



# Governor's Health Equity Council Recommendations Executive Summary

## Executive Summary

In March of 2019 Governor Tony Evers established the Governor's Health Equity Council (GHEC), issuing Executive Order 17 and charging the Council with developing a comprehensive plan designed to improve "all determinants of health including access to quality healthcare, economic and social factors, racial disparities, and the physical environments" and "address health disparities in populations based on race, economic status, educational level, history of incarceration and geographic location" by 2030. At the time that GHEC was established, none of us could have predicted just how drastically the world would change in ways that would bring new attention and awareness to preexisting and emerging health disparities along with a renewed sense of urgency to not only combat these health disparities, but to address the conditions which produce them. The newly appointed members of GHEC, originally 34 members strong, first met as a formal body virtually on September 30, 2020, where the council, under the leadership Chairwoman Gina Green-Harris, began to set a course to establish this body of work. In July of 2021, Dr. Michelle Robinson was appointed Vice-Chairwoman to the Council to provide additional strategic and operational leadership as the Council transitioned into a subcommittee structure to better discuss and develop the solutions outlined in this plan.

Health Equity, as this Council defines it, means "that everyone has a fair and just opportunity to be as healthy as possible (Braveman et al., 2017)." The Council – which is composed of a racially and ethnically, geographically, and professionally diverse set of health and health equity subject-matter experts – recognized that despite the tremendous and disparate impacts that the once-novel COVID-19 pandemic had on wellbeing and longevity these outcomes were the results of preexisting gaps in access to critically important resources such as good paying jobs, safe and quality education and housing, social and community supports, access to healthcare, and clean water and air. Even more, the Council recognized that these gaps were experienced unevenly based on where you resided, how much income and wealth you have access to, or your racial or ethnic background; therefore, improving our state's health and wellbeing requires addressing the obstacles impairing our overall health, as well as those producing disparate health outcomes. For that reason, the Council chose to center its recommendations on addressing upstream drivers of health focusing on three core types of factors: economic, social and the physical environment.

In light of these areas of focus, the ideas and recommendations generated as part of its subcommittees were similarly structured to address Representation/Decision-Making/Access (Power), Targeted Programming for Under-resourced Communities (Programs) and Structural Inequities (Policy). Over the last eighteen months, the members of this body have been diligently working to identify and develop the proposals included in this plan, and we are excited to share them now. In total, the Council adopted twenty recommendations representing a variety of policy and implementation approaches aimed at addressing issues such as access and quality of care, reinforcing existing and creating new pathways for economic opportunity, building critical infrastructure to close gaps in accessing technology, and strengthening our ability to proactively respond to threats to our collective wellbeing due to climate change.

# Complete List of Governor's Health Equity Council Recommendations

The recommendations listed should be taken as a package as not every member agreed with each specific recommendation, but members agreed that these recommendations reflected the general consensus of the Council and thus should be forwarded to the Governor.

## Health and Community Services

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### Community Health Workers

This recommendation calls for the creation of a Community Health Worker (CHW) certification process and establishment of standards for CHW certification. In addition, the recommendation calls for the services provided by certified CHWs, within their scope of practice, to become reimbursable under a newly established community health benefit in Wisconsin's Medicaid program.

### Post-partum Medicaid Eligibility

This recommendation calls for the Wisconsin Medicaid program to further extend the post-partum eligibility period to the end of the month in which the 365th day post-partum occurs. In addition, the recommendation includes support for the Wisconsin Medicaid program's development of a housing benefit, urges the Medicaid program to prioritize pregnant and post-partum members for this benefit, and calls for increases to the amounts provided in food assistance programs.

### Health Services for Immigrant Populations

This recommendation calls for the creation of a state program that provides family planning service benefits to individuals presently ineligible due their immigration status. In addition, the recommendation calls for exploring ways to extend the emergency service Medicaid benefit to presently ineligible individuals.

### Dental Health for Kids

This recommendation calls for the Wisconsin Medicaid program to reimburse for services provided by community dental health coordinators within their scope of practice. In addition, the recommendation calls for the Wisconsin Medicaid program to pursue effective reimbursement strategies to incentivize the provision of dental services to children.

