

# GHEC IDEATION WORKSHEET

## Idea 1

<b>Author</b>	Ellen Sexton
<b>Subcommittee</b>	<input type="checkbox"/> 1-POWER <input checked="" type="checkbox"/> 2-POLICY <input checked="" type="checkbox"/> 3-PROGRAMS <input type="checkbox"/> 4-FRAMING
<b>Recommendation Title</b>	Medicaid Housing Funding for Better Health Outcomes
<b>Inequity/Disparity focus:</b> Recommendation concepts must target a specific disparity/inequity.	<input type="checkbox"/> Education <input type="checkbox"/> Financial (e.g. employment, income, wealth, debt, etc.) <input checked="" type="checkbox"/> Housing <input type="checkbox"/> Caretaking <input type="checkbox"/> Community Safety and Empowerment <input type="checkbox"/> Transportation <input type="checkbox"/> Technology/Broadband <input type="checkbox"/> Environmental/Pollution <input type="checkbox"/> Food, Nutrition, and Preventative Healthcare <input type="checkbox"/> Other:
<b>Brief Description of the Inequity/Disparity:</b>	Lack of Housing Impacting Health Outcomes and Increasing Health Care Costs and Health inequities
<b>Summary:</b> Recommendation concepts must be specific enough to reveal potential strategies for actionable intervention.	Provide Medicaid funding to MCOs in BadgerCare to provide funding for housing for members identified that a Housing First model would improve health outcomes and reduce health care spending
<b>Why is this recommendation important?</b> Recommendation concepts should include a statement of the human and social impacts of this idea.	To improve overall individual and population health outcomes and reduce overall Medicaid spending by allowing BadgerCare MCOs to identify members that a Housing First model would reduce ER visits, preventable inpatient stays, and other unnecessary health spend and have a funding mechanism to reimburse for the housing costs through encounter data and monitor impact of program through health outcome metrics.
<b>Policy Pathways:</b> (Select as many as are applicable)	<input type="checkbox"/> <b>Executive Action:</b> executive orders, appointments and filling vacancies, special sessions, executive budget, budget veto, emergency powers <input checked="" type="checkbox"/> <b>Agency Action:</b> regulatory authority, administrative code (implementation), agency budget and spending, grant-writing, and grant-making, contracting, project management, procurement <input checked="" type="checkbox"/> <b>Biennial Budget:</b> creating new funding streams and programs, expanding and/or modifying existing programs <input type="checkbox"/> <b>Legislative Action:</b> lawmaking, appropriations, revenue-raising, auditing, remove elective office holders, veto override <input type="checkbox"/> I am unsure whether there is a policy pathway for this idea.
<b>Notes:</b> (This space can include citations, questions, comments or information that does not fit in any other section.)	



## Idea 2

<b>Author</b>	Ellen Sexton
<b>Subcommittee</b>	<input type="checkbox"/> 1-POWER <input checked="" type="checkbox"/> 2-POLICY <input checked="" type="checkbox"/> 3-PROGRAMS <input type="checkbox"/> 4-FRAMING
<b>Recommendation Title</b>	Healthy Food Delivery for Better Health Outcomes (BadgerCare members)
<b>Inequity/Disparity focus:</b> Recommendation concepts must target a specific disparity/inequity.	<input type="checkbox"/> Education <input type="checkbox"/> Financial (e.g. employment, income, wealth, debt, etc.) <input type="checkbox"/> Housing <input type="checkbox"/> Caretaking <input type="checkbox"/> Community Safety and Empowerment <input type="checkbox"/> Transportation <input type="checkbox"/> Technology/Broadband <input type="checkbox"/> Environmental/Pollution <input checked="" type="checkbox"/> Food, Nutrition, and Preventative Healthcare <input type="checkbox"/> Other:
<b>Brief Description of the Inequity/Disparity:</b>	Many people are home bound, in food deserts, or lack sufficient access to fresh vegetables / fruit impacting overall health outcomes
<b>Summary:</b> Recommendation concepts must be specific enough to reveal potential strategies for actionable intervention.	Allow BadgerCare MCOs to identify members in food deserts, homebound, or have certain conditions (diabetes, obesity, CHF, etc) to receive delivery of food for MCOS Medicaid reimbursement
<b>Why is this recommendation important?</b> Recommendation concepts should include a statement of the human and social impacts of this idea.	Access to healthy food is one of the biggest barriers for many WI residents pathway to better health. By delivery right to the door, BadgerCare members can have immediate access to food that will help to improve their healthy conditions and eliminate barriers such as transportation, food deserts, and limited budget. MCO Case managers can assess program impact health outcomes and members eligibility based on food desert and health conditions as well as members usage of program to monitor successful outcomes.
<b>Policy Pathways:</b> (Select as many as are applicable)	<input type="checkbox"/> <b>Executive Action:</b> executive orders, appointments and filling vacancies, special sessions, executive budget, budget veto, emergency powers <input checked="" type="checkbox"/> <b>Agency Action:</b> regulatory authority, administrative code (implementation), agency budget and spending, grant-writing, and grant-making, contracting, project management, procurement <input checked="" type="checkbox"/> <b>Biennial Budget:</b> creating new funding streams and programs, expanding and/or modifying existing programs <input type="checkbox"/> <b>Legislative Action:</b> lawmaking, appropriations, revenue-raising, auditing, remove elective office holders, veto override <input type="checkbox"/> I am unsure whether there is a policy pathway for this idea.
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### Idea 3

<b>Author</b>	Ellen Sexton
<b>Subcommittee</b>	<input type="checkbox"/> 1-POWER <input checked="" type="checkbox"/> 2-POLICY <input checked="" type="checkbox"/> 3-PROGRAMS <input type="checkbox"/> 4-FRAMING
<b>Recommendation Title</b>	Improve birth outcomes / infant mortality for WI African American population
<b>Inequity/Disparity focus:</b> Recommendation concepts must target a specific disparity/inequity.	<input type="checkbox"/> Education <input type="checkbox"/> Financial (e.g. employment, income, wealth, debt, etc.) <input type="checkbox"/> Housing <input type="checkbox"/> Caretaking <input type="checkbox"/> Community Safety and Empowerment <input type="checkbox"/> Transportation <input type="checkbox"/> Technology/Broadband <input type="checkbox"/> Environmental/Pollution <input checked="" type="checkbox"/> Food, Nutrition, and Preventative Healthcare <input type="checkbox"/> Other:
<b>Brief Description of the Inequity/Disparity:</b>	Milwaukee saw 14 deaths per 1,000 live births for some minority groups, as opposed to 7.2 deaths for non-Hispanic whites. Medical costs of preterm babies, on average, are 10 times higher in the first year of life than those of full-term babies.
<b>Summary:</b> Recommendation concepts must be specific enough to reveal potential strategies for actionable intervention.	Improve birth outcomes in African American population by providing additional peer network, case management, housing, and other social determinants of health funding through Badgercare Medicaid MCO funding for members identified in this high risk group
<b>Why is this recommendation important?</b> Recommendation concepts should include a statement of the human and social impacts of this idea.	Provide additional Medicaid funding for high risk pregnant African American moms for MCOs to deploy programs for peer or social support networks including online, text groups, and artificial intelligence case management support, enhance prenatal care through a group prenatal care model, expand maternal, infant and early childhood home visitation programs in targeted areas, and provide funding for social determinants of health for high risk pregnant moms (housing, food delivery, etc )
<b>Policy Pathways:</b> (Select as many as are applicable)	<input type="checkbox"/> <b>Executive Action:</b> executive orders, appointments and filling vacancies, special sessions, executive budget, budget veto, emergency powers <input type="checkbox"/> <b>Agency Action:</b> regulatory authority, administrative code (implementation), agency budget and spending, grant-writing, and grant-making, contracting, project management, procurement <input checked="" type="checkbox"/> <b>Biennial Budget:</b> creating new funding streams and programs, expanding and/or modifying existing programs <input checked="" type="checkbox"/> <b>Legislative Action:</b> lawmaking, appropriations, revenue-raising, auditing, remove elective office holders, veto override <input type="checkbox"/> I am unsure whether there is a policy pathway for this idea.
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#### Idea 4

<b>Author</b>	Ellen Sexton
<b>Subcommittee</b>	<input type="checkbox"/> 1-POWER <input type="checkbox"/> 2-POLICY <input checked="" type="checkbox"/> 3-PROGRAMS <input type="checkbox"/> 4-FRAMING
<b>Recommendation Title</b>	Funding to local public libraries that are in zip codes with notable health care disparities
<b>Inequity/Disparity focus:</b> Recommendation concepts must target a specific disparity/inequity.	<input checked="" type="checkbox"/> Education <input type="checkbox"/> Financial (e.g. employment, income, wealth, debt, etc.) <input type="checkbox"/> Housing <input type="checkbox"/> Caretaking <input type="checkbox"/> Community Safety and Empowerment <input type="checkbox"/> Transportation <input checked="" type="checkbox"/> Technology/Broadband <input type="checkbox"/> Environmental/Pollution <input type="checkbox"/> Food, Nutrition, and Preventative Healthcare <input type="checkbox"/> Other:
<b>Brief Description of the Inequity/Disparity:</b>	Provide additional funding to WI public library serving communities
<b>Summary:</b> Recommendation concepts must be specific enough to reveal potential strategies for actionable intervention.	Providing funding to libraries to bridge the digital divide for families and adults to find information and powerful online tools at the library and at home related to jobs, education, and healthcare.
<b>Why is this recommendation important?</b> Recommendation concepts should include a statement of the human and social impacts of this idea.	Low-income individuals and people of color were more likely to use library services, suggesting that the library can play an important role in creating a more equitable educational, job and healthcare environment in the state.
<b>Policy Pathways:</b> (Select as many as are applicable)	<input type="checkbox"/> <b>Executive Action:</b> executive orders, appointments and filling vacancies, special sessions, executive budget, budget veto, emergency powers <input checked="" type="checkbox"/> <b>Agency Action:</b> regulatory authority, administrative code (implementation), agency budget and spending, grant-writing, and grant-making, contracting, project management, procurement <input checked="" type="checkbox"/> <b>Biennial Budget:</b> creating new funding streams and programs, expanding and/or modifying existing programs <input type="checkbox"/> <b>Legislative Action:</b> lawmaking, appropriations, revenue-raising, auditing, remove elective office holders, veto override <input type="checkbox"/> I am unsure whether there is a policy pathway for this idea.
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#### Idea 5

