

Governor's Health Equity Council

Full Council Meeting, November 17, 2021

Council Chair: Gina Green-Harris



Agenda

Topic	Time
Welcome, overview of agenda, and updates from the Chair	1:00-1:10pm
Review and approve minutes	1:10-1:15pm
Office and Department Updates	1:15-1:40pm
Break	1:40-1:45pm
Updates from subcommittees	1:45-2:50pm
Break	2:50-2:55pm
State Health Assessment listening session	2:55-3:55pm
Wrap-up	3:55-4:00pm

Updates from the Chair

- Reminders:
 - Major recommendation drafts are due **December 23**
 - Work with GHEC staff to coordinate technical assistance with state agency SMEs
- Update on minor recommendations
- Past and future meeting materials can be found on the [GHEC website](#)
- Remember to take care of yourselves!

Public Comment Process

- The Governor's Health Equity Council welcomes input from stakeholders and the public.
- If you would like to submit a comment for the Council's consideration, please send it to DHSHealthEquityCouncil@dhs.wisconsin.gov.
- Comments are voluntary. Any comments received will be reviewed by DHS staff and forwarded to the Council for further consideration.
- Please note that any personal information shared in comments may become public to the extent required by Wisconsin Open Records Laws (Wis. Stat. §§ 19.31-19.39).



Office and Department Check-in

- Governor's Office- Nadiyah Groves, Director of Governor's Milwaukee Office
- Lt. Governor Mandela Barnes
- DHS: Secretary-designee Karen Timberlake
- DCF: Elizabeth Valitchka, Strategic Advisor
- Governor's Equity and Inclusion Advisory Council: Laurice Lincoln

Department of Children and Families (DCF) Agency Updates

Elizabeth Valitchka, MPH
Strategic Advisor



Wisconsin Department of
Children and Families

DCF Budget Process

Budget process will begin in earnest in January, 2022, and continue through June, 2022.

Process for stakeholders to engage with the agency.

Developing the process with an equity lens.



How and When Stakeholders Should Engage with the Process

- DCF is continually meeting with stakeholders throughout the year
- Two-way communication is critical to this process and encouraged
- Early engagement by stakeholders is key – please reach out with ideas and feedback as soon as possible
- Establish a natural working cadence ahead of the budget process



Developing the Process with an Equity Lens

- DCF is committed to using an equity lens
- The agency is actively growing its ability to continue developing this lens
 - Recipient of three leadership and program diversity awards this year from the State Council on Affirmative Action
 - Awards recognize outstanding affirmative action and equal opportunity practices, and reflect all the work DCF has been doing to build an equitable and inclusive workplace



Developing the Process with an Equity Lens (continued)

- Each division within DCF is utilizing an equity lens for their work
 - Not using a one size fits all approach or tool
 - Currently learning what works/doesn't, what creates more barriers/impediments
- Building this learning into the budget process



Questions?

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Wisconsin Department of Children and Families



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Updates from subcommittees

**Governor's Health Equity
Council's Bimonthly Meeting**

November 17, 2021



GHEC Subcommittees



Representation/Decision-making/Power/Access (POWER)



Structural Funding Inequities (POLICY)



Investment in Targeted Programming for Under-Resourced Communities (PROGRAMS)



Data, Analytics and Strategy (FRAMING)



Review of PRIORITIZATION Phase

- Each subcommittee was charged with developing its own process for prioritizing recommendations.
- Goal: Develop a ranked order list of recommendations and work strategically to identify how many and which recommendations will move to drafting process.
- Recommendations that move to the Drafting Phase will be considered as **potential major recommendations** for the Council.



Tentative Outline

Title
Acknowledgements
Table of Contents
Forward – Letter(s) from XX
Council Members
Executive Summary
Principles
Equitable Use of Data
Statement
Who is Wisconsin

Introduction to the Report [A
Narrative for Health Equity]
Council Processes
Recommendations
POWER
PROGRAMS
POLICY
FRAMING (Data)
Bibliography
Appendices (if necessary)



GHEC Subcommittees



Representation/Decision-
making/Power/Access (POWER)



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Investment in Targeted Programming for
Under-Resourced Communities
(PROGRAMS)



Data, Analytics and Strategy (FRAMING)

Medicaid Reimbursement for Community Health Workers (CHW)

