



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Karen E. Timberlake, Secretary

February 21, 2022

Governor Tony Evers
P.O. Box 7863
Madison, WI 53707

Dear Governor Evers:

Under Wis. Stat. § 250.20, the Wisconsin Department of Health Services (DHS) is required to “[s]ubmit a biennial report on the activities of [DHS]...that includes recommendations on program policies, procedures, practices and services affecting the health status of economically disadvantaged minority group members...to the appropriate standing committees under Wis. Stat. § 13.172(s) and to the governor.” Consistent with this requirement, this report identifies opportunities to advance racial, economic, and health equity, ensuring that everyone in Wisconsin has an opportunity to live long, healthy lives. Specifically, this report provides:

- Policy and practice recommendations
- A summary of activities within the department over the last two years to address differences in health outcomes based on race and income
- Promising practices that could be adopted across state government

The mission of DHS is *to protect and promote the health and safety of the people of Wisconsin*. Inherent in this mission is our commitment to the health and safety of *all* Wisconsinites. We know that this mission is being achieved, in part, if key health outcomes do not change based on racial or ethnic identity. In many situations, this is not the case, and we are therefore not fully achieving our mission. For example, data maintained by DHS demonstrates that:

- Pregnancy-related death rates for Black/African American mothers are **5 times higher** compared to white mothers.
- Infant death rates for Black/African American babies are **2.7 times higher** than for white babies.

In addition, the COVID-19 pandemic heightened existing health inequities which our state’s historically underrepresented racial and ethnic minority populations have long experienced. For example, hospitalization rates for COVID-19 are:¹

- **1.8 times higher** for Black/African American Wisconsinites compared to white Wisconsinites
- **1.6 times higher** for Native American/American Indian Wisconsinites compared to white Wisconsinites.
- **1.2 times higher** for Hispanic/Latinx Wisconsinites compared to white Wisconsinites.

Research tells us that it is not individual choices that drive these and other inequities, but rather, systemic barriers and social factors such as lack of access to employment, safe housing, or food. Medical and public health experts have long known that where you live, learn, work, play, and worship are critical to determining your ability to be healthy. These factors are known as **social determinants of health**, and they drive the policy and practice recommendations in this report.

Achieving health equity in Wisconsin will not be easy—we still have a long journey ahead. We share these findings and recommendations in the spirit of a shared commitment to moving our whole state forward. Thank you for your support for policies, programs, and initiatives that will make Wisconsin a place where people from all racial and ethnic identities, ages, nationalities, social and economic status, sexual orientations, gender identities or expressions, geographic locations, religious, political and ideological perspectives, and physical and mental abilities are able to live their best lives.

Sincerely,



Karen E. Timberlake
Secretary-designee

ⁱ COVID-19 Racial and Ethnic Disparities Dashboard: www.dhs.wisconsin.gov/covid-19/disparities.htm

Minority Health Report, 2018-2020
Advancing Health Equity in Wisconsin



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Cover photo by: Sixteenth Street Community Health Centers

The Department of Health Services is required by Wis. Stat. § 250.20 to submit a biennial report on our “activities and recommendations for program policies, procedures, practices, and services affecting the health of economically disadvantaged minority group members.” A longer format report on minority health efforts happening across DHS will be available in 2022 at www.dhs.wisconsin.gov/publications/p03091.pdf.

Letter From Secretary-Designee Karen Timberlake

The mission of the Wisconsin Department of Health Services (DHS) is to protect and promote the health and safety of the people of Wisconsin. Inherent in this mission is our commitment to the health and safety of *all* Wisconsinites, including addressing key health outcomes due to a person's birthplace, or residence, economic status, or their race or ethnicity. For example, data maintained by DHS demonstrates that:

- Pregnancy-related death rates for Black/African American mothers are **5 times higher** compared to white mothers.¹
- Infant death rates for Black/African American babies is **2.7 times higher** compared to white babies.²

In addition, the COVID-19 pandemic heightened existing health inequities which our state's historically underrepresented racial and ethnic minority populations have long experienced. For example, hospitalization rates for COVID-19 are:³

- **1.8 times higher** for Black/African American Wisconsinites compared to white Wisconsinites.
- **1.6 times higher** for Native American/American Indian Wisconsinites compared to white Wisconsinites.
- **1.2 times higher** for Hispanic/Latinx Wisconsinites compared to white Wisconsinites.

