poor health outcomes. This index provides states and counties with a rating from 0-100 (with 100 being the highest level of vulnerability) by assessing six areas: reproductive healthcare, physical health, mental health and substance use, general healthcare, socioeconomic determinants, and physical environment. Dane County was given a "Very Low" maternal vulnerability index rating.[13] However, this rating is an aggregate for the county, and may not reflect the health care access, socioeconomic determinants, or physical environments experienced by Black residents specifically. According to the Dane County Fetal and Infant Mortality Review (FIMR), birth outcomes are important indicators of the health and well-being of our community. FIMR also notes that, due to structural racism, pregnant mothers/people face challenges such as economic injustice, food insecurity, unstable housing, and overall toxic stress throughout their lives[14] that all contribute to poor birth outcomes.

Harambee Village Doulas

The Harambee Village Doulas help provide birthing mothers/people the birth experiences they desire and are a village of support after they deliver. The Harambee Village is a collective of birth professionals who support underrepresented women and families through birthing and community advocacy. Through partnerships with health insurers, hospitals and research institutions, Harambee Village Doulas are providing life-saving support to Black birthing mothers/people. Through a partnership with SSM Health and Dean Health Plan, Harambee Village Doulas provide Medicaid patients access to doula services. Through a UW Madison study, which provided 49 Black postpartum patients diagnosed with hypertensive disorder of pregnancy (HDP) doula supported lactation counseling, they increased exclusive breastfeeding rates from 39% to 63% at 6 weeks postpartum with 79% of patients continuing breastfeeding past 6 weeks. Another study in which Harambee Village Doulas provided social support to Black postpartum patients achieved an increase in total submission of daily blood pressure submission diagnosed with HDP. Community based doula partnerships are vital resources to keep Black mothers alive and well during and after birth. Support Harambee Village's work at harambeebirthandfamilycenter.org/donate.

"Invest in them as well as putting a bandaid on the problem."
- Nicki Cooper, Community Health Worker

Total Births in Dane County

Year	Black	White	Year	Black	White
2020	522	3,952	2017	511	4,171
2019	470	4,072	2016	475	4,284
2018	523	4,005			

"Everybody should be able to lead healthy, dignified lives."
- Black non-profit leader
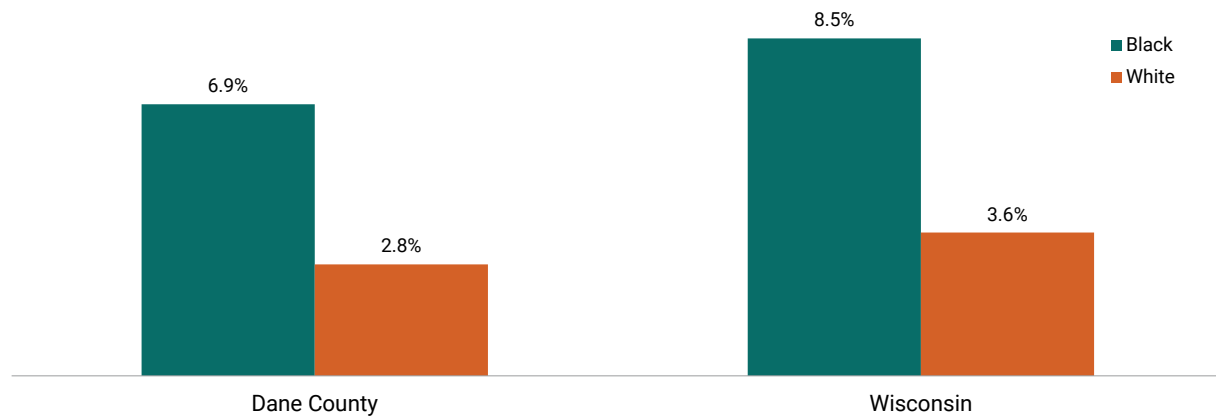
Prenatal Care

Prenatal care, according to the National Institute of Child Health and Human Development, can help pregnant mothers/people prevent complications and inform them about important steps they can take to protect their infant and ensure a healthy pregnancy.[15] In Dane County, the percentage of birthing mothers/people who received prenatal care late in pregnancy (in the third trimester) or no prenatal care at all was 2.4 times higher among Black birthing mothers/people compared to white birthing mothers/people, 6.9% (172 pregnant people) on average from 2016-2020.[16] Dane County's racial disparity in timely prenatal care was the same as Wisconsin's racial disparity.

"You need good people, and you probably need satellite clinics in neighborhoods. It's kind of like Aaron Perry's men's health and wellness in the barbershop where people are. That way, you can probably get to their health issues way quicker than trying to find a ride somewhere…Black folks that are not making living wage or stressing about working all the time, the last thing we going to do is take care of our health because of the convenience of everyday life. [They should consider] the psychology of what it takes to make a healthy community, especially around the low income communities we live in…So it's a lifestyle. I think you have to really plug that into the community somehow."
- Will Green

5-Year Average Percentage of Births with Late or No Prenatal Care, 2016-2020

Source: Wisconsin Department of Health Services, Wisconsin Interactive Statistics on Health
Notes: Data for racial groups do not include Latiné people. Data on race are for the mothers / birthing parents, not the babies.
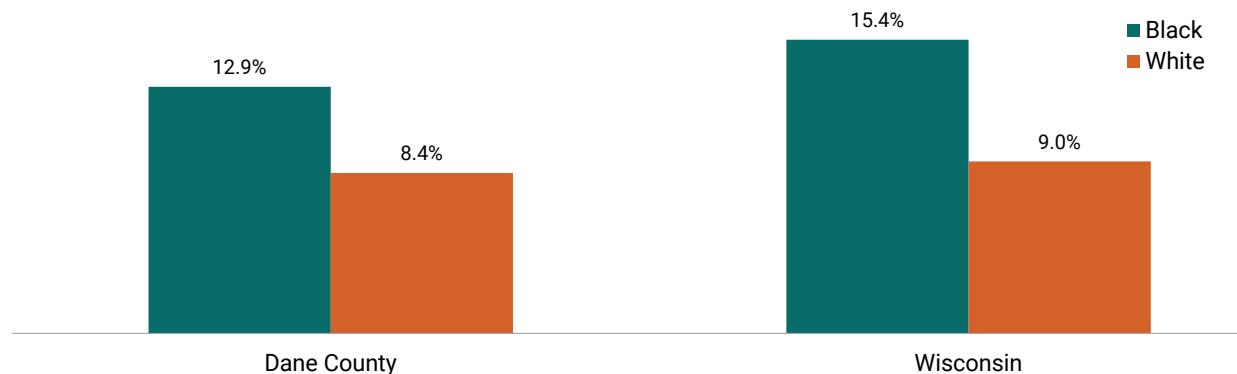
Preterm (Premature) Births

