

**OPEN MEETING MINUTES**

Name of Governmental Body: Governor's Health Equity Council			Attending: Dr. Amy DeLong, Andrea Werner, Diane Erickson, Elizabeth Valitchka, Ellen Sexton, Gale Johnson, Gina Green-Harris, Guy (Anahkwet) Reiter, Dr. Jasmine Zapata, Jerry Waukau, Julie Mitchell, Lillian Paine, Lt Governor Mandela Barnes, Maria Barker, Mary Thao, Dr. Michelle Robinson, Patricia Metropulos, Paula Tran Inzeo, Sandra Brekke, Shiva Bidar-Sielaff, Stacy Clark, Dr. Tito Izard, Wanda Montgomery, William Parke-Southerland, Secretary Karen Timberlake, Tom McCarthy, Andy Forsaith, Lisa Cates, Isaak Mohamed, Joya Headley, Lisa Peyton-Claire  State Staff and Guests: Beth Wikler, Cecie Culp, David Frazer, Faith Russell, Ameerah Ahmad, T.R. Williams, Vincent Lyles, Laurice Lincoln, Karen Holzer (interpreter), Tracy Kleppe (interpreter), Carol Goeldner (interpreter), Dustin Miller, Shaun Hernandez, Secretary Karen Timberlake, Tom McCarthy, Andy Forsaith, Lisa Cates, Isaak Mohamed, Joya Headley, Wenona Wolf, Carola Gaines, Tounhia Khang, Brandi Poellinger, Laura M Houser, Bianca Shaw (WI DCF), Courtney Hayward, TMJ4 News, Jermaine Reed, Kayleigh M, Holly Meier, Heather Fischer, Cindy Huber, Lindsey Reay, Mildred Hunter, Ramsey Lee
Date: 3/17/2021	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. Welcome to DHS Interim Secretary Karen Timberlake, back after ten years away from government service.
  - b. Focus for today's meeting:
    - i. The story of health equity within the executive budget via presentations from the Lt. Governor, DHS, DCF, and the Governor's office.
    - ii. Overview of vaccine response from DHSCOVID Response Team.
    - iii. Updates on the Governor's Equity and Inclusion Council
  - c. Also introducing new GHEC staff member, Ameerah Ahmad, who will help facilitate the Council's work.
2. Review and approve minutes from 01/20/2020: Andrea Werner moves to approve; Tito Izard seconds. The minutes are approved.
3. Updates from Gina
  - a. Gina encourages members to take opportunities to share GHEC's work, and to use those opportunities to learn from the communities that members represent in order to set priorities for the work. She wants to track Council members' outreach for a clearer understanding of the impact of that outreach. Staff will create a tracking system.
  - b. Reminder that April is minority health month. This year's mission is #COVID ready. Gina encourages members promote this theme for 2021, and asks members to participate in surveys coming out from the U.S. Department of Health and Human Services Office of Minority Health (OMH).
  - c. Gina suggests takeaways from this meeting will be useful if Council members put on their thinking caps, but also their advocacy caps and community cap; learn from the information we are getting, ask questions about concerns, suggest solutions, but then go back to our communities and stakeholders.