<b>Author</b>	Lilliann Paine
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<b>Subcommittee</b>	<input type="checkbox"/> 1-POWER <input type="checkbox"/> 2-POLICY <input type="checkbox"/> 3-PROGRAMS <input checked="" type="checkbox"/> 4-FRAMINGt
<b>Recommendation Title</b>	Going Beyond “Diversity Training” and Examining Critical Race Theory
<b>Inequity/Disparity focus:</b> Recommendation concepts must target a specific disparity/inequity.	<input checked="" type="checkbox"/> Education <input type="checkbox"/> Financial (e.g. employment, income, wealth, debt, etc.) <input type="checkbox"/> Housing <input type="checkbox"/> Caretaking <input type="checkbox"/> Community Safety and Empowerment <input type="checkbox"/> Transportation <input type="checkbox"/> Technology/Broadband <input type="checkbox"/> Environmental/Pollution <input type="checkbox"/> Food, Nutrition, and Preventative Healthcare <input type="checkbox"/> Other:
<b>Brief Description of the Inequity/Disparity:</b>	<p>Education Scholar Dr. Gloria Ladson-Billings seminal research suggests that “race has become metaphorical way to referring to and disguising forces, events, classes and expressions of social decay and economic division far more threatening to the body politic than biological ‘race’ ever was.” Dr. Ladson-Billings life work has been to explain the racial disparity in education. There is something systemic that makes racial disparity deliberative versus implicit about the nature of belonging.</p> <p>Diversity, Equity and Inclusion (DEI) training provided to educators within the K-12 School System makes assumptions and rewards compliance. DEI training has an oversaturation of homogeneous culture without nuanced analysis.</p> <p>Belonging is the outcome of holding space where everyone truly feels empowered to show up as one’s true and full self and is valued for taking the action of showing up. When an education environment does not support conditions of belonging, there are real implications for educational attainment.</p> <p>There are racial disparities in education regarding test scores, suspensions, and attendance rates between Black and white students. Predominantly White institutions exhibit internalized dominance through policies, practices and national testing scores. Internalized dominance supports the culture of white supremacy.</p> <p>Critical Race Theory (CRT) is a structural framing that tells the common story of how conditions of white supremacy are normalized, along with creating solutions for a more just and equitable society.</p>
<b>Summary:</b> Recommendation concepts must be specific enough to reveal potential strategies for actionable intervention.	<p>CRT is taught at the graduate level but is under attack at the K-12 level. It is important to have Diversity Education in the K-12 School System. The five tenets of CRT are:</p> <ol style="list-style-type: none"> <li>(1) Counter-Storytelling,</li> <li>(2) the Permanence of Racism,</li> <li>(3) Whiteness as Property,</li> <li>(4) Interest Convergence and</li> <li>(5) the Critique of Liberalism</li> </ol> <p>We should be able to inform critical thinking skills and seeing oneself in the material that is being taught.</p>

<p><b>Why is this recommendation important?</b> Recommendation concepts should include a statement of the human and social impacts of this idea.</p>	<ul style="list-style-type: none"> <li>• Recognize that there are multiple forms of systemic discrimination that block people from realizing equal opportunity in the United States.</li> <li>• Appreciate that forms of systemic racism discrimination intersect with each other and present unique challenges for affected individuals and communities</li> <li>• Learn the historical context of current racial dynamics in the United States</li> <li>• Use CRT as a lens to define actionable steps towards having productive dialogue and creating more equitable environments using RIB protocol: Recognize It, Interrupt It and Repair It</li> </ul>
<p><b>Policy Pathways:</b> (Select as many as are applicable)</p>	<p><input type="checkbox"/> <b>Executive Action:</b> executive orders, appointments and filling vacancies, special sessions, executive budget, budget veto, emergency powers</p> <p><input type="checkbox"/> <b>Agency Action:</b> regulatory authority, administrative code (implementation), agency budget and spending, grant-writing, and grant-making, contracting, project management, procurement</p> <p><input type="checkbox"/> <b>Biennial Budget:</b> creating new funding streams and programs, expanding and/or modifying existing programs</p> <p><input type="checkbox"/> <b>Legislative Action:</b> lawmaking, appropriations, revenue-raising, auditing, remove elective office holders, veto override</p> <p><input checked="" type="checkbox"/> I am unsure whether there is a policy pathway for this idea.</p>
<p><b>Notes:</b> (This space can include citations, questions, comments or information that does not fit in any other section.)</p>	<p>I know that this is possible through legislative action but am unsure if any of the other policy pathways are possible and would need to discuss with a subject matter expert to determine if there are additional pathways.</p> <p>Citations:</p> <ol style="list-style-type: none"> <li>1. Delgado, Richard, and Jean Stefancic. Critical Race Theory: An Introduction. New York: New York University Press, 2001. Print</li> <li>2. Elizabeth Laron, Asha George, Rosemary Morgan, Tonia Poteat, 10 Best resources on...intersectionality with an emphasis on low- and middle income countries, Health Policy and Planning, Volume 31, Issue 8, October 2016, Pages 964-969, <a href="https://doi.org/10.1093/heapol/czw020">https://doi.org/10.1093/heapol/czw020</a></li> <li>3. Gloria Ladson-Billings (1998) Just what is critical race theory and what's it doing in a nice field like education? International Journal of Qualitative Studies in Education, 11:1, 7-24, DOI: 10.1080/095183998236863</li> <li>4. Ten Tips for Putting Intersectionality into Practice. The Opportunity Agenda, 2017, <a href="https://www.opportunityagenda.org/sites/default/files/2017-06/Intersectionality-into-Practice-Edits05.30.17.pdf">https://www.opportunityagenda.org/sites/default/files/2017-06/Intersectionality-into-Practice-Edits05.30.17.pdf</a></li> </ol>

## Idea 6

<b>Author</b>	Council Member Cristy Garcia – Thomas via Vincent Lyles
<b>Subcommittee</b>	<input type="checkbox"/> 1-POWER <input type="checkbox"/> 2-POLICY <input checked="" type="checkbox"/> 3-PROGRAMS



	<input type="checkbox"/> 4-FRAMING
<b>Recommendation Title</b>	Care Navigation for Vulnerable Population
<b>Inequity/Disparity focus:</b> Recommendation concepts must target a specific disparity/inequity.	<input type="checkbox"/> Education <input type="checkbox"/> Financial (e.g., employment, income, wealth, debt, etc.) <input type="checkbox"/> Housing <input type="checkbox"/> Caretaking <input type="checkbox"/> Community Safety and Empowerment <input type="checkbox"/> Transportation <input type="checkbox"/> Technology/Broadband <input type="checkbox"/> Environmental/Pollution <input checked="" type="checkbox"/> Food, Nutrition, and Preventative Healthcare <input checked="" type="checkbox"/> Other: Infant mortality & life expectancy
<b>Brief Description of the Inequity/Disparity:</b>	Patients, who are identified as frequent users of the emergency departments and come in for non-emergency needs oftentimes lack the information about how to use health care resources or maybe dealing with some significant SDoH type issue(s).
<b>Summary:</b> Recommendation concepts must be specific enough to reveal potential strategies for actionable intervention.	State Medicaid resources need to be aligned so they incentivize providers to expand the providing of care coordination within the hospital emergency departments. This would reduce the number of visits by high emergency department utilizers and eventually lower the cost of care state Medicaid enrollees.
<b>Why is this recommendation important?</b> Recommendation concepts should include a statement of the human and social impacts of this idea.	A care coordination pilot was launched a few years ago based upon work done by Advocate Aurora Health. As the pilot moves forward, the need grows exponentially. Covid was but, another reminder about how vulnerable populations access or don't access healthcare. Making care coordination a permanent Medicaid benefit would incentivize providers and go a long way towards providing vulnerable populations who oftentimes are frequent users of the emergency departments, access to the latest information, support so they are seen and heard during their health encounters and would help reduce the costs of services being rendered within emergency departments across the state. In the existing model, hospital personnel uncover the reason for the emergency room visits and develops a plan with the patient focused literacy, advocacy, coordination, and a medical home.
<b>Policy Pathways:</b> (Select as many as are applicable)	<input type="checkbox"/> <b>Executive Action:</b> executive orders, appointments and filling vacancies, special sessions, executive budget, budget veto, emergency powers <input checked="" type="checkbox"/> <b>Agency Action:</b> regulatory authority, administrative code (implementation), agency budget and spending, grant-writing, and grant-making, contracting, project management, procurement <input checked="" type="checkbox"/> <b>Biennial Budget:</b> creating new funding streams and programs, expanding and/or modifying existing programs <input checked="" type="checkbox"/> <b>Legislative Action:</b> lawmaking, appropriations, revenue-raising, auditing, remove elective office holders, veto override <input type="checkbox"/> I am unsure whether there is a policy pathway for this idea.
<b>Notes:</b> (This space can include citations, questions, comments, or information that does not fit in any other section.)	AB 871/SB 742

## Idea 7

<b>Author</b>	Council Member Cristy Garcia – Thomas via Vincent Lyles
<b>Subcommittee</b>	<input type="checkbox"/> 1-POWER <input type="checkbox"/> 2-POLICY <input checked="" type="checkbox"/> 3-PROGRAMS <input type="checkbox"/> 4-FRAMING
<b>Recommendation Title</b>	Support for Women and Infants
<b>Inequity/Disparity focus:</b> Recommendation concepts must target a specific disparity/inequity.	<input checked="" type="checkbox"/> Education <input checked="" type="checkbox"/> Financial (e.g., employment, income, wealth, debt, etc.) <input type="checkbox"/> Housing <input type="checkbox"/> Caretaking <input type="checkbox"/> Community Safety and Empowerment <input type="checkbox"/> Transportation <input type="checkbox"/> Technology/Broadband <input type="checkbox"/> Environmental/Pollution <input checked="" type="checkbox"/> Food, Nutrition, and Preventative Healthcare <input type="checkbox"/> Other:
<b>Brief Description of the Inequity/Disparity:</b>	CDC data shows Black, American Indian, and Alaska Native women are two to three times more likely to die from pregnancy-related complications than non-Hispanic White women. The rates of maternal morbidity in WI are higher than the national average; while the rates of maternal mortality are less than the national average the gap between Black women and White women is greater in WI than the national average. It should also be noted that women in rural settings have a 9% greater probability of severe maternal morbidity and mortality, compared to their urban counterparts.
<b>Summary:</b> Recommendation concepts must be specific enough to reveal potential strategies for actionable intervention.	Currently new mothers supported by Medicaid receive only 60 days of postpartum care, this is unfortunate because the health of both the mother and the newborn are at risk for infections, disease and even death. Extending Medicaid coverage an additional 10 months or for a full year will reverse the rates of illness, provide additional support to mothers and families who maybe dealing with significant SoDH issues during pregnancy and after birth of her child. Finally, it is fair to say, the proposed extension will save money, have a positive impact on the rates of maternal morbidity and mortality as well as begin to address racial, ethnic, and geographic disparities which exist in our state.
<b>Why is this recommendation important?</b> Recommendation concepts should include a statement of the human and social impacts of this idea.	High rates of preventable deaths should not exist in state as well-resourced as WI and with the modern technology and commitment by healthcare providers, we can turn the tide as have more than two dozen states who have done or are considering extending benefits or providing a waiver for these women who are very vulnerable. The provision of a waiver(s) and or the extension of Medicaid benefits will have positive impact on maternal morbidity and mortality rates, it will also begin to address racial, ethnic, and geographic disparities and make our families stronger.
<b>Policy Pathways:</b> (Select as many as are applicable)	<input checked="" type="checkbox"/> <b>Executive Action:</b> executive orders, appointments and filling vacancies, special sessions, executive budget, budget veto, emergency powers <input checked="" type="checkbox"/> <b>Agency Action:</b> regulatory authority, administrative code (implementation), agency budget and spending, grant-writing, and grant-making, contracting, project management, procurement

	<div><input checked="" type="checkbox"/> <b>Biennial Budget:</b> creating new funding streams and programs, expanding and/or modifying existing programs</div> <div><input checked="" type="checkbox"/> <b>Legislative Action:</b> lawmaking, appropriations, revenue-raising, auditing, remove elective office holders, veto override</div> <div><input type="checkbox"/> I am unsure whether there is a policy pathway for this idea.</div>
<b>Notes:</b> (This space can include citations, questions, comments, or information that does not fit in any other section.)	