Births are considered premature (less than full term) if the baby's gestational age was less than 37 weeks. Babies born before 37 weeks have higher rates of death and disabilities such as breathing problems, feeding problems, and developmental disabilities or delays.[17]

The March of Dimes grades Dane County's Black preterm birth rate an "F".[18] In comparison, March of Dimes grades Dane County's white preterm birth rate a "B+".[19] The rate of babies born prematurely was 1.5 times higher among Black birthing mothers/people in Dane County compared to white birthing mothers/people, on average from 2016-2020.[20] The 12.9% of babies born prematurely to

Black birthing mothers/people in Dane County represented an average of 65 babies each year.

Dane County's racial disparity in premature births was slightly lower than the racial disparity statewide. The rate of babies born prematurely was 1.7 times higher among Black birthing mothers/people in Wisconsin than among white birthing mothers/people. In Wisconsin, 15.4% of babies born to Black birthing mothers/people were born prematurely on average from 2016-2020. Among white birthing mothers/people, 8.4% of babies in Dane County and 9.0% of babies in Wisconsin were born prematurely on average during that time.

5-Year Average Percentage of Premature Births, 2016-2020

Source: Wisconsin Department of Health Services, Wisconsin Interactive Statistics on Health
Note: Data for racial groups do not include Latiné people. Data on race are for the mothers /

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Low Birthweight

Low birthweight is when a baby is born weighing less than 5 pounds, 8 ounces. While some low birthweight babies are healthy, having low weight can cause increased health problems such as developmental disabilities or delays, death within the first year of life,[21] trouble eating, gaining weight, and fighting off infections.[22] A 2019 Foundation for Black Women's Wellness report noted that there is a low birthweight crisis impacting the Black community.[23]

The percentage of babies born at low birthweight was 2.1 times higher among Black birthing mothers/people in Dane County compared to white birthing mothers/people,
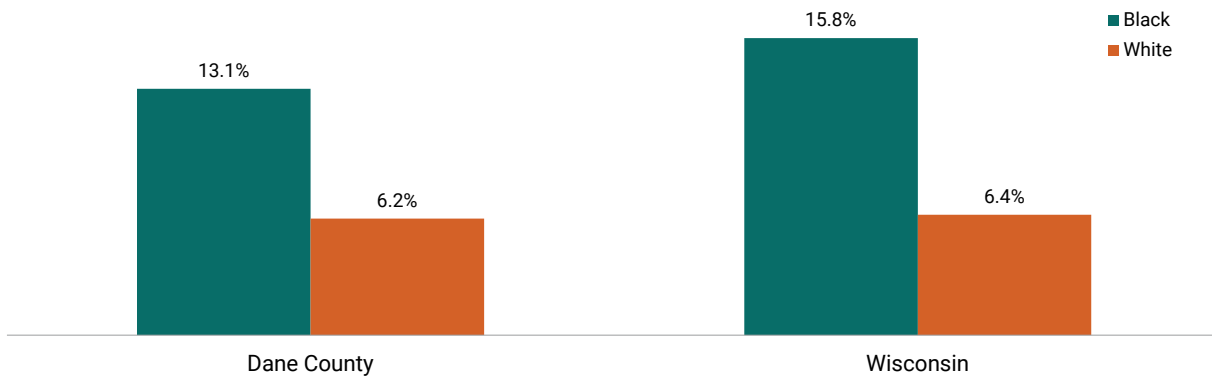
on average from 2016-2020.[24] The 13.1% of babies born at low birthweights to Black birthing mothers/people in Dane County represented an average of 65 babies each year.

Dane County's racial disparity in low birthweight was slightly lower than the racial disparity statewide. The percentage of babies born at low birthweights to Black birthing mothers/people in Wisconsin was 2.3 times higher than among white birthing mothers/people. The most recent U.S. data from 2019 indicated that 14.2% of low birthweight babies were born to Black birthing mothers/people nationally.[25]

"I think [it's important for a provider to know] that the differences in stresses, the differences in genetics, the differences just culturally in lifestyle all make a difference in how a Black woman lives and moves. That makes an impact on her physical and mental health... I think the answer is finding [a doctor] that is best for you."
- Angela Street

5-Year Average Percentage of Low Birthweight Births, 2016-2020

Source: Wisconsin Department of Health Services, Wisconsin Interactive Statistics on Health
Note: Data for racial groups do not include Latiné people. Data on race are for the mothers / birthing parents, not the babies.

Infant Mortality

The leading cause of infant mortality (babies dying before their first birthday) in Wisconsin was premature birth or low birthweight followed by birth defects and pregnancy complications. A 2018 report noted that Wisconsin had the highest infant mortality rate for Black birthing mothers/people in the country, at 14.28 per 1,000.[26] Additionally, five of the nine highest mortality rates for infants of non-Hispanic Black birthing mothers/people were in Midwestern states (Illinois, Indiana, Ohio, and Michigan, alongside Wisconsin).

> **"These harsh realities reflect a larger troubling trend and reality in our state where we carry the unfortunate designation of first in the nation for Black infant mortality, and where Black women's health and that of their communities is colored by an overarching theme of disparity."**
> **- The Foundation for Black Women's Wellness**

