

OPEN MEETING MINUTES

Name of Governmental Body: Govenor's Health Equity Council			Attending: Mary Thao, Shiva Bidar-Sielaff, Secretary Karen Timberlake, Michelle Robinson, Gale Johnson, Amy DeLong, Janel Hines, Julie Mitchell, Wanda Montgomery, Tia Murray, Sandra Brekke, Ellen Sexton, Elizabeth Valitchka, Patricia Metropulos, Jerry Waukau, Lt. Gov. Mandela Barnes, Isaak Mohamed, Dr. Tito Izard, Lilliann Paine, Lisa Peyton-Caire, Paula Tran Inzeo, Lisa Olson, Gina Green-Harris, William Parke-Sutherland, Dr. Jasmine Zapata, Andrea Werner, Maria Barker State Staff and Guests: Laurice Lincoln, Dustin Mullet, David Frazer, Tracy Kleppe (interpreter), Interpreter Jon, Vincent Lyles, Karen Odegaard, Ameerah Ahmad, Beth Wikler, T.R. Williams, Fresh Start Family Services
Date: 3/15/2021	Time Started: 1:00 p.m.	Time Ended: 4:00 p.m.	
Location: Zoom Video Conference			Presiding Officer: Council Chair Gina Green-Harris

Minutes

1. Welcome and overview of agenda
 - a. Focus for today’s meeting:
 - i. Move into the Create phase of the Council’s work.
 - ii. Updates on the Governor’s Equity and Inclusion Council and Department Check ins
2. Equity and Inclusion Council update: DOA/Bureau of Equity and Inclusion, Laurice Lincoln
3. Homework Survey Presentation [Refer to PowerPoint slides]
 - a. David Frazer: We want to move into the Create phase where members will create lists of activities for health equity that GHEC can accomplish through work groups, where they will also put together a benchmark data report, whether that is data already out there or finding our own. We will have tentatively one or two public listening sessions.
 - b. 78 percent of members responded to the homework survey which asked members to identify health equity supports, barriers, and opportunities within their self-identified community. Using the homework survey responses, we have 4 main themes to organize the Council’s work.
 - c. First is Representation/ Decision Making Power/ Access – we didn’t land on one word because we know people have different understandings and connotations of words. Second is Structural Funding Inequities, where structural funding may not help us all the time and includes design failures in government assistance programs and the dichotomy of localities having revenue to pay for mental health services or not. Third is Targeted Funding for Under-Resourced Communities. Our last category compiles data around those themes through the lenses identified in the executive order, race, education, history of incarceration, and geography.
 - d. Do members feel this is the right direction?
4. Council members discussed homework and structure, highlights included:
 - a. Intersectionality of many social identities that impact marginalization
 - b. Overlap between the four major buckets
 - c. To what extent does the council want to push for policy changes vs. identify what could be improved upon within existing policy structures
 - d. Importance of acknowledging and addressing the nuance between disparities that are experienced across different geographic/geopolitical environments

- e. Timeline for the work: this will be a heavy lift, the expectation of council members will be that we are doing this as a team so engagement and commitment will be key to driving this work forward and ensuring that it is informed and led by the individuals on this council
 - f. Gina wants to take a vote on the Council moving forward with these work group categories as a foundation.
 - i. MaryThao motions, Sandra Brekkie seconds. Council votes: no one is opposed. Subcommittee work groups are approved moving forward.
5. Review and approve minutes from 03/17/21 meeting
- a. Michelle Robinson motions to approve the amended minutes from GHEC's March 17th meeting. Isaak Mohamed seconds. All are in favor.
6. Break
7. Department Check in: Governor's Office Deputy Director of External Affairs T.R. Williams
- a. History and context surrounding the EO – intentionally avoided being too prescriptive to create opportunity for the Council to drive this work and respect members' established leadership and expertise in this space
 - b. Bi-directional/informal relationships – Ex: Gov's Office was part of the first WI Black Maternal and Child Health summit ([link](#)); how do we leverage this Council to engage in conversations with the executive branch that haven't historically happened?
 - i. As members have things going on in your organizations, request engagement, tell us: "I'm a member of GHEC and I would like to request you all come to this."
 - c. ARPA funding: WI received about \$700million less that it was originally estimated, however, WI's economy is doing much better than projected
 - i. If Council Members have ideas for ARPA funding, please share
 - d. Special session – Gov announced special session on Medicaid Expansion
 - i. This is an opportunity for Council Members to be advocates in their communities and organizations; start conversations about how Medicaid expansion funds can be used and how those funds present a bipartisan approach
 - e. Gina: we appreciate your energy and support. Gina is holding questions until the last speaker.
8. Department Check in: Department of Health Services Secretary Karen Timberlake
- a. Let's start with the biannual budget. The JFC on its first day of action began by removing 380 items from the Governor's budget, which included things like the Medicaid expansion (which is why the Governor called for a special session) and a proposition to invest 15 million dollars in equity planning grants (which could have gone to local and tribal health departments). They also removed funding for the women's health block grant.
 - i. Not a great list of removals from DHS's perspective, but there is so much to like about the totality of the Governor's budget. So many things remain on the table:
 - ii. Whole packet of investments on maternal and children's health. Address the gap between White and Black infant mortality. Bipartisan support for extending the postpartum period.
 - iii. We know we have massive gaps in our mental health and substance use crisis. Provider systems and provider availability—great opportunity to lift up those opportunities. Lifting up Birth to 3 with regards to lead poisoning in Wisconsin homes.
 - iv. Proposed Medicaid investments in community health workers and in a broad community health benefit.

