



## Health issues are identified and treated early.

### Updating our Lens on Health

#### I. Issue

Over the past two years, the board has been focused on our role in reducing racial disparities along with growing poverty, particularly for children in Dane County. To address child poverty and racial disparities, in the fall of 2014, you convened a group of community leaders to form the Delegation to Increase Economic Stability for Young Families. You charged the Delegation to research and identify approaches and strategies that can be deployed to (1) decrease the number of young families with children who are living in poverty in Dane County and (2) specifically address economic barriers experienced by families of color in our community.

In 2015, during the final months of the Delegation's work, United Way's Healthy for Life Community Solutions Team (CST) embarked on a strategic visioning process. The goal was to assess the relevance of our current health agenda, align our health priorities to the recommendations from the Delegation, and to identify opportunities to further maximize the positive impact of the investment of community resources entrusted to United Way.

Key learnings from this year-long process affirmed the importance and relevance of our current focus on mental and behavioral health, and revealed the existing and expanding racial disparities in health outcomes, including length and quality of life. These learnings resulted in the team's decisions to scale current programs that address the mental and behavioral health needs of children and youth, and launch efforts to reduce racial and socioeconomic health disparities.

Findings of both the Delegation and the CST reinforce the strong correlation between poverty and health, highlighting how social and economic circumstances have a profound impact on health outcomes. These circumstances account for 40% of the mix of conditions and behaviors that contribute to overall health status, as defined within the "Social Determinants of Health Model" (shown in Attachment A, "*County Health Rankings*").

Today we seek your:

1. affirmation of our decision to scale-up programs that address the mental and behavioral health of children and youth.
2. advice regarding our focus on reducing racial and socioeconomic health disparities.

## II. Document Overview

United Way's Health Portfolio	Page 2
Strategic Visioning Process	Page 5
What we Learned	Page 5
Opportunities for Greatest Impact	Page 9
Guiding Principles for Identifying Priorities	Page 12
Our Recommendations	Page 13
Defining Success	Page 13
Discussion Questions	Page 14
Attachments	Page 15

## III. United Way's Health Portfolio

United Way's Agenda for Change language, "People's health issues are identified and treated early," is implemented through strong collaborative initiatives with community partners. Our health portfolio totals \$2.636 million, of which \$1.136 million (43%) is invested in our Agenda for Change priorities that currently

1. support our Academic Success goals by reducing/removing behavioral and mental health barriers to learning and
2. reduce barriers to accessing health and dental care for poor children, families, and vulnerable populations with special needs, such as people with HIV/AIDs, serious mental illness, etc.

These priorities are carried out by twelve agencies providing twenty-two programs. Strong collaboration among program providers and schools extends the reach and impact of mental and behavioral health, dental, and health services beyond that which any single provider could do on its own.

Besides our work with our nonprofit partners, we also manage the HealthConnect premium assistance program which represents \$1.5 million or 57% of the United Way's total health investment portfolio. We also collaborate with the Dane County Health Council, a group which includes all the healthcare leaders, Dane County, City of Madison, Dane County/City Public Health, and Madison Metropolitan School District.

### A. *HealthConnect*

United Way of Dane County was the first organization in the country to create a third-party payment program to help economically vulnerable residents pay their health insurance premiums when they purchase insurance through the Affordable Care Act's Marketplace. HealthConnect grew out of a request from local healthcare leaders to ensure that poor Dane County residents with annual household incomes from 100-150% of the Federal Poverty Level

(\$11,770 to \$17,655 for single-person households<sup>1</sup>) would not be locked out of health insurance because they could not afford to pay the monthly premiums. Through a remarkable gift from UW Health, now in its third year, United Way pays premiums for HealthConnect participants (1,300 in 2015; nearly 1,000 mid-year 2016) that allow the vast majority to obtain and maintain health insurance. Last year we estimate we reached about 25% of Dane County residents who could benefit from HealthConnect assistance. This year we are deploying additional strategies in collaboration with community partners to reach more of our target market.

HealthConnect has received national attention from over 50 organizations across the U.S. who have created their own premium subsidy plan, or are exploring it. It has been recognized by Senators Baldwin and Johnson, Representative Pocan, Kathleen Falk, Region V Director of the U.S. Department of Health and Human Services, presented as a best-practice model at the first national Enroll America Conference in 2014, and acknowledged by a resolution from the Dane County Board.

### ***B. Dane County Health Council***

The Dane County Health Council is the forum that brings together executive leaders of healthcare providers, government entities, and non-profit organizations to work collaboratively on health issues. Originally focused on improving access to primary care for Dane County's un- and underinsured, it has evolved into a forum for deep, substantive, collaborative work on a broader scope of community health issues including behavioral health and community health needs assessments. The Health Council's leadership has been critical in authorizing the financial and staff resources needed to move innovative ideas and solutions forward. Our role as community convener is front and center here, as United Way's President and CEO convenes these community leaders around the neutral table we provide, and United Way staffs the Health Council. *(See Health Council Roster, Attachment B)*

The issues that the Health Council has collaborated on include providing medical homes for uninsured adults who were high-users of Emergency Departments for primary care and creating the Primary Access for Kids (PAK) program that provides access to preventive and primary care at no cost for all uninsured children in the Madison Metropolitan School District (MMSD). In 2010, the Health Council joined with United Way to lead the *Delegation to Improve Behavioral Health* to identify opportunities for systemic improvement in how behavioral and mental health services are delivered in Dane County, with a focus on building capacity for early identification and treatment. The Delegation identified 18 recommendations to improve our community's ability to deliver the right service, at the right time, and in the right place.