And these disparities were even more stark early on in the pandemic.

Research tells us that it is not individual choices that drive these and other inequities, but rather, systemic barriers and social factors such as less access to employment, safe housing, or healthy foods. Medical and public health experts have long known that where you live, learn, work, play, and worship are critical to determining your ability to be healthy. We call these factors **social determinants of health**, and they drive the policy and practice recommendations in this report.

As you review this report and its recommendations, please also know that DHS has invested in critical infrastructure and resources that will help to enhance our overall efforts as an agency, including two important supports that are essential to supporting our mission:

- Our newly formed **Office of Health Equity** will serve as the central hub tasked with putting into action Wisconsin's commitment to reducing health disparities in geographically, economically, and racially and ethnically diverse populations across the state. The Office of Health Equity's main focus will be to integrate a health equity lens throughout all of DHS, both for our internal workforce, and for our external initiatives, partnerships, and policies.
- The **Health Equity, Diversity, and Inclusion Council** is a new representative advisory body that is designed to ensure that our diversity, equity, inclusion, and affirmative action initiatives continue moving forward. The Health Equity, Diversity, and Inclusion Council includes internal staff and external partners who are experts in different areas of diversity, equity, and inclusion, allowing the agency to target specific areas where health outcomes can be improved. Together, the Office of Health Equity and the Health Equity, Diversity, and Inclusion Council will serve as the foundations within the agency to amplify health equity and best assure that our work will be meaningful, tangible, and sustainable for many years to come.

Achieving health equity in Wisconsin will not be easy — we still have a long journey ahead. This report highlights some of the policies, programs, and initiatives that, if adopted and supported, will make Wisconsin a place where people from all racial and ethnic identities, ages, nationalities, social and economic status, sexual orientations, gender identities or expressions, geographic locations, religious, political and ideological perspectives, and physical and cognitive abilities are able to live their best lives. We all have a stake in ensuring our success. In order to achieve our mission, this work needs your continued support. We all do better when *we all* do better. Thank you for your interest in the work of the Minority Health Program.

Sincerely,

Karen E. Timberlake
Secretary-designee

Letter From the Minority Health Advisory Committee

Dear Friend,

The Wisconsin Minority Health Advisory Committee was established in 2018. The Minority Health Advisory Committee was established by the Department of Health Services in response to community interest for a formalized voice to address minority health issues and racial and ethnic health disparities. Members of the Minority Health Advisory Committee actively promote health and well-being as leaders in their communities.

This Minority Health Report represents an opportunity for Wisconsin legislators, organizations and individuals to invest in public health. As we continuously improve the systems that care for people and programs that promote health and resources that provide safety nets for the most vulnerable populations, remember that when we look at these statistics from the standpoint of one community, and not “us versus them” we create the opportunity for meaningful change.

We encourage you to utilize the information in this report to inform your constituents, generate impactful policies and practices, and to identify your spheres of influence. When we all work to make Wisconsinites healthier, we all benefit.

Minority Health Advisory Committee Members

Al Castro, MS, CSW — United Community Center/Centro de la Comunidad Unida

Inshirah Farhoud — Milwaukee Muslim Women’s Coalition

Caroline Gomez-Tom — Sixteenth Street Community Health Centers

Vera Heubel — Stockbridge Munsee Health and Wellness Center

Sandra Millon-Underwood — UW-Milwaukee, UW-Parkside

Stephanie Munoz — Kids Forward — Race to Equity

Denise Pommer — DHS Division of Medicaid Services

Elizabeth Kotsitchka — Casa Alba Melanie

Vanessa Vang — United Hmong of Wisconsin

Pamela Wilson, M.D. — Sixteenth Street Community Health Centers

Joshua Wright — UW Carbone Cancer Center

Purpose of This Report

Wisconsin Stat. ch. 250 requires DHS to “[s]ubmit a biennial report on the activities of [DHS]...that includes recommendations on program policies, procedures, practices and services affecting the health status of economically disadvantaged minority group members...to the appropriate standing committees under § 13.172(s) and to the governor.” In fulfillment of this, this report seeks to highlight strategies that will ensure that everyone in Wisconsin has an opportunity to be healthy — fully achieving physical, mental, and social well-being. This report:

- Provides an overview of the Minority Health Program and facts related to minority health in Wisconsin.
- Identifies current Minority Health Program grantees and highlights some of their efforts over the last two years to address differences in health outcomes based on race and income.
- Puts forth some policy and practice recommendations.