## Idea 8

<b>Author</b>	Julie Mitchell
<b>Subcommittee</b>	<input type="checkbox"/> 1-POWER <input type="checkbox"/> 2-POLICY <input checked="" type="checkbox"/> 3-PROGRAMS <input type="checkbox"/> 4-FRAMING
<b>Recommendation Title</b>	Healthcare Partnerships and Funding to Diversify the Workforce
<b>Inequity/Disparity focus:</b> Recommendation concepts must target a specific disparity/inequity.	<input checked="" type="checkbox"/> Education <input type="checkbox"/> Financial (e.g. employment, income, wealth, debt, etc.) <input type="checkbox"/> Housing <input type="checkbox"/> Caretaking <input type="checkbox"/> Community Safety and Empowerment <input type="checkbox"/> Transportation <input type="checkbox"/> Technology/Broadband <input type="checkbox"/> Environmental/Pollution <input checked="" type="checkbox"/> Food, Nutrition, and Preventative Healthcare <input type="checkbox"/> Other:
<b>Brief Description of the Inequity/Disparity:</b>	<p>Racial and ethnic minorities continue to be underrepresented in the healthcare workforce. A recent analysis in <a href="#">JAMA</a> of occupational data found that Black and Hispanic/Latino individuals were underrepresented across 10 healthcare professions when compared to their proportion of working-age adults. Black individuals made up between 3% and 11% of health professions in 2019 despite accounting for approximately 12% of the working age population, and Hispanic/Latino representation in health professions ranged from 3% to 11% despite making up 18% of working-age adults. According to a 2020 <a href="#">study</a> in <i>Academic Psychiatry</i>, only 10.4% of Mental Health (MH)/Substance Use Disorder (SUD) practitioners come from historically underrepresented minority groups, who now make up nearly 33% of the U.S. population – and Black Americans were only 4.4% of practicing psychiatrists.</p>
<b>Summary:</b> Recommendation concepts must be specific enough to reveal potential strategies for actionable intervention.	<p>Develop new or amend existing programs addressing the lack of diverse healthcare providers, both in terms of demographics and practice areas, by partnering with Wisconsin universities to:</p> <ul style="list-style-type: none"> <li>• Support enrollment of diverse students in enhanced degree programs, particularly for the MH/SUD workforce, including but not limited to:             <ul style="list-style-type: none"> <li>○ Funding scholarships, developing loan forgiveness programs, or creating capacity for internships for degree programs e.g. LCSW, LMHC, LCAC, LMFT and incentivizing students to practice in Wisconsin's underserved communities after graduation.</li> </ul> </li> <li>• Incentivize the use of diverse and non-traditional providers, such as doulas, to meet the needs of patients and address disparate health outcomes by permitting Medicaid HMOs to be reimbursed for doula services through the capitation rate and allowing for quality improvement bonuses for credentialed doulas.</li> </ul>

<p><b>Why is this recommendation important?</b></p> <p>Recommendation concepts should include a statement of the human and social impacts of this idea.</p>	<p>As Wisconsin's population diversifies, it is paramount that the healthcare workforce reflects these changes. Evidence shows that healthcare organizations with diversified workforces increase their likelihood of providing more culturally competent care, which is associated with better patient engagement and health outcomes. In addition, reimbursement for a diverse array of provider types, such as credentialed doulas, helps to address the maternal health crisis, particularly for people of color, for whom doulas have been shown to decrease mortality and improve birth outcomes for women and infants, especially those covered by Medicaid.</p>
<p><b>Policy Pathways:</b> (Select as many as are applicable)</p>	<p><input checked="" type="checkbox"/> <b>Executive Action:</b> executive orders, appointments and filling vacancies, special sessions, executive budget, budget veto, emergency powers</p> <p><input checked="" type="checkbox"/> <b>Agency Action:</b> regulatory authority, administrative code (implementation), agency budget and spending, grant-writing, and grant-making, contracting, project management, procurement</p> <p><input checked="" type="checkbox"/> <b>Biennial Budget:</b> creating new funding streams and programs, expanding and/or modifying existing programs</p> <p><input checked="" type="checkbox"/> <b>Legislative Action:</b> lawmaking, appropriations, revenue-raising, auditing, remove elective office holders, veto override</p> <p><input type="checkbox"/> I am unsure whether there is a policy pathway for this idea.</p>
<p><b>Notes:</b> (This space can include citations, questions, comments or information that does not fit in any other section.)</p>	<p>Policy pathways could vary depending on the scope and details of the program.</p>

## Idea 9

<b>Author</b>	Julie Mitchell
<b>Subcommittee</b>	<input type="checkbox"/> 1-POWER <input type="checkbox"/> 2-POLICY <input checked="" type="checkbox"/> 3-PROGRAMS <input type="checkbox"/> 4-FRAMING
<b>Recommendation Title</b>	Increasing Data-Sharing Capabilities
<b>Inequity/Disparity focus:</b> Recommendation concepts must target a specific disparity/inequity.	<input type="checkbox"/> Education <input type="checkbox"/> Financial (e.g. employment, income, wealth, debt, etc.) <input checked="" type="checkbox"/> Housing <input type="checkbox"/> Caretaking <input type="checkbox"/> Community Safety and Empowerment <input type="checkbox"/> Transportation <input checked="" type="checkbox"/> Technology/Broadband <input type="checkbox"/> Environmental/Pollution <input type="checkbox"/> Food, Nutrition, and Preventative Healthcare <input type="checkbox"/> Other:
<b>Brief Description of the Inequity/Disparity:</b>	<p>National <a href="#">data</a> shows disparities in homelessness, especially among Black or African Americans, who represent 13% of the general population but 39% of people experiencing homelessness and more than 50% of homeless families with children:</p> <p><a href="#">Data</a> from the 2016 Point-in-Time Count shows 35.9% of persons experiencing homelessness in the Wisconsin were Black or African American:</p> <p>The WI Department of Health's <a href="#">Racial and Ethnic Disparities Dashboard</a> measures the toll COVID-19 had on racial and ethnic minorities, illustrating they experienced higher-rates of COVID-19 cases, hospitalizations, and deaths since the pandemic began. Compared to White Wisconsin residents, Hispanic/Latino residents have 1.7 times greater case rates, Black residents have 2.1 times greater hospitalization rates, and American Indian residents have 1.5 times greater death rates. Even while negative outcomes are higher, vaccination rates are lower in communities of color. The highest disparities of vaccination rates exist in Black and Hispanic communities, where Black residents are 40 percent (0.6 times), and Hispanic or Latinx residents are slightly less (0.7 times) as likely to be vaccinated compared to White residents.</p>
<b>Summary:</b> Recommendation concepts must be specific enough to reveal potential strategies for actionable intervention.	<p>HMOs are committed to providing members with comprehensive care management, but experience limitations, largely due to the lack of data they can access. Access to a broader data set would allow HMOs to identify the needs of its members and better tailor outreach and connect them with available support services. Possible options include:</p> <ul style="list-style-type: none"> <li>Allowing HMOs to request information the Division of Medicaid Services obtains from the Homeless Management Information System (HMIS) on individuals experiencing homelessness. HMOs could then use this information to identify members experiencing homelessness and partner with COC Programs and homeless service providers to coordinate outreach and care. HMOs could also use this information to develop programs with homeless service providers to connect members with housing navigation and tenancy support services.</li> </ul>

	<ul style="list-style-type: none"> <li>• Improve public health infrastructure by modernizing the Wisconsin Immunization Registry (WIR) and granting payers access to WIR data for all lines of business, either through bulk search capabilities or a weekly file share of all members in an HL7 format. This would empower insurers to better target outreach, shape care management efforts, and partner to improve the state's public health efforts.</li> </ul>
<p><b>Why is this recommendation important?</b> Recommendation concepts should include a statement of the human and social impacts of this idea.</p>	<p>Developing a more efficient, effective data-sharing system (that conforms with patient privacy and consent standards) would promote increased interoperability and sharing of health-related social needs data that would help us address members' needs and ultimately further health equity. Data-sharing between Medicaid agencies, social services agencies and information systems, community organizations, and Medicaid MCOs is essential to supporting individuals and families in pursuing greater housing stability and increased whole-person health.</p> <p>Health plans execute comprehensive identification and outreach strategies to improve childhood, seasonal, and COVID-19 vaccination rates. Unfortunately, we are reliant on claims data that is often delayed and can be incomplete. Allowing HMOs to access WIR data would better inform where efforts should be targeted and help improve the public health environment in Wisconsin.</p>
<p><b>Policy Pathways:</b> (Select as many as are applicable)</p>	<p><input checked="" type="checkbox"/> <b>Executive Action:</b> executive orders, appointments and filling vacancies, special sessions, executive budget, budget veto, emergency powers</p> <p><input checked="" type="checkbox"/> <b>Agency Action:</b> regulatory authority, administrative code (implementation), agency budget and spending, grant-writing, and grant-making, contracting, project management, procurement</p> <p><input checked="" type="checkbox"/> <b>Biennial Budget:</b> creating new funding streams and programs, expanding and/or modifying existing programs</p> <p><input checked="" type="checkbox"/> <b>Legislative Action:</b> lawmaking, appropriations, revenue-raising, auditing, remove elective office holders, veto override</p> <p><input type="checkbox"/> I am unsure whether there is a policy pathway for this idea.</p>
<p><b>Notes:</b> (This space can include citations, questions, comments or information that does not fit in any other section.)</p>	<p>Policy pathways could vary depending on the scope and details of the program.</p>