What: Medicaid reimbursement for CHWs for both fee-for-service and enrollees of managed care plans

Why:

- Inability to understand and use health information can put people's health at risk
- CHWs are uniquely positioned to address health disparities and are trusted community members

Support for Women and Infants- Improve Birth Outcomes

What: Extend postpartum medical assistance coverage an additional 10 months for a full year. Provide additional support to mothers and families dealing with significant social determinants of health issues during pregnancy and following delivery

Why:

- Current coverage is 60 days
- Positive impact on the rates of maternal mortality
- Save overall health care costs
- Address racial, ethnic, and geographic health disparities which exist in our state

Dental Access for all of Wisconsin's Children

What: Improve oral health outcomes for all children in WI by addressing issues of access and workforce by funding Community Dental Health Care Coordinators

Why:

- Dental caries is a preventable chronic illness of childhood
- Oral health is an important component of overall systemic health and well-being
- Only 30% of dentists in the state accept Medicaid; WI ranks last in preventive dental care for children who receive Medicaid
- Creating a sustainable, widespread and integrated network of dentists, hygienists, 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

Healthcare Partnerships & Funding to Diversify the Workforce

What: Develop programs to address the lack of diverse healthcare providers. Support scholarships, loan forgiveness, internships, pathways and other programs

Why:

- Healthcare organizations with diversified workforces increase their likelihood of providing more culturally competent care, which is associated with better patient engagement and health outcomes

Question and Answer

MAJOR RECOMMENDATION	SUBCOMMITTEE
Quality and Accessible Housing	POWER
Transitioning GHEC to State Statute	POWER
Tuition Waiver for American Indian Students	POWER
Family Interviews for Maternal Morbidity	POWER
Transgender Safety and Empowerment	POWER
Improve Access to Telehealth in Rural Areas via Broadband Expansion	POWER
Access to Healthcare	POLICY
a. Expansion of Medicaid programs, specifically Family Planning Only Services (FPOS)	
b. Ensure More Immigrants Can Receive Urgent Health Care by Expanding Emergency Services Under BadgerCare	
Economic Security	POLICY
a. Increasing Income and Workforce Participation by Expanding the State EITC to Include Adults Without Dependent Children/Earned Income Tax Credit (EITC) Expansion	
b. Raising the Minimum Wage/Increase the Minimum Wage and Consider a “Living Wage”	
Creation of an Office of Environmental Justice	POLICY
Medicaid Reimbursement for Community Health Workers	PROGRAMS
Improving Maternal and Infant Health Outcomes	PROGRAMS
a. Support for Women and Infants	PROGRAMS
b. Improve Birth Outcomes/Infant Mortality for Wisconsin African American Population	PROGRAMS
Dental Access for all of Wisconsin’s Children	PROGRAMS
Healthcare Partnerships & Funding to Diversify the Workforce	PROGRAMS



State Health Assessment Overview & Discussion

State Health Plan Team
Governor's Health Equity Council
11.17.2021



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Thank You!

- DPH Staff
- Local public health and community partners
- State Health Assessment (SHA) Steering Committee
- Just Recovery Anchor Institution Workgroup

What is the State Health Plan?

- Public health agenda and roadmap
- Statutory mandate and accreditation requirement
- Platform for strategic connections and alignment with local partners, plans, initiatives, and agents of change
- Lever for change

What is the State Health Plan?

- Part of a series of reiterative planning processes
 - State Health Assessment (SHA)
 - Wisconsin Health Improvement Planning Process (WI-HIPP)
 - State Health Improvement Plan (SHIP) implementation