### Health Care Workforce

This recommendation calls for Wisconsin to fund health care profession navigators' work with schools and employers, to provide awareness, exposure, and experience of various health care careers to students. In addition, the recommendation calls for improvements to health care career training and pathways to training at state universities and technical colleges, and improvements to dual enrollment programs for high-school students simultaneously enrolled in health care profession training programs.

### Broadband Internet

This recommendation supports the recommendations contained within the Governor's Task Force on Broadband Access and the Public Service Commission's State Broadband Plan, namely those with a focus on improving digital equity – creating a digital equity fund, establishing an internet assistance program, and increasing broadband expansion grant funding across urban and rural communities.

## Education and Housing

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### Tuition Waivers for Enrolled Members of Wisconsin Tribal Nations

This recommendation calls for enrolled members of tribal nations in Wisconsin to receive a waiver of tuition costs while attending a public four-year college or university as an undergraduate student or a two-year college or technical school in Wisconsin.

## Homeownership

This recommendation calls for Wisconsin to increase the portion of existing federal funding to support ongoing and new community land trust initiatives around the state. In addition, the recommendation calls for new funding for local partners providing homeownership support services, including educational services and financial supports to qualifying individuals.

## Taxes, Wages, and Wealth

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### Minimum Wage

This recommendation calls for Wisconsin to implement incremental increases to minimum wage over the next three years, and for the creation of a taskforce to be charged with developing a viable pathway to implementing a \$15 per hour (or equivalent) minimum wage, with a specific focus on an implementation plan that ensures appropriate supports to small and local business owners to sustainably achieve this goal.

### Basic Income

This recommendation calls for Wisconsin to implement a guaranteed income pilot program to reach individuals living in poverty in five marginalized communities throughout the state. In addition, this recommendation calls for a rigorous evaluation of the program's economic and health impacts to participants and communities.

### Baby Bonds

This recommendation calls for Wisconsin to provide an initial payment to all babies born in the state and for additional annual payments ranging from \$100 to \$2500 based on family income into an account that will become available when the child turns 18. The funds would be eligible for expenses such as education, purchasing a primary residence home, starting or expanding a business, obtaining a license or certification, retirement investment, and medical expenses. In addition, this recommendation calls for a taskforce to be charged with developing implementation policies for administering the program.

### Earned Income Tax Credit

This recommendation calls for Wisconsin to extend eligibility for the state's Earned Income Tax Credit to adults without dependent children, increase the credit for households with children, and allow abused spouses to claim the credit. In addition, the recommendation calls for state executive agencies to develop and implement a plan to increase the number of Wisconsinites who receive the federal Earned Income Tax Credit, particularly among adults without dependent children.

## Justice

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### Employment of Formerly Incarcerated Persons

This recommendation calls for Wisconsin to create a tax credit for employers who employ formerly incarcerated individuals, make investments in worker cooperative development focused on providing opportunities to formerly incarcerated individuals, and further evaluate and develop re-entry programs providing training and employment opportunities.

### Transitional Services and Diversion Programs

This recommendation calls for Wisconsin to increase the use of peer support services in prison pre-release and transitional service programs. In addition, this recommendation calls for implementing a peer-led, community-based deferred prosecution and diversion pilot program.

### Health Care of Incarcerated Persons

This recommendation calls for Wisconsin to implement reforms for incarcerated pregnant people, including increasing deferred prosecution and diversion opportunities, aligning state statute with federal law and guidelines related to shackling, and supporting doulas to provide pre-natal, birthing, and post-natal support.

## Governance

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### Health Equity Council Permanence

This recommendation calls for the State to make permanent the work and purpose of the Governor's Health Equity Council. Potential pathways include forming an advisory body to the Department of Health Service's Office of Health Equity, establishing the Council in State statute, transitioning to a grassroots network, among others.

### Transgender Health and Safety

This recommendation calls for Wisconsin to establish an Interagency Council on Transgender Health and Safety, composed of members from state agencies and the community, to provide trainings, technical support, analysis, and recommendations to address the unique health and social needs of transgender persons.

### Environmental Justice

This recommendation supports the recommendation contained within the Governor's Task Force on Climate Change to create an Office of Environmental Justice charged with designing and advising on inclusive and equitable climate policies.