## Idea 10

<b>Author</b>	Patty Metropulos
<b>Subcommittee</b>	<input type="checkbox"/> 1-POWER <input checked="" type="checkbox"/> 2-POLICY <input type="checkbox"/> 3-PROGRAMS <input type="checkbox"/> 4-FRAMING
<b>Recommendation Title</b>	Expanding health insurance coverage for patients needing to travel for life-saving care OR creation of Travel-Related Healthcare Access Fund
<b>Inequity/Disparity focus:</b> Recommendation concepts must target a specific disparity/inequity.	<input type="checkbox"/> Education <input type="checkbox"/> Financial (e.g. employment, income, wealth, debt, etc.) <input type="checkbox"/> Housing <input type="checkbox"/> Caretaking <input type="checkbox"/> Community Safety and Empowerment <input type="checkbox"/> Transportation <input type="checkbox"/> Technology/Broadband <input type="checkbox"/> Environmental/Pollution <input checked="" type="checkbox"/> Food, Nutrition, and Preventative Healthcare <input type="checkbox"/> Other:
<b>Brief Description of the Inequity/Disparity:</b>	<p>Each year, thousands of patients from rural and underserved areas of WI are diagnosed with an illness or suffer major trauma that requires specialized treatment far from their hometowns. These patients often have to travel a hundred miles or more to access care for cancer and other serious illness. In addition to the costs of their clinical care, these patients and their caregivers/family members must pay for gas, lodging, and things such as pet sitting. These items are rarely covered by insurance. Loss of wages often exacerbate the finances of families impacted by a cancer diagnosis or serious illness. Patients and their family members who live outside of Milwaukee or Madison face multiple barriers to accessing advanced, lifesaving healthcare. 40% of patient guests who stay at a hospital guest house in Milwaukee (Kathy's House) report that they would not have been able to access their needed specialized healthcare if they did not have access to deeply discounted lodging. Over a third of Kathy's House guests report an annual household income of less than \$30,000 and 40% of guests report that the patient would not have accessed the health care they needed if they did not have access to affordable lodging as offered by Kathy's House.</p>
<b>Summary:</b> Recommendation concepts must be specific enough to reveal potential strategies for actionable intervention.	Expanding health insurance plans to cover travel-related costs and/or An emergency fund for low-income families who face an unexpected medical crisis (that requires travel) would help to address barriers to access needed healthcare and help to mitigate the economic hardships that often accompany a cancer diagnosis or serious illness.
<b>Why is this recommendation important?</b> Recommendation concepts should include a statement of the human and social impacts of this idea.	<p>People living near major medical centers that offer specialized care for cancer, heart failure, organ transplant, and trauma don't have to travel long distances to access life-saving care. For Wisconsinites living outside of the Madison or Milwaukee area, a cancer diagnosis, heart/organ failure or traumatic accident, means they often must travel to access needed life-saving care. And the duration of their medical care can often last several weeks or months. With cancer and post-op care done increasingly on an outpatient basis, it is imperative that these patients and their caregivers have access to temporary housing and other supports while in Madison or Milwaukee. The added financial strain of having to travel for care increases the likelihood of loss of assets, bankruptcy and further emotional turmoil.</p>



<b>Policy Pathways:</b> (Select as many as are applicable)	<input type="checkbox"/> <b>Executive Action:</b> executive orders, appointments and filling vacancies, special sessions, executive budget, budget veto, emergency powers <input type="checkbox"/> <b>Agency Action:</b> regulatory authority, administrative code (implementation), agency budget and spending, grant-writing, and grant-making, contracting, project management, procurement <input checked="" type="checkbox"/> <b>Biennial Budget:</b> creating new funding streams and programs, expanding and/or modifying existing programs <input checked="" type="checkbox"/> <b>Legislative Action:</b> lawmaking, appropriations, revenue-raising, auditing, remove elective office holders, veto override <input type="checkbox"/> I am unsure whether there is a policy pathway for this idea.
<b>Notes:</b> (This space can include citations, questions, comments or information that does not fit in any other section.)	

## Idea 11

<b>Author</b>	Sandra Brekke
<b>Subcommittee</b>	<input type="checkbox"/> 1-POWER <input type="checkbox"/> 2-POLICY <input checked="" type="checkbox"/> 3-PROGRAMS <input type="checkbox"/> 4-FRAMING
<b>Recommendation Title</b>	Housing is Healthcare
<b>Inequity/Disparity focus:</b> Recommendation concepts must target a specific disparity/inequity.	<input type="checkbox"/> Education <input type="checkbox"/> Financial (e.g. employment, income, wealth, debt, etc.) <input checked="" type="checkbox"/> Housing <input type="checkbox"/> Caretaking <input type="checkbox"/> Community Safety and Empowerment <input type="checkbox"/> Transportation <input type="checkbox"/> Technology/Broadband <input type="checkbox"/> Environmental/Pollution <input type="checkbox"/> Food, Nutrition, and Preventative Healthcare <input type="checkbox"/> Other:
<b>Brief Description of the Inequity/Disparity:</b>	<p>Simply being without a home is a dangerous health condition. People experiencing homelessness face extreme poverty, poor access to health care, and social disenfranchisement. As a result, they bear a disproportionate burden of illness, suffering, disability, and premature death.</p> <p>People homeless and surviving on the streets in the United States die on average nearly three decades earlier than their housed peers, most commonly due to preventable and treatable chronic medical conditions.</p> <p>Meanwhile, their health care utilization costs are more than five times the national average, primarily as a result of over reliance on the emergency room for routine medical care and increased hospitalization rates for illnesses presenting in advanced stages.</p> <p><a href="https://www.streetmedicine.org/">https://www.streetmedicine.org/</a></p> <p>Mental illness is a major contributor to homelessness. In January 2015, the most extensive survey ever undertaken found, at minimum, 25 percent of the American homeless were seriously mentally ill at any given point in time. Forty-five percent of the homeless had any mental illness. Most homeless individuals with severe psychiatric disorders are not being treated. Most of them have anosognosia and are not aware that they are sick.</p> <p><a href="https://mentalillnesspolicy.org/consequences/homeless-mentally-ill.html">https://mentalillnesspolicy.org/consequences/homeless-mentally-ill.html</a></p> <p>Poor health is a major cause of homelessness            Homelessness creates new health problems and exacerbates existing ones            Recovery and healing are more difficult without housing  <a href="http://nhchc.org">nhchc.org</a></p> <p>When compared with the general population, people without homes have poorer physical health, including higher rates of tuberculosis, hypertension, asthma, diabetes and HIV/AIDS (Zlotnick &amp; Zerger, 2008), as well as higher rates of medical hospitalizations (Kushel et</p>

	al., 2001). The most expensive patients often present a complex blend of medical, mental health, and social challenges.
<p><b>Summary:</b> Recommendation concepts must be specific enough to reveal potential strategies for actionable intervention.</p>	<p>This strategy would have Medicaid funds pay for one-time payments for security deposits and first month's rent, as well as for post-hospitalization housing for up to six months for one year for individuals who are homeless and high utilizers of healthcare services.</p> <p>Covered housing-related activities of services for Medicaid beneficiaries could be covered through a Section 1115 waiver demonstration. County workers can help to navigate and place program participants into housing programs.</p> <p>Alternatively, Managed Care Organizations could pay rent for their MA clients. Patient participants would be local patients who rely on taxpayer-funded Medicaid for health expenses and homeless, living with family members, in shelters, or are considered rough sleepers, in addition, whose medical spending exceeds \$50,000 annually, with most of that coming from ER visits and inpatient stays. United Healthcare has tested this program. The goal is for clients to graduate within a year to paying their own rent.</p>
<p><b>Why is this recommendation important?</b> Recommendation concepts should include a statement of the human and social impacts of this idea.</p>	<p>The program is beneficial to taxpayers, since participants rely on Medicaid to pay their medical bills.</p> <p>Health care services are more effective when a patient is stably housed, and in turn, maintaining housing is more likely if proper health care services are delivered.</p>
<p><b>Policy Pathways:</b> (Select as many as are applicable)</p>	<p><input checked="" type="checkbox"/> <b>Executive Action:</b> executive orders, appointments and filling vacancies, special sessions, executive budget, budget veto, emergency powers</p> <p><input checked="" type="checkbox"/> <b>Agency Action:</b> regulatory authority, administrative code (implementation), agency budget and spending, grant-writing, and grant-making, contracting, project management, procurement</p> <p><input type="checkbox"/> <b>Biennial Budget:</b> creating new funding streams and programs, expanding and/or modifying existing programs</p> <p><input type="checkbox"/> <b>Legislative Action:</b> lawmaking, appropriations, revenue-raising, auditing, remove elective office holders, veto override</p> <p><input type="checkbox"/> I am unsure whether there is a policy pathway for this idea.</p>
<p><b>Notes:</b> (This space can include citations, questions, comments or information that does not fit in any other section.)</p>	

## Idea 12

<b>Author</b>	Sandra Brekke
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<b>Subcommittee</b>	<input type="checkbox"/> 1-POWER <input type="checkbox"/> 2-POLICY <input checked="" type="checkbox"/> 3-PROGRAMS <input type="checkbox"/> 4-FRAMING
<b>Recommendation Title</b>	Affordable housing
<b>Inequity/Disparity focus:</b> Recommendation concepts must target a specific disparity/inequity.	<input type="checkbox"/> Education <input type="checkbox"/> Financial (e.g. employment, income, wealth, debt, etc.) <input checked="" type="checkbox"/> Housing <input type="checkbox"/> Caretaking <input type="checkbox"/> Community Safety and Empowerment <input type="checkbox"/> Transportation <input type="checkbox"/> Technology/Broadband <input type="checkbox"/> Environmental/Pollution <input type="checkbox"/> Food, Nutrition, and Preventative Healthcare <input type="checkbox"/> Other:
<b>Brief Description of the Inequity/Disparity:</b>	Across Wisconsin, there is a shortage of rental homes affordable and available to extremely low income households (ELI), whose incomes are at or below the poverty guideline or 30% of their area median income (AMI). Many of these households are severely cost burdened, spending more than half of their income on housing. Severely cost burdened poor households are more likely than other renters to sacrifice other necessities like healthy food and healthcare to pay the rent, and to experience unstable housing situations like evictions.
<b>Summary:</b> Recommendation concepts must be specific enough to reveal potential strategies for actionable intervention.	<p>Address housing affordability through relaxing zoning. regulations include zoning and growth management controls, rent controls, building and rehabilitation codes, energy and water efficiency, maximum-density allowances, historic preservation requirements, manufactured-housing regulations and restrictions, parking requirements, permitting and review procedures, investment or reinvestment tax policies, labor requirements, and impact or developer fees. Research has linked higher home prices and lower housing supply to many of these regulations.</p> <p>Unlike typical property taxes, which charge the same rate on both land and structures, taxes that charge a higher tax rate on land and a lower rate on structures encourage owners of expensive land to build more intensively.</p>

<p><b>Why is this recommendation important?</b>  Recommendation concepts should include a statement of the human and social impacts of this idea.</p>	<p>There's a shortage of more than 119,000 rental housing units in Wisconsin, <u>according to data organized by the National Low Income Housing Coalition.</u></p>
<p><b>Policy Pathways:</b> (Select as many as are applicable)</p>	<p><input checked="" type="checkbox"/> <b>Executive Action:</b> executive orders, appointments and filling vacancies, special sessions, executive budget, budget veto, emergency powers</p> <p><input checked="" type="checkbox"/> <b>Agency Action:</b> regulatory authority, administrative code (implementation), agency budget and spending, grant-writing, and grant-making, contracting, project management, procurement</p> <p><input checked="" type="checkbox"/> <b>Biennial Budget:</b> creating new funding streams and programs, expanding and/or modifying existing programs</p> <p><input checked="" type="checkbox"/> <b>Legislative Action:</b> lawmaking, appropriations, revenue-raising, auditing, remove elective office holders, veto override</p> <p><input type="checkbox"/> I am unsure whether there is a policy pathway for this idea.</p>
<p><b>Notes:</b> (This space can include citations, questions, comments or information that does not fit in any other section.)</p>	