Introduction

The differences in health — including how long people live and their physical and mental well-being — between populations are connected to stress caused by unequal access to wealth, family-supporting jobs, and stable income, food, transportation, and housing resulting from policy decisions. These **social determinants of health** (Appendix B) are influenced by the ways that power, rights, and opportunities were historically enacted and continue to be enacted today.

Policies and practices have a profound impact on health. Wisconsin’s health inequities today are a product of decades of policies and practice that have caused harm to, and facilitated disinvestment in, communities of color and to people with less access to social and economic resources, and power.

At the individual-level, the impacts of our policy and practice choices manifest in disparate access to critical social and health-supporting resources such as health care, education, employment, and affordable housing which facilitates income and wealth inequalities, residential segregation, a lack of trust in medical and governmental institutions, as well as observed differences in the likelihood of criminal justice system involvement at the community and population-level.^{4,5}

The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics. According to the World Health Organization, social and economic factors account for 30-55% of a community’s health outcomes (Appendix A).

All of these factors, or social determinants, drive racial and economic disparities, or differences, in health outcomes and behaviors. The Minority Health Program aims to minimize these health disparities by serving affected communities through targeted services and outreach.

About the Minority Health Program

The mission of the Wisconsin Department of Health Services (DHS) is to protect and promote the health and safety of the people of Wisconsin. DHS commits to advancing toward **health equity** (see glossary of terms in Appendix A) and addressing health disparities by focusing on the needs of the people we serve. To this end, the **Minority Health Program** was created nearly 30 years ago to provide statewide leadership and assure coordination of efforts related to policy measures that aim to improve the health of vulnerable populations and reduce health disparities in Wisconsin. In addition to its criticality to the overall mission of DHS, the Minority Health Program was established by Wisconsin's Legislature in 1993 (1993 Act 16) to meet DHS's statutory obligations under [Wis. Stat. § 250.20](#) and is guided by the federal [Office of Minority Health](#) as well as the agency's state health plan, most recently [Healthiest Wisconsin 2020](#).

State statute requires DHS to award grants of up to \$50,000 to organizations to improve the health status of economically disadvantaged minority group members, and \$50,000 to one nonprofit to fund a public health information campaign impacting minority health.⁶ In fiscal year 2019, DHS awarded \$133,600 to five organizations and in fiscal year 2020, it awarded \$383,600 to nine organizations.

The program's work has been guided and advised by the [Minority Health Advisory Committee](#), a council comprised of 15 members whose mission is to advocate for the elimination of health disparities and give a voice to health issues affecting racial and ethnic minority populations in Wisconsin.

The Minority Health Program provides direct services as well as indirect services. Direct services include administering community grants and the minority public health information campaign, publishing the Minority Health Report, and providing administrative support to the Minority Health Advisory Committee. Indirect services include collecting, organizing, and distributing relevant information to our partners.

Activities

DHS strives to reduce and eliminate health disparities, or differences in the health of populations based on race and socioeconomic status, across its programs and services. It does this by funding community work, listening to the community, improving data collection and use, improving policies, and providing staff education and training. Every year, community organizations and clinics are funded by the DHS Minority Health Program to work in and with communities of color on specific health activities and health information campaigns. The following are highlights of activities pertaining to the departmental duties under Wis. Stat. § 250.20(2).

Minority Health Public Health Information Campaign:

- In fiscal year 2018, the African American Breastfeeding Alliance of Dane County was awarded the public health information campaign grant for public service announcements, social media, posters, and billboards promoting breastfeeding among Black/African American women.
- In fiscal years 2019 and 2020, the award went to Centro Hispano of Dane County. During the first year, the funds were used to analyze the health and well-being of Hispanic/Latinx families

in Wisconsin. This research informed video campaign in the second year focused on mindfulness, mental, emotional, and spiritual health and child development with the goal of preventing adverse childhood experiences, known as ACEs, among Hispanic/Latinx immigrant families.⁷

Minority Health Grantees

A full list of Minority Health Program grant recipients for the past several years is available at dhs.wisconsin.gov/minority-health/index.htm. Grantees from fiscal years 2019 and 2020 are listed below.

