



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

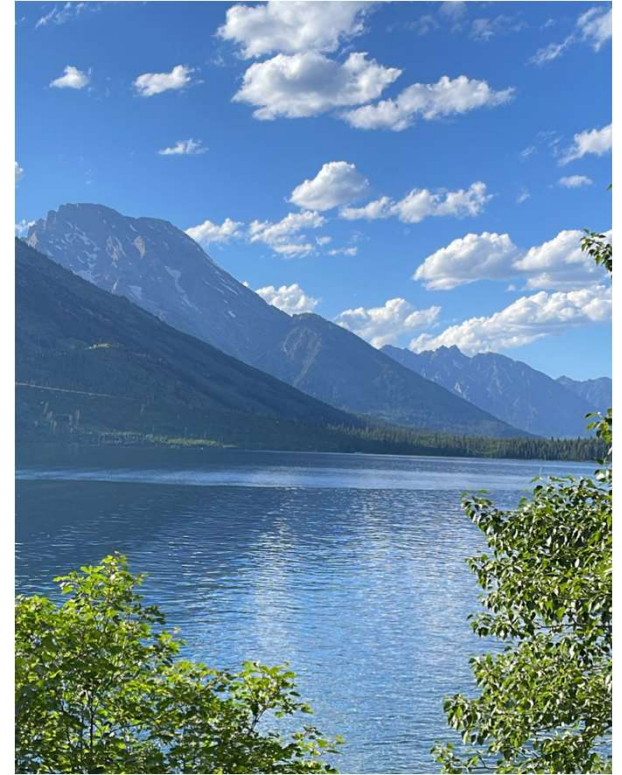
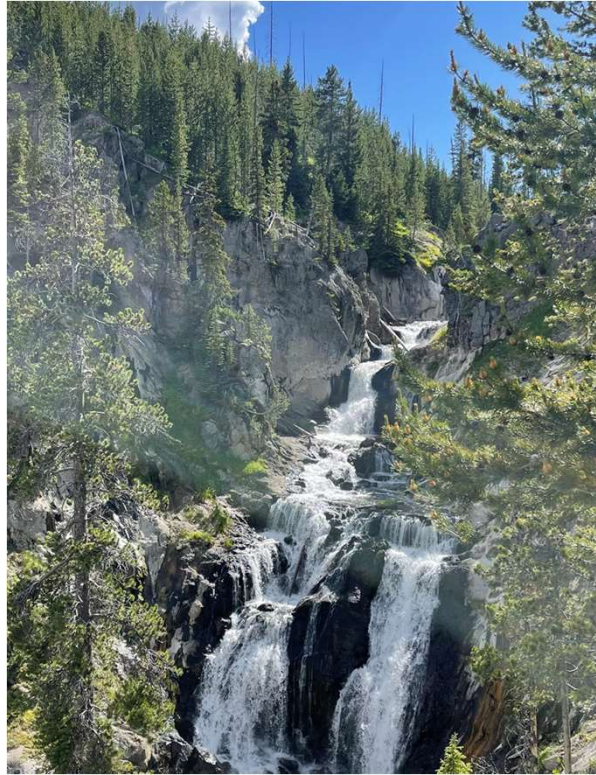
# Building our Foundation Part 2

## Learning Community #2

Health Equity Assessment and Resource Team  
Office of Policy and Practice Alignment