The infant mortality rate was 2.4 times higher among Black birthing mothers/people in Dane County (10.0 per 1,000 births) compared to white birthing mothers/people (4.1 per 1,000 births), on average from 2016-2020. Dane County's raci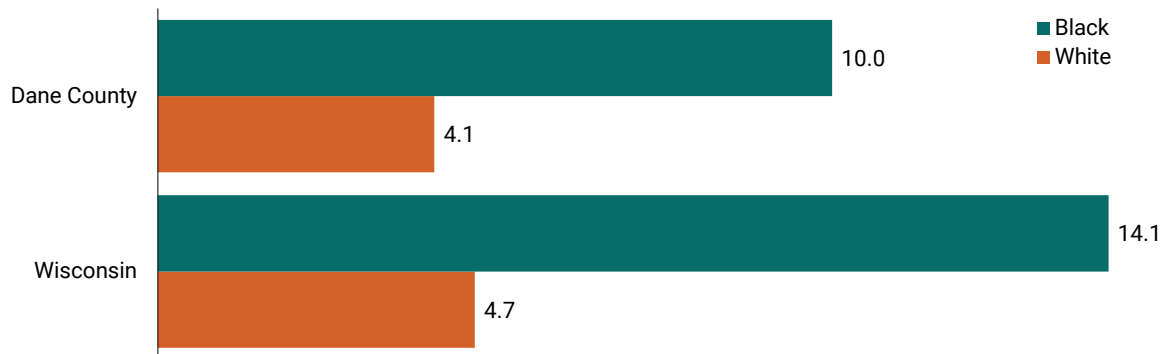al disparity in infant mortality was lower than the racial disparity statewide. Infant mortality rates among Black birthing mothers/people in Wisconsin was 3.0 times higher (14.1 per 10,000 births) than among white birthing mothers/people (4.7 per 1,000 births).[27] This is likely due in part to lower rates

of late or no prenatal care among Black Dane County birthing mothers/people.

The most recent national data from 2018 indicated that infant mortality rates among

babies born to Black birthing mothers/people in Dane County were more similar to national rates (10.8 per 1,000 births).[28]

5-Year Average Infant Mortality Rates per 1,000 Births, 2016-2020

Source: Wisconsin Department of Health Services, Wisconsin Interactive Statistics on Health
Notes: Data for racial groups do not include Latiné people. Data on race are for the mothers / birthing parents, not the babies.

PHYSICAL HEALTH OUTCOMES

Black adults attribute disparities in health outcomes to a variety of reasons. Medical and societal racism lead to less access to advanced medical care, greater likelihood of living in communities and working jobs with environmental problems, and greater likelihood of pre-existing conditions are some of the things Black adults attribute health disparities to.[29] According to the Foundation for Black Women's Wellness, Black people and their peers are more likely to live and die from treatable and preventable illnesses, and at

younger ages.[30] Many localities are beginning to name racism as a public health concern, suggesting that poor health outcomes are caused more often by structural inequities and social determinants of health than they are by an individual's ability to engage in actions that impact their health, such as exercise, eating healthy, and stress management. Stories from Black people in Dane county also underscore that racist systems are largely responsible for inequitable health outcomes.

"This is all just like an interrelated web of human existence. You can't necessarily pull on one string of the fabric of anyone's life and not touch these other areas..."
- Black Dane County youth leader

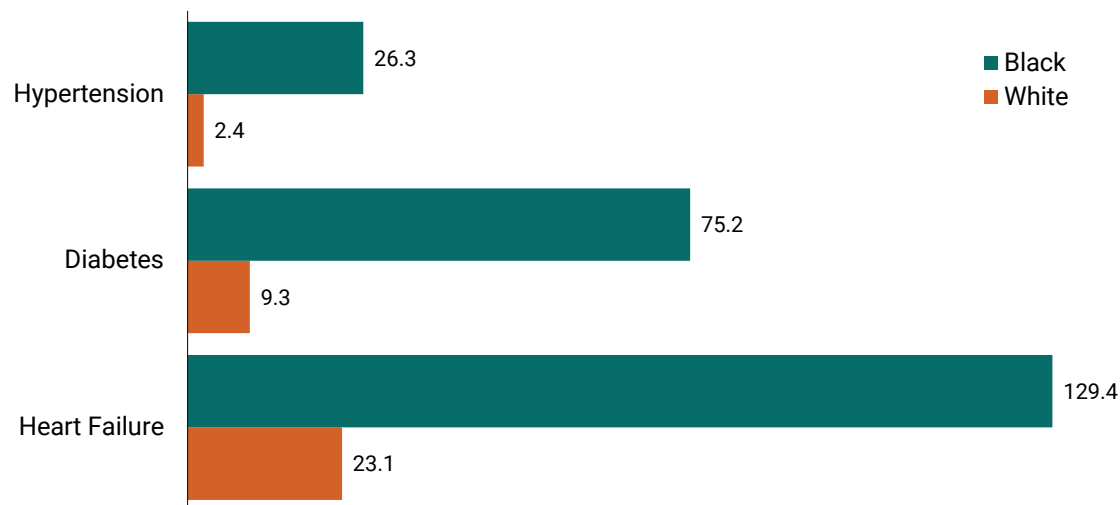# Diabetes, Hypertension, & Heart Failure Hospital Admissions

Diabetes, hypertension, and heart failure are three of the most pervasive conditions affecting Black residents. Heart disease is one of the leading causes of death for Black Dane County residents. Hospital admission rates for diabetes, hypertension, and heart failure give us insight into how burdensome these conditions are to residents' lives. While there are many risk factors for these health conditions, many of them are, foundationally, a result of an inequitable food system,[31]

economic inequity,[32] and toxic stress caused by experiencing racism and discrimination.[33]

From 2018-2020,[34] Black residents were more likely than their white peers to be admitted to the hospital for:

- heart failure (5.6 times higher),
- diabetes (8.1 times higher), and
- hypertension (11.0 times higher).

Dane County Hospital Admission Rates per 10,000 Adults, 2018-2020

Hypertension
- Black: 26.3
- White: 2.4

Diabetes
- Black: 75.2
- White: 9.3

Heart Failure
- Black: 129.4
- White: 23.1

Source: Public Health Madison & Dane County, Healthy Dane Disparities Dashboard

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"I'm talking to my doctor differently now…Me being empowered to do that helps me empower my clients to do that. Take [a Community Health Worker] in a[n] [examination] room with you so they can advocate for you and help you understand what you don't…[We have to invest] in more community health workers and change people's perceptions. Inform them, promote healthier habits, healthier ways of living, healthy awareness."
- Nicki Cooper, Community Health Worker