- v. The governor wanted an equity and inclusion person in every state agency—that was also cut.
- b. Next, Secretary Timberlake gave an update on the new Office of Health Equity and the search for a Director of Equity, Diversity, and Inclusion.
 - i. The Office of Health Equity will be located within the Office of the Secretary, similar to the Office of Policy Initiatives and Budget.
 - ii. This new office will be a centralized hub that will connect the dots by aligning and amplifying the diversity, equity, and inclusion efforts occurring across all DHS divisions and offices, including serving as a central resource to support the work that is occurring across the department.
 - iii. The Office of Health Equity will be central to all work in DHS, coordinating and strategically addressing inequities and systemic racism.
 - iv. The Office of Health Equity will include the Minority Health Program
 - v. Ideal candidates for the new Director of Equity, Diversity, and Inclusion position would be people with an entrepreneurial spirit, as this is an exciting ‘startup’-like opportunity within DHS. The director will have autonomy in setting the direction of the office, building their team, and managing a budget that will support this important work.
 - vi. We are not expecting to hire just one director, there will be three additional staff support people that will be dedicated to that office.
 - vii. The department will include both external and internal efforts.
- c. Third, T.R. talked about the ARPA funding that is coming in, sharing that decisions are happening now about that funding. There are some categorical lines of funding that will be coming directly to DHS. They come with strings attached and a narrowed focus; there are ways to creatively interpret that guidance.
 - i. There are a series of grants coming in that are specific to the Covid response.
 - ii. Substantial amount of one-time money available through the Medicaid program for Home and Community-Based Services (HCBS). Support people who are enrolled in the Medicaid program (typically at a nursing home level of care). Family care program. WAIVER.
 - iii. Beth Wikler shared some resources in the chat:
 1. <https://www.dhs.wisconsin.gov/ohe/index.htm>
 2. <https://www.youtube.com/watch?v=QTx9WSDxff8>
 3. https://wj.wi.gov/psc/wisjobs/CAREERS/HRMS/c/HRS_HRAM_FL.HRS_CG_SEARCH_FL.GBL?Action=U&Page=HRS_APP_JBPST_FL&SiteID=1&FOCUS=Applicant&JobOpeningId=1641&PostingSeq=1
 - iv. There are also increases in our Mental Health/Substance Abuse Block grant. (not great terminology in this day, but that is what it is called).
 - v. Sec. Timberlake urges Council to weigh in on these ARPA funding opportunities, “to advise on equity in all things.”
- d. Fourth, We know and appreciate that this is a Council that wants to make a difference right now today. One thing we can make a difference on is the ongoing Covid response.
 - i. We still need to think about access and equity in the testing arena.
 - ii. We are still vaccinating people—thousands of people every day, even if the pace has slowed down.
 - iii. The reality is we are going to be at this for months to come yet. We think there may be an opportunity to have a dedicated side conversation. This is a real opportunity for the Council to help, especially as we move out of crisis and into ongoing Covid management operations.