## Idea 13

<b>Author</b>	Sandra Brekke
<b>Subcommittee</b>	<input type="checkbox"/> 1-POWER <input checked="" type="checkbox"/> 2-POLICY <input type="checkbox"/> 3-PROGRAMS <input type="checkbox"/> 4-FRAMING
<b>Recommendation Title</b>	Marijuana should be removed from the criminal legal system
<b>Inequity/Disparity focus:</b> Recommendation concepts must target a specific disparity/inequity.	<input type="checkbox"/> Education <input type="checkbox"/> Financial (e.g. employment, income, wealth, debt, etc.) <input type="checkbox"/> Housing <input type="checkbox"/> Caretaking <input type="checkbox"/> Community Safety and Empowerment <input type="checkbox"/> Transportation <input type="checkbox"/> Technology/Broadband <input type="checkbox"/> Environmental/Pollution <input type="checkbox"/> Food, Nutrition, and Preventative Healthcare <input checked="" type="checkbox"/> Other: Incarceration
<b>Brief Description of the Inequity/Disparity:</b>	<ul style="list-style-type: none"> <li>• Mass incarceration’s effects on health last far beyond the period of imprisonment.</li> <li>• Parents’ incarceration influences their children’s educational, economic and social opportunities, which in turn shape their children’s health throughout life.</li> <li>• Mass incarceration disproportionately impacts people of color, people with disabilities, and people of lower economic status.</li> <li>• Inequitable policies and practices drive these dramatic disparities in incarceration.</li> <li>• Mass incarceration harms communities and the entire nation.</li> <li>• Investing in evidence-based strategies will help build a more just system while deterring crime and treating people fairly.</li> </ul> <p>Mass incarceration disproportionately impacts lower-income communities, communities of color, and persons with disabilities, creating a barrier to achieving health equity. People who are incarcerated face greater chances for chronic health conditions, both while confined and long after their release. Incarceration exposes people to a wide range of conditions, such as poor sanitation and ventilation and solitary confinement, that are detrimental to long-term physical and mental health. After release, previously incarcerated individuals often face higher mortality rates and experience limited opportunities for gainful employment, stable housing, education, and other conditions needed for good health.</p>
<b>Summary:</b> Recommendation concepts must be specific enough to reveal potential strategies for actionable intervention.	Marijuana should be removed from the criminal legal system and regulated for adult use, with equity, social justice, and community reinvestment at the core.

<p><b>Why is this recommendation important?</b>  Recommendation concepts should include a statement of the human and social impacts of this idea.</p>	<p>Black people are 4.2 times more likely than white people to be arrested for marijuana possession in Wisconsin, despite comparable national marijuana usage rates. Wisconsin ranked 14th in the nation for the largest racial disparities in arrests for marijuana possession and was among 17 states where arrests for marijuana possession increased from 2010 to 2018.</p> <p>First offense possession of marijuana, is considered a misdemeanor, with a maximum penalty of up to six months in jail and a \$1,000 fine. Subsequent offenses are felonies with much harsher penalties.</p>
<p><b>Policy Pathways:</b> (Select as many as are applicable)</p>	<p><input type="checkbox"/> <b>Executive Action:</b> executive orders, appointments and filling vacancies, special sessions, executive budget, budget veto, emergency powers</p> <p><input type="checkbox"/> <b>Agency Action:</b> regulatory authority, administrative code (implementation), agency budget and spending, grant-writing, and grant-making, contracting, project management, procurement</p> <p><input type="checkbox"/> <b>Biennial Budget:</b> creating new funding streams and programs, expanding and/or modifying existing programs</p> <p><input checked="" type="checkbox"/> <b>Legislative Action:</b> lawmaking, appropriations, revenue-raising, auditing, remove elective office holders, veto override</p> <p><input type="checkbox"/> I am unsure whether there is a policy pathway for this idea.</p>
<p><b>Notes:</b> (This space can include citations, questions, comments or information that does not fit in any other section.)</p>	

## Idea 14

<b>Author</b>	Sandra Brekke
<b>Subcommittee</b>	<input type="checkbox"/> 1-POWER <input type="checkbox"/> 2-POLICY <input checked="" type="checkbox"/> 3-PROGRAMS <input type="checkbox"/> 4-FRAMING
<b>Recommendation Title</b>	Medicaid reimbursement for Community Health Workers
<b>Inequity/Disparity focus:</b> Recommendation concepts must target a specific disparity/inequity.	<input type="checkbox"/> Education <input type="checkbox"/> Financial (e.g. employment, income, wealth, debt, etc.) <input type="checkbox"/> Housing <input type="checkbox"/> Caretaking <input type="checkbox"/> Community Safety and Empowerment <input type="checkbox"/> Transportation <input type="checkbox"/> Technology/Broadband <input type="checkbox"/> Environmental/Pollution <input type="checkbox"/> Food, Nutrition, and Preventative Healthcare <input checked="" type="checkbox"/> Other: Health Literacy
<b>Brief Description of the Inequity/Disparity:</b>	<p>The inability to understand and use health information can put people's health at risk. Without adequate literacy skills, America's most vulnerable populations are more likely to have trouble accessing health services or making the most of their health insurance.</p> <p>This is a crucial issue health insurance providers hope to overcome as U.S. populations become more diverse.</p> <p>Low health literacy is an escalating source of health disparities among minorities. Of the nearly 77 million Americans who struggle with health-related reading tasks, 65% are minorities, according to the U.S. Department of Health and Human Services.</p>
<b>Summary:</b> Recommendation concepts must be specific enough to reveal potential strategies for actionable intervention.	<p>Community health workers (CHWs) are uniquely positioned to address racial health disparities that disproportionately affect communities of color who live in residentially segregated communities. CHWs are trusted community members who work at the frontlines of public health by acting as liaisons between health, social services, and care coordination. Since CHWs are from the communities they serve, they play an important role in acting as a bridge between community members and health/social services while providing culturally competent health education, counseling, and support.</p> <p>CHW Medicaid reimbursement for preventive services in fee-for-service settings.</p> <p>Other states activity.</p> <p><b>Minnesota</b> introduced HF 69 to expand the range of CHW-delivered services covered by the current Medicaid reimbursement provisions. The bill provides a definition for care coordination provided by CHWs to</p>



	<p>include activities such as addressing a client’s mental health, social, economic, housing needs—as well as services such as dental care.</p> <p><b>Indiana</b> introduced HB 1147, which would allow the state to reimburse six types of Medicaid providers, including CHWs, for seven medically necessary telemedicine services. These telehealth services include conducting health assessments and providing consultation.</p> <p><b>Illinois</b> introduced HB 158, the Community Health Worker Certification and Reimbursement Act. Under this bill, CHW services are covered under the medical assistance program, a state-wide program providing healthcare related assistance to eligible residents. The Department of Healthcare and Family Services would develop services—like care coordination and diagnosis-related patient services—for which CHWs will be eligible for reimbursement through Medicaid.</p> <p><b>Nevada</b> introduced AB 191, which would direct the state to submit a Medicaid state plan amendment to CMS for coverage of CHW-delivered services. Provision of these services would be under the supervision of a physician, physician assistant, or an advanced practice registered nurse.</p> <p><b>Texas</b> introduced SB 136, which would allow each Medicaid MCO providing healthcare services under their Medicaid managed care program to categorize services provided by a community health worker as a quality improvement cost instead of as an administrative expense. Most people receiving Medicaid in Texas get coverage through the STAR managed care program which covers low-income children, pregnant women, and families who get their services through health plans they choose.</p>
<p><b>Why is this recommendation important?</b> Recommendation concepts should include a statement of the human and social impacts of this idea.</p>	<p>Community health workers (CHWs) are being recognized for the role they play in improving health outcomes of our most vulnerable communities. Despite the effectiveness of CHWs in tackling social determinants of health, it has not been easy to figure out sustainable financing mechanisms for their work.</p>
<p><b>Policy Pathways:</b> (Select as many as are applicable)</p>	<p><input type="checkbox"/> <b>Executive Action:</b> executive orders, appointments and filling vacancies, special sessions, executive budget, budget veto, emergency powers</p> <p><input type="checkbox"/> <b>Agency Action:</b> regulatory authority, administrative code (implementation), agency budget and spending, grant-writing, and grant-making, contracting, project management, procurement</p> <p><input type="checkbox"/> <b>Biennial Budget:</b> creating new funding streams and programs, expanding and/or modifying existing programs</p> <p><input type="checkbox"/> <b>Legislative Action:</b> lawmaking, appropriations, revenue-raising, auditing, remove elective office holders, veto override</p> <p><input type="checkbox"/> I am unsure whether there is a policy pathway for this idea.</p>
<p><b>Notes:</b> (This space can include citations, questions, comments or information that does not fit in any other section.)</p>	



## Idea 15

<b>Author</b>	Sandra Brekke
<b>Subcommittee</b>	<input type="checkbox"/> 1-POWER <input type="checkbox"/> 2-POLICY <input checked="" type="checkbox"/> 3-PROGRAMS <input type="checkbox"/> 4-FRAMING
<b>Recommendation Title</b>	Wisconsin Smiles
<b>Inequity/Disparity focus:</b> Recommendation concepts must target a specific disparity/inequity.	<input type="checkbox"/> Education <input type="checkbox"/> Financial (e.g. employment, income, wealth, debt, etc.) <input type="checkbox"/> Housing <input type="checkbox"/> Caretaking <input type="checkbox"/> Community Safety and Empowerment <input type="checkbox"/> Transportation <input type="checkbox"/> Technology/Broadband <input type="checkbox"/> Environmental/Pollution <input type="checkbox"/> Food, Nutrition, and Preventative Healthcare <input checked="" type="checkbox"/> Other: Oral health
<b>Brief Description of the Inequity/Disparity:</b>	<p>Dental caries is the most prevalent, and yet a largely preventable, chronic condition that disproportionately affects socioeconomically disadvantaged children, resulting in considerable quality of life burdens, chronic tooth pain, and more than 51 million hours of classroom time lost annually. Poor oral health in children has been shown to result in decreased academic performance and can adversely affect behavioral and social development.</p> <p>These same children will also end up being adult patients with oral disease that contribute to other health problems.</p>
<b>Summary:</b> Recommendation concepts must be specific enough to reveal potential strategies for actionable intervention.	<p>Children’s Health Alliance of Wisconsin and the Wisconsin Oral Health Coalition to convene a working group comprised of school, community, and dental partners to provide input, feedback and guidance to the Wisconsin Smiles initiative.</p> <p>Support a state, regional and local effort to facilitate the planning and implementation of the Wisconsin Smiles Initiative starting with 8-10 pilot communities. Once the systems and relationships are established, the care would be sustainable through direct billing of Medicaid for exams, x-rays, care coordination, and care provided.</p> <p>Through the initiative, the following school-based and school-linked care will be established.</p> <ul style="list-style-type: none"> <li>· Each school will identify and enroll eligible students in school-based dental services.</li> <li>· Schools will work with Seal-A-Smile and Bridging Brighter Smiles to provide the highest level of preventive care available.</li> </ul>