To protect and promote the health and safety of the people of Wisconsin

# Welcome

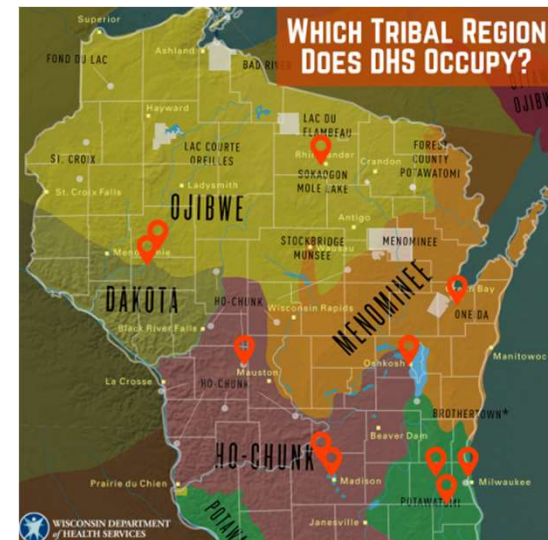


Photographs by Benjamin Johnson

# Land Acknowledgement

## Native/Tribal Nations of Wisconsin

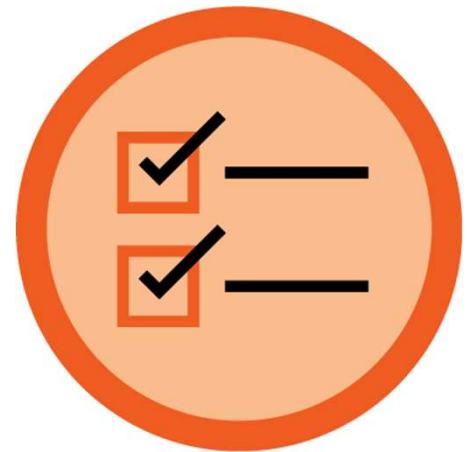
- Bad River Band of Lake Superior Chippewa
- Brothertown Nation\* (not federally/state recognized)
- Forest County Potawatomi
- Ho-Chunk Nation
- Lac Courte Oreilles Band of Lake Superior Chippewa
- Lac Du Flambeau Band of Lake Superior Chippewa
- Menominee Indian Tribe of Wisconsin
- Oneida Nation
- Red Cliff Band of Lake Superior Chippewa
- Sokaogon Chippewa Community
- St. Croix Chippewa Indians of Wisconsin
- Stockbridge-Munsee Community Band of Mohican Indians



Learn more at: <https://wisconsinfirstnations.org/> and <https://native-land.ca/>

# Today's Agenda

- Review Learning Community Agreements
- Today's Objectives
- "Getting Started" – Recommendations to Advance Equity in your Agencies
- Case Study





# Learning Community Agreements

I/We agree to:

- Recognize conversation as the seed of action.
- Value and hold relationships at the center of this work.
- Engage and participate – this space is what we make it.
- Listen and make room for others to share.
- Be open to new ideas and ways of thinking.
- Be patient with others and with yourself.
- Remain aware of how history, class, and environment shape our worldview.
- Acknowledge the intent but own the impact.

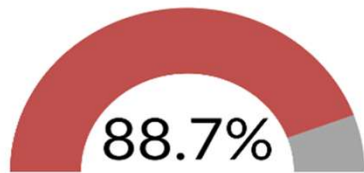
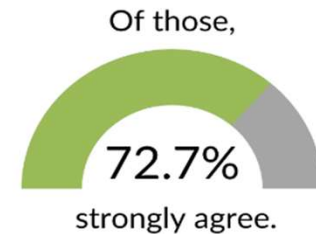




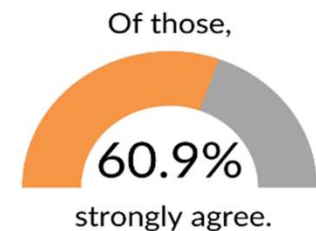
# What We've Heard From You



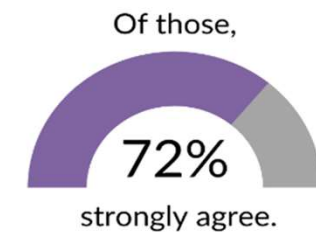
of 150 respondents indicated it is the role/responsibility of public health to improve health outcomes for groups experiencing the worst health outcomes.



of 151 respondents indicated that it is the role/responsibility of LTHDs to work to improve social determinants of health.



of 150 respondents indicated that is the role/responsibility of LTHDs to work toward greater health equity.



From HEART Survey Results Summary: <https://www.dhs.wisconsin.gov/publications/p03277.pdf>

# Getting Started – Human Impact Partners (HIP)

- Keep in mind that...
  - There are no universal, step-by-step instructions on how to achieve health equity.
  - The following practices must be molded to your local context and adapted when that context shifts.

