

Governor's Health Equity Council

November 20, 2020

Agenda

- Welcome and overview of agenda
- Review and approve minutes from 10/21/2020 meeting
- Confirm quorum and decision-making procedures
- Vision of Process Flow for the Council's work
- Council Activities:
 - A. Establish working definition of "health equity"
 - B. Shared Values for Establishing Council Goals
- Parking Lot
- Opportunity for public comment on Council Vision -- two-minute limit on comments per individual
- Review of Next Steps and Adjourn

Review and approve minutes

Quorum and Decision-making

Options For Quorum (Q) and Voting Requirements (V)	Quorum	Voting Requirement*	Negative Quorum*
#1: Simple Q; Simple V (default)	18	10	8
#2: Simple Q; 2/3 V	18	12	6
#3: 2/3 Q; Simple V	23	12	11
#4: 2/3 Q; 2/3 V	23	15	8

* These thresholds depend on the number of members present. For these examples, it is assumed that the number of members present is the quorum number needed for a quorum.

What We Know

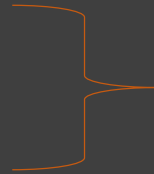
“The purpose of the council is to address the various factors that exacerbate health disparities by creating a comprehensive plan to achieve long-lasting and equitable health outcomes for all Wisconsinites. The plan will address health disparities based on race, economic status, education level, history of incarceration, and geographic location.” - **DHS Website**

The Governor’s Health Equity Council shall develop a plan, supported by a body of research, with key benchmarks to reduce and eliminate health disparities throughout the State of Wisconsin by 2030. The plan shall address health disparities in populations based on race, economic status, education level, history of incarceration, and geographic location. The Health Equity Council may create such subcommittees as are necessary to achieve this mission.

Create a comprehensive plan to

achieve long-lasting and equitable health outcomes

for all Wisconsinites.



The plan will address health disparities based on **race, economic status, education level, history of incarceration, and geographic location.**

Stated values of the Order:

- Evidence-based plan
- Long-lasting (enduring)
- All of Wisconsinites; with a focus on race, economic status, educational level, history of incarceration, and geographic location

Create a comprehensive plan to achieve long-lasting and equitable health outcomes for all Wisconsinites.

The plan will address health disparities based on **race, economic status, education level, history of incarceration, and geographic location.**

Further Dissection and Input

What is a plan? Set of activities?

What is comprehensive? Healthcare only or full determinants?

Should the activities be in proportion to the determinants? 40% of activities should focus on improving education, economic status for example?



Values

“Principles or standards of behavior; one's judgment of what is important in life.” Websters

Values are what we use to make decisions.

- Listened over the past two meetings.
- Synthesized both your input and the Executive Order
- Created short list

What motivates you to contribute?

Family
Loved ones
Community
Lived/personal experience
Future generations
Loss
People/human beings
Progress/improvement
Disparities/data
Advocacy
Action
Tired/exhausted
Responsibility/purpose
Passion

How do you think about equity?

Representation
Voice/seat at the table
Leadership
(In)Justice
Change
Shifting power/resources
Systems and structures
Racism
Disability
Hope
Perspective
Trauma
Land/Mother
Culture
Service
Ownership
Accessibility of Care

Allocation
Resources
Investment
Tough choices
Inclusion
Opportunity/access
Listening
Life and death
Empowerment/power
Multi-faceted/inter-connected
Outside of the "health" box
Restoration/repair
Policy
Ownership
Upstream/root cause
Unfinished work/possibilities
grounded in histories and narratives

Disparity: outcome of (in)equity

Common Themes

- Opportunity
 - For health
 - For wellbeing
- History
 - Racism
 - Decolonization
 - Indigenization
- SDoH
 - Political
 - Structural
 - Broad
 - Think beyond SDoH
- Economic/Financial Stability
 - Wealth
 - Resources
 - Opportunity (beyond health/wellbeing)
- Action
 - Change
 - Movement
- Power
 - Policy
 - Decision-making
 - Privilege
 - Within vs. disrupting the systems
 - Safety/belonging
- Disparities
 - Role of the clinic
 - Health outcomes
- Community
 - Representation
 - Advocacy
 - Partnership
- Goals
 - Measurable
 - SMARTIE
 - Metrics
- Synergy
 - Interconnected

Values

Stated values of the Order:

- Evidence-based plan
- Long-lasting (enduring)
- All of Wisconsinites; with a focus on race, economic status, educational level, history of incarceration, and geographic location

What else-taken from past two meetings:

- Desirable by our targeted communities
- Sustainable
- Disruptive
- Impactful
- Power shifting
- Structure and systems focused
- Inclusive
- Beyond health care and social determinants
- Measurable

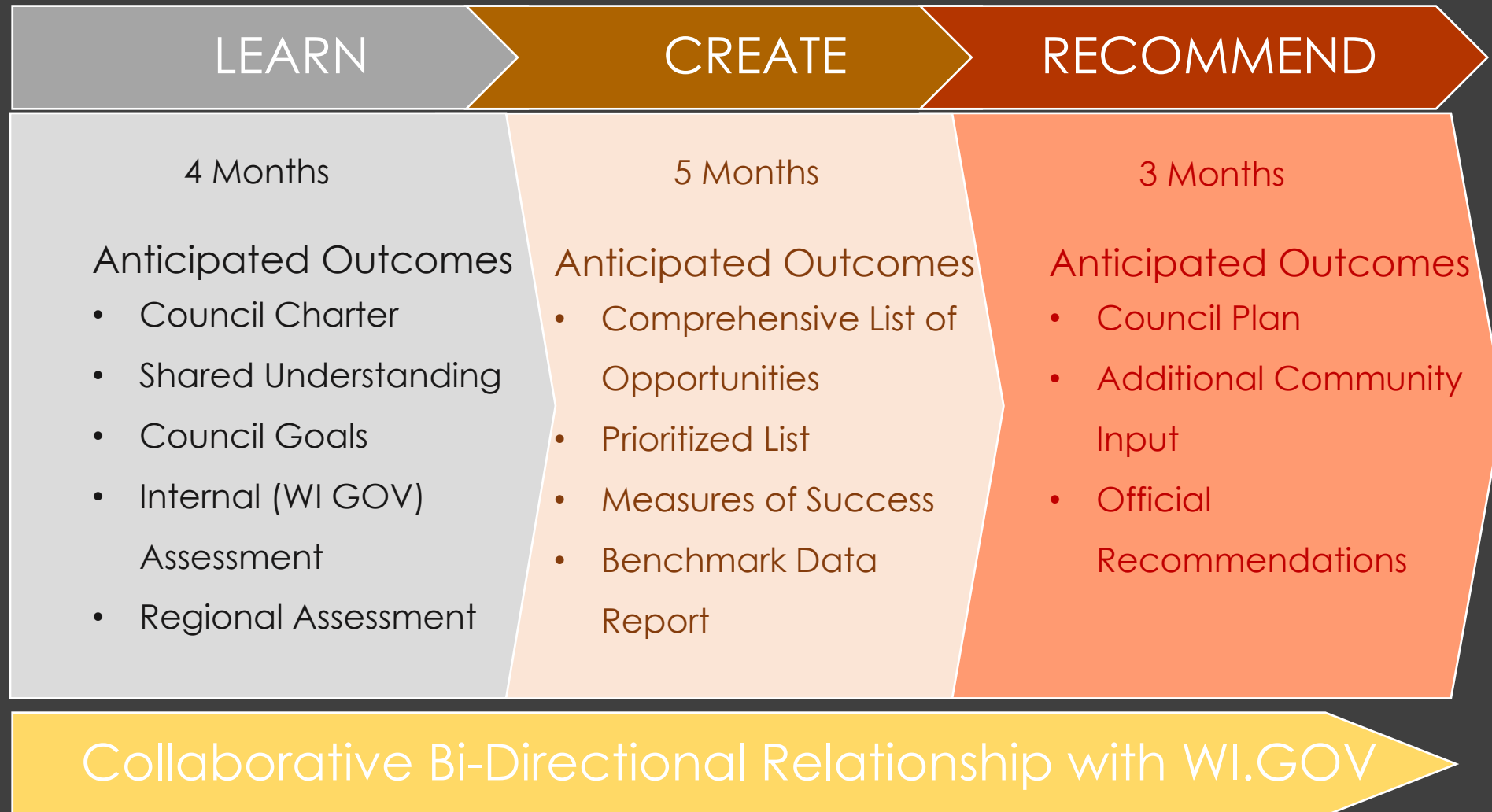
What else?