### Health Data

This recommendation calls for a variety of State Executive agency actions, including for agencies to examine existing data sharing agreements and opportunities for improvements, include a wider range of race and ethnicity options in collecting data, provide guidance for health equity analyses and communications, and assess administrative burdens borne by individuals receiving health and social service public benefits.

### Maternal Mortality Review Process

This recommendation calls for Wisconsin to increase the staffing and other resources dedicated to reviewing incidents of maternal mortality within the state, with a special focus on incorporating family interviews into the review process.

## The Path Forward

Achieving health equity in Wisconsin means that every Wisconsinite has access to the conditions and resources they need in order to achieve their optimal health and wellbeing – regardless of where they are born, the level of resources their birth family had access to, or the color of their skin, or cultural background. Therefore, advancing health equity in Wisconsin makes sense all across our state, and it is simply the right thing to do. Yet, in a period of heightened political and partisan divisiveness, particularly towards efforts to bring attention to and remedy historic and present injustices, we have sought ways to cut through the noise so that we can recenter conversations on the moral imperative that is being erased in those discussions: there are actual lives on the line. Existing gaps in the opportunity to live long and healthy lives, and quantifiable differences in people's experiences with health and wellbeing across our state, mean that the lives of real people – infants, children, adults, and our elders – are being cut too short, too often due to factors that we as a state, and as an interconnected community, have the power and the obligation to change. Nevertheless, the Council recognizes that actionable, common-sense recommendations alone may not be sufficient to garner buy-in. And so, in addition to developing formal recommendations, the Council took upon the task of developing a rationale for this work – that health equity is about creating, together, a stronger Wisconsin that truly works for ALL of us – one, which can serve as a counter to prevailing narratives which stoke division and pit individuals against one another. You can engage with this effort by reviewing the Prelude and Principles to this report.

The recommended actions contained within this report, if implemented, will improve our state's overall health and wellbeing, save lives, improve individual and community-level educational and economic standing, and advance health equity across Wisconsin to the benefit of each of us. At the same time, we would be remiss if we did not also acknowledge that in order to truly achieve our primary goal - optimizing the health and wellbeing of all Wisconsinites by working to eliminate health disparities and improve the health of every individual residing in our state – will require much more. It requires that we be willing to identify and adopt transformative ideas, beyond those included within this plan, designed to remedy imbalances in influence and access, and advance policies and programs that create and foster the essential conditions required if we are to achieve this goal. This work is only the start. We encourage and invite all Wisconsinites to engage with the twenty ideas presented in this plan. It is within our power to create a Wisconsin that

truly works for each of us. To do so will require bravery and partnership among the residents of our state and will require our leaders in power be willing to do the right things to move us FORWARD towards a more fair, just, and equitable future.

