

Wisconsin Healthiest Women Initiative Social & Economic Determinants Workgroup

Attendance Conference Call #1:

Dwayne M., Patrice O., Emma H., Claudette H., Vivian J., Michelle C., Paula T., Sara E., Karen M., Erin A., Karen K., Angie R., Ann C., Katherine V-J, Terry K, Andre J, Terrell B

Attendance Conference Call #2:

Patrice O, Dwayne M., Emma H., Angie R., Terry K., Tyler W., Erin A., Michele C., Ann C., Terrell B.

REVISED DRAFT OF SOCIAL AND ECONOMIC DETERMINANTS STRATEGIES:

REVISED GOAL 1: BUILD AND STRENGTHEN COMMUNITY CAPACITY

[Strategies were revised based on participant input and suggestions. Some strategies were cut, others were combined or altered.]

1. Improve community awareness of social and economic determinants of health and knowledge about community resources available to address them.

[Consider the following A-E as potential action steps for this strategy]

- a. Journal Sentinel articles are example of awareness
- b. With the 12 steps of the life course, they can be macro – poverty, jobs, racism
- c. Use technology and social marketing to raise awareness
 - i. Engage marketing professionals in campaigns (Ease of implementation rank 3)
 - ii. Utilize twitter, social networking (remember these strategies may not reach all sectors of population, typically reach younger population)
 - iii. Utilize grassroots media created by coalitions (photo-voice etc.)
- d. Raise awareness of health literacy, incorporate health literacy awareness into service delivery, and offer Spanish language training for providers
- e. Educate consumers to be advocates for themselves

2. Integrate the life-course perspective into programs and policies to emphasize the importance of all ages and stages of life for men, women, and children.

[Consider the following A-E as potential action steps for this strategy]

- a. Examine existing programs (WIC, PNCC, etc.) for inclusion of life-course perspective (integrate discussions of work, transportation, housing, etc.)
- b. Strengthen the capacity and involvement of men and fathers, by supporting fatherhood groups that address social skills development, and promote fatherhood involvement in child rearing
- c. Build on the Healthy Youth Act to make sure schools have to offer programs for individuals with poor SES [note: Healthy Youth Act has since been repealed...consider possible steps to reverse this change or find other means of promoting sexual health for youth]

- d. Promote programs that help young people develop positive relationships and social skills (like self-esteem and appropriate coping strategies) in order to improve positive results and reduce participation in gangs, drugs, violence
- e. Expand programs that support pregnant and parenting high school students
 - i. Provide child care on site at schools
 - ii. Promote continuing high school education for pregnant and parenting students

3. Increase awareness and education to reduce racism and improve the health of the African American community and other minorities.

[Consider the following A-E as potential action steps for this strategy]

- a. Educate white persons and persons of color (Dr. McManus; documentary : The Power of an Illusion) to reduce racism
- b. Promote utilization of existing resources like Mocha Milk, a breastfeeding support and newsletter for African American community
- c. Increase community midwifery care, particularly for African American women and their communities
- d. Increase the work that agencies (including HMOs) do with different populations to reduce racism
- e. Target funding towards improving cultural competence starting from the top, to reduce racism

4. Promote public policies that address social and economic determinants of health.

[Consider the following A-G as potential action steps for this strategy]

- a. Educate and raise the awareness and knowledge base of policymakers
- b. Promote public health and other agency funding for and collaboration with job development and job capacity, rather than fund traditional public health
 - i. Fund programs that cultivate entrepreneurial skills
 - ii. Implement paid sick leave as a state-wide policy
 - iii. Increasing minimum wage
 - iv. Extending maternity leave
 - v. Small business loans
 - vi. Increase employment opportunities
- c. Identify existing programs that have rapport with clients, provide individual level services, have family service providers, and build upon this
- d. Promote job creation through engagement of business community, public health and other multidisciplinary agencies at the community and state level
- e. Strive to keep dollars local (ex. River West)
- f. Advocate/support political leaders who will help move social and economic determinants agenda forward
- g. Publicize information on voting history/support of current politicians on maternal and child health issues and men's health issues.

5. Increase representation of communities of color on decision-making bodies and boards of health and health systems.

REVISED GOAL 2: EXPAND ACCESS TO AND AFFORDABILITY OF HIGH QUALITY SERVICES

(High quality services include services that are appropriate, acceptable, and relevant for clients)

[Strategies were revised based on participant input and suggestions. Some strategies were cut, others were combined or altered.]