The Delegation's top recommendation of integrating behavioral health screening/care into primary care settings has for the most part been achieved. To-date, the integrated primary care/behavioral health model is now in all GHC Clinics, Dean Clinics, University Health Services, and a pilot is under way in UW Health's Pediatric clinic. UnityPoint Health - Meriter

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<sup>1</sup> Adults in households below 100% of the Federal Poverty Level are eligible for BadgerCare. Above this poverty level, adults can obtain insurance on the Marketplace, by paying a monthly premium.

Medical Group’s care delivery model is evolving. Two new 24/7 mental health crisis care stabilization centers, Bayside Care Center and Dane County Care Center, that provide assessment and crisis stabilization services that can be paid for through third party billing, were also created under the Health Council’s auspices at the request of then County Executive Kathleen Falk. While these have been positive additions to the system of care in Dane County, they address only 2 of the 18 recommendations. Concerns about the costs and complexities of Dane County’s mental health system are at the top of the list for nearly every health leader in the community, and require the Health Council’s continued attention.

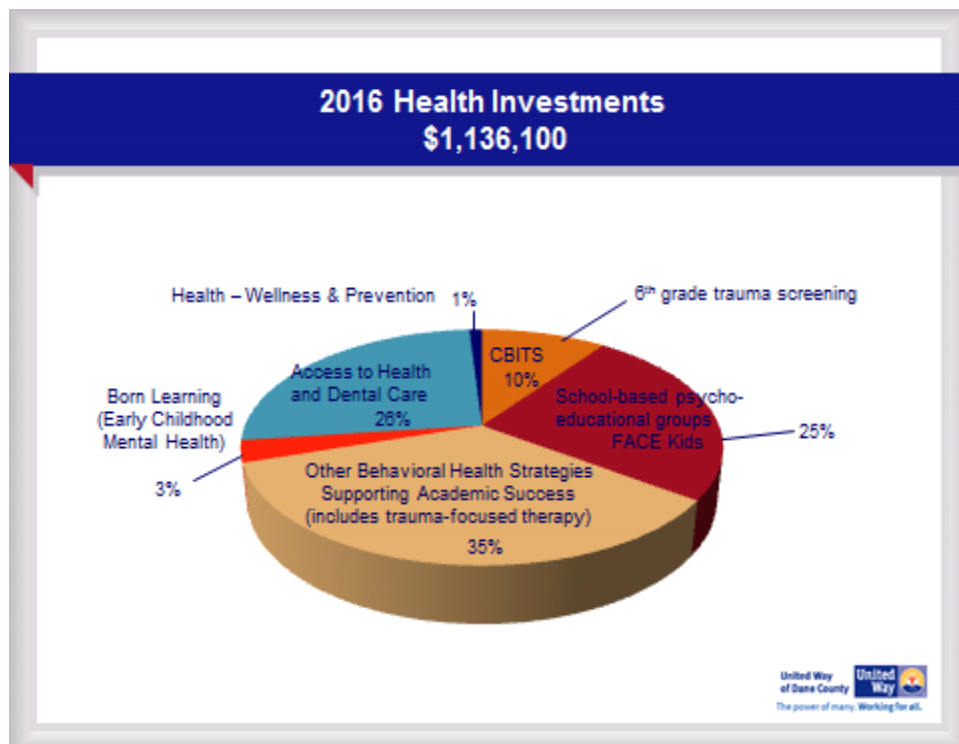
**C. Health Investment Portfolio**

The current Health Investment Portfolio (Figure 1) supports strategies and programs that provide (1) health-related building blocks to school success and (2) basic health safety net services for the community’s most vulnerable populations. The Agenda language and our priorities under which programs are currently funded were approved by the board in 2009.

*Current Focus of Portfolio*

1. Behavioral and mental health strategies focused on children & youth
  - a. Children and youth are emotionally and behaviorally healthy so they are “present” and able to learn. Much of our investments are in programs that provide treatment at school.
  - b. Parents have the knowledge and skills to effectively parent and help their children.
2. Reduce barriers to accessing health and dental care
  - a. Primary focus on children and families.
  - b. Recognize importance of supporting a fragile health safety net for other populations (adults with AIDS/HIV or adults with serious and persistent mental illness.)

Figure 1



## IV. Strategic Visioning Process

### A. Our Process

The Team's strategic visioning process was, in essence, a mini-Delegation that incorporated an environmental scan of health and healthcare in Dane County and the identification of issues, scope and dimension related to a specific aspect of health or service delivery, or the broader community. Starting with a global perspective (national and state health priorities, the Social Determinants of Health, etc.) the Team increasingly focused in on specific challenges in our community and the opportunities for United Way to make the greatest impact with our resources, such as by providing school-based trauma screening, similar to CBITS, for students at younger ages, i.e., in elementary school.