## Governor's Healthy Equity Council

Members	
<b>Dr. Amy DeLong</b>	Family Physician and Medical Director, Ho-Chunk Nation Department of Health
<b>Andrea Werner</b>	Senior Vice President, Bellin Health
<b>Vincent Lyles</b>	System Vice President Community Relations, Advocate Aurora Health
<b>Diane Erickson</b>	Clinic Administrator, Red Cliff Band of Lake Superior Chippewa Indians
<b>Elizabeth Valitchka</b>	Strategic Advisor, Wisconsin Department of Children and Families
<b>Ellen Sexton</b>	Senior Vice President, Head of Specialty business at Humana
<b>Gale Johnson</b>	Director, Wisconsin Well Woman Program, Department of Health Services (DHS)
<b>Gina Green-Harris</b>	Director, Center for Community Engagement and Health Partnerships, UW School of Medicine and Public Health, Wisconsin Alzheimer's Institute, GHEC Chair
<b>Guy (Anahkwet) Reiter</b>	Executive Director, Menikanaehkem Inc.
<b>Isaak Mohamed</b>	Somali Liaison, Community Health Worker, Barron City Council
<b>Janel Hines</b>	Vice President, Community Impact, Greater Milwaukee Foundation
<b>Dr. Jasmine Zapata</b>	Chief Medical Officer and State Epidemiologist for Community Health, DHS
<b>Jerry Waukau</b>	Tribal Health Director, Administrator of the Menominee Tribal Clinic
<b>Dr. Julie Mitchell</b>	Commercial Medical Director, Anthem Blue Cross Blue Shield of Wisconsin
<b>Lilliann Paine</b>	University of Wisconsin Milwaukee School of Public Health, Board Member
<b>Lisa Peyton-Caire</b>	Founder and President, Foundation for Black Women's Wellness
<b>Lt. Gov. Mandela Barnes</b>	Lt. Governor, State of Wisconsin
<b>Maria Barker</b>	Director of Latinx Programming and Initiatives, Planned Parenthood of WI
<b>Mary Thao</b>	IT Consultant, Marshfield Clinic; Owner, Thao Consulting, LLC
<b>Tamra Oman</b>	Statewide Program Director, FREE Campaign
<b>Dr. Michelle Robinson</b>	Director, Office of Health Equity DHS, GHEC Vice Chair
<b>Patricia Metropulos</b>	President and CEO, Kathy's House
<b>Paula Tran</b>	State Health Officer and Division of Public Health Administrator, DHS
<b>Sandra Brekke</b>	Senior Executive Assistant, Morgridge Institute for Research
<b>Karen Timberlake</b>	Secretary-designee, Wisconsin Department of Health Services
<b>Shiva Bidar-Sielaff</b>	Vice President, Chief Diversity Officer-UW Health - School of Medicine and Public Health
<b>Stacy Clark</b>	Prevention Program Supervisor, Sixteenth Street Community Health Centers
<b>Tia Murray</b>	Founder and CEO, Harambee Village Douglas; PhD student at University of Wisconsin
<b>Dr. Tito Izard</b>	President and CEO, Milwaukee Health Services, Inc.
<b>Wanda Montgomery</b>	Director of Community Partnerships, Children's Hospital of Wisconsin
<b>William Parke-Sutherland</b>	Health Policy Analyst, Kids Forward

## Prelude and Principles to the Report

The Wisconsin of today is a sum of the history of the land and the economies it has supported, the people, past and present, who have inhabited this place, the reasons for why and how they have come to live here, and the politics and policy, from the local to the global, that intersect with the people and communities of this state. The [Population Health Institute's State Health Report Card](#), [Department of Health Services' State Health Assessment](#) and [Minority Health Report](#) have invariably and consistently shown how measures of the burden of chronic and acute diseases, the rates of death and illness, and health-related behaviors vary by age, income, race, and so many other ways society classifies and characterizes people. Other reports and research abound, reiterating and detailing these many ways health conditions and outcomes vary at national, state, county, and neighborhood levels.

Wisconsin hovers not only in the shadow of our collective and full history, but also our present, as we continue to look for ways to navigate the shadow of the current pandemic, the unexpected event which has consumed our lives and likely, your lives, for much of the past two years. While consuming our attention and focus, the pandemic has also caused in some cases substantial and long-lasting illness and has taken the lives of far too many. The COVID-19 pandemic has helped to shine light on the state of existing gaps in health equity in Wisconsin, and further revealed the human, community and societal costs of those gaps. In Wisconsin, as in other states, people with limited incomes and minority populations, especially Black and Brown Wisconsinites, have been the hardest hit in terms of cases, hospitalizations, and deaths. These outcomes are the direct result of the histories, present realities, and structural barriers confronting these people, their families, and their communities – low wages and poor working conditions, inadequate housing, limited transportation options, and more – to health and wellbeing. These shadows, our history and our present, are foundational for understanding and addressing contemporary health disparities impacting Wisconsinites and their communities across the state. This work begins with understanding that these health disparities are systemic, unjust and largely avoidable.

While some have attributed these differences to personal and individual failings, the reality is that social, economic, and environmental conditions, and differences in the ability of some groups to shape their own future, are the underlying causes. Poorer health outcomes of all sorts are concentrated among communities and populations who have experienced some form of exclusion, whether historically or contemporary, whether economically, socially, and/or racially. That exclusion has taken many forms, including the colonization of Native Americans and their land, slavery and Jim Crow, the disenfranchisement of women and people of color, restrictions on immigration of Asian, Latino, and Black people, housing segregation, over-policing and incarceration, hiring discrimination, anti-LGBTQ norms and policies, structural poverty, and more. How exclusion plays out has morphed over our history but has remained a feature of our democracy as it benefits the self-interests of the powerful.