Process

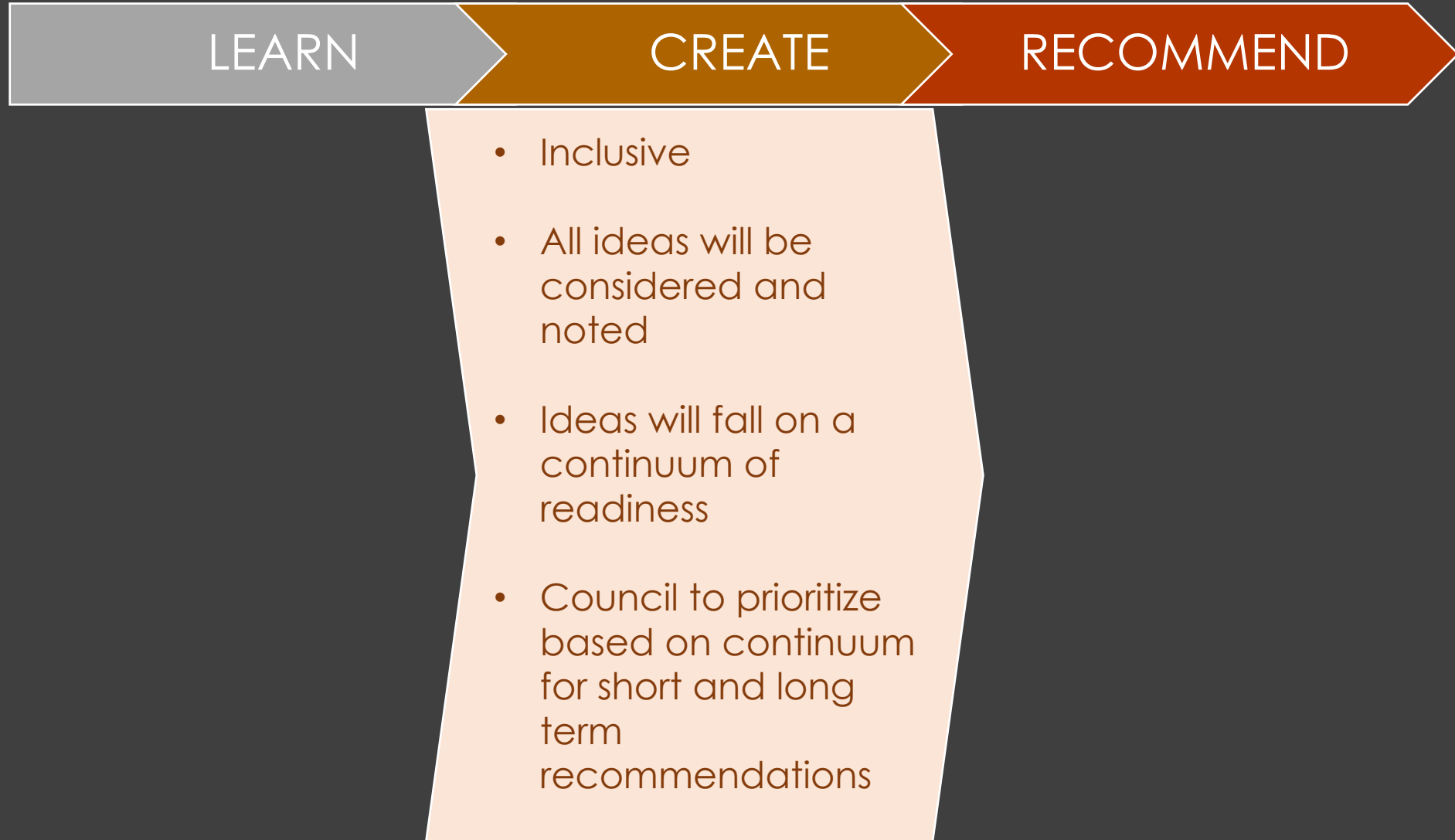
Vision of Process

- High-level
- Over next year
- Three phases
- Input from this council and larger community

Draft Process: 3 phases over 12 months



Draft Process: Consideration



Definitions

What Is Health Equity?

And What Difference Does a Definition Make?

UCSF

University of California
San Francisco



Robert Wood Johnson
Foundation

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.^{2,3,4,5}

Defining Health Equity for Different Audiences

A 30-second definition for general audiences:

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

A 15-second definition for technical audiences: For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.

