OPEN MEETING MINUTES

Name of Governmental Body: Govenor's Health Equity Council			Attending: Amy DeLong, Andrea Palm, Andrea Werner,Cristy Garcia-Thomas, Diane Erickson, Dr. Jasmine Zapata, Dr. Michelle Robinson, Elizabeth Valitchka, Ellen Sexton, Gale Johnson, Gina Green-Harris, Isaac Mohamed, Janel Hines, Jerry Waukau, Joya Headley, Julie Mitchell, Lillian Paine, Lisa Peyton-Caire, Lt Governor Mandela Barnes, Maria Barker, Micaela Berry-Smith, Patricia Metropulos, Paula Tran Inzeo, Sandra Brekke, Sarah Ferber, Shiva Bidar-Sielaff, Stacy Clark, Tia Murray,Tito Izard, MD,Wanda Montgomery, Wenona Wolf, William Parke-Southerland State Staff and Guests: Beth Wikler, Cecie Cupler, Faith Russell, T.R. Williams, Wenona Wolf, Cody Mikels, Jamie Kuhn, David Fraser, Nicole Keeler, Maria Kielma, Meghan Elledge, Amina Maamour, Katie White, Vincent Lyles, Zoe Kujawa, Cynde Kleven, Christine Lidbury, Victoria, Alexa Nobis, Julia Eyers Getz, Bob & Heidi Sheiri, Samantha Busch, Forbes McIntosh, Sandy Blakeney, Mildred Hunter, Melissa Duffy, Cartecia Lawrence, Jacob Noel
Date: 11/20/2020	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. Introduced David Frazer, Associate Director of the UW Center for Urban Population Health. Will be helping Gina with facilitating the meeting
2. Review and approve minutes from 10/21/2020:
    a. Wanda Montgomery moves to approve; Paula Tran Inzeo seconds
    b. No objections
    c. Minutes approved for October 21, 2020
3. Confirm quorum and decision-making procedures
    a. The majority of members favored the second option (reference PowerPoint slides): simple majority for quorum; 2/3 of those present to pass a motion
    b. To provide clarity and consistency, will use the same approach for subcommittees
    c. This option will ensure there is good representation at meetings and a high bar for approving motions
    d. Clarifications:
        i. The chair will identify when she is asking for input versus taking a formal vote
        ii. There is work that will happen in this meeting setting- move from talk to action
        iii. Work will also have to have work occur outside of the meeting. Members who would be interested in joining a small planning committee that meets outside of Council should let Gina know. This will be a small group that will not exceed negative quorum rules. Based on the decision-making procedures the Council will use, no more than six Council members that can be in a meeting that is not publicly noticed as an open meeting

iv. A document with clear guidelines for decision-making will be provided to members in January

e. Gale Johnson- Question about subcommittees, which are expected to be made up of Council members and members of the public. Are there any restrictions on size?
   i. Any subcommittee with over 6 Council members would have to be publicly noticed as an open meeting
   ii. The Council can decide the number of people on the subcommittees
   iii. Add to parking lot- size of subcommittee

4. Vision of Process Flow for the Council's work (see PowerPoint slides)
   a. Reviewed language from the Executive Order (and DHS website) re the charges to the Council and the shared values
   b. Focus: Evidence-based, long-lasting, focus on race, economic status, educational level, history of incarceration, and geographic location. Equitable health outcomes for all Wisconsinites
   c. Questions from members:
      i. Joya Headley: What kind of health disparities are we aiming to address? Mental health, physical health, all of the above? Health is a broad term. Everything? Need to define what we mean by health
      ii. Wanda: I didn't see anything specific about developing or impacting policy. Maybe that in inferred.
      iii. Tito Izard: The state has some platforms for discussing health disparities – we'll need to categorize what we're going to focus on, based on research and components we may be able to influence. See what is already in the database at the state level. Need to identify something we'll start from
      iv. Tia Murray: the executive order reads that our focus is to "address the various factors that exacerbate health disparities". Does this imply that we will also focus on the root causes of them, as well?
      v. Lisa Peyton-Caire: It is well known that we lead the nation in racial health and birth disparities for people of color; and that disparities in chronic illness are more deeply impacting low income people, and rural and urban communities. These are clear starting points for a portion of our planning and strategies. There are many existing state reports to consult as a council, including Healthiest Wisconsin 2020
   d. Gina: Part of our homework will be to answer questions about: (i) how we narrow our focus; (ii) what's working in communities now -- what resources we have; (iii) what we know about data – what evidence is there already. We will use the answers members provide to come back and bridge our work.
   e. David Frazer: Determinants of health -- how does the Council want to distribute recommendations and focus based on the determinants of health?
      i. Socioeconomic factors
      ii. Health behaviors
      iii. Health Care
      iv. Physical environment
   f. Member comments:
      i. Tito: And how do we differentiate across groups? All populations impacted may benefit by different components in different degrees