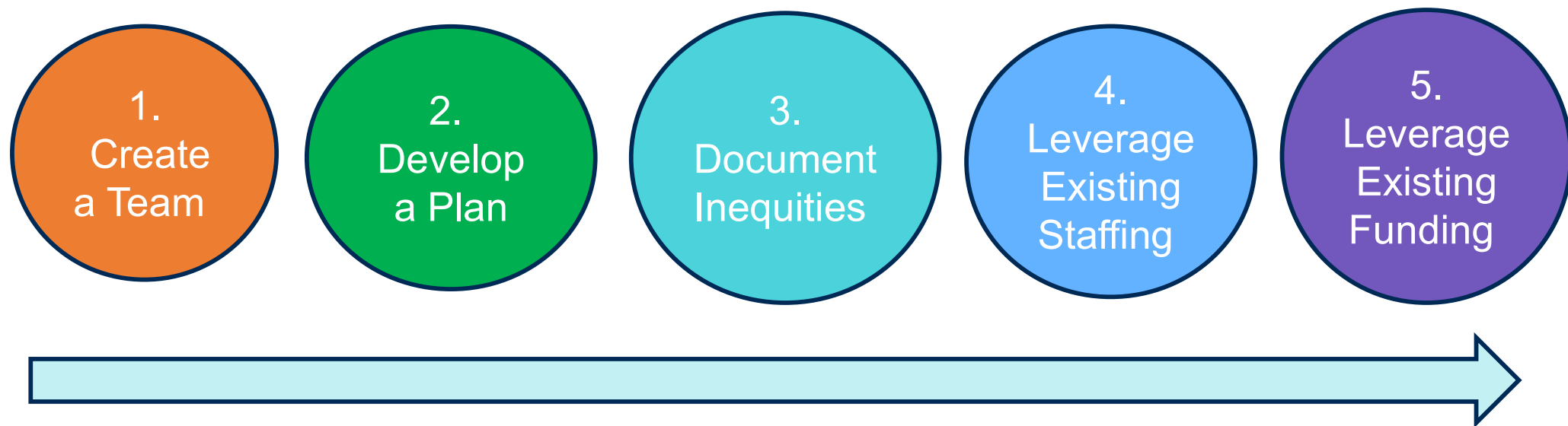
Link:

[Ways to Get Started: Advancing Health Equity in Local Health Departments \(healthequityguide.org\)](https://healthequityguide.org)





# 9 Action Steps – Building Internal Infrastructure



# Action Description

- **Create a Team**

- Identify others across your department that have interest advancing health equity.
- Aim for representation across departments and levels of management.
- Establish and use basic ground rules to create a safer space for participants.

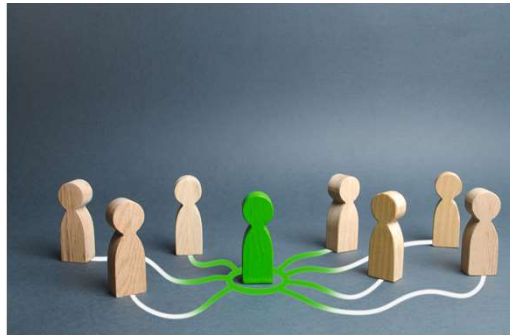
- **Develop a Plan**

- Use evidence to rally for the groups that are in most need and create a targeted intervention with members from those group.
- Be or build leadership to create and maintain momentum.



# Group Poll

- How many of your colleagues at your agency are interested in or already working towards greater health equity?
- What challenges do you see in your community to planning with an equity lens?