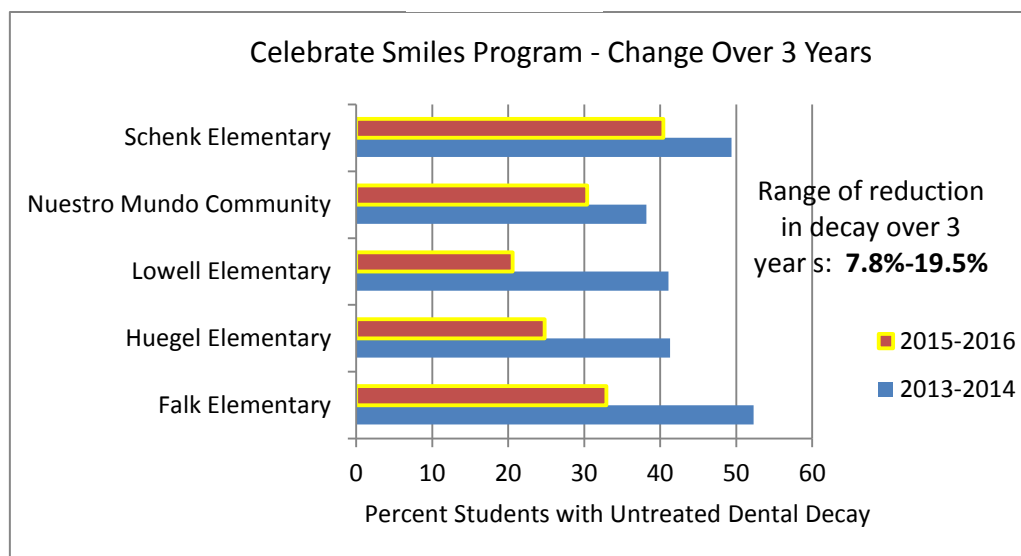
Over the course of a year Team members reviewed relevant research and gathered information through meetings with Chairs of the other Community Solutions

Teams, agency and community experts on various topics, and visits to agencies with programs receiving Healthy for Life funding. New topics, including health needs of communities of color, health equity, and the role of United Way in public policy were considered.

Conversations with funding and

strategic partners (such as school districts and health systems) also occurred. The *Strategic Visioning Work Plan* is found in Attachment C.

Figure 2



Source: Access Community Health Centers, Celebrate Smiles Program. School-based program providing screening, fluoride varnish and sealant applications, cleanings, and restorative care for elementary students in low-income schools.

### V. What We Learned

There are many health and healthcare challenges in our community. It is also worth noting some "wins" as well. An estimated 16,000 (40%) of the 40,000 Dane County residents who were uninsured in 2012 gained health insurance coverage following the implementation of the

Affordable Care Act's mandatory insurance requirement in 2014<sup>2</sup>. As shown in Figure 2, the positive impacts of school-based dental screenings and treatment are evident in the reduced levels of new cavities or other dental problems among children who have already received dental sealants and restorative care. While there is more work to be done, it is encouraging to see that problems are not all insurmountable.

Key challenges include:

**A. Behavioral and Mental Health for Children and Youth**

As we learned in our 2007 Delegation on Disconnected and Violent Youth, behavioral health is the highest cause of student drop out, and dropping out can be predicted up to a year in advance by a student's truancy. With the recommendations of this Delegation, we implemented Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program at the 6<sup>th</sup> grade level. In our 2013 Reducing Gang Activity Task Force, we learned that ALL of those children who later became gang-involved had been victims of chronic childhood trauma from domestic violence and neglect.

Fragmented mental health system

- ✓ The use of existing resources is inefficient, largely driven by the lack of financial (reimbursement) incentives to deliver quality treatment at the lowest cost possible across the system.
- ✓ Difficult to control high costs of care.
- ✓ Public and private payers do not share equally in the consequences when needed treatment is not provided
- ✓ Disconnects and gaps in service hinder the continuity of care.

Needs are high throughout the County, and trauma is a core driver of behavioral health concerns.

- ✓ National data (CDC, 2013): one in five students has a diagnosable mental health condition
- ✓ In some MMSD schools, staff identify as many as one quarter of all students having a mental health concern<sup>3</sup>.
- ✓ One-third of MMSD 6<sup>th</sup> graders report significant symptoms related to trauma and violence
- ✓ Schools are identifying increasing numbers of younger (elementary) students experiencing the impacts of trauma and exposure to violence

**B. Mental and Behavioral Health for Adults**

As previously mentioned, access to mental health services for adults was identified as a major and complex issue in our 2009 planning process, and remains so today. In 2014 United Way

<sup>2</sup> Public Health Madison and Dane County. (November 2015). *Access to Health Care in Dane County – Moving Toward Equity*. Madison, WI. This is the primary source for most health and dental care data reported in this document.

<sup>3</sup> Madison Metropolitan School District, (May 2013). *The Plan for a School and Community Integrated Model for Children's Mental Health*.

was asked by NAMI – Dane County to convene a Mental Health Summit and Task Force to identify better ways of insuring the safety of people with mental illness, their families, law enforcement, and the community when mental health crises occur. Solutions identified through this work have now been put in place, including increased training and the creation of a multi-disciplinary community Crisis Intervention Team that better equips law enforcement and first responders to safely de-escalate situations that involve an individual who is experiencing a mental health crisis.