- d. Gina tasks the Council with bringing accurate information about Covid-19 and the vaccine to communities, to help reduce vaccine hesitation and move towards a healthier WI.
  - e. Gina asks members how they are feeling about the information she is sharing from the state and federal level: Would you like more? How are you feeling about it?
    - i. Paula, Mary, and Stacy voice positive feedback towards the amount of information received.
4. Remarks from Lt. Governor Mandela Barnes
- a. Lt Governor Barnes reminds every one of the importance of advocacy within the budget process. He emphasizes that though the budget itself is a long and cumbersome document, there are a lot of exciting things within this budget relevant to the Council’s mission.
  - b. The budget is an opportunity for us to be proactive and develop a vision of what a state that centers equity looks like; the budget includes programs and initiatives specifically geared towards disrupting disparities.
  - c. Lt. Governor Barnes emphasizes that:
    - i. Life expectancy across the country has gone down; there are systemic issues and policy decision that have made this happen.
    - ii. While the pandemic brought health inequities to light, going back to “normal is not good enough”.
    - iii. Leaving communities behind brings us all down and people who are closest to the problem should be closest to the solution.
  - d. Lt. Governor Barnes encourages members to attend “Badger Bounce Back” sessions over the next few weeks that go into detail on provisions in the budget around different topic areas.
  - e. He ends his remarks by emphasizing that the legislature has demonstrated a desire to stand against this budget, which is why we as people in this state have to advocate for themselves. He encourages everyone to raise their voice and make sure law makers know where they stand, and the people in their respective communities know the direction they should be headed.
5. Presentation from DHS Interim Secretary (Sec.) Karen Timberlake [Refer to presentation slides]
- a. Sec. Timberlake reiterates the Lt. Governor’s message, saying we should be connectors and spread the good word. She points to resources like the DHS budget website and budget fact sheets.
  - b. She asks what we can do as a state government to expand health care access and affordability:
    - i. We know that health is not all about health care; we need to make sure everyone in the state can access high quality affordable health care.
    - ii. Proposes that we finally accept the Medicaid expansion that was in the Affordable Care Act, which 38 other states already have done.
    - iii. Insurance exchanges—WI participates in the federally sponsored insurance exchange, but we could do a state-based marketplace insurance exchange
    - iv. Funding for community providers
    - v. The Governor’s Budget also makes an investment in rate increases for Medicaid wages to create additional access for people enrolled in the Medicaid program. This proposal will put some additional resources into the loan forgiveness program, especially in rural communities.
  - c. The Governor’s Budget accounts for WI’s struggle with dental services. The proposal is to create a new category of dental professional called dental therapist, an intermediate level provider (similar to what we have seen in medicine) particularly for routine care.
  - d. Advancing Health Equity: there are big gaps in not just access to health care, but health outcomes. Sec. Timberlake points to a long history of underinvestment, disinvestment, policy barriers, and systemic racism. She emphasizes the budget’s Social Determinants of Health (SDoH) provisions, and advocacy around it, as a step towards breaking down those barriers.
    - i. Healthy women, healthy babies: should be viewed as a leading indicator of health of the general population. The Governor’s budget addresses gaps in health outcomes for babies in minority and disadvantaged communities.

- ii. Investment in the health and wellbeing of Black women: investment in organizations working specifically to address Black women’s health, shared learning initiatives. The proposed budget funds a convening and coordinating function, continuing with the theme of building capacity, and making investments closest to the ground.
    - iii. Medicaid coverage for doulas.
    - iv. Extension of post-partum coverage for pregnant women in Medicaid for a full 12 months. Governor Evers was actually ahead of the federal government in this regard—the American Rescue Plan that just passed includes the same provision. There’s an opportunity here to implement this change even before and outside of the biannual budget.
  - e. Community health
    - i. Provide compensation for services to Tribal members provided outside of Tribal community systems. These additional, flexible funds are investments in community-lead solutions.
  - f. Protecting kids
    - i. WI has too many kids living in older homes with lead paint; elevated blood levels impede ability to learn. Sec. Timberlake emphasizes we are “literally damaging the future of our state with this.”
    - ii. Prevention side: Continued reinvestment in the Lead Safe Homes Program; getting more windows in old homes.
    - iii. On the treatment side, serve more children in the Birth to 3 by lowering the level of lead poisoning required to get treatment. Take kids off the waiting list.
  - g. Next Steps/Discussions:
    - i. Sec. Timberlake says she has only scratched the service, but emphasizes Lt. Governor Barnes’ Badger Bounce Back recommendation; March 25<sup>th</sup> is the one that relates most to this Council.
    - ii. Sec. Timberlake encourages members to attend and share their thoughts: “These provisions will not solve themselves, as evidence based and solution oriented as they are, we really need your voices and advocate to your communities to do the same. There is no time like the present to make these kinds of investments. We need your support and your partnership.”
- 6. Presentation from DCF Senior Manager Thomas McCarthy
  - a. Thomas McCarthy thanks the Council for asking him to come to the meeting. Gives an overview of DCF, which was born out of a couple of agencies, the Division of Workforce Development (DWD) + DHS when programs grew to as size and function that necessitated their own agencies.
  - b. DCF functions mostly via counties, local governments, and tribes; does not focus on direct service work.
  - c. Examples of work: Child welfare work (Childcare, adoption), economic security programs (W2, emergency assistance, job assistance), early care and education. DCF has recently pushed into the space of Youth Justice (trying to shift this work onto a prevention continuum).
  - d. He emphasizes that all of DCF’s work on social and economic factors contribute to health outcomes for children and families.
  - e. DCF has crafted a narrative around the biannual budget into 4 big areas:
    - #1: Helping families rebound from the COVID-19 public health emergency.
      - i. Mostly economic support areas.
      - ii. Important program called Emergency Assistance – historically, targets parents. Identify ways we can expand qualifications and services. Increase the income limit by 200 percent in line with similar income based programs. Remove the hard “parents cap”—still have to meet programmatic requirements and the income cap, but helps DCF serve more people.
      - iii. Focus like a laser on the idea of keeping people in homes. Support people who are facing an eviction issue.
    - #2: Putting families first in the redesign of Wisconsin’s child welfare system.