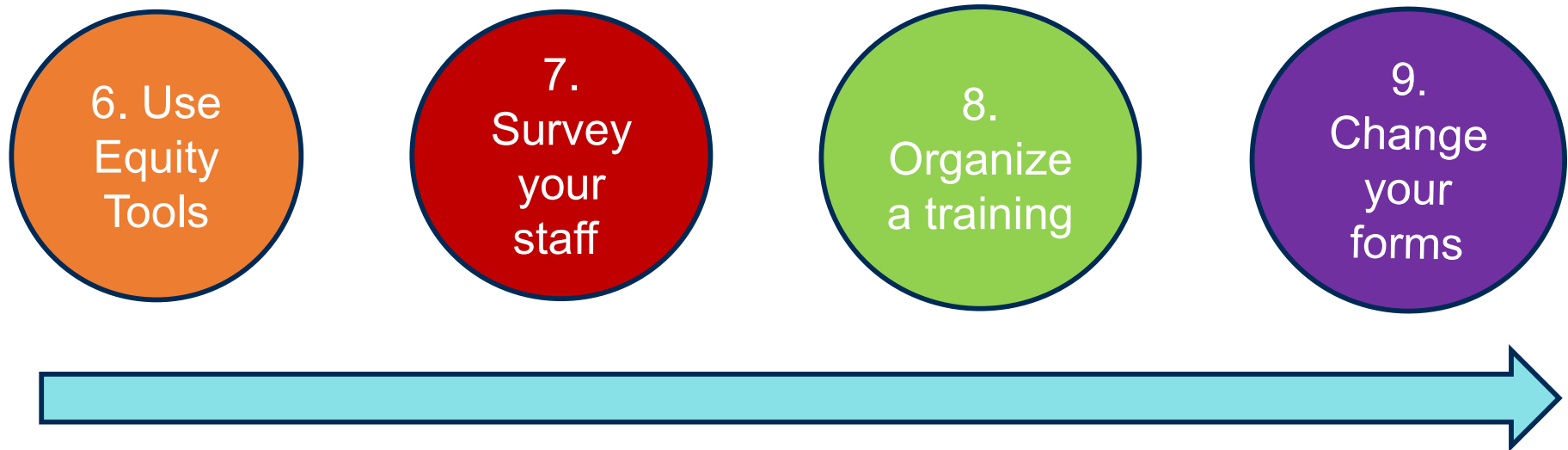


# Action Description

- **Document Inequities**
  - Describe existing inequities to start to make a case for widespread action.
  - Bring in community voices for reporting.
- **Leverage Existing Staffing**
  - Encourage staff to identify opportunities for efficiency and equity.
- **Leverage Existing Funding**
  - Consider adding an equity lens to programs and projects that are underway – build into your work.
  - Seek out student interns to support.
    - e.g., outreach, research, and communications.



# 9 Action Steps – Building Internal Infrastructure





# Action Description

- **Use Equity Tools**

- Examples:

- [County Health Rankings & Roadmaps](#)
    - [National Equity Atlas](#)
    - [WhatWorks\\_SocialEconomic\\_MATCH.pdf \(wisc.edu\)](#)

- **Survey Staff**

- Ask staff for thoughts and opinions on how the organization might advance health equity, and how they would be involved.

# Action Description (cont'd)

- **Organize/Attend Trainings**

- Refer to equity tools for prerecorded trainings and to devise your own.

- **Change Forms**

- "Include question(s) on population health surveys, clinical intake forms, performance monitoring, and program evaluations on topics like housing status/security, employment conditions, income inequality, discrimination, food insecurity, stress, and other issues that drive inequities."
  - Solicit feedback from other agencies, or communities about wording and how to best ask questions like these.

# Case Study – Cuyahoga County, Ohio

- Developed an equity-focused Community Health Improvement Plan (CHIP).
  - Their CHIP identifies health equity as a guiding principle.
  - Tackled structural racism as 1 of 4 strategic priorities.
- Head and Heart Approach
  - Head: Learn intellectually why addressing racism and oppression matters for public health.
  - Heart: Make a personal connection to justice and equity.



Link: [Cuyahoga County Uses Health Improvement Process to Lift Up Equity and Racial Inclusion – HealthEquityGuide.org](https://www.healthequityguide.org/cuyahoga-county-uses-health-improvement-process-to-lift-up-equity-and-racial-inclusion)





# Key Focus Areas and Impact

- **Eliminating Structural Racism**
  - Readiness assessment developed to address racial equity and cultural competence.
  - Work to eliminate systemic and structural barriers for communities of color to improve conditions and opportunities impacting health.
- **Linking Clinical and Public Health**
  - Leadership collaboration from all 3 local public health departments, major hospital systems, and the Center for Health Affairs for future community health assessments and plans.





# Key Focus Areas and Impact (cont'd)

- **Healthy Eating and Living**

- Through the Healthy Food Retail (HFR) program, more than 123,000 residents have greater access to healthier food options in their neighborhoods through HFR certification for store owners.

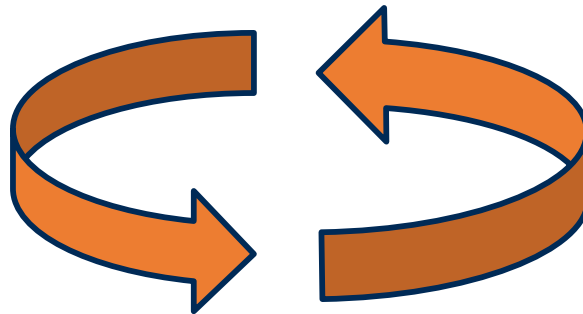
- **Chronic Disease Management**

- 8 clinics have implemented the hypertension best practice with success reaching more than 10,000 patients. BP control has improved from between 2 and 13 percentage points.



# Lessons Learned

- Understand how partner organizations values and vision align with collective efforts to improve health and achieve equity.
- Consistently build knowledge and capacity.
- Develop a comprehensive evaluation plan.
- Develop a resource and sustainability plan with short and long-term financing.



# Next Gathering

- Join us for our next Learning Community on September 15th!
- Don't forget to respond to our brief survey