**Solving the multiple problems arising from the fragmented nature of the mental health services system is well-beyond United Way’s ability to impact. United Way’s most important role is to elevate and advocate that the Dane County Health Council continues to work on collaborative, system-level solutions.**

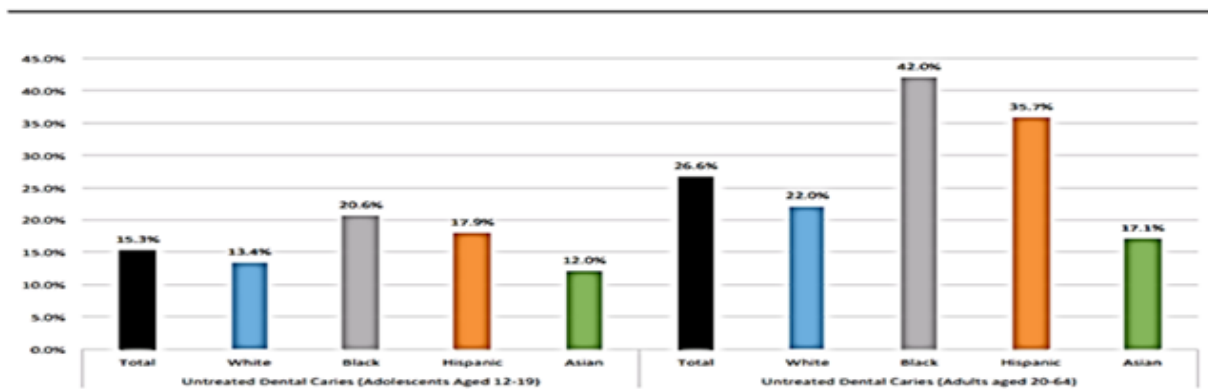
- ✓ Stigma associated with mental health problems is much more of a concern for adults than it is for children and youth.
- ✓ Accessing mental health services, even when insured, can be difficult for many reasons. Navigating the system of services available is even more so.
- ✓ There is a need for better integration of treatment for individuals having both mental health and substance abuse problems,

**C. Dental**

- ✓ Dane County residents made 2,016 visits to local hospital emergency rooms for treatment of dental pain and infections in 2014 - treatment that made them feel better but didn’t resolve the underlying problem.<sup>4</sup>
- ✓ Disparities in dental care are greatest for adults in communities of color.

Figure 3

PREVALENCE OF DENTAL CARIES IN PERMANENT TEETH BY AGE AND RACE



Source: 2015 Kelly Report: Health Disparities in America

<sup>4</sup> Public Health Madison and Dane County. (2015). *Oral health profile* [Unpublished Report]. Madison, WI.

- ✓ A 2010 study noted that Blacks/African Americans reported to Dane County hospitals' Emergency Departments for dental pain at a rate much higher than whites, Hispanics or other racial groups.<sup>5</sup> This is consistent with the national picture noted in *Figure 3*.

#### **D. Access to Health Care**

- ✓ A wide body of research documents that those who lack health insurance are more likely than those having insurance to delay or forgo early and preventive care, making them more likely to be hospitalized for avoidable conditions.
- ✓ 23,000-25,000 Dane County residents remain uninsured. These include citizens & non-citizen legal residents who are eligible for coverage as well as undocumented immigrants who are not eligible for Marketplace insurance coverage.<sup>6</sup> (They may be able to obtain coverage through an employer-offered plan.)
- ✓ Members of communities of color, undocumented immigrants, older adults with financial challenges, people who identify as LGBT and formerly incarcerated individuals are most likely to be uninsured.
- ✓ For those who have never had health insurance, buying and using it can be daunting. Despite tax penalties that are now in place, some may not understand the value of health insurance, how to purchase it, and how to use it appropriately.

#### **E. Disparities**

- ✓ Communities of color and the poor in Dane County have disproportionately poorer health outcomes in individual health status, health insurance coverage, and access to health, dental, and behavioral and mental health services than their white or wealthier counterparts. **(See Attachment D)**

*Health disparities are differences in health among groups of people.*

*Health Equity Institute for Research, Practice & Policy*

- ✓ Some disparities are significant across multiple populations. Others are most pronounced for a specific group. For example in Dane County:
  1. The infant mortality is twice as high for African American and bi-racial babies than for any other racial/ethnic group. Black babies have the highest incidence of being born at very low birth rates.
  2. Access to culturally-specific mental and behavioral health services was limited, if available at all, for populations of color.
  3. Blacks are more likely than other racial groups to suffer from chronic conditions such as diabetes, cancer and stroke.
  4. Hispanics are less likely than Black and White residents to have health insurance.

<sup>5</sup> Public Health Madison and Dane County (2012) *The Health of Dane County: Oral Health Crisis Executive Summary*

<sup>6</sup>Public Health Madison and Dane County. (November 2015). *Access to Health Care in Dane County – Moving Toward Equity*. Madison, WI.