Fiscal Year 2020:

- ABC for Health, Inc.
- Centro Hispano of Dane County (two separate projects)
- Focus Counseling, Inc.
- Foundation for Black Women's Wellness
- HealthNet of Rock County, Inc.
- Racine Kenosha Community Action Agency
- Safe Community Coalition of Madison-Dane County
- Today Not Tomorrow Family Resource Center
- Wisconsin Literacy, Inc.

Fiscal Year 2019:

- African American Breastfeeding Alliance
- Jewish Family Services
- Sixteenth Street Community Health Centers
- Milwaukee County Department of Health & Human Services
- Today Not Tomorrow Family Resource Center

Highlights of Minority Health Program 2019-2020 Grantee Work

[ABC for Health, Inc.](#) *Family Stories: Birth Cost Equity for Unmarried Women & Families*

In collaboration with ABC for Rural Health and HealthWatch Wisconsin, this project will document and translate the stories from unmarried women and families on Badger Care Plus in Wisconsin, that face legal action and judgment from County Child Support offices to repay Medicaid-supported birth expenses through the "Birth Cost Recovery" policy. These stories will form part of an education and outreach campaign to inform community leaders about the disparate impact this policy has on low-income, minority families, including health inequity and prenatal stress that leads to poor birth outcomes.

"Work-life balance — the ability to meet both employment and family obligations or expectations — depends upon an array of private and public resources and policies, including paid family leave, affordable high quality childcare, and fair scheduling of work hours. Supporting work-life balance is critical especially for lower-wage workers who do not generally have access to strong leave or other benefits." — COWS, *Race in the Heartland*

[Centro Hispano of Dane County](#) ***New Routes Alcohol and Other Drug Abuse (AODA) Support Group***

This project's primary goal is to address the void of cultural and linguistically appropriate services for AODA for Latino families in Dane County. The project aims to run four AODA support group cohorts that are culturally and linguistically appropriate to serve a total of 60 participants. In addition, they would collect evaluation data to move into a national review of the curriculum to validate the intervention as a new evidence-based practice and allow sharing of the intervention with other Latinx communities in the nation.

[Focus Counseling, Inc.](#) ***Pilot: Housing as Healthcare+***

The goal of this initiative is to support initial housing opportunities for individuals facing significant barriers to housing, including substance abuse disorders, mental health diagnoses and criminal justice involvement, while providing wrap-around services to address other barriers to improved health outcomes, including development of an individualized recovery plan, access to nutrition and fitness education, and treatment and recovery services for AODA and mental health conditions.

[Racine Kenosha Community Action Agency, Inc.](#) ***Eat. Move. Thrive. Kenosha***

This project is a non-pharmaceutical prescription approach for health improvement in the areas of nutrition, physical activity, tobacco cessation, wellness and social cohesion. Their priority populations include Hispanic and African American individuals participating in the following RKCAA — Kenosha programming: Dedicated Dads, a WIC father involvement program. The Momtastics, a newly formed group of WIC moms, and low-income senior citizens participating in the Kenosha Senior Veggie Voucher Program.

[Safe Community Coalition Madison-Dane County](#) ***Understanding Opioid Harm and Suicide in Dane County's African American Community***

This project has as a primary goal to engage African-American community members and organizations in Dane County in the Ending Deaths from Despair Initiative through presentations and conversations about prevalence, impacts and prospective solutions to reduce opioid harm and suicide, planning, and recruitment to participate in the Ending Deaths from Despair Summit (Spring 2020) along with subsequent compilation of community conversations about suicide and opioid harm to begin next steps of developing culturally appropriate, community-based strategies to address these problems.

[HealthNet of Rock County, Inc.](#) ***Preventing Suicide and Improving Treatment of Hispanic Adults in Rock County***

This project seeks to decrease the risk of suicide by initiating an intense screening and treatment program for Hispanic individuals suffering from depression, anxiety, and substance use disorder in Rock County.

[Today Not Tomorrow](#) ***Family Resource Center Family Support Services***

The goal of this work is to support African-American families in Dane County and to foster healthy birth outcomes by providing parents and caregivers with opportunities to learn and foster healthy parent-child relationships in the face of adverse childhood experiences (ACEs).

Wisconsin Health Literacy *Let's Talk About Opioids*

This project seeks to increase the knowledge among justice-involved individuals in minority populations about how to avoid death from opioids. The proposal includes the development of health literacy workshops for inmates upon release from prison or parole, followed by training of partners to sustain the delivery of this material.