Cancer Incidence

Wisconsin has the overall highest cancer incidence rates[35] and cancer death rates[36] for Black residents in the country. Cancer incidence, the number of new cases of cancer, among Black residents is important to interrogate. Black residents have the highest death rate and shortest survival time of any ethnic group for most cancers.[37] Black residents are more likely to be diagnosed with advanced-stage cancers which are more difficult and costly to treat. Prostate cancer death rates are twice as high for Black men than white men, and due in part to a greater likelihood of advanced stage diagnoses, the highest among any ethnic group.[38] As of 2019, more Black women died from breast cancer than white women though they are less likely to experience it. The American Cancer Society names the main cause of delayed treatment as inadequate health insurance and names socioeconomic factors rooted in structural racism as the underlying cause of cancer incidence.[39] Public health officials and scholars consistently agree that Medicaid expansion could increase early-stage diagnosis[40] and improve cancer survival rates,[41] especially among Black residents.
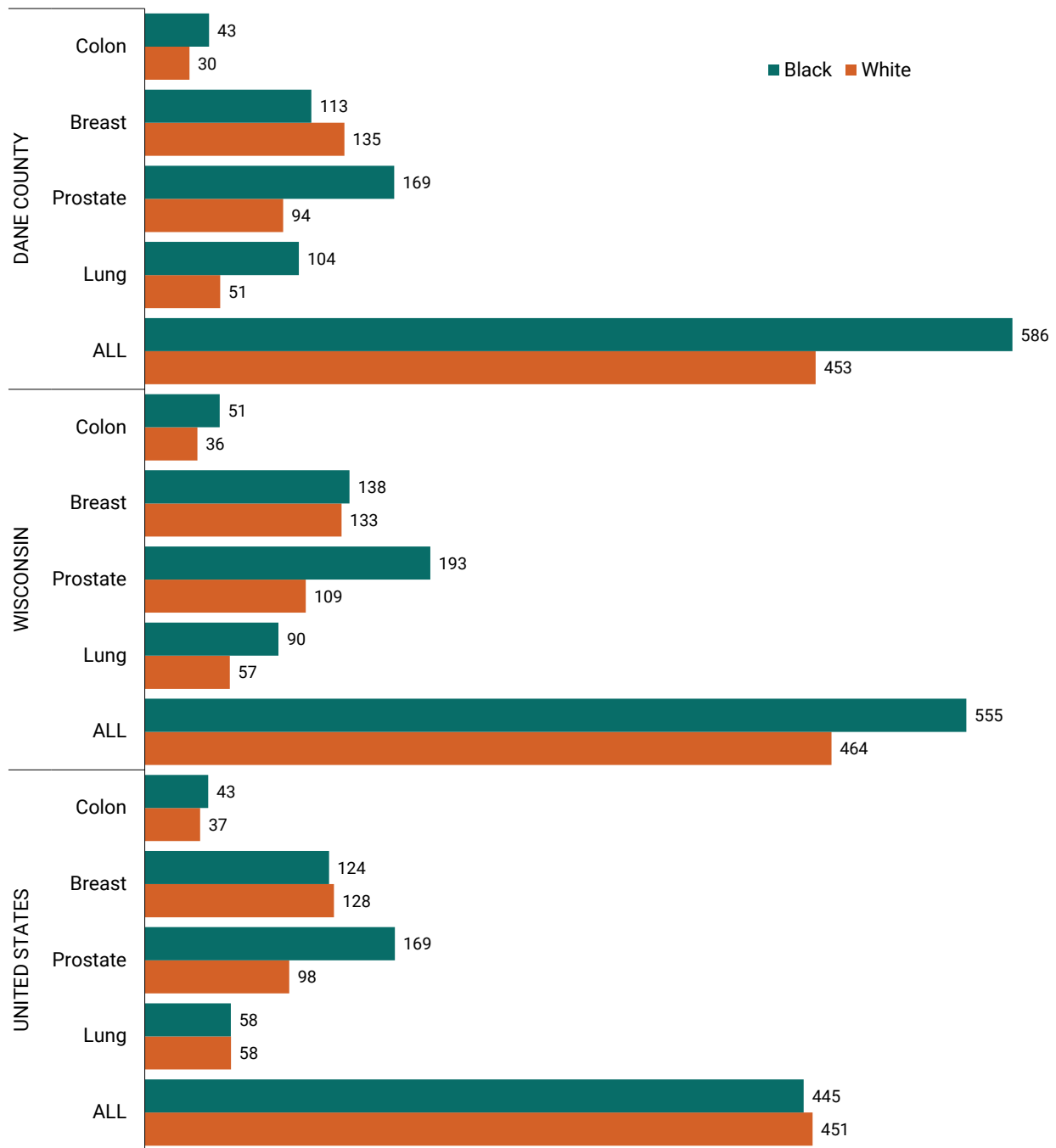
Black Dane County residents experienced a higher incidence of cancer overall (586 new diagnoses per 100,000 people) than white residents (453 new diagnoses per 100,000 people) from 2014-2018.[42] This comparison varied for specific cancers. For breast cancer, incidence rates were 1.2 times higher among white women than among Black women (57 new diagnoses), but this pattern was not common for all cancer rates analyzed for this report. Compared to cancer incidence rates among white Dane County residents, average cancer incidence rates among Black residents of Dane County were:

- 1.3 times higher for overall cancer incidence (493 diagnoses each year)
- 1.8 times higher for prostate cancer (63 diagnoses each year),
- 1.4 times higher for colon/rectum cancer (38 diagnosis each year),
- and 2.0 times higher for lung/bronchus cancer (75 diagnoses each year).

"The majority of our health outcomes are shaped by social and economic conditions.[43] I think sometimes we can read this health data and look at it as a failure of a people."
- Alia Stevenson, Health, Racial & Social Justice Change Agent

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Age-Adjusted Cancer Rates per 100,000 People, 2014-2018

■ Black ■ White

DANE COUNTY

	Black	White
Colon	43	30
Breast	113	135
Prostate	169	94
Lung	104	51
ALL	586	453

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	Black	White
Colon	51	36
Breast	138	133
Prostate	193	109
Lung	90	57
ALL	555	464