5. Adults of all races are more likely to have untreated cavities than adolescents of all races (national data).

- ✓ Culturally-relevant strategies that promote access to care for all members of our community are needed. The lack of culturally relevant mental health providers and service models is of major concern for African American, Hmong, and Latino residents. Feelings of social isolation make mental health issues more complex.

**F. Need for capacity building**

- ✓ Non-profit community service providers need to acquire new knowledge, skills, personnel, relationships, and practices, etc. if they are to truly serve Dane County’s increasingly diverse population.
- ✓ The Team observed that some organizations are not maximizing the capture of revenue through their billing practices.

**VI. Opportunities for Greatest Impact**

**A. Behavioral Health for Children and Youth**

1. CBITS and FACE Kids

The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Five+ Agency Collaborative Effort for Kids (FACE Kids) programs are United Way’s “signature initiatives” toward the goal of minimizing or removing behavioral and mental health issues that interfere with a student’s ability to learn. These programs are successfully expanding the reach of preventive and early intervention mental health services to students throughout the County. These programs are fully integrated, embedded, and valued by schools as a key resource.

There is a need to take these initiatives to scale County-wide.

- ✓ CBITS screened 2,661 sixth graders in 4 participating school districts for symptoms associated with trauma and depression, reaching 90% of the 6<sup>th</sup> graders in these districts and 52% of all public school 6<sup>th</sup> graders in Dane County. (2015/2016 school year – Figures 4 and 5)

Figure 4

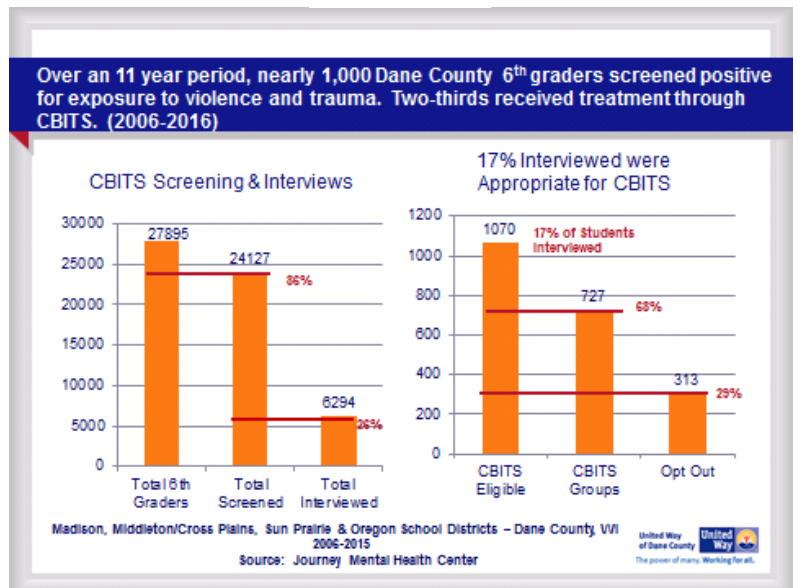


Figure 5

- ✓ FACE Kids small-group sessions helped 9% (869) of the 9,949 students in 9 school districts, or 7.5% of the total 11,505 students in Dane County's 16 school districts who were experiencing mental health problems (2015/2016 school year – Figures 6 and 7).