	<ul style="list-style-type: none"> <li>· Each school will “adopt” at least three dental offices. These dentists will perform school-based exams and provide care in their own offices to any child identified with needs.</li> <li>· Student services teams, prevention programs, and dental offices will work with regional and local care coordinators to refer students with needs to each school’s adopted dental offices and assure their care is completed.</li> </ul>
<p><b>Why is this recommendation important?</b> Recommendation concepts should include a statement of the human and social impacts of this idea.</p>	<p>School-based dental services are a a crucial way to connect low-income students, particularly students of color, with oral health care and education. And ensuring that every child — regardless of their background — has access to oral health care is a key to reducing the deep racial disparities in health care.</p> <ul style="list-style-type: none"> <li>• <b>School based dental services are a primary access point to care.</b> School-based dental services are an important access point for children who might not otherwise be able to see a dentist.</li> <li>• <b>School based dental services lead to further care.</b></li> <li>• <b>Schools are an important access point for preventive care.</b> .</li> <li>• <b>School based dental services fits the youngest kids most.</b></li> <li>• <b>Better oral health helps school performance.</b> It is estimated that more than 51 million school hours are missed annually due to dental conditions</li> </ul>
<p><b>Policy Pathways:</b> (Select as many as are applicable)</p>	<p><input type="checkbox"/> <b>Executive Action:</b> executive orders, appointments and filling vacancies, special sessions, executive budget, budget veto, emergency powers</p> <p><input type="checkbox"/> <b>Agency Action:</b> regulatory authority, administrative code (implementation), agency budget and spending, grant-writing, and grant-making, contracting, project management, procurement</p> <p><input type="checkbox"/> <b>Biennial Budget:</b> creating new funding streams and programs, expanding and/or modifying existing programs</p> <p><input type="checkbox"/> <b>Legislative Action:</b> lawmaking, appropriations, revenue-raising, auditing, remove elective office holders, veto override</p> <p><input checked="" type="checkbox"/> I am unsure whether there is a policy pathway for this idea.</p>
<p><b>Notes:</b> (This space can include citations, questions, comments or information that does not fit in any other section.)</p>	

## Idea 16

<b>Author</b>	Sandy Brekke
<b>Subcommittee</b>	<input type="checkbox"/> 1-POWER <input type="checkbox"/> 2-POLICY <input checked="" type="checkbox"/> 3-PROGRAMS <input type="checkbox"/> 4-FRAMING
<b>Recommendation Title</b>	Promoting Oral Health and Primary Care Integration
<b>Inequity/Disparity focus:</b> Recommendation concepts must target a specific disparity/inequity.	<input type="checkbox"/> Education <input type="checkbox"/> Financial (e.g. employment, income, wealth, debt, etc.) <input type="checkbox"/> Housing <input type="checkbox"/> Caretaking <input type="checkbox"/> Community Safety and Empowerment <input type="checkbox"/> Transportation <input type="checkbox"/> Technology/Broadband <input type="checkbox"/> Environmental/Pollution <input type="checkbox"/> Food, Nutrition, and Preventative Healthcare <input checked="" type="checkbox"/> Other: Oral health
<b>Brief Description of the Inequity/Disparity:</b>	Disparities in access to oral health care across the life course. The net result is a greater likelihood of poor oral health at every age for people who are low-income, uninsured, and/or members of racial/ethnic minority, immigrant, or rural populations than for populations with better access to quality oral health care. Access to care is among the factors contributing to oral health disparities.
<b>Summary:</b> Recommendation concepts must be specific enough to reveal potential strategies for actionable intervention.	Primary care, as the main point of entry and access to support for patients in the healthcare system, represents an opportunity to better meet patients' oral health needs across the socio-economic spectrum.  Integrate dental hygiene services directly into the medical home to create a "health home," where both medical and dental health are addressed.  Health Systems either employ or co-locate dental hygienists in their practice to provide preventive oral health services to children, pregnant women and patients with chronic diseases such as diabetes.  Integrated electronic health record for medical/dental so providers can see a patient common care plan and treatment status.
<b>Why is this recommendation important?</b> Recommendation concepts should include a statement of the human and social impacts of this idea.	Integration could <ul style="list-style-type: none"> <li>• increase the effectiveness and efficiency of both dental and medical professionals in preventing disease, thereby reducing the large number of preventable dental conditions, which are far too often treated in emergency rooms;</li> <li>• improve chronic disease management and prevention; • address significant oral health care access issues by expanding entry points into the dental care system, especially for at-risk and underserved populations;</li> <li>• facilitate the use of interdisciplinary techniques to overcome patient-specific barriers to accessing services, such as patient apprehension and anxiety about visiting the dentist;</li> </ul>

	<ul style="list-style-type: none"> <li>• provide significant cost savings to the health care system by controlling for and reducing risk factors common to dental disease and various chronic diseases, like diabetes</li> </ul>
<b>Policy Pathways:</b> (Select as many as are applicable)	<input type="checkbox"/> <b>Executive Action:</b> executive orders, appointments and filling vacancies, special sessions, executive budget, budget veto, emergency powers <input type="checkbox"/> <b>Agency Action:</b> regulatory authority, administrative code (implementation), agency budget and spending, grant-writing, and grant-making, contracting, project management, procurement <input type="checkbox"/> <b>Biennial Budget:</b> creating new funding streams and programs, expanding and/or modifying existing programs <input type="checkbox"/> <b>Legislative Action:</b> lawmaking, appropriations, revenue-raising, auditing, remove elective office holders, veto override <input type="checkbox"/> I am unsure whether there is a policy pathway for this idea.
<b>Notes:</b> (This space can include citations, questions, comments or information that does not fit in any other section.)	

## Idea 17

<b>Author</b>	Sandy Brekke
<b>Subcommittee</b>	<input type="checkbox"/> 1-POWER <input type="checkbox"/> 2-POLICY <input checked="" type="checkbox"/> 3-PROGRAMS <input type="checkbox"/> 4-FRAMING
<b>Recommendation Title</b>	School Based Student and Family Assistance Program (FAP)
<b>Inequity/Disparity focus:</b> Recommendation concepts must target a specific disparity/inequity.	<input type="checkbox"/> Education <input type="checkbox"/> Financial (e.g. employment, income, wealth, debt, etc.) <input type="checkbox"/> Housing <input type="checkbox"/> Caretaking <input type="checkbox"/> Community Safety and Empowerment <input type="checkbox"/> Transportation <input type="checkbox"/> Technology/Broadband <input type="checkbox"/> Environmental/Pollution <input type="checkbox"/> Food, Nutrition, and Preventative Healthcare <input checked="" type="checkbox"/> Other: mental health
<b>Brief Description of the Inequity/Disparity:</b>	Racial/ethnic, gender, and sexual minorities often suffer from poor mental health outcomes due to multiple factors including inaccessibility of mental health care services, cultural stigma surrounding mental health care, discrimination, and overall lack of awareness about mental health
<b>Summary:</b> Recommendation concepts must be specific enough to reveal potential strategies for actionable intervention.	<p>Families that use the FAP can receive (up to) six consultations per issue. Many issues can be resolved within the FAP. If other referrals are needed, SFAP counselor will connect to community resources and/or insurance-based providers.</p> <p>Some common reasons to use FAP:</p> <ul style="list-style-type: none"> <li>• substance abuse</li> <li>• child/family issues</li> <li>• grief/trauma</li> <li>• anxiety</li> <li>• depression</li> <li>• stress</li> <li>• work/life services               <ul style="list-style-type: none"> <li>○ legal</li> <li>○ financial</li> <li>○ school and college planning</li> <li>○ adoption counseling</li> <li>○ child care search</li> </ul> </li> </ul> <p>Incentivize health insurance companies to expand the use of EAP to school districts for the Family Assistance Program.</p>
<b>Why is this recommendation important?</b> Recommendation concepts should include a statement of the human and social impacts of this idea.	Allows for immediate access to mental health and assistance in the referral process.

<b>Policy Pathways:</b> (Select as many as are applicable)	<input type="checkbox"/> <b>Executive Action:</b> executive orders, appointments and filling vacancies, special sessions, executive budget, budget veto, emergency powers <input type="checkbox"/> <b>Agency Action:</b> regulatory authority, administrative code (implementation), agency budget and spending, grant-writing, and grant-making, contracting, project management, procurement <input type="checkbox"/> <b>Biennial Budget:</b> creating new funding streams and programs, expanding and/or modifying existing programs <input type="checkbox"/> <b>Legislative Action:</b> lawmaking, appropriations, revenue-raising, auditing, remove elective office holders, veto override <input type="checkbox"/> I am unsure whether there is a policy pathway for this idea.
<b>Notes:</b> (This space can include citations, questions, comments or information that does not fit in any other section.)	