- i. Focusing on ways in which we can keep families intact, place a child in an environment that is as close to home as possible if we do have to move them (preferably a relative) through Kinship placements. Boosting some of those rates in this biannual budget.
- ii. Shift upstream in our work to prevent removals from homes and support families while they are in their homes.

#3: Providing all families with access to quality early care and education opportunities.

- i. Boosts the idea of quality-based on what the community is doing, incentivizes providers in the Wisconsin Shares Program so providers have a seat at the table.
- ii. If families cannot find a way to care for their kids, they are less likely to be working, and they are in high stress situations. Child care is really a critical thing to keep families working and mentally + physically healthy.

#4: Supporting youth who are vulnerable and historically underserved.

- i. On the continuum of prevention, kids who are transitioning out of care are a vulnerable population and need support. Not directly in the budget right now, but part of DCF's work is trying to get the university system to fund tuition for kids who have graduated from the foster care system.

7. Closing budget remarks from T.R. Williams from the Governor's Office

- a. The Governor's Office is extremely excited about this budget. It's a great budget; the Governor's Office is excited that you are also a trusted messenger about this great budget in your communities.
- b. T.R. also wanted to avail herself for any questions that anyone might have.

8. Comments from Council members

- a. Dr. Jasmine Zapata: is there any resource that we can easily access, that has cost-benefit analysis documents or reports that specifically address some of these provisions related to the health benefits? There are many legislators who are opposed to this budget; they want to decrease spending, and increase surplus and have good fiscal responsibility for our states. We often talk about the ethics about why this is important, but is there any cost-benefit analysis we can give out as we are advocating?
- b. Lt. Governor Barnes: "I don't know anything you could fix without spending money. By providing maintenance you are saving future costs (like if you were fixing something in your house). Preventing against loss of life, loss of productivity, healthcare for our children—we will pay for it on the back end with incarceration; these are the costs we might face [in the long term]. The last year has shown the need for us to do the most we can possibly do to provide health care."
- c. Sec. Timberlake: The state will receive \$1.6 billion with the expansion of Medicaid. She encourages members to remind hesitant community members about other sources of federal funds (transportation infrastructure, schools from pre-K to higher education, housing development) that we use every day. We also used a great deal of federal funds for COVID recovery. She asks: What is different about this \$ 1.6 billion—about potential federal funding to invest in people across the state?
- d. Dr. Zapata: Are there any formal reports or projections showing the potential cost benefit scenarios? And if there are not, is that an area we can collectively work to create with some of our health policy and health economics partners?
- e. Beth Wikler, DHS: We also cite some state and national studies in the fact sheets where the information is available.
- f. T.R. Williams: Fiscal responsibility is a small c "conservative" thing. Lean into the thought processes, we are saving money to have a surplus, to what end? For what tipping point? If not a global pandemic, then what? The Legislative Fiscal Bureau (LFB) just put out a summary of the budget. The LFB works for the legislature but is supposed to be nonpartisan. The LFB document was just made public today; it's a good source for information on the budget.
- g. William Parke-Sutherland: we are also working on issue specific budget summaries that should be out shortly.