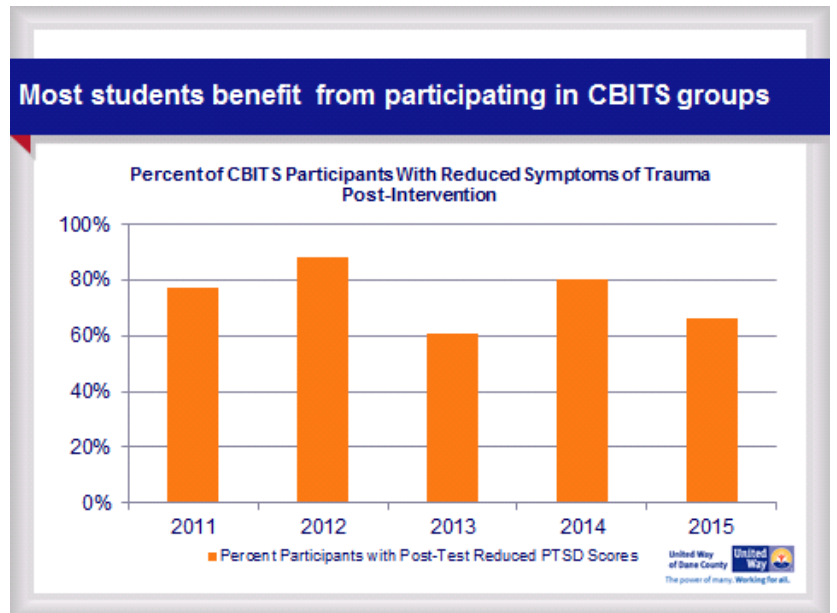


Figure 6

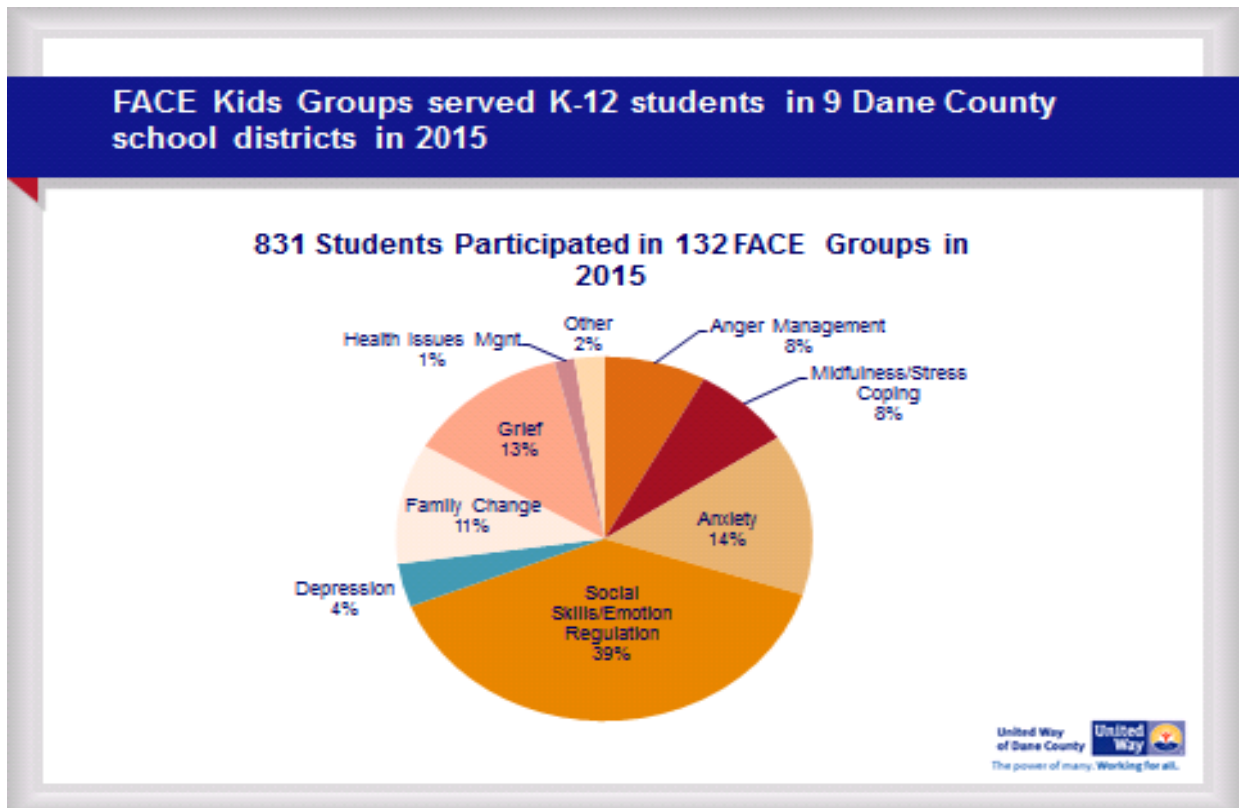
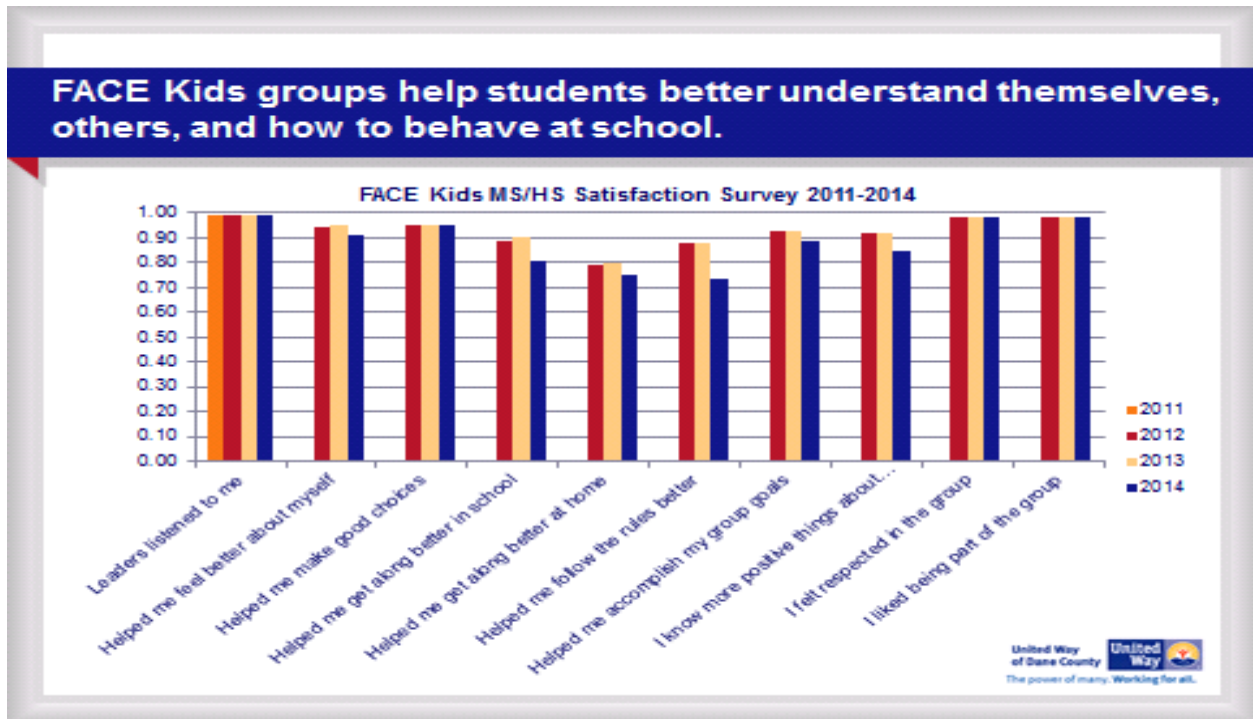