UNITED STATES

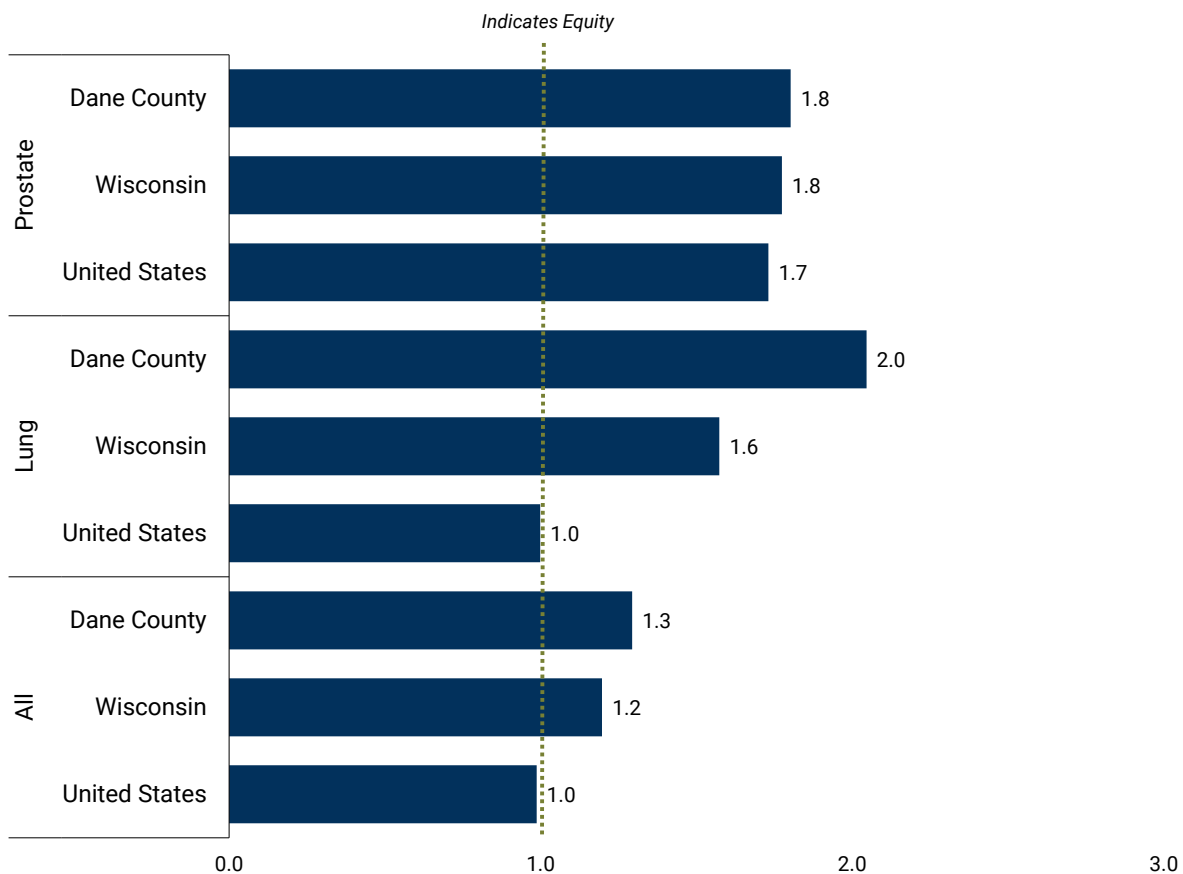|	Black	White
Colon	43	37
Breast	124	128
Prostate	169	98
Lung	58	58
ALL	445	451

Source: Source: U.S. Cancer Statistics Working Group, US Cancer Statistics Data Visualization Tool
Notes: Data for racial groups include Latiné people.

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Overall cancer incidence rates were 1.3 times higher among Black residents of Dane County than among white residents (slightly higher than the statewide racial disparity: 1.2 times higher).44 Rates of prostate cancer were 1.8 times higher among Black Dane County residents than among white Dane County residents (similar to the statewide disparity). Rates of lung cancer were 2.0 times higher among Black Dane County residents than among white Dane County residents (higher than the statewide and national disparities).

Racial Disparities in Cancer Rates per 100,000 People, 2014-2018: Ratio of Black Cancer Rate to White Cancer Rate

Indicates Equity

Prostate	Dane County	1.8
	Wisconsin	1.8
	United States	1.7
Lung	Dane County	2.0
	Wisconsin	1.6
	United States	1.0
All	Dane County	1.3
	Wisconsin	1.2
	United States	1.0

0.0   1.0   2.0   3.0

Source: U.S. Cancer Statistics Working Group, US Cancer Statistics Data Visualization Tool; **Notes:** Data for racial groups include Latiné people.

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Nationally, Black people have a slightly lower overall cancer incidence rate than their white counterparts. However, due to socioeconomic factors, environmental inequities, and barriers to healthcare access, racial disparities exist in cancer outcomes for Black people.

The Foundation for Black Women's Wellness

For the past 10 years, the Foundation for Black Women's Wellness has proudly advocated that Black women deserve care, wellness, economic security, and protection. The Saving Our Babies Initiative detailed how too many Black babies in Dane County and Wisconsin are dying before their first birthday and are being born at low birth weights. Alongside the Dane County Health Council and partners, the Foundation for Black Women's Wellness successfully launched Connect RX in April 2022. Connect RX is a "care coordination system" designed to "reduce low birth weight for babies born to Black mothers by meeting the clinical and non-clinical needs of expectant mothers and their families." The program provides wraparound care through both clinic and community-based Community Health Workers and Doula care for pregnant and postpartum mothers. Some early results of the Connect Rx partnership are Black patients participating in the program "experiencing fewer C-sections, more full term births, and higher infant birth weights." Support the Foundation for Black Women's Wellness at their annual Black Women's Wellness Day at blackwomenswellnessday.org!

MENTAL HEALTH

Mental health is a combination of one's social, psychological, and emotional well-being. Mental health does not mean mental illness. Though mainstream conversations regarding the importance of mental health are more prevalent recently, the stigma around mental health diagnoses and treatment still exists. A 2021 Community Health Needs Assessment which documented health issues and needs in Dane County identified mental health as the most critical need among many groups of community members and health providers.[45]

"Some of this is mindset, some of this is systemic, some of it is just mental health. People are in need. You've been beaten down so long and you don't know which way to turn. So you need a little extra support."
- Black Dane County woman

Mental Illness

Mental illness, according to the National Alliance on Mental Health, is defined as a condition that affects a person's thinking, feeling, behavior or mood.[46] Mental health conditions such as anxiety disorders and depression impact a person's day-to-day life and are strikingly common. Mental health conditions are a result of multiple, linking causes, rather than just one event.

According to the 2021 Dane County Department of Human Services Behavioral Health Resource Center (BHRC) Annual Report, 16.8% of Black residents in Dane County reported a mental illness in the past year, compared to 19% of white residents.[47] This rate likely does not fully encompass the breadth of mental illness in the community. Underreporting could be a result of the barriers to accessing mental health services. BHRC reports included a "paradox" of overwhelming options of providers yet little or no availability, logistical barriers, and having to act as a "middle man" between insurance companies and health providers.[48] Under reporting may also be a result of a lack of access to culturally culturally relevant, affordable resources, as well as the impact of their absence on de-stigmatizing mental health services.