- h. Ellen Sexton: two questions: Are there budget provisions for increased Wi-Fi in rural areas? And are there specific areas this Council could help with that you're not addressing already?
  - i. Lt. Governor Barnes: There is a significant broadband increase proposed in the budget. We are working to make sure it happens in an equitable way as well.
  - j. DCF Manager Tom McCarthy: Efforts to reduce the cost of broadband at home and getting equitable access to people (instead of forcing people to drive to libraries, as that is an inequitable application) is happening across agencies in little pieces that are connected across the state.
  - k. Sec. Timberlake: to the second question Ellen Sexton asked – members could help connect the proposals in this budget to other work that you do; help your community understand this is not just a bunch of proposals—the government held a huge number of listening sessions to come to these recommendations and we need help making them “real”.
  - l. T.R. Williams: Advocates should always have a natural tension with sources about the budget. But we need help getting across the line first.
  - m. Budget close from Gina: there is a vast amount of support for equity and inclusion in this budget. The first two to three meetings that we had, talked about our inclusion, our equity, where the synergistic alliances were, we can see quite a bit of that in our budget. Take the points that we learned today and use them to empower us as a Council. Continue to advance what is written into this budget. As T.R. has said, this is the beginning of the process; we have a lot of work to do team, and we are going to be able to have a large voice in this. We need to attend these meetings as much as we can. Reach out to your state legislators, tell them your concerns about the budget, but also why it has things you need.
  - n. Ways to contact legislators:
    - i. Contact your legislators through the “Who are My Legislators” link: <https://legis.wisconsin.gov/>
    - ii. Contact members of the Joint Committee on Finance: <https://docs.legis.wisconsin.gov/2021/committees/joint/2293>
9. Five-minute break
10. DHSCOVID Response Team: overview of vaccine response followed by Q&A from Deputy Secretary (Dep. Sec.) Julie Willems Van Dijk [Refer to presentation slides for additional details]
- a. The slides present a summary of COVID cases in WI from March 2020 until now. A year ago today we issued the mass gathering ban (no more than ten people). WI was trying to keep people needing hospital beds under the total number of beds. In November/December: we lost thousands of Wisconsinites. Huge spike, overwhelmed hospitals. We are still in high prevalence of disease. We are still at risk because of the COVID variants.
  - b. That big spike didn't happen proportionally, with the highest number of cases per 100,000 individuals occurring among Hispanic people, people of multiple races, and American Indians.
  - c. Through rental assistance, childcare assistance, support for small businesses—Governor was looking at the best way to use these dollars to support communities most affected.
  - d. The state made sure there was more testing, like mobile testing sites, and also language support. The response focused on populations facing the highest burden.
  - e. WI has lost over 6,500 Wisconsinites. In terms of deaths, the hardest hit was WI's American Indian population, followed by the Black population.
  - f. Policy decisions are mostly made by the State of Wisconsin Coordinated Response Policy Group, which includes appointed officials that meet with stakeholders and county and tribal partners. The Policy group meets on a regular basis, often weekly.
  - g. This has been a time of rapid movement in public health. Collaborative decision making hasn't always been possible because of how rapid decisions have been made. The team is now in a place where they are asking: where are the places we can do more thoughtful and more proactive planning?
  - h. Vaccines: Our phases have largely followed CDC's phases, going first to those with highest risk of disease or death, and then second to those with a high risk of exposure.