Figure 7



## 2. Trauma Focused Interventions

- ✓ Community-based services also provide critical intervention and support to families dealing with the ongoing and inter-generational impacts of trauma. These programs work closely with schools and other systems/organizations involved with children and their families.

## B. Reduce Racial and Economic Health Disparities

The recommendations below are based on multiple conversations with people of color (African American, Hmong, Latino), who shared their personal stories, daily experiences, and insight as to what must change in order to reduce racial disparities in health and economic status. Economically disadvantaged groups experience most of the barriers identified.

### 1. Removal of Barriers: Access, Healthcare, Mental Healthcare, Dental Care

- ✓ Access to healthcare, behavioral and mental healthcare, and dental care
- ✓ Includes non-financial barriers such as transportation, immigration status, language and cultural differences, lack of trust, etc.

### 2. Culturally Relevant Wellness Models

- ✓ Cultural brokers are trusted and respected members of the community who help to bridge differences in health values, beliefs, and cultural practices in their communities and the health care systems they have learned to navigate. They need not be formally trained in a health care field. An example of this is the use of “Promotoras” within Hispanic communities who serve as health educators, coaches, etc.

3. Listen to and trust in the wisdom of the community to help themselves. Invest in programs identified and led by the community.
4. Sustain what works.
5. Culturally-relevant service models
  - ✓ Non-profit community providers able to competently deliver health care.

### C. ***Dental***

Since 2010, more than 15,000 children have received care through the school-based Celebrate Smiles Program. This includes dental screenings, application of sealants and fluoride varnishes, restorative care and connection to a dental home at Access Community Health Centers. This mobile dental program travels to elementary schools with high numbers of low-income students in several school districts. Future expansion is planned (results shown in *Figure 2* on page 5).

Access Community Health Centers is one of the largest dental providers serving low income un- and underinsured populations.

1. Support the planned expansion of the Celebrate Smiles over time to additional schools and districts with high need but currently not being served.
2. Maintain accessibility to clinic-based dental services for low income adult populations.

## VII. **Guiding Principles for Identifying Priorities**

The rich conversations and learning opportunities afforded by our strategic visioning journey led us to identify several guiding principals to inform our priorities and road map for the future. In essence, these are our overarching take-away's from our planning effort.

- A. *Poverty* is an underlying driver for healthy individuals and healthy communities.  
Promote access and acceptance of health insurance coverage through the HealthConnect premium assistance program.
- B. *Reduce health disparities*, particularly for children
- C. *Measure outcomes by subpopulation* (race/ethnicity, socioeconomic status, etc.); not simply number of people served

## VIII. Our recommendations

Build capacity in nonprofit organization partners to assure that health, behavioral health, and dental care are available and accessible as a foundational support for individuals and families on pathways out of poverty.

### **Priority #1. Expand behavioral health services for children and youth**

1. Expand CBITS program (currently in 4 of 16 Dane County School Districts) options include
  - a. Extend 6<sup>th</sup> grade screening/intervention to additional school districts
  - b. Provide adapted CBITS model at elementary and high school levels
  - c. Partner with providers and schools to develop scale and sustainability plans for CBITS (first) and FACE Kids (next)
2. Continue
  - a. school based behavioral health programs addressing trauma and social-emotional learning
  - b. Trauma-focused treatment for families

#### What Might Scaling Up Look Like?

##### Community –Level Expansion Priority:

- ✓ More than 11,000 students in Dane County school districts have behavioral and mental health issues that interfere with their ability to learn.

##### Potential Impact of Expansion

- ✓ Screen 10,000 students and service 200+ with the CBITS program: \$500,000.
- ✓ Expand FACE Kids from 400 to 1,000 students: \$500,000
- ✓ Launch major initiative to address the Social Determinants of Health: \$900,000
- ✓ Continued commitment: \$1.1 million

### **Priority #2. Reduce racial and socioeconomic health disparities**

- a. Remove barriers to accessing health, mental health, and dental care such as language, cultural, transportation issues, etc.
- b. Expand culturally relevant wellness models for communities of color
- c. Invest in programs/initiatives defined and led by communities of color
- d. Support agency partners in delivering services that are culturally relevant and create equitable outcomes

## IX. Defining Success

### A. **Expanding Children’s Behavioral Health:**

- a. Track CBITS metrics re: reach of the program and intervention outcomes.

### B. **Reducing Health disparities**

- a. See Attachment D.