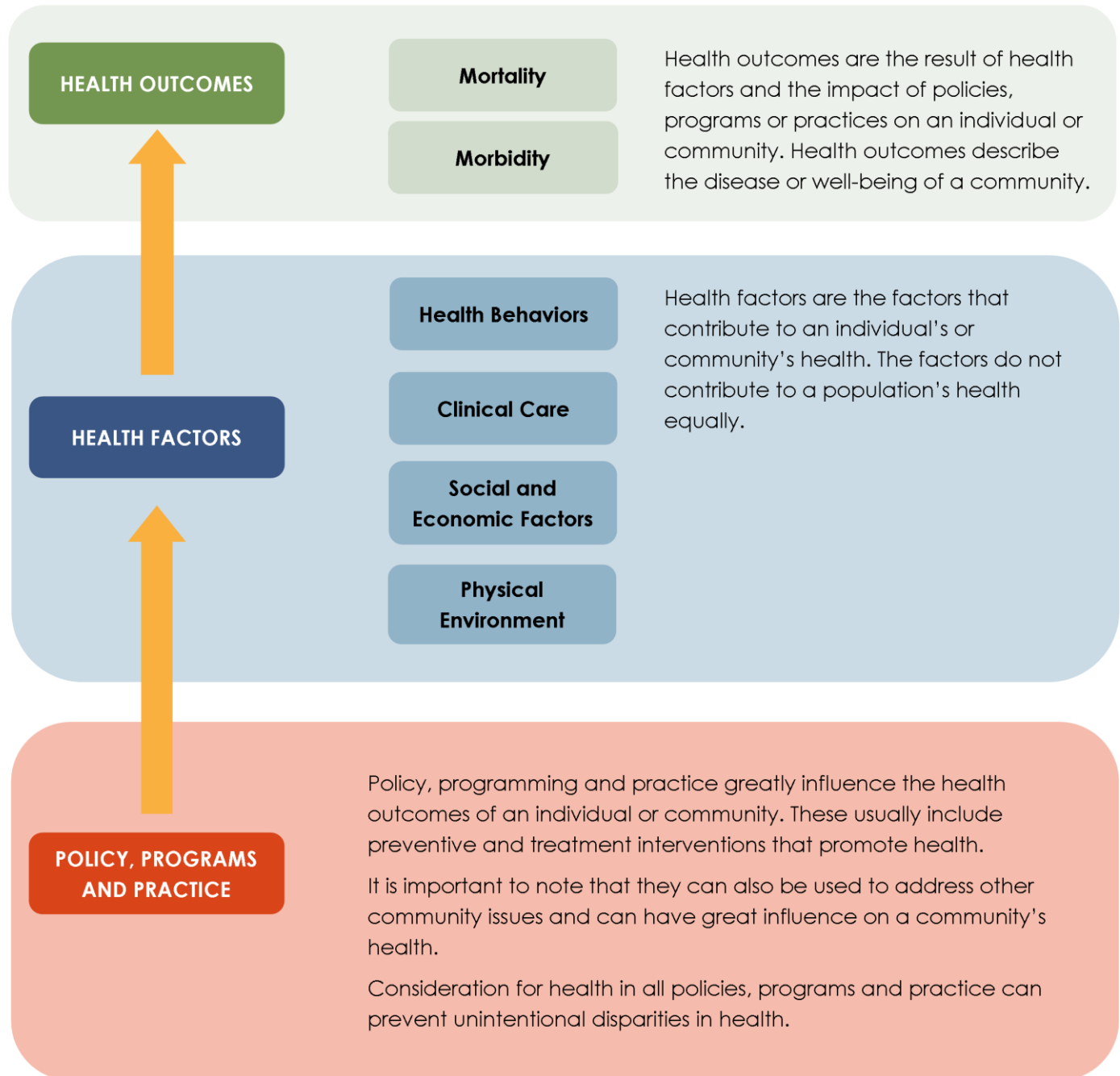
A 20-second definition for audiences who ask about the difference between equity and disparities: Health equity is the ethical and human rights principle that motivates us to eliminate health disparities; health disparities—worse health in excluded or marginalized groups—are how we measure progress toward health equity.

An 8-second version for general audiences (health equity as a goal or outcome): Health equity means that everyone has a fair and just opportunity to be as healthy as possible.

Another 8-second version for general audiences (health equity as a process): Health equity means removing economic and social obstacles to health such as poverty and discrimination.

Framework

Population Health Framework



Understanding the framework-

Policy, Programs and Practice

Any other areas?



**POLICY, PROGRAMS
AND PRACTICE**

Policy, programming and practice greatly influence the health outcomes of an individual or community. These usually include preventive and treatment interventions that promote health.

It is important to note that they can also be used to address other community issues and can have great influence on a community's health.

Consideration for health in all policies, programs and practice can prevent unintentional disparities in health.

Homework

Parking Lot

Public Comment

Next Steps