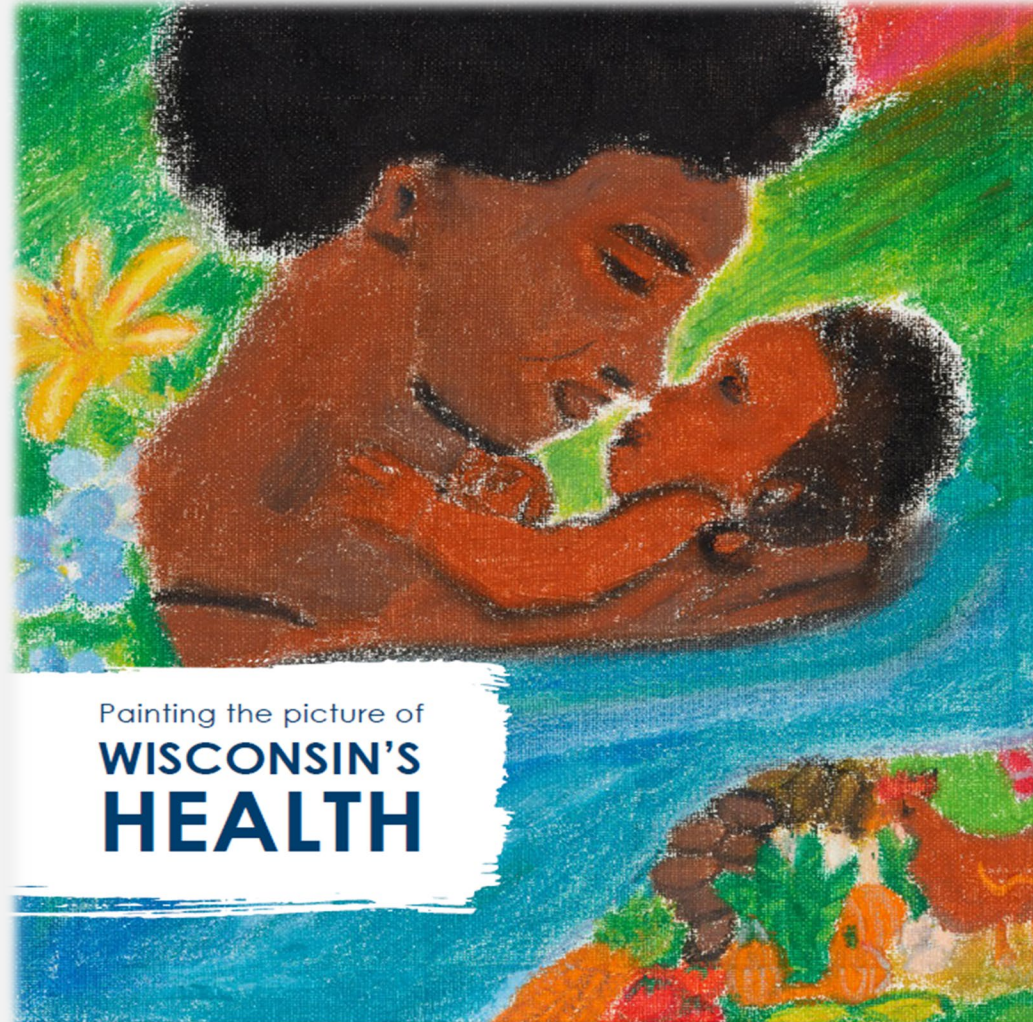
What is the State Health Assessment?

- Comprehensive overview of community conditions
- Examination of the drivers and root causes of these conditions
- Mapping of existing community assets
- Initial stage in the public health planning process
- Foundation for the State Health Improvement Plan (SHIP)
- Platform for expanding the understanding of what creates health

Methodology and Process: Mobilizing Action through Planning and Partnerships (MAPP)

- MAPP #1 Community Health Status Assessment
- MAPP #2 Community Themes and Strengths Assessment
- MAPP #3 Public Health System Assessment
- MAPP #4 Forces of Change Assessment
- SHA Steering Committee

2020 State Health Assessment



Painting the picture of
**WISCONSIN'S
HEALTH**



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Wisconsin's 2020
Statewide Health
Assessment