- iv. We have about 6.3 million dollars to 101 organizations across the state. 43% of those projects are in Southeastern Wisconsin, as compared to 3% *in the Northern region and 14% are statewide. We are heavily invested in the population centers in the state. These organizations are using their funds to do everything from vaccine navigation to health outreach and transportation.
 - e. Gina: Looking forward to the Council helping build, shape, and support the exciting opportunities DHS just presented. Think about your advocacy role and the questions you can ask. How might you make sure that they get into the community in a way that is accessible and needed?
9. Department Check in: Department of Children and Families, Equity and Systems Change Research & Policy Officer Michelle Robinson
- a. Some important efforts at DCF: Resources to support our 'access to internet' program. Help with the monthly internet cost
 - b. Increase dollars around our independent living program.
 - c. We believe that historically our child welfare system has had a heavier touch than it needs to have. In our budget we have proposed a re-design of our welfare system that is defined around putting families first. We bring services to the home. Kinship placements-- We had 5 million dollars for prevention investments, money we saved not pulling kids out of homes, we can put that money into the homes. Kids have environments where they can get the care they need.
 - d. One thing that is important in order for this package to really work: We need state investment as federal dollars alone will not be enough.
 - e. Elizabeth Valitchka shared a resource on DCF's budget proposals in the chat:
 - i. <https://dcf.wisconsin.gov/budget>
 - f. If anyone has questions and would like to learn more about the DCF budget please do not hesitate to reach out! Email: michelle.robinson@wisconsin.gov.
10. Questions and Comments from Council members
- a. Lisa Peyton-Caire: Very important Dr Robinson! Family preservation is crucial conversation in our state—and building family capacity and stability through support versus displacement where possible. Families of color and low income families deeply impacted by this. I really appreciate these cross-departmental updates. Very helpful to connecting the dots as we build a powerful health equity plan. This is the collective sharing and aligning we need to make big steps forward.
 - b. Paula Tran Inzeo: Agreed- thank you very much for the Dept and Executive level updates.
 - c. Andrea Werner: In Green Bay we partnered with public health and all 3 health systems in standing up a vaccination bus that we will take out to every neighborhood and business etc to support equity in shots arms. You can also see our vaccine campaign at: <https://www.immunityunity.org/> which is all grounded in equity
 - d. Gale Johnson: Medicaid expansion is an issue near and dear to my heart, I am really excited about the special session. Will the federal funding that is available for Medicaid expansion go away if we don't take it soon?
 - e. Secretary Timberlake: Partial no, partial yes. The Governor's budget assumes \$634 million new federal dollars that will be ongoing in the program. When our legislature does the right thing eventually in this budget, we will have the benefit of that advanced Medicaid expansion.
 - f. Paula Tran Inzeo: Question about the process for budget advocacy. Lots of confusion over last year's guidance for lobbying as employees. What is the line with the most recent guidelines for public employees on speaking about the budget?
 - g. T.R.: if you are contacting your legislature outside of your work that is fair game. For the Ethics Commission, when it comes to you contacting legislators about an issue, there is a standard time they give (hypothetical: like 'five times contacting in this period of time') that they use as their

definition for lobbying. It is not the fact that you are asking for something to be done, it is the frequency.

- i. Ethics Commission: <https://ethics.wi.gov/Pages/Lobbying/LobbyingOverview.aspx>
 - h. William Parke-Sutherland: Secretary Timberlake, does the HCBS bump require an increase in state matching funds?
 - i. Sec. Timberlake: Short answer is no, the cash is coming in in the form of enhanced FMAP. Does not require supplantation/maintenance of effort.
 - j. William: Will it require a 1310 process or other JFC approval that might need advocacy?
 - k. Sec. Timberlake: will follow up on that.
 - l. Michelle Robinson: Also, the Lt. Gov, Sec. Timberlake and Sec. Amundson (DCF) have been lifting up GHEC's work on the Governor's cabinet calls.
 - m. Dr. Tito Izard: question about the new director position. Given that the person has the opportunity to develop a strategic approach for how they will interact within DHS, will that person be addressing equity in DHS, versus addressing health equity and equity relating to policy and people? The position talked about community engagement and outreach—that is a job in and of itself. Trying to work on equity internally at the bureau level as well as working in community engagement would really overwhelm one individual.
 - n. Sec. Timberlake: The role of the new office will be expected to focus both internally and externally. But, the new Director will have two additional staff people (one having an internal focus, one having an external focus), plus a communications staff person, plus the staff of the Minority Health Program (around 5 people).
 - o. Tito: What does success actually look like for this person in that position? If we put someone in that position and they don't have the tools to succeed, it will be a big problem.
 - p. Sec. Timberlake: Good advice, thank you Dr. Izard.
 - q. Gina: Thank you to everyone for bringing your talents and your treasure to this table. Thanks all the agencies, everyone. Council members, thank you for showing up to every meeting. We will be emailing you about the shape of the subcommittees, asking you to please sign up. I promise to you I will make it as plausible as possible as we set this Council up for good success.
11. Public comments or questions:
- a. No public comments or questions.
12. Shiva motions to adjourn the meeting, Gale Johnson seconds the motion. Meeting adjourned.

Prepared by: Ameerah Ahmad, DHS on 5/19/2021.

These minutes will be approved by the Governor's Health Equity Council on: 7/21/2021