High School Youth Mental Health

Unlike generations before them, Generation Z (Gen Z) members (ages 15-21) are more aware and open to discussing mental health, making them more likely to report their mental health concerns and less likely to report very good or excellent mental health.[49] Gen Z's openness to discuss mental health concerns position them, uniquely, to be able to talk about stress and how to manage it. Gen Z members report being stressed about issues such as personal debt, housing instability, and not getting enough to eat.[50] The stigma around

mental health issues has not completely faded, though, and racial bias still prevents Black teenagers from receiving the treatment they need. Research shows that teens of color experiencing anxiety and depression are often misdiagnosed as "disruptive".[51]

"Dane County is pretty human services rich. Even when you think about statewide... Even though [in order to] get mental health services waiting lists are still very, very long, things actually exist here that even don't exist in rural Wisconsin. But, figuring out how to access those systems is still one of the biggest issues that I think we're facing ...Getting involved in systems is complicated. It's difficult unless you know...the right person to talk to.."
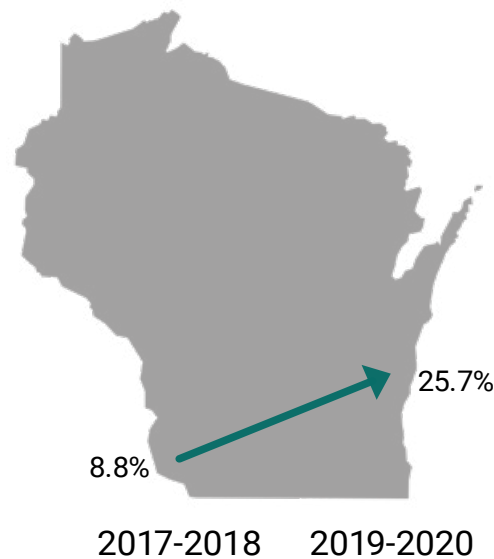**- Black Dane County youth leader**

In addition to the social isolation of 2020 that separated youth from social ties, over a quarter million children in the U.S. lost their primary caregiver due to COVID-19[52] and continue to cope with grief. A 2021 survey in Dane County[53] found that 35% of Black high school students and 40% of their white peers reported that they often or always experienced anxiety[54] (an increase from 28% of Black high school students and 35% of their white peers in 2018[55]). Anxiety rates increased for Black high school girls; almost half of them report often or always experiencing anxiety.[56] Additionally, 39% of Black high school students reported symptoms of depression in 2021, compared to 30% of their white peers[57] (an increase from 31% of Black high school students and 24% of their white peers in 2018[58]).

More alarmingly, in 2021, 1 in 5 Black and white high school students in Dane County reported that they had thought seriously about dying by suicide in the past year.[59] In addition, 5% of Black high school students and 4% of white high school students in Dane County reported having attempted suicide in the past year (some more than once).[60]

Statewide, youth mental health diagnoses have also increased, especially among Black youth. Social isolation, loss of family and friends, and increased economic pressure within households is likely to have impacted youth during the onset of the COVID-19 pandemic, exacerbating youth mental health issues. In 2017 – 2018, 1 in 12 Black youth between the ages of 3-17 in Wisconsin reported having ever been diagnosed with or reported to have anxiety or depression by a doctor or healthcare provider (8.8%).[61] By 2019-2020, this had risen to 1 in 4 Black youth (25.7%). Among white youth in Wisconsin, 11.1% reported being diagnosed with anxiety or depression in 2017-2018 (higher than the percentage among Black youth at that time), increasing to 15.1% in 2019-2020 (substantially lower than the percentage among Black youth). Due to potential limitations in access to mental health services across the state, these data may actually be underestimating the levels of depression and anxiety Wisconsin's youth are facing.

Anxiety and Depression Among
Black Youth in Wisconsin

25.7%

8.8%

2017-2018   2019-2020

Source: Child Trends analysis of data from the US Department of Health and Human Services
Note: Data for racial groups do not include Latiné people.

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Urban Triage

Urban Triage "is founded and grounded in transformational education and learning that utilizes a framework to support people as they embark on a journey of self-discovery." Urban Triage is passionate about expanding the way that their participants think, know and act. Through programs like Supporting Black Healthy Families (SHBF), Urban Triage takes participants on a journey of self-discovery and transformative education causing "a new kind of freedom and personal POWER, leaving people permanently changed." SHBF program "has seen amazing results, with a 90% graduation rate and 80% of graduates embodying and projecting leadership in different areas of their lives." Urban Triage also hosts the Supporting Healthy Black Agriculture which is a 12-week leadership workgroup for youth and adults which teaches the basics of growing your own food as well as the entrepreneurial opportunities in the agriculture field. To make this work more impactful, they dive into the many societal pressures that keep Black people from pursuing agriculture careers. Support Urban Triage's work empowering and transformational work at urbantriage.org/donate.
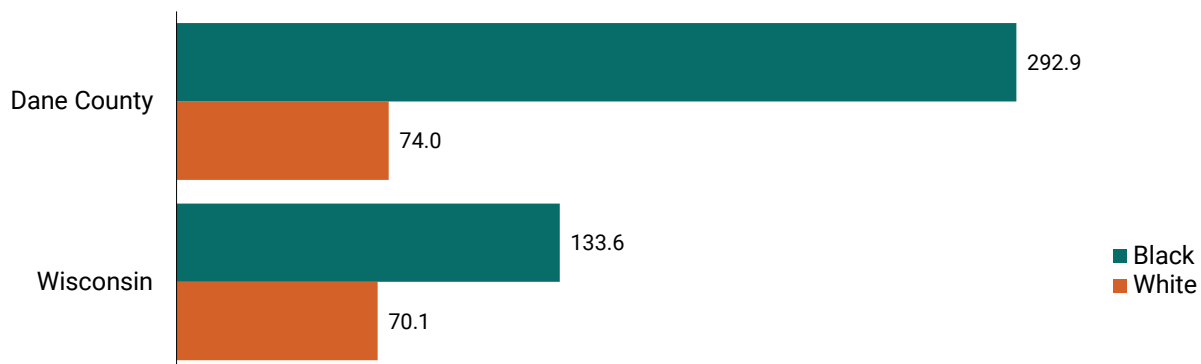
OPIOID USE

Opioid-Related Hospitalizations

Opioid addiction has been whitewashed and portrayed as a problem among suburban, white teens and young adults. This whitewashing has neglected the complexity of opioid addiction and is a case study for how addiction is misunderstood and criminalized in Black and Brown communities. A 2017 report from the President's Commission on Combating Drug Addiction and the Opioid Crisis found that Black Americans with opioid abuse disorders were most often men with low incomes who primarily live in metropolitan areas, underutilize treatment services, and were enrolled in Medicare or Medicaid.[62] Alternatively, the majority of whites with opioid abuse disorders share the same characteristics but are enrolled in private insurance.[63] Differences in health care coverage and treatment led white people to have greater access to opioid medications and greater access to advanced treatment options. More recently, disparities related to opioid overdoses among Black people have been connected to a rise in the presence of fentanyl, a deadly synthetic opioid, and a lack of access to naloxone, a lifesaving antidote.