Foundation for Black Women's Wellness *Project LiveWell: Moving Black Women to Wellness Through Fitness & Nutrition*

The goal of this project is to engage African-American women and girls of Dane County in regular physical activity and nutrition education that bolsters their overall health and well-being and reduces their risk and incidence of chronic illness.

Centro Hispano of Dane County *Understanding Adverse Childhood Experiences in Latinx Families using a critical approach to the Life Course Framework*

This campaign aims to create innovative approaches to understanding and analyzing the health and well-being of Latinx families in Wisconsin through an entirely community-based approach to understand how ACEs are expressed and reported on in this community.

Recommendations

The work of our Minority Health Program grantees and the members of the Minority Health Advisory Council have served to highlight both the challenges our communities continue to face in ensuring that all Wisconsinites can experience safety and optimal health, as well as the opportunities in front of us where we can choose to take action to remove barriers to and create conditions that optimize health. We can make a great deal of impact by sponsoring and supporting policies that promote goals like fair and affordable housing, accessible transportation, safe living conditions, and access to health care and high-quality food. These overarching policies will improve long-term physical and mental health outcomes.

In addition to policies that will positively impact the social determinants of health, the policy recommendations included in this report fall into these categories:

1. Expand and diversify the health care workforce
2. Continue to invest in an equitable COVID-19 response
3. Strengthen DHS infrastructure to address health disparities
4. Encourage interagency collaboration
5. Increase Medicaid coverage and access

Health equity means providing opportunities for every Wisconsinite to live a long and healthy life regardless of race, ethnicity, disability, gender, socioeconomic status, neighborhood, education, or any other social condition.

1. Health care workforce

Wisconsin residents who are members of racial and ethnic minority groups access certain health care services at lower rates than white Wisconsin residents. For example, Hispanic/Latinx and

Native American/American Indian adults are less likely than other adults living in Wisconsin to receive routine preventive screening, such as screening for breast, cervical, and colorectal cancers.⁸ Having providers who speak the same language as their patients can improve satisfaction and reduce disparities in the quality and use of health care services.⁹ In addition, providers who share similar backgrounds can better understand the cultural context that affects these populations.¹⁰

Community health workers, also called *promotores*, are trusted community members or individuals with a close understanding of the community served who provide critical linkages between health/social services and the community in order to facilitate access.¹¹ They are shown to improve health equity, or people's ability to be healthy within historically underrepresented communities (Black/African American, Hispanic/Latinx, Asian American, Native American/American Indian, Native Hawaiian, and Pacific Islander).^{12,13,14,15,16} Training and supporting community health workers is a cost-effective way to manage certain chronic health conditions, especially in low-income, underserved, and racial and ethnic minority communities.^{17,18} Additionally, there is some evidence that community health workers improve patient knowledge, access to health care, and healthy behaviors, especially for women of color.^{19,20}

Recommended Actions:

- Increase existing financial incentives to encourage health professionals to work in underserved areas. Scholarships, loan repayments, and loan forgiveness programs are critical to getting providers to underserved areas, and loan repayment programs appear to increase the length of time providers work in underserved areas.^{21,22,23,24,25}
- Fund partnerships with educational institutions, leadership-building initiatives, and targeted recruitment efforts to diversify the health professional workforce in the state to ensure these investments contribute to adding bilingual/bicultural professionals to this workforce.
- Increase funding for community health workers.

2. COVID-19 Response

In 2020, DHS launched a dashboard²⁶ for the health impact of COVID-19 by race and ethnicity. As of February 4, 2022, compared to people who are white, Hispanic/Latinx people living in Wisconsin were 1.4 times more likely to get infected with COVID-19, people who are Black/African American are 1.8 times as likely to be hospitalized, and Native American/American Indians are 1.3 times more likely to die from a COVID-19 infection. Testing, case follow up and contact tracing, outbreak investigation, safe public health practices, and vaccines are important interventions to decrease the transmission of COVID-19 in our communities.

Recommended Actions:

- Continue to invest in state, tribal, and local public health COVID-19 prevention and response, including dedicated resources to reduce disparities experienced by communities of color. The State of Wisconsin must continue to invest in funding for testing, contact tracing, treatment, vaccination, and should provide flexibility in treatment policies and payments, including

expanded and flexible coverage for virtual and telehealth opportunities.^{27,28} This could include expanding funding for the Cooperative American Indian Health Grants.