These forms of exclusion are what drives health outcomes: they have grave influences on peoples' ability to earn a sustaining wage, to participate in our democratic society, to have choices about the food they eat and places they live, and to feel welcome wherever they may go. Exclusion, discrimination, inequitable policies, programs, and access to resources are not only morally wrong, they are economically shortsighted and contribute to less freedom, and less well-being, for all of us. And with this, we must plot a course for a different future, one defined by fairness and inclusion, where we remove the unequal obstacles remaining in our midst so that there becomes an equal opportunity for everyone to live their life to the fullest. In service to this goal, we have identified a set of principles that will help guide our way forward.

## Guiding Principles

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Wisconsin's strength comes from our ability to bring together hardworking people from different places and of different races to share our traditions and forge a better future. For this to be a place where everyone can thrive, we cannot let the self-interests of the powerful divide us based on what someone looks like, where they come from, or how much money they have. We must stand up for each other and come together to foster inclusive and welcoming communities across our state that support everyone's health and well-being, regardless of their race or ethnicity, their socioeconomic status, gender, age, educational level, experience with the criminal justice system, or their sexuality.



We can center a different set of principles from those that have recently driven our society, reexamining our programs, changing our policies, and rethink how we analyze our current situation to reflect what truly drives health and well-being for each of us and our communities. Black, White, Brown and Indigenous. We are coming together to build a Wisconsin that is for all of us. Together, we can make Wisconsin a place where everyone can thrive. No exceptions.

To effectively pursue health equity and achieve a Wisconsin where everyone can thrive, we must embrace a shared set of standards of behavior and beliefs as a way of grounding and anchoring the work ahead, and which can serve as a framework to assess and evaluate the choices we, and those in power make. This new set of behaviors and beliefs must, instead of supporting the status of quo of exclusion, embrace and facilitate a new standard of radical inclusion. Under this tent, there is plenty of room for everyone. These shared standards, what we call principles, must stand counter to much of what we have been taught and much of what has recently driven our society: that we must all pull ourselves up by our own bootstraps, that we do not have enough to allow everyone to thrive, that our government is the source of our problems, that economic growth is our sole aim, and that we are powerless to change our future. These ideas have led to many of the inequities in Wisconsin, and we can choose to live by a different set of principles.

As such, we offer the following principles as a way to elevate our conversations and support actions that move us beyond the reach of messages that serve to obstruct these pursuits. These principles reflect the Wisconsin we are committed to building and this council's commitment to our state.

### Everyone deserves respect and dignity

Our worth comes from being alive — regardless of where we come from and what we look like, and what we do. Across many beliefs, dignity and autonomy continues in death, as well.

### Everyone deserves a fair shot at thriving

The social, environmental, and economic policies and systems we make have the greatest influence on our opportunities to thrive. It is our job to transform our social fabric for health equity — so physical, mental, and social health and well-being are possible for everyone.

### In Wisconsin, we do not leave anyone behind

Our well-being is bound to each other, and we take care of each other. It is our collective responsibility to cultivate strong, healthy communities, for we understand that we all do better when **we all** do better.

### We believe all Wisconsinites should have a say in decisions that affect our lives

Everyone brings knowledge that should guide public decision making. Meaningful inclusion leads to better decisions—and people thrive when we see ourselves as valued members of our communities.

### Making Wisconsin better for all of us means changing what we do and how we do things

Change is both a process and an outcome and is necessary for progress. We're committed, hopeful, honest, and brave about the risks, transformation, and time it will take from each of us.

### Making all our communities healthy and safe starts with us

We have what it takes to transform Wisconsin so that everyone has what they need to provide for themselves and their families. We are facing complex issues, and we will need to address them individually, in our communities, and in our institutions. It is our nature as humans to be creative and creatively solve the problems we face. We collectively have the knowledge, resources, and the power to change our communities and our state so that we can all thrive.