## Idea 18

<b>Author</b>	Elizabeth Valitchka
<b>Subcommittee</b>	<input type="checkbox"/> 1-POWER <input type="checkbox"/> 2-POLICY <input checked="" type="checkbox"/> 3-PROGRAMS <input type="checkbox"/> 4-FRAMING
<b>Recommendation Title</b>	Statewide Farm to Institution Initiative – Healthy Foods for Incarcerated Populations Pilot Program
<b>Inequity/Disparity focus:</b> Recommendation on concepts must target a specific disparity/inequity.	<input type="checkbox"/> Education <input type="checkbox"/> Financial (e.g. employment, income, wealth, debt, etc.) <input type="checkbox"/> Housing <input type="checkbox"/> Caretaking <input type="checkbox"/> Community Safety and Empowerment <input type="checkbox"/> Transportation <input type="checkbox"/> Technology/Broadband <input type="checkbox"/> Environmental/Pollution <input checked="" type="checkbox"/> Food, Nutrition, and Preventative Healthcare <input checked="" type="checkbox"/> Other: Workforce
<b>Brief Description of the Inequity/Disparity:</b>	<ul style="list-style-type: none"> <li>According to the 2016 Survey of Prison Inmates, approximately 50% of all state and federal incarcerated individuals reported having had a chronic illness; for incarcerated females, that number rose to 60% (<a href="https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/mprpspi16st.pdf">https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/mprpspi16st.pdf</a>).</li> <li>In WI, Black, Latino and American Indian populations are overrepresented in the state's prison and jail populations (<a href="https://www.prisonpolicy.org/profiles/WI.html">https://www.prisonpolicy.org/profiles/WI.html</a>).</li> <li>Black, Latino, and American Indian populations in WI have higher rates of obesity, hypertension and diabetes (<a href="https://www.dhs.wisconsin.gov/disease/burden-chronic.htm">https://www.dhs.wisconsin.gov/disease/burden-chronic.htm</a>).</li> <li>A 2019 report from the WI Legislative Audit Bureau reported that “pharmaceuticals and medical supplies accounted for the largest expenditure increase” in FY 2017-18 for WI prisons (<a href="https://legis.wisconsin.gov/lab/media/2845/19-4full.pdf">https://legis.wisconsin.gov/lab/media/2845/19-4full.pdf</a>).</li> <li>Studies have indicated disproportionate rates of foodborne illness in prisons leading to illness and in the worst cases death among incarcerated individuals (<a href="https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2017.303816?rfr_dat=cr_pub%3Dpubmed&amp;url_ver=Z39.88-2003&amp;rfr_id=ori%3Arid%3Aacrossref.org">https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2017.303816?rfr_dat=cr_pub%3Dpubmed&amp;url_ver=Z39.88-2003&amp;rfr_id=ori%3Arid%3Aacrossref.org</a>).</li> </ul>
<b>Summary:</b> Recommendation on concepts must be specific enough to reveal potential strategies for actionable intervention.	<p>Potential recommendations include the following:</p> <ul style="list-style-type: none"> <li>Pilot and/or expand (if existing) a Farm to Facilities program in WI focused on connecting local farms with prisons to supply fresh food, dairy and meat for their cafeterias and commissaries. A priority would be placed on Hmong, Black, Latino and American Indian farmers around the state.</li> <li>This initiative could be expanded to hospitals, clinics, long-term care facilities, prisons, and local businesses across the state.</li> <li>State agency partners in this effort would include DATCP, DOC, DHS, DCF (youth justice facilities), DWD, WEDC; statewide community partners and farmers would be key stakeholders as well.</li> <li>Development of a statewide strategic plan for WI's food system similar to VT: <a href="https://www.vtfarmtoplate.com/assets/resource/files/Vermont%20Agriculture%20and%20Food%20System%20Strategic%20Plan%202021-2030.pdf">https://www.vtfarmtoplate.com/assets/resource/files/Vermont%20Agriculture%20and%20Food%20System%20Strategic%20Plan%202021-2030.pdf</a></li> <li>Fund efforts that support agricultural/food service training in prisons across the state such as Farming After Incarceration Release (FAIR).</li> </ul>

<p><b>Why is this recommendation important?</b></p> <p>Recommendations on concepts should include a statement of the human and social impacts of this idea.</p>	<p>Access to healthy food throughout the lifespan is critical for healthy development and ongoing health maintenance.</p> <p>Given the disproportionate representation of people of color in WI correctional settings, the fact that almost half of all incarcerated individuals report having a chronic illness, and that medical expenditures in correctional settings represent the biggest expenditures for WI prisons, providing access to healthy foods for incarcerated individuals is a potentially important strategy for improving health equity and reducing health care costs in the state.</p> <p>WI agriculture is a major revenue and job generator for the state but has been significantly impacted by the COVID-19 pandemic. This has been especially true for farmers of color. Supporting local agriculture, and specifically farmers of color, and creating a sustainable, socially, and racially just local food system, is paramount for WI's economic future and recovery from the COVID-19 pandemic.</p>
<p><b>Policy Pathways:</b></p> <p>(Select as many as are applicable)</p>	<p><input checked="" type="checkbox"/> <b>Executive Action:</b> executive orders, appointments and filling vacancies, special sessions, executive budget, budget veto, emergency powers</p> <p><input checked="" type="checkbox"/> <b>Agency Action:</b> regulatory authority, administrative code (implementation), agency budget and spending, grant-writing, and grant-making, contracting, project management, procurement</p> <p><input checked="" type="checkbox"/> <b>Biennial Budget:</b> creating new funding streams and programs, expanding and/or modifying existing programs</p> <p><input checked="" type="checkbox"/> <b>Legislative Action:</b> lawmaking, appropriations, revenue-raising, auditing, remove elective office holders, veto override</p> <p><input type="checkbox"/> I am unsure whether there is a policy pathway for this idea.</p>
<p><b>Notes:</b> (This space can include citations, questions, comments or information that does not fit in any other section.)</p>	<p><a href="https://www.motherjones.com/crime-justice/2019/03/prison-food-health-commissary-strike-public-health-chronic-disease-pelican-bay/#:~:text=While%20harsh%20farm%20labor%20was,rates%2C%20and%20provide%20job%20skills">https://www.motherjones.com/crime-justice/2019/03/prison-food-health-commissary-strike-public-health-chronic-disease-pelican-bay/#:~:text=While%20harsh%20farm%20labor%20was,rates%2C%20and%20provide%20job%20skills</a>.</p> <p><a href="https://spectrumnews1.com/wi/milwaukee/news/2021/03/30/program-helps-people-go-from-former-inmate-to-farmer">https://spectrumnews1.com/wi/milwaukee/news/2021/03/30/program-helps-people-go-from-former-inmate-to-farmer</a></p> <p><a href="https://doc.wi.gov/Pages/AboutDOC/AdultInstitutions/BureauofCorrectionalEnterprises.aspx">https://doc.wi.gov/Pages/AboutDOC/AdultInstitutions/BureauofCorrectionalEnterprises.aspx</a> (I don't know enough about these DOC-run farms to understand if they are considered controversial or beneficial and why or not; would need more information. 21-23 Budget appears to have funding at \$7.8 million/year PR-S (<a href="https://doa.wi.gov/budget/SBO/2021%20Wisconsin%20Act%2058.pdf">https://doa.wi.gov/budget/SBO/2021%20Wisconsin%20Act%2058.pdf</a> p.66 (kf) Correctional Farms)</p>

## Idea 19

<b>Author</b>	Elizabeth Valitchka
<b>Subcommittee</b>	<input type="checkbox"/> 1-POWER <input type="checkbox"/> 2-POLICY <input checked="" type="checkbox"/> 3-PROGRAMS <input type="checkbox"/> 4-FRAMING
<b>Recommendation Title</b>	Farmers Feeding Wisconsin's Children – Funding and Expanding WI's Farm to School/ECE Programs
<b>Inequity/Disparity focus:</b> Recommendation concepts must target a specific disparity/inequity.	<input checked="" type="checkbox"/> Education <input type="checkbox"/> Financial (e.g. employment, income, wealth, debt, etc.) <input type="checkbox"/> Housing <input type="checkbox"/> Caretaking <input type="checkbox"/> Community Safety and Empowerment <input type="checkbox"/> Transportation <input type="checkbox"/> Technology/Broadband <input type="checkbox"/> Environmental/Pollution <input checked="" type="checkbox"/> Food, Nutrition, and Preventative Healthcare <input checked="" type="checkbox"/> Other: Workforce
<b>Brief Description of the Inequity/Disparity:</b>	<p>Food insecurity, defined by the <a href="#">USDA</a> as “access by all members at all times to enough food for an active, healthy life,” is a critical issue for WI’s population, both children and adults alike, in rural and urban areas across the state. When broken out by race, Black and Latino populations across WI <a href="#">report higher rates</a> of food insecurity.</p> <p>According to data collected during WI’s <a href="#">Preschool Development Grant (PDG) Initial Needs Assessment</a>:</p> <ul style="list-style-type: none"> <li>• One in seven Wisconsin children struggles with hunger. (Source: <a href="#">Feeding America</a>)</li> <li>• Household food insecurity affected 13.6% of Wisconsin households with children in 2019. In some of these food-insecure households only adults were food insecure. In other food-insecure households, children also experienced food insecurity.</li> <li>• The <a href="#">Annie E. Casey Foundation</a> reported an estimated 21% of all Wisconsin children (under the age of 18) were in families that were food insecure at some point during 2017–2019.</li> <li>• Nationally, 86% of counties with high child food insecurity are rural. (Source: Feeding America)</li> </ul> <p>A racial and county-wide breakdown of food insecurity rates in WI can be viewed here: <a href="https://www.yumpu.com/en/document/read/65711919/2019-2020-wisconsin-farm-to-school-annual-report">https://www.yumpu.com/en/document/read/65711919/2019-2020-wisconsin-farm-to-school-annual-report</a></p> <p>Children and families experiencing poverty are at an <a href="#">increased risk</a> for food insecurity. Again, data from the <a href="#">PDG</a> reveal the stark racial disparities pertaining to poverty in WI:</p> <ul style="list-style-type: none"> <li>• Over 1 in 7 Wisconsin children (15%) under the age of 6 were experiencing poverty (i.e., below 100% of the Federal Poverty Level (FPL)), a rate slightly higher than the average of children with ages from 6 to 17 (13%).</li> <li>• Among all children under the age of 18, 1 in 3 black children and 1 in 4 Hispanic or Latino children were experiencing poverty.</li> <li>• 1 in 3 Wisconsin children under the age of 18 live in low-income families (i.e., below 200% of the FPL), including 7 in 10 black children and 6 in 10 Hispanic or Latino children.</li> <li>• Among all children under the age of 18, nearly 1 in 5 black children and 1 in 10 Hispanic or Latino children live in extreme poverty (below 50% of the FPL). Only 3 in 100 white children live in extreme poverty.</li> </ul>

	<p>A <a href="#">2020 Kaiser Family Foundation</a> report describes the following impacts of food security on health:</p> <p><b>“Research shows a strong connection between food security and health, leading some Medicaid programs or health plans to focus on this issue.</b> People with food insecurity are more likely to report poor health and to have multiple chronic conditions.<sup><a href="#">27</a>,<a href="#">28</a>,<a href="#">29</a>,<a href="#">30</a></sup> There is a particularly well-established association between food security and health for children. Children in food-insecure households are more likely to suffer from conditions such as birth defects, anemia, cognitive difficulties, asthma, and behavioral problems.<sup><a href="#">31</a>,<a href="#">32</a></sup> Early exposure to food insecurity is also linked to long-term negative health outcomes for children.<sup><a href="#">33</a></sup> Furthermore, food insecurity is associated with higher rates of health care utilization and health care costs, including increased rates of physician encounters and office visits, emergency department visits, hospitalizations, and prescription drug expenditures.<sup><a href="#">34</a>”</sup></p> <p>The COVID-19 pandemic has exacerbated this hunger crisis across the state,. In 2020, Governor Evers allocated \$5 million in Food Security grants through DATCP. More sustainable, ongoing funding for and investment in our food systems across the state is needed to ensure no child in Wisconsin goes hungry.</p>
<p><b>Summary:</b> Recommendation concepts must be specific enough to reveal potential strategies for actionable intervention.</p>	<p>Potential recommendations include the following:</p> <ul style="list-style-type: none"> <li>• Increase state funding for Farm to School program administration and grants; current funding for Biennial Budget 2021-2023 was GPR \$83,400/year annually for program administration and \$0 GPR annually for Farm to School grants (<a href="https://doa.wi.gov/budget/SBO/2021%20Wisconsin%20Act%2058.pdf">https://doa.wi.gov/budget/SBO/2021%20Wisconsin%20Act%2058.pdf</a>).</li> <li>• Support and build upon the recommendations in the 2019-2020 WI Farm to School Plan including funding <a href="#">Act 293</a> and increasing school reimbursement rates for WI-grown foods (<a href="https://www.yumpu.com/en/document/read/65711919/2019-2020-wisconsin-farm-to-school-annual-report">https://www.yumpu.com/en/document/read/65711919/2019-2020-wisconsin-farm-to-school-annual-report</a>)</li> <li>• Expand existing Farm to School and Farm to ECE programs across the state to ensure every county, school, and childcare site has access to fresh and locally-sourced foods with a priority placed on districts experiencing disproportionate rates of child poverty.</li> <li>• Prioritize relationships with Hmong, Black, Latino and American Indian farmers around the state as well as prioritize culturally appropriate and diverse foods.</li> <li>• State agency partners in these effort would include DATCP, DWD, DOC, WEDC, DHS, DCF, and DPI; statewide community partners and farmers would be key stakeholders as well.</li> </ul>
<p><b>Why is this recommendation important?</b> Recommendation concepts should include a statement of the human and social impacts of this idea.</p>	<p>Access to healthy food throughout the lifespan is critical for healthy development and ongoing health maintenance.</p> <p>For many children, especially children of color and children living in rural parts of WI, schools and childcare are the only places they are able to receive consistent and healthy meals each day like breakfast and lunch. A child who is hungry may struggle in the classroom environment with learning, concentration behavior, and health issues (<a href="https://www.apa.org/advocacy/socioeconomic-status/hunger.pdf">https://www.apa.org/advocacy/socioeconomic-status/hunger.pdf</a>) which in turn can perpetuate disparities in academic outcomes. All children in WI deserve the opportunity to reach their full potential – ensuring they have access to healthy, fresh, culturally appropriate foods on a daily basis is critical strategy for achieving this goal.</p> <p>WI agriculture is a major revenue and job generator for the state but has been significantly impacted by the COVID-19 pandemic. This has been especially true for farmers of color. Supporting local agriculture, and specifically farmers of color, and creating a sustainable, socially, and racially just local food system, is paramount for WI’s economic future and recovery from the COVID-19 pandemic.</p>