"Whenever we're talking about racism it's always at the individual level, right? Or, sometimes we talk about it institutionally, but we don't really get into the structural racism that's at play…"
- Black Dane County man

Opioid Overdose Hospitalizations per 100,000 People, 2016-2020

Dane County — Black: 292.9; White: 74.0
Wisconsin — Black: 133.6; White: 70.1

Legend: ■ Black ■ White

Source: Wisconsin Department of Health Services, Wisconsin Interactive Statistics on Health
Notes: Data for racial groups do not include Latiné people.

KIDS FORWARD

Hospital discharges for opioid poisoning are a measure of the degree of substance use harm, rather than a measure of overdose deaths.[64] These data are limited in that they may not capture those who overdosed but had access to naloxone and avoided hospitalization. Age-adjusted rates of opioid overdose hospitalizations were 4.0 times higher among Black residents of Dane County than their white peers from 2016-2020 (and 1.9 times higher statewide).[65] Black residents experienced an annual average of 79 opioid overdose hospital discharges in Dane County from 2016-20.
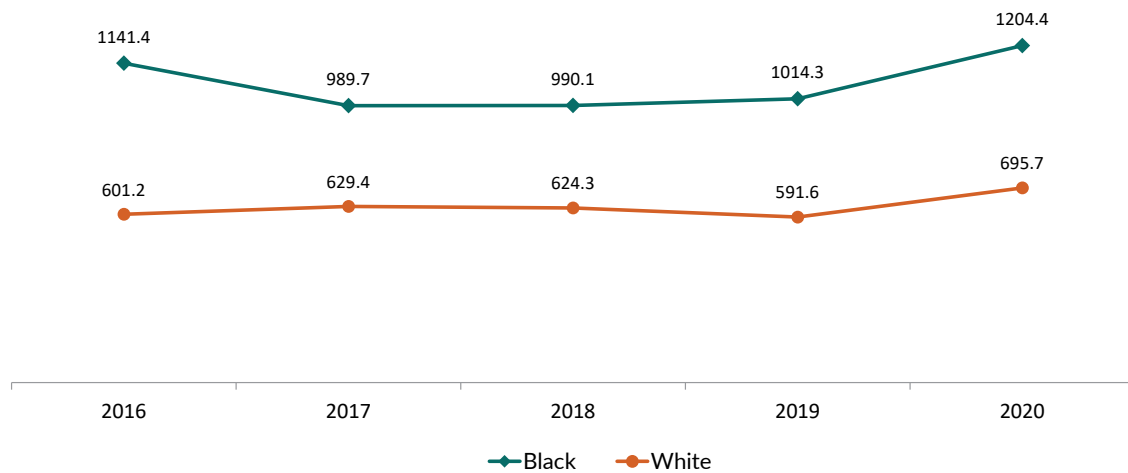
MORTALITY

Mortality Rates

Because most causes of death are treatable and preventable, data on mortality can help inform public health about persistent and emerging health outcomes. Data on mortality can also give insight into how health outcomes impact groups differently. An age-adjusted mortality rate is a death rate that controls for the effects of differences in population age. Black residents are dying at greater rates than white residents when controlling for age. Age-adjusted mortality rates were higher among Black residents than among white residents of Dane County each year since at least 2016.[66] In 2020, 1,204.4 Black residents died per 100,000 Black residents (or about 12 in 1,000 Black residents). A notable increase in mortality rates occurred in 2020, at the start of the COVID-19 pandemic.

"The number one recommendation is [that people should be able to live in] a complete neighborhood with the accessibility of health supporting features. We see what's happening in other communities, how they make everything accessible and they set up health for you and around you. So, to me, it comes down to the zoning. How are we creating communities and for whom?"
- Will Green

Dane County Age-Adjusted Mortality Rates per 100,000 People

Source: Wisconsin Department of Health Services, Wisconsin Interactive Statistics on Health
Note: Data for racial groups do not include Latina and Latino people.

KIDS FORWARD

* Underlying causes of death grouped into 50 categories defined by the National Center for Health Statistics. These broad groups condense the more detailed 113 categories by creating more general disease groups and by combining vaguely defined "other," "not elsewhere classified," and "unspecified" causes into an "all other" category.

RECOMMENDATIONS

Trends in this data make it clear that policy makers, advocates, funders, direct service organizations, education system leaders, practitioners, and Black community members with lived expertise should collaborate to develop and implement effective local and statewide solutions.

Race to Equity: Dane County 2023

Health

Local

- Provide at least 12 weeks of paid family and medical leave for public and private employees.
- Utilize public-private partnerships to establish "health equity zones" and provide services such as cancer screenings in communities with substantial need.
- Incentivize and create pathways within Dane County's health care anchor institutions for more Black health care providers to enter the health workforce as doctors, therapists, and nurses.

County

- Increase funding and support for community health worker programs.
- Fund Black-led, grassroots, wellness initiatives in high-need communities (eg. Darbo, Meadowood, Allied) designed to address Black resident's social determinants of health.
- Dane County should increase funding to attract, support, and retain diverse, culturally aware health care providers by, for example, allowing higher reimbursement rates for culturally responsive services.

State

- Address the punitive nature of birth cost recovery by acknowledging the racial disparities and ending the administrative collection process.
- Allow Medicaid to reimburse for doula and community health worker services. Create partnerships with BIPOC doulas and community health workers to strategize for and implement policy changes.
- Establish multi-year continuous coverage for children insured through BadgerCare (Medicaid/CHIP).
- Expand Medicaid coverage to include those at 138% of the Federal Poverty Level or above.
- Explore Medicaid's role in addressing social determinants of health (housing, fresh food, transportation, lead testing/treatment, etc).
- Extend postpartum Medicaid coverage to 12 months following pregnancy regardless of immigration status and incarceration.