ii. Lisa: It will also be critical that we frame the work in a social and structural determinants of health lens and a conscious tie between health and economic security
iii. Gina: need to encompass as much of the population as possible, inclusive of impacted communities. And that what we come up with in terms of recommendations and implementation plans has to have the opportunity to be impactful in the short-term, mid-term, and long-term
    1. Will need to do goal-setting in increments, with short, medium, and long-term timeframes
    2. Need to take into consideration priority populations while being inclusive
iv. Andrea Werner—the now, near, and far

g. Values: reviewed definition, followed by review of work in the previous meetings. Equity vs disparities; common themes; how are we setting the council up and grounding in a set of shared values
    i. Lisa: I foresee our sub-committee and work team structure addressing specific population and geographic needs across the state, and having that information brought back to the full Council to consider in building a plan that represents both broad and population/geographic specific needs
    ii. Andrea W.: I think we discussed a lot about the value of co-design.... with the community... leveraging the collective voice. Creating health equity in partnership with the people that we serve
    iii. Lisa: Value for systems-structured change. Policy included in structure and systems focused.
    iv. Gina: We can add policy on this slide if we want to
    v. Lisa: We need a timeline for the plan; a trajectory. Pace for making decisions and structure how we do the work
h. Process Timeframe: Three phases over 12 months: learn, create, recommend
    i. Gina:
        1. Could have a committee that does research; talk about now activities that we can do immediately and putting together potential recommendations. Gina envisions work will proceed incrementally
        2. Envisions a bilateral relationship with the state: already talking with the state about diversity, equity and inclusion plans (DEI Plans); and diversity and equity committee at DHS with recommendations from the community
    ii. Lisa: we're thinking about ways to collect statewide input. Happy to hear through each meeting that we're drilling down on what the strategies will be
    iii. Andrea Palm: Is in a unique situation to be leading DHS, who may receive recommendations from the Council, as well as serving as a Council member. DHS is working on internal structures, opportunities for us to do those pieces well and better. With the DEI plans—state government can set the dials for how the work can happen. DHS is anxious to leverage the expertise and commitment of the Council (HR, program and policy). Give DHS homework: DHS is committed to helping facilitate the work to bring to bear the research etc. Give DHS homework -- we are committed to doing work for this Council
    iv. Gina: has learned there is a sincere interest in having this Council make a difference. DHS is creating three new positions for minority health and will involve the Council in their hiring and work. The timing of the Council's work may be off from the biennial budget

development cycle, but things can still happen outside of that cycle. The Council can have an impact now

v. Gale: Seeks collaborative relationships with government. Need to include impacted communities. There are entities in WI in various communities doing outstanding things. Want to make sure that we think about collaborative activities – across state agencies, as well as communities

vi. Michelle Robinson: From DCF's perspective, this is a bidirectional relationship. Many of its programs have impacts on social determinants and economic well-being and health. Within DCF, teams are participating in boot camp re racial equity; conversations across programs about processes and strategies to assure that they are mitigating ways in which programs exacerbate inequities. The Secretary is a true proponent of cross agency work. Committee to being a champion of those cross-agency discussions

vii. Isaak Mohamed: In rural area counties, won't find inclusion in the government offices in county health and human offices. Has advocated for a broader perspective – inclusion for all in government departments

viii. Gina: Council standpoint, need to have support, ideas and concepts that will be on the table. The Council has a powerful voice; it needs to be practical and useful and implemented over time

ix. Jerry Waukau: When think about collaboration, have to think about local, state, and federal partners. Social determinants of health—can have best clinic in the world, but what if people can't access because people are in crisis mode? Children's health issues. Abuse and neglect in communities -- kids are born into these situations. Grandparents raising children. Need to look at the whole model- alignment with state and national is critical. Because of tough budgets, can sometimes only intervene in crisis. Inequities are so deep. Need to give kids a chance to succeed. Need to align all of these pieces together. Great clinic can't change the county rankings. Health behaviors- can't change because they are in crisis mode, in pain, addiction

x. Joya: Agreed, ACE's are so influential regarding health outcomes

xi. Gina: Need to consider what can we do address crisis mode. Dr. Izard is a leader in thinking about how to address crisis to improve outcomes. Don't want to put onus on people in crisis. Think about what structures are in place. Goal is to create local systems and bring to statewide level. Infrastructure

xii. Lisa:

1. Agree with Jerry so deeply. Not only in the crisis mode that people are living in; but the barriers in systems and policies that prevent communities from accessing and taking advantage of the resources that already exist
2. We are doing localized work here in Dane County between community led organizations and the Dane County Health Council that provides a working example of the power of cross-sector, cross-system collaboration in generating system-shifting strategies to improve health and birth equity. This model (and I am sure there are others) should guide the work we do as the Governor's Health Equity Council and state agencies and departments who collectively drive all of the levers that impact health, quality of life, and economic and social stability of all citizens in our state. Community and government collaboration is rare but so very necessary in this work if we are to truly move WI forward in health equity. And critical to this

process is looking internally at our government departments and agencies, who must transform their structures to ensure they support and advance equity—and therefore are positioned to support and effectively implement the plans and strategies we work hard to recommend

3. Systems move slowly- systems need deeper knowledge about communities, systems are often not structured to support individuals they serve and thus can be a barrier. Internal systems need to look at how systems work. **Section of goals—community pieces, systemic internal goals and objectives to be met as well!**

xiii. Shiva Bidar-Sielaff- important to build goals as both internal and external. Antiracism- dismantling racism in ourselves, in our systems, and our communities. All three are essential. www.danecountyhealthcouncil.com

1. Each of us as individuals are part of the problem
2. Understanding our framework- what needs to be in each of the programs
3. Programs, policies- name what we've been seeing and identify what systemic challenges we have internally and externally

xiv. Elizabeth Valitchka- agree- make sure work is not created at the level of council. Recommends developing a logic model framework: who and what; short, medium, and long-term

xv. Gina- after today, let's dig in and organize the work

5. Council Activities:
   a. Establish working definition of "health equity"
      i. Gina reported that she had listened to members in previous meetings, and arrived at the definition by the Robert Wood Johnson Foundation (see slides). Feels this definition moves the Council forward
         1. Paula Tran: this is the definition that the UW Population Health Institute uses; it is used for the county health rankings model. This goes beyond SDoH – does look at root causes
         2. Tito I.: his definition is stable living – mind, body and spirit
         3. Jasmine Zapata – having basic needs met is part of health
      ii. All in agreement to include mind, body and spirit
   b. Shared Values for Establishing Council Goals:
      i. Population health framework; county health rankings model
      ii. Three buckets that can impact health factors: policy, programs and practice (PPP)
         1. Example: health issue where lack of fresh produce. Farmers markets come to mind. Need a local policy that allows it; then need to set up a program to put it in place; then there needs to be a practice that will actually use the program
         2. As we harvest ideas from the local/regional experiences, might be useful to identify things as policy, program, practice
         3. However – what else is missing. Structural issues. Does that fit in policy, program or practice? Or in other areas that are not in these three buckets?
      iii. Member discussion:
         1. Tia:
            a. What is the structural root causes of this example? PPP puts a band aid on it unless it is innovative and disruptive. Structural piece comes before the three buckets

b. What's the structural element that is either inhibiting or helping that PPP? Structure gets to root cause

2. Jasmine Zapata: Water of Systems Change model has three additional pieces. Power structures; mindset shifts; authentic relationships. Policy, programs, practice, perceptions, personal relationships, power
3. Lillian Paine: Here's another visual from the Kaiser Family Foundation about social and economic factors driving health outcomes
4. Gina: Policy is not just a big P – but goes all the way down. Gina likes the structural piece
5. Joya: Does focus on PPP separate us from the communities? Need to connect. Engage with communities
6. Gina:
    a. Agrees: need to do that all along the way. Community engagement is part of this work. Need to work from resilience standpoint; strength based viewpoint. Need to look at assets of the community
    b. Having a structure that allows us to drill down but also the community to drill back up to the Council is important. Wants community members to be more the creators
7. Gale: – talks about remembering the "public" in public health. She loves it when someone contacts her with an idea. We need to be open as we do this work to the input from the communities
8. Andrea P: accountability. Brought people together with expertise and ability to engage with communities. We need to hold each other accountable to do this in a meaningful way
9. Michelle: it will be super critical that as we move more from planning and learning to strategy – we'll need to approach recommendations in terms of thinking of audience for the recommendations.

iv. Beth Wikler: do any of these models help identify the targets of the work? (e.g. Governor, legislature)

v. Gina:

1. We may need to bring in people to explain how government works
2. Will also build in the logic model idea.
3. Homework: go into communities and identify some of the programs that are working; who is doing what; what are the resources that are available. Start to think of the gaps in services or process gaps; what are some of the barriers to even getting to the table. What are some of the redundant processes – that are in effect but not producing for us. What are some of the values for your community. Want to build a cross functional structure map to help with building a plan. You'll get something in writing -- but can start the wheels turning on this

6. Parking Lot
7. Opportunity for public comment on Council Vision
    a. A member of the public stated that she doesn't like the term "target," which has a negative connotation for her. Suggests Council members use the term "priority area" instead
8. Review of Next Steps and Adjourn

Prepared by: Beth Wikler, DHS on 11/20/2020.

These minutes were approved by the Governor's Health Equity Council on: 1/20/2021