THE ROLE OF SUPPORTIVE COMMUNITIES

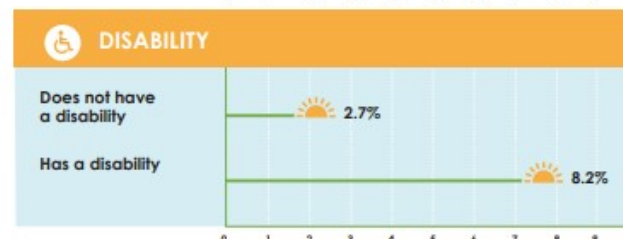
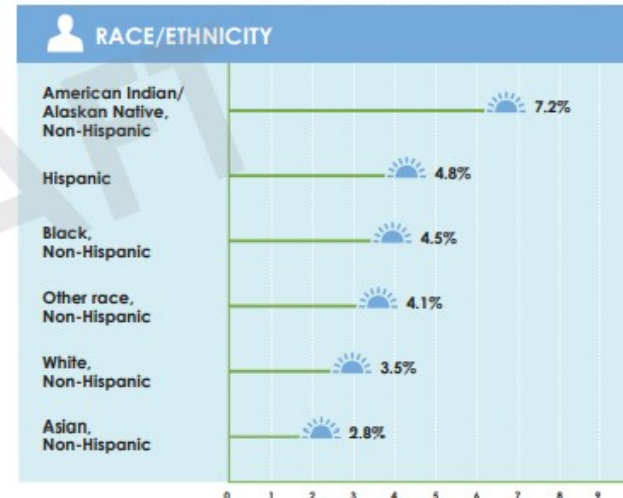
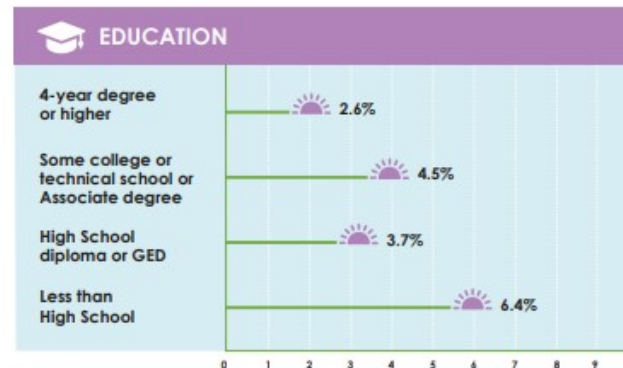
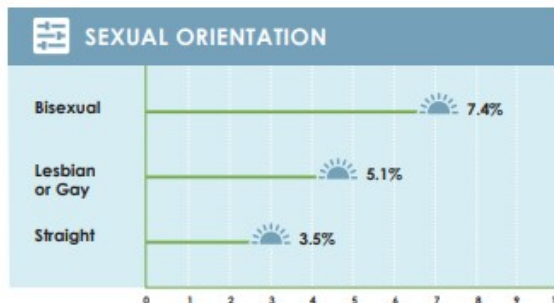
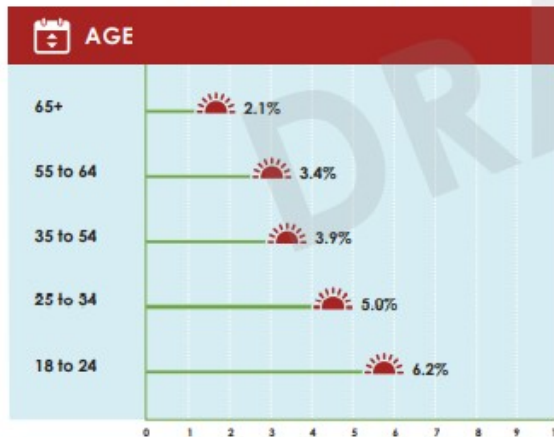
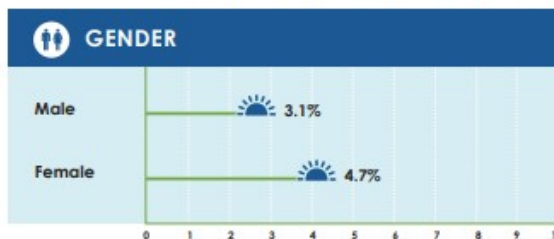
In order for the people of Wisconsin to enjoy healthy lives, our social, spiritual, physical, and mental health needs must all be met. Where we live, work, pray, and play influences everything about our health. Supportive communities allow all of us to thrive.

Contributors to supportive communities include: our social and community connections, the infrastructure and healthy environmental surroundings in our lives, our economic opportunity, our ability to access high quality health care and public health, and the use of policies that support healthy communities.



In the sections that follow, we assess these factors, laying out the current status of Wisconsin's communities. We understand that communities look different depending on where they are located, who lives there, and what resources are currently available. The purpose of this document is to capture a snapshot of

Number of Poor Mental Health Days in the Last Month ²⁷



EDUCATION

Education provides a foundation for accessing stable and quality employment and other opportunities to live a healthy life. Yet, not everyone has the same access to educational opportunities. The way public education is funded — primarily through property taxes tied to property values and community wealth — creates inherent inequities in education. These inequities impact educational opportunities, such as course and class supply availability and the ability to recruit experienced teachers, ultimately limiting certain students from reaching their full potential.¹⁷⁸ Children with disabilities often cannot access sufficient supports to be their best selves.