Endnotes

1   Coalition of Communities of Color, "Research and Data Justice", https://www.coalitioncommunitiescolor.org/-why-research-data-justice

2   In this report, we use the racial and ethnic descriptors "Black" and "African American" interchangeably, often following the practices of our principal source materials (such as U.S. Census data and data from various Wisconsin state agencies). While identity descriptors can be fluid, our decision was to use the language that we thought best contributed to clarity and readability and that referenced the range of preferences within communities. Blackness is not a monolith and the terminology we use attempts to describe the complex, diasporic experience of Black residents. We ask our readers not to draw any conclusions based on our use of any particular term at any particular time.

3   In this report, we use Latiné as a gender-neutral racial and ethnic form of the word Latino. The objective of the term Latiné is to remove gender from the word Latino in a similar way as many gender-neutral Spanish words, such as "estudiante". While identity descriptors can be fluid, our decision was to use a term that best contributed to clarity and readability while respecting the Spanish language, and the range of preferences within communities. We ask our readers not to draw any conclusions based on our use of any particular term at any particular time.

4   Wisconsin Department of Workforce Development, "Dane County 2021 Workforce Profile," https://jobcenterofwisconsin.com/wisconomy/wits_info/downloads/CP/dane_profile.pdf.

5   This percentage increases to 6.9% when including those identifying as either Black only, or as multiracial with Black as one of their racial identities. Data for Black people here does not include Latiné people. If also including those who identified as Black (only, not another race as well) and Latiné, the population rises slightly to 26,297 residents of Dane County (4.8%). U.S. Census Bureau, American Community Survey 2016-2020, 2011-2015, and 2006-2010 5-year estimates, Table DP05, https://data.census.gov/cedsci/table?t=Populations%20and%20People&g=0100000US_0400000US55_0500000US55025&tid=ACSDP5Y2020.DP05, https://data.census.gov/cedsci/table?t=Populations%20and%20People&g=0100000US_0400000US55_0500000US55025&tid=ACSDP5Y2015.DP05, and https://data.census.gov/cedsci/table?t=Populations%20and%20People&g=0100000US_0400000US55_0500000US55025&tid=ACSDP5Y2010.DP05.

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7   Data for white people do not include Latiné people; data for Black people may include Latiné people. U.S. Census Bureau, American Community Survey 2016-2020 5-year estimates, Tables B01002B and B01002H, https://data.census.gov/cedsci/table?t=Populations%20and%20People%3ARace%20and%20Ethnicity&g=0100000US_0400000US55_0500000US55025&tid=ACSDT5Y2020.B01002B and https://data.census.gov/cedsci/table?t=Populations%20and%20People%3ARace%20and%20Ethnicity&g=0100000US_0400000US55_0500000US55025&tid=ACSDT5Y2020.B01002H.

8   See 'Listening to Black Women: The Critical Step to Eliminating Wisconsin's Black Birth Disparities,' by Lisa Peyton-Caire & Alia Stevenson, https://wmjonline.org/120-suppl1/peyton-caire/.

9   Data for racial groups do not include Latiné people. Margins of error are wide for the number of Black youth under age 19 without health insurance in Dane County, so racial disparity was not calculated. Silver Lynx Consulting analysis of data from the U.S. Census Bureau, American Community Survey 2016-2020 5-year estimates, Tables C27001B and C27001H, https://data.census.gov/cedsci/table?q=C27001B%3A%20HEALTH%20INSURANCE%20COVERAGE%20STATUS%20BY%20AGE%20%28BLACK%20OR%20AFRICAN%20AMERICAN%20ALONE%29&t=Health%20Insurance&g=0100000US_0400000US55_0500000US55025&tid=ACSDT5Y2020.C27001B and https://data.census.gov/cedsci/table?q=C27001H&g=0100000US_0400000US55_0500000US55025&tid=ACSDT5Y2020.C27001H.

10   Joyce A. Martin et. al, Centers for Disease Control and Prevention, "Births: Final Data for 2019," National Institute for Vital Statistics Reports 70, no. 2 (March 23, 2021), https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-02-508.pdf.

11   Foundation for Black Women's Wellness, "Saving our Babies: Low Birthweight Engagement Final Report," 2019, https://uploads-ssl.webflow.com/600213788dc79d719678000c/6009f1ad6f98f80f93e1fcf3_FFBWW-DCHC-Low-Birthweight-Report_April2019.pdf.

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15   Eunice Kennedy Shriver National Institute of Child Health and Human Development, https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care.

16   Data for racial groups do not include Latiné people. Silver Lynx Consulting analysis of data from the Wisconsin Department of Health Services, Wisconsin Interactive Statistics on Health – Prenatal Care Module, https://www.dhs.wisconsin.gov/wish/prenatal-care/index.htm.

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22   March of Dimes, https://www.marchofdimes.org/complications/low-birthweight.aspx.

23   Foundation for Black Women's Wellness, "Saving our Babies: Low Birthweight Engagement Final Report," February 28, 2019, https://uploads-ssl.webflow.com/600213788dc79d719678000c/6009f1ad6f98f80f93e1fcf3_FFBWW-DCHC-Low-Birthweight-Report_April2019.pdf.

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25   Race and ethnicity data are for the birthing parent (these data are not available for the baby). Data for racial groups do not include Latiné people. National data may not be calculated identically to state data. Joyce A. Martin et. al, Centers for Disease Control and Prevention, "Births: Final Data for 2019," National Institute for Vital Statistics Reports 70, no. 2, Table 13, https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-02-508.pdf.

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65   Data are age-adjusted rates per 100,000 population. Data for racial groups do not include Latiné people. Wisconsin Department of Health Services, Wisconsin Interactive Statistics on Health – Opioid Module, https://www.dhs.wisconsin.gov/wish/opioid/in-dex.htm.

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An initiative of Kids Forward, Race to Equity is a comprehensive approach to reducing racial disparities through community engagement, research and advocacy.

Kids Forward inspires action and promotes access to opportunity for every kid, every family, and every community in Wisconsin, notably children and families of color and those furthest from opportunity. We envision a Wisconsin where every child thrives.

For the full report, visit kidsforward.org/race-to-equity.