- Provide paid time off to employees to participate in testing, contact tracing, and to get vaccinated at community- or employer-based vaccination sites.

3. DHS Infrastructure and Capacity

Resources for programs and services focused on structural interventions can reduce and eliminate health disparities.

Recommended Actions:

- Increase funding for the Minority Health Program grants under Wis. Stat. §§ 250.20(3) and (4), to expand upon the work that local organizations are doing in their communities to improve health outcomes and reduce disparities.
- Increase the maximum amount of grants awarded through the Minority Health Program.
- Fund and support programs that positively impact and reduce health disparities and efforts to evaluate and identify programs and practices that negatively impact or otherwise increase disparities.

4. Encourage Interagency Collaboration

Recognizing the links between housing, imprisonment and having a criminal record, employment, education, and health are critical to improving rates of illnesses in communities.

Recommended Actions:

- Support the **Governor's Health Equity Council** ([Executive Order 17](#)). This council aims to have membership that is representative of agriculture, commerce, education, housing, labor, transportation, and other sectors that can collectively address the broad range of social determinants of health. The Governor's Health Equity Council is tasked with developing a comprehensive plan to achieve long-lasting and equitable health outcomes for all Wisconsinites.
- Dedicate resources to improve the availability, quality, and dissemination of DHS data on diverse populations to inform the work of all state agencies. This may include increasing funding to ensure we are able to collect data from a sufficient sample size using new outreach techniques.

5. Medicaid Coverage and Access

Wisconsin has the worst maternal and infant health outcomes and disparities for Black/African American families in the country. Social, economic, and physical conditions impact a birthing person's health before, during, and after pregnancy, as well as the health of their babies.²⁹

Pregnancy is a critical period for the long-term health of people who give birth. Health conditions, such as high blood pressure, that develop during pregnancy, can increase risk for chronic disease later in life.³⁰ The rate of maternal mortality is five times higher for Wisconsin women who are Black/African American than for white mothers.³¹ Wisconsin has a rate of 39.5 cases of severe maternal morbidity per 100,000 deliveries. Wisconsin women who are

Black/African American experience much higher rates of severe maternal complications related to birth, at 61.3 cases per 100,000 births.³²

Babies born to Black/African American and Native American/American Indian women are more likely to die before their first birthday than other babies. Wisconsin's death rate for Black/African American babies, at 15 per 1,000 births, is the highest in the nation and has been increasing since 2011.³³ The second highest infant mortality rate in Wisconsin from 2016–2018 is for babies born to Native American/American Indian women (9 per 1,000 live births, followed by babies born to multiracial women (8 per 1,000 births), to Laotian/Hmong women (7 per 1,000 births), and to Hispanic/Latin/a/x women (6 per 1,000 births).³⁴ White babies had the lowest infant mortality rate, at fewer than 5 per 1,000 live births.³⁵

Recommended Actions:

- Expand Medicaid access under the Affordable Care Act. In addition to the large fiscal benefit to Wisconsin by additional federal funding, research has shown that states who have expanded Medicaid have seen the steepest decline in racial disparities in birth outcomes, suggesting broadening eligibility could measurably reduce health disparities.^{36, 37}
- Extend postpartum coverage to Medicaid-eligible women from 60 days up to a full year. Under 2021 Act 58 the Legislature extended coverage for an additional 30 days for a total coverage of 90 days. In order to be implemented, DHS must first request and receive federal approval to authorize this 30-day extension.³⁸

Future Work

It is important to keep in mind that structures created by policies impact a community's and individual's ability to achieve health and to combat communicable and chronic diseases and illnesses. Attaining health equity requires a myriad of policies that address the social and structural determinants of health. As such, future work to advance health equity will involve expanding data sources, working across government agencies and in multi-sectoral partnerships, education, and outreach on topics of minority health, and continuing to use data to inform interventions.

Appendix A: Glossary of Key Terms

Finding a shared definition that represents the views and values of diverse populations is difficult. Terms continue to evolve and progress over time, so the definitions below are relevant only for the purpose of this report and should not be used out of context, nor should they be used as the sole definition for a topic or idea.

Community health workers: Also called *promotores*, community health workers are trusted community members or individuals with a close understanding of the community served who provide critical linkages between health/social services and the community in order to facilitate access (American Public Health Association)

Economically disadvantaged: For the purpose of this report, economically disadvantaged refers to people at or below the national poverty line of \$12,880 for an individual, \$17,420 for a household of two and \$26,500 for a household of four.