Prior to the COVID-19 pandemic, statewide graduation rates were relatively constant — between 88-90%.¹⁷⁹ However, not everyone has the same opportunity to graduate from high school. Only seven in 10 Black/African American students graduate, and about eight in 10 Native American/American Indian and Hispanic/Latino students graduate, compared to more than nine in 10 White students. Students with disabilities and students from economically disadvantaged households are also substantially less likely to graduate than their peers without disabilities or economic disadvantage.¹⁸⁰



Access to the internet as it relates to education was never as important as it became at the outset of the COVID-19 pandemic. Suddenly, K-12 schools, colleges and universities were forced to close in-person learning opportunities and move them online. With one in 30 households without access to a wired internet provider, the disparity between individuals able to participate in online learning, and those who could not may have long-term effects on educational outcomes.

“ I have two children with disabilities. Multiple balls in the air. Multiple meetings. The lack of workers to provide the services my family is approved for – you just can't – you have to overpay to get the resources you need. If you don't have education, what happens? If we pass the buck continuously, who hurts the most? The child does.”

– Community conversation participant

SHA Key Takeaways

- Qualitative data provides invaluable context for quantitative data.
- Advancing equity means elevating community voices and listening to our communities in new ways.
- Inequities are persistent and clear in every space we look, from health outcomes to community, social, and economic conditions.
- It is critical to incorporate themes and learning in the transitional SHIP framework.

Reframing the State Health Improvement Plan

Priority Goal: Everyone has a fair and just opportunity to live their best life.

Values and Principles

Justice

Community
Voices

Collaboration

Accountability

Sustainability

Key Conditions

**Social Determinants of
Health**

*The opportunity to be healthy is
available everywhere and for
everyone.*

**Healthy Environments
& Supportive Systems**

*Places and systems are
designed for health and well-
being.*

**Transformative Change
to Power Structures**

*All can participate in decisions
that shape health and well-
being.*

Policy and System Change

UPSTREAM

Priority Areas



Alcohol



Nutrition &
Physical Activity



Opioids



Suicide



Tobacco

**Emerging:
Social Connectedness,
Cohesion & Belonging**

**Any Public
Health issue**

DOWNSTREAM

Metrics

Key Conditions Metrics

Economic Stability and Wealth	Institutional Bias & Power	Traditional Social Determinants of Health	Social Connectedness, Cohesion, and Belonging
<ul style="list-style-type: none"> - Unemployment rates - Labor force participation rates - Median income - Income inequality - Home ownership rates 	<ul style="list-style-type: none"> - Incarceration rates - School suspension rates - Voter registration - Voter turnout 	<ul style="list-style-type: none"> - Housing affordability - Childhood lead testing rates - Childhood lead poisoning rates 	<p>Still defining, but considering:</p> <ul style="list-style-type: none"> - Adults > 65 years living alone - Youth reporting to have a mentor, trusted adult or friend - Disconnected youth

Priority Area Metrics

Alcohol	Physical Activity and Nutrition	Opioids	Suicide	Tobacco
<ul style="list-style-type: none"> - Underage consumption - Alcohol retail outlet density 	<ul style="list-style-type: none"> - Access to healthy foods and recreational activities - Chestfeeding 	<ul style="list-style-type: none"> - Opioid-related deaths 	<ul style="list-style-type: none"> - Youth self harm rates 	<ul style="list-style-type: none"> - Adult smoking rate - Tobacco retail outlet density

Opportunities for Alignment

- 2020 SHA report narrative and data
- 2023–2028 SHIP priorities and strategies
- Implementation of the new segments of this framework
- Partnerships for change

Discussion Questions

- How is the report, process, framing, and content resonating with you, your experiences, and the experiences of the communities you serve and represent? Any large gaps?
- How can this report be leveraged to advance health equity in Wisconsin?
- How can the State Health Plan and processes be better aligned with and support recommendations that will be published by GHEC?

Reminder: Public Comment Process

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