- i. The goal is to have 80 percent of adults vaccinated.
  - ii. There are still disparities in vaccine rollout.
  - iii. Dr. Izard has suggested that we not assume vaccine hesitancy until we've truly made the vaccine available. It is premature to attribute it to hesitancy until we have done everything we can.
- i. Shiva Bidar-Sielaff has three questions:
  - i. On the issue of transparency, can we see postings on where vaccines are getting allocated?
  - ii. On the use of CDC's Social Vulnerability Index and sub prioritization: "The efforts around doing the right thing have not been supported at all."
  - iii. The Kaiser Foundation published research on Black communities wanting vaccines. What is the strategy around giving vaccines to doctors' offices, which is where the majority of Black, Indigenous, and People of Color (BIPOC) people get their care?
  - iv. Response: anyone is free to ask questions. DHS has a statistic model, but models are based on assumptions and we have been continuing to look at the model and modify it. UW health has prioritized People of Color in their vaccination strategy. A bump in allocation is not sufficient to meet all the needs. In terms of the Kaiser study and physician's offices, the problem is we've spread the peanut butter thin (many access points, but thin). We are starting to see an increase vaccine supply, we are anticipating significant vaccine boosts hopefully the week of March 29<sup>th</sup>.
- j. Tito Izard: "We really need to stop using People of Color and BIPOC as representation for Health Education and Economically Disenfranchised populations (HEED) as from your slides, not all ethnic minority communities are impacted the same regarding poor COVID outcomes. We are masking the failure experienced by Blacks, AI and LatinX for melanin."
- k. Sec. Timberlake provides COVID vaccine/vaccinator map in the comments:  
<https://www.dhs.wisconsin.gov/covid-19/vaccine-map.htm>
- l. Wanda Montgomery: "I'd love to hear more about the outreach, specifically to seniors. I'm getting called from seniors all the time who are not using internet." She also asks about having in-home vaccinations.
- m. Dep. Sec. Willems Van Dijk: I encourage people to reach out to your local health department about opportunities for that; many of the local pharmacies are also interested in that type of outreach too and do community-based sites. The plan is to have people be able to sign up for home-bound vaccinations and have EMS come and do that when they aren't doing EMS.
- n. Vincent Lyles: the impact on People of Color is not just on their health but their care, mortgages, small businesses.
- o. Dep. Sec. Willems Van Dijk: about half of the COVID funding under CARES went to the response (Personal Protective Equipment, etc.). The other half went to those non-health care related elements that our residents faced. A good amount of money went to rental assistance; though it was only rental assistance and not mortgage assistance—a gap identified related to use of the new funding coming. Some of the COVID funding went towards unemployment. We were at risk of losing many of our childcare providers, with many small businesses and many women owned businesses, so there was money going there. Funds were also provided for small business grants and tourism (restaurants, hotels, art venues, even theatres). Those are some of the major buckets. We could get some of the documents about the CARES funding if people are interested.
- p. Dep. Sec. Willems Van Dijk: the FEMA site in Milwaukee (at the Wisconsin Center) will provide an additional 7,000 doses of vaccine per week to the community. This is a net increase in doses to Milwaukee County. In addition, the City of Milwaukee Health Department will be able to redeploy many of their staff to mobile and neighborhood sites in the City.
- q. Dep. Sec. Willems Van Dijk: Is grateful for the counsel about the use of People of Color and BIPOC as representation for Health and Economically Disenfranchised populations; appreciates that point and will work to include that thinking in her presentations.

11. Equity and Inclusion Council update: DOA/Bureau of Equity Inclusion, Laurice Lincoln [Refer to presentation slides for additional details]
  - a. Executive Order 59: establishment of this council.
  - b. Collaboration is critical for advancing the E&I's Council's work.
  - c. Explanation of how the advancement of equity is structured in DOA. Areas of focus: Integrative planning, project tracking, reporting, monitoring
  - d. E&I Council's framework will construct and suggest some broad objectives and standards. Being very mindful of the operating principles of partners.
  - e. Collaboration between HEC and EIC areas: economic stability, health care access and quality, education access and quality, neighborhood and built environments, and social and community context.
  - f. Reminder about student diversity internship program. Application closes March 19. Most of the positions are in Madison—but most of the positions are remote work.
    - i. Tito Izard: We can have diversity and inclusion without representation and equity. Madison is not a very diverse area—the housing issue is a big barrier to their participating.
    - ii. Laurice Lincoln: Last year we used university housing for subsidized housing + van pool group.
12. Public comments or questions:
  - a. Ramsey Lee: Thank you to everyone on the Council. Make sure to include people with disabilities in your recommendations. Wants the Council to stay virtual so everyone stays safe and meetings are accessible.
  - b. Jermaine Reed: Full comment available [here](#), at approximately 2:53:14 - 2:56:25.
  - c. Vincent Lyles: "Please share information about two large vaccine sites established at UW - Oshkosh and UW - Milwaukee in partnership with Advocate Aurora. For more information please use:
    - i. <https://www.advocateaurorahealth.org/>
    - ii. <https://www.dhs.wisconsin.gov/covid-19/vaccine-get.htm>
  - d. Ramsey Lee: asks if there will be a place on the website to identify disabilities signing up for a vaccine. Sec. Timberlake says certainly and that accessibility is a priority going forward.
  - e. Ramsey Lee question via the chat function:
    - i. Wants increases in caregiver rates in the Executive Budget to apply to people in the IRIS program as well
    - ii. Follow up: the personal care rate increase proposed in the Executive Budget does include self-directed personal care in IRIS.
13. Meeting adjourned.

Prepared by: Ameerah Ahmad, DHS on 3/17/2021.

These minutes were approved by the Governor's Health Equity Council on: 5/19/2021