1. Improve health care providers' understanding of social and economic determinants and cultural proficiency.

[Consider the following A-L as potential action steps for this strategy]

- a. Offer tools for implementation in provider practices
- b. Utilize discussions with student preceptors on SES barriers, how this affects access and treatment compliance; utilize role play and other devices; train interns
- c. Implement screenings to assess for different social and economic determinants of health and institutionalize referral processes/programs that address these determinants
- d. Train providers to screen for violence exposure, mental health needs, exposure to trauma, housing concerns, and other risk factors
- e. Train health care providers on checklists
- f. Integrate screening questions in the electronic screening tools; work with Epic to make sure these screening tools are available
- g. Encouraging inter-disciplinary education among providers - providers being educated by social workers, etc.)
- h. Incorporate cultural competency (cultural, social, environmental, etc.) and understanding of social and economic determinants into medical and nursing school curriculum and training
- i. Support programs that recruit low-income students and students of color to different health care professions
- j. Get more providers of color through recruitment, job availability
- k. Bring medical schools and schools of nursing together to improve issues
- l. Bring med students to agencies that work on social and economic determinants of health

2. Identify effective approaches that focus on the importance of inter-conception care.

[Consider the following A as potential action steps for this strategy]

- a. Many women lose their PNCC coverage at 60 days postpartum – consider potential ways that this time can period be lengthened

3. Expand health education and health literacy efforts.

[Consider the following A-G as potential action steps for this strategy]

- a. Adding health literacy into the school curriculum
- b. Expand WIC's health literacy program that uses role playing
- c. Educating health care providers on the continuum of health literacy
- d. Provide CMEs for health literacy and include in Grand Rounds (new requirement for internal medicine and family practice medicine)
- e. Community self-reliance – easily implemented and powerful
- f. Expand parenting education opportunities
- g. Increase employment opportunities and offer health education to employees
 - i. Integrate educational sessions when employees pick up their paychecks

4. Expand faith-based community efforts in public health.

[Consider the following A-C as potential action steps for this strategy]

- a. Support increased funding to expand these efforts
- b. Example: safe sleep, they began with training, and then witness to other homes
- c. Examine results of adverse childhood experience (ACE) questions

5. Expand the medical home model in order to improve access and accountability.

[Consider the following A-E as potential action steps for this strategy]

- a. Ensure quality care and access by promoting quality referrals and quality “hand-ups”
- b. Include interconception care and family planning as medical home services
- c. When child is in a medical home, provide services/referral for mother’s medical home
- d. Urban medical home – connect pregnant woman to services before she leaves provider’s office, follow up if patients don’t make appointments, provide referral to case management and to other social or medical services
- e. Expand licensed midwifery programs
- f. Utilize and strengthen the role of health workers through training and education in assessing and addressing social and economic determinants

6. Expand comprehensive home visiting and include social and economic check-ups and referrals.

[Consider the following A as a potential action step for this strategy]

- a. Regular, long-term home visiting involves multiple domains, navigation of complicated services

GOAL 3: IMPROVING ACCOUNTABILITY: IDENTIFYING AND MONITORING RELEVANT INFORMATION

[Strategies were revised based on participant input and suggestions. Some strategies were cut, others were combined or altered.]

1. Increase the types of data collected and used to monitor health indicators.

[Consider the following A-G as potential action steps for this strategy]

- a. Include communities in the data collection process
- b. Include more indicators on social and economic determinants in data collection
- c. Include quantitative, qualitative, stories, success, evidence base, focus groups
- d. Assess: where people (service populations, doctors) get their information and how much knowledge they currently have
- e. Assess: what providers are currently doing (maybe through WI Medical Society)
- f. Study if using incentives to access medical care (i.e. prenatal care) improves compliance with care
- g. Add continuity of care data to ensure that programs and services are aligning and there are no duplicative efforts

2. Increase access to data.

[Consider the following A-C as potential action steps for this strategy]

- a. Options for making data accessible: online, PHIN/AVR (Public Health Information Network/Analysis Visualization and Reporting), widen the scope of the use, only certain people have access to data
- b. Ensure that centralized data is available

- c. Design databases that help with updating employment opportunities

3. Increase translational value of data (moving from data to action).

[Consider the following A-C as potential action steps for this strategy]

- a. Need comparison data, increase trend data, locally specific data, neighborhood level, timely
- b. Increase use of evidence-based models
- c. Expand efforts to share data with those who provide services
 - i. Provide summary reports that compare contracts, particularly those who work with similar populations
 - ii. Improve evaluation of programs and tie data to specific programs

4. Engage community by increasing transparency of data and decision-making.

[Consider the following A-B as a potential action step for this strategy]

- a. Use data to show if the goal has been accomplished in the community
- b. Make resources readily-available to community-members