Ethnicity: Shared cultural practices and/or heritage, usually based on a shared ancestry (e.g., history, language, religion).

Health disparity: Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations (CDC).

Health equity: When every person has the opportunity to achieve their full capabilities and potential for health and well-being (NACCHO).

Minority: Minority groups are defined by [state statute](#) as Black/African American, Native American/American Indian, Hispanic/Latino/a/x and Asian. No broad label can speak for the diversity of group members, and that the language defined in state statute may not be inclusive or appropriate to communities and individuals negatively impacted by structural racism.

Minority health: Refers to the distinctive health characteristics and attributes of racial and/or ethnic minority groups, as defined by the U.S. Office of Management and Budget (OMB), that can be due to discriminatory policies and practices.

Social determinants of health: The conditions in the places where people live, learn, work, play, and worship that affect a wide range of health outcomes.

Socioeconomic status — An indicator that refers to social class that encompasses dimensions of occupation, education, income, and other social and economic factors.

Appendix B: Wisconsin Health Data in a Social Determinants of Health Framework

Social Determinants of Health



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- ¹ www.dhs.wisconsin.gov/publications/p02108.pdf
- ² Environmental Public Health Data Tracker. Wisconsin Environmental Public Health Tracking Program.
- ³ COVID-19 Racial and Ethnic Disparities Dashboard. Accessed February 07, 2022. <https://www.dhs.wisconsin.gov/covid-19/disparities.htm>
- ⁴ Craigie, T. A., Grawert, A. C., & Kimble, C. (2020). *Conviction, Imprisonment, and Lost Earnings: How Involvement with the Criminal Justice System Deepens Inequality*. Brennan Center for Justice at New York University School of Law.
- ⁵ Umez, C., & Pirijs, R. (2018). Barriers to work: Improving employment in licensed occupations for individuals with criminal records. In *National Conference of State Legislatures*.
- ⁶ Wis. Stat. §§ 250.20 (3) and (4).
- ⁷ Centers for Disease Control and Prevention. (2021, April 2). *Adverse childhood experiences (aces)*. Centers for Disease Control and Prevention. Accessed January 4, 2022, from <https://www.cdc.gov/violenceprevention/aces/index.html>
- ⁸ Behavioral Risk Factor Surveillance System, 2018.
- ⁹ National Healthcare Quality Report, 2013. Agency for Healthcare Research and Quality. Published May 2014. Accessed December 15, 2020. <https://archive.ahrq.gov/research/findings/nhqrdr/nhqr13/index.html>
- ¹⁰ Street RL, O’Malley KJ, Cooper LA, Haidet P. Understanding concordance in patient-physician relationships: personal and ethnic dimensions of shared identity. *Ann Fam Med*. May-Jun 2008;6(3):198-205. Doi: 10.1370/afm.821. <https://pubmed.ncbi.nlm.nih.gov/18474881>
- ¹¹ American Public Health Association. <https://www.apha.org/apha-communities/member-sections/community-health-workers>
- ¹² Andrews JO, Felton G, Wewers ME, Heath J. Use of community health workers in research with ethnic minority women. *J Nurs Scholarsh*. 2004;36(4):358-365.
- ¹³ Cardiovascular Disease Task Force Findings. The Community Guide. Accessed December 15, 2020. https://www.thecommunityguide.org/topic/cardiovascular-disease?field_recommendation
- ¹⁴ Lewin S, Munabi-Babigumira S, Glenton C, et al. Lay health workers in primary and community health care for maternal and child health and the management of infectious diseases. *Cochrane Database Syst Rev*. 2010;(3):CD004015
- ¹⁵ Verhagen I, Steunenberg B, de Wit NJ, Ros WJG. Community health worker interventions to improve access to health care services for older adults from ethnic minorities: a systematic review. *BMC Health Serv Res*. 2014;14:497.
- ¹⁶ Islam NS, Zanowiak JM, Riley L, Nadkarni SK, Kwon SC, Trinh-Shevrin C. Characteristics of Asian American, Native Hawaiian, and Pacific Islander community health worker programs: a systematic review. *J Health Care Poor Underserved*. 2015;26(2 Suppl):238-268.
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- Individuals in the Hispanic/Latino/a/x group could be of any race, and those in the other racial/ethnic groups are not Hispanic/Latino/a/x. Individuals are counted in only one group.
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