<b>Policy Pathways:</b> (Select as many as are applicable)	<input checked="" type="checkbox"/> <b>Executive Action:</b> executive orders, appointments and filling vacancies, special sessions, executive budget, budget veto, emergency powers <input checked="" type="checkbox"/> <b>Agency Action:</b> regulatory authority, administrative code (implementation), agency budget and spending, grant-writing, and grant-making, contracting, project management, procurement <input checked="" type="checkbox"/> <b>Biennial Budget:</b> creating new funding streams and programs, expanding and/or modifying existing programs <input checked="" type="checkbox"/> <b>Legislative Action:</b> lawmaking, appropriations, revenue-raising, auditing, remove elective office holders, veto override <input type="checkbox"/> I am unsure whether there is a policy pathway for this idea.
<b>Notes:</b> (This space can include citations, questions, comments or information that does not fit in any other section.)	<a href="https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement.aspx">https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement.aspx</a>  <a href="https://www.publichealthmdc.com/documents/foodSecurityWhitePaper.pdf">https://www.publichealthmdc.com/documents/foodSecurityWhitePaper.pdf</a>  <a href="https://dcf.wisconsin.gov/files/childcare/pdf/pdg/2021-needs-assessment.pdf">https://dcf.wisconsin.gov/files/childcare/pdf/pdg/2021-needs-assessment.pdf</a>  <a href="https://www.feedingamerica.org/hunger-in-america/wisconsin">https://www.feedingamerica.org/hunger-in-america/wisconsin</a>  <a href="https://datacenter.kidscount.org/data/tables/5201-children-living-in-households-that-were-food-insecure-at-some-point-during-the-year?loc=51&amp;loct=2#detailed/2/51/false/1757,1687,1652,1564,1491,1443,1218,1049,995,932/any/11674,11675">https://datacenter.kidscount.org/data/tables/5201-children-living-in-households-that-were-food-insecure-at-some-point-during-the-year?loc=51&amp;loct=2#detailed/2/51/false/1757,1687,1652,1564,1491,1443,1218,1049,995,932/any/11674,11675</a>  <a href="https://www.feedingamerica.org/sites/default/files/2020-06/Map%20the%20Meal%20Gap%202020%20Child%20Food%20Insecurity%20Module.pdf">https://www.feedingamerica.org/sites/default/files/2020-06/Map%20the%20Meal%20Gap%202020%20Child%20Food%20Insecurity%20Module.pdf</a>  <a href="https://datcp.wi.gov/Documents/DAD/WIAct293.pdf">https://datcp.wi.gov/Documents/DAD/WIAct293.pdf</a>  <a href="https://www.yumpu.com/en/document/read/65711919/2019-2020-wisconsin-farm-to-school-annual-report">https://www.yumpu.com/en/document/read/65711919/2019-2020-wisconsin-farm-to-school-annual-report</a>  <a href="https://fns-prod.azureedge.net/sites/default/files/f2s/ResearchShows.pdf">https://fns-prod.azureedge.net/sites/default/files/f2s/ResearchShows.pdf</a>  <a href="https://docs.legis.wisconsin.gov/2009/related/acts/293">https://docs.legis.wisconsin.gov/2009/related/acts/293</a>

## Idea 20

<b>Author</b>	Elizabeth Valitchka
<b>Subcommittee</b>	<input type="checkbox"/> 1-POWER <input type="checkbox"/> 2-POLICY <input checked="" type="checkbox"/> 3-PROGRAMS <input type="checkbox"/> 4-FRAMING
<b>Recommendation Title</b>	Smiles for Life – Dental Access for All of WI's Children
<b>Inequity/Disparity focus:</b> Recommendation concepts must target a specific disparity/inequity.	<input type="checkbox"/> Education <input type="checkbox"/> Financial (e.g. employment, income, wealth, debt, etc.) <input type="checkbox"/> Housing <input type="checkbox"/> Caretaking <input type="checkbox"/> Community Safety and Empowerment <input type="checkbox"/> Transportation <input type="checkbox"/> Technology/Broadband <input type="checkbox"/> Environmental/Pollution <input checked="" type="checkbox"/> Food, Nutrition, and Preventative Healthcare <input checked="" type="checkbox"/> Other: Workforce
<b>Brief Description of the Inequity/Disparity:</b>	<p>Dental caries is a preventable chronic illness of childhood.</p> <p>According to the <a href="#">2014 Oral Health of Wisconsin's Head Start Children</a> report, data revealed the following:</p> <ul style="list-style-type: none"> <li>• Four in ten children age 3-5 have experienced tooth decay in at least one tooth.</li> <li>• One in four children age 3-5 need treatment for tooth decay.</li> <li>• 69% of Asian children, 39% of Latino children, and 38% of Black children had dental caries.</li> </ul> <p>In the US, only <a href="#">43% of dentists</a> accept Medicaid; in WI, only a third of dentists do. Only 37% of graduates from <a href="#">Marquette Dental School</a> participate in Medicaid or CHIP. Access to preventive and therapeutic dental care is not a reality for the majority of children living WI: the <a href="#">state ranks last</a> in the nation in providing preventive dental care for children who receive Medicaid.</p>
<b>Summary:</b> Recommendation concepts must be specific enough to reveal potential strategies for actionable intervention.	<p>Potential recommendations include the following:</p> <ul style="list-style-type: none"> <li>• Expand Medicaid in WI.</li> <li>• Pilot a Tooth Tutor program (similar to VT) in conjunction with early childhood settings across the state with a specific focus on low-income/low-access areas (<a href="https://www.astdd.org/bestpractices/DES51001VTtoothtutor-2015.pdf">https://www.astdd.org/bestpractices/DES51001VTtoothtutor-2015.pdf</a>)</li> <li>• Increase state funding for low-income and rural dental clinics in WI; current funding levels for Biennial Budget 2021-23 was GPR \$1.7 million/year annually for low-income clinics and \$895,500 GPR annually for rural clinics (<a href="https://doa.wi.gov/budget/SBO/2021%20Wisconsin%20Act%2058.pdf">https://doa.wi.gov/budget/SBO/2021%20Wisconsin%20Act%2058.pdf</a>).</li> <li>• Continue to increase Medicaid reimbursement rates for dental care in the next biennium and expand the Enhanced Dental Reimbursement Pilot Program statewide.</li> <li>• Develop a workforce initiative with the Marquette University School of Dentistry to incent graduates to work in low-access/high-need areas of the state with a specific focus on children under age 6. State agency partners to include DHS, WEDC, DCF and DPI; Delta Dental and WDA are other key stakeholders in this effort.</li> </ul>

<p><b>Why is this recommendation important?</b> Recommendation concepts should include a statement of the human and social impacts of this idea.</p>	<p>Oral health is an important component of overall systemic health and well-being. Teeth serve important functions for nutrition, speech and language, and self-esteem. Early access to dental homes, preventive care, and treatment are critical for ensuring long-term oral health across the lifespan.</p> <p>A child who is experiencing pain due to dental caries or abscess may not be able to eat or speak comfortably which in turn impacts learning, concentration, behavior, and systemic health. Given the location of the mouth near the sinus cavities and brain, untreated dental decay can lead to infection and in the most severe cases, death.</p> <p>Adults who lack dental insurance and/or access may seek treatment for dental abscess or injury in emergency room which leads to increased health care costs.</p> <p>Creating a sustainable, widespread and integrated network of dentists, dental therapists, and oral surgeons who accept Medicaid and will see children under the age of 6 is critical to maintaining the overall health and well-being of WI's population.</p>
<p><b>Policy Pathways:</b> (Select as many as are applicable)</p>	<p><input checked="" type="checkbox"/> <b>Executive Action:</b> executive orders, appointments and filling vacancies, special sessions, executive budget, budget veto, emergency powers</p> <p><input checked="" type="checkbox"/> <b>Agency Action:</b> regulatory authority, administrative code (implementation), agency budget and spending, grant-writing, and grant-making, contracting, project management, procurement</p> <p><input checked="" type="checkbox"/> <b>Biennial Budget:</b> creating new funding streams and programs, expanding and/or modifying existing programs</p> <p><input checked="" type="checkbox"/> <b>Legislative Action:</b> lawmaking, appropriations, revenue-raising, auditing, remove elective office holders, veto override</p> <p><input type="checkbox"/> I am unsure whether there is a policy pathway for this idea.</p>
<p><b>Notes:</b> (This space can include citations, questions, comments or information that does not fit in any other section.)</p>	<p><a href="https://www.dhs.wisconsin.gov/publications/p01702.pdf">https://www.dhs.wisconsin.gov/publications/p01702.pdf</a></p> <p><a href="https://www.ada.org/en/science-research/health-policy-institute/dental-statistics/dental-benefits-and-medicaid">https://www.ada.org/en/science-research/health-policy-institute/dental-statistics/dental-benefits-and-medicaid</a></p> <p><a href="https://www.wpr.org/wisconsin-pilot-program-aims-increase-access-dental-care-low-income-children">https://www.wpr.org/wisconsin-pilot-program-aims-increase-access-dental-care-low-income-children</a></p> <p><a href="https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIGraphic_0920_1.pdf?la=en">https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIGraphic_0920_1.pdf?la=en</a></p>