## **X. Discussion Questions**

- A. Provide feedback on the recommendations—are the strategic recommendations right for our community at this time?
- B. What does success look like on our recommendation on health disparities? (Use Attachment D.)
- C. Evaluating the recommendations, what role should we take to build capacity in our nonprofit partners?
- D. How well does our Agenda for Change align with the Social Determinants of Health? What more should United Way consider to create greater alignment?

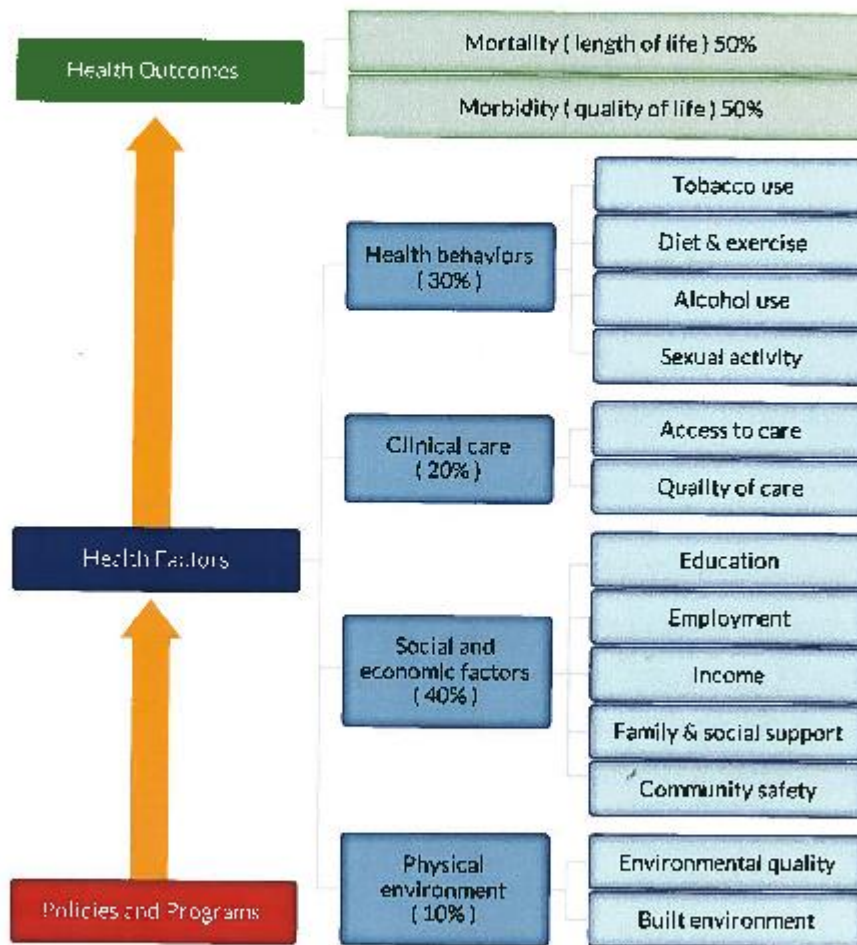
## **Attachments:**

- A. Health Determinants Model (in *County Health Rankings* document)  
<http://www.countyhealthrankings.org/what-is-health>
- B. Dane County Health Council Roster
- C. Healthy for Life Strategic Visioning Workplan
- D. Health Disparities
- E. Healthy for Life Community Solutions Team Roster
- F. Poor and In Poor Health <https://www.irp.wisc.edu/publications/factsheets/pdfs/PoorInPoorHealth.pdf>
- G. Reducing Health Disparities <https://www.irp.wisc.edu/publications/policybriefs/pdfs/PB4-ProvenPoliciesToReduceHealthDisparities.pdf>
- H. Minority Oral Health in America: Despite Progress, Disparities Persist  
[http://www.ada.org/~media/ADA/Advocacy/Files/160523\\_Kelly\\_Report\\_Dental\\_Chapter.pdf?la=en](http://www.ada.org/~media/ADA/Advocacy/Files/160523_Kelly_Report_Dental_Chapter.pdf?la=en)

### County Health Rankings

The 2012 *County Health Rankings* report ranks Wisconsin counties according to their summary measures of **health outcomes** and **health factors**. Counties also receive a rank for mortality, morbidity, health behaviors, clinical care, social and economic factors, and the physical environment. The figure below depicts the structure of the *Rankings* model; those having high ranks (e.g., 1 or 2) are estimated to be the "healthiest."

Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary **health factors** rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.



County Health Rankings model ©2012 UWPH

## Dane County Health Council Roster

June 2016

<b>Renee Moe, Chair</b> President & CEO United Way of Dane County	<b>Ken Loving, M.D.</b> CEO Access Community Health Centers
<b>Damond Boatwright</b> Regional President/CEO of Hospital Operations St. Mary's Hospital	<b>Art Nizza</b> President & CEO UnityPoint Health - Meriter
<b>Terry Brenny</b> CEO Stoughton Hospital	<b>Joe Parisi</b> Dane County Executive
<b>Jennifer Cheatham</b> Superintendent Madison Metropolitan School District	<b>Bobby Peterson</b> ABC for Health, Inc.
<b>Dean Groth</b> Managed Market Manager Pfizer Inc.	<b>Martha (Molli) Rolli, M.D.</b> Dane County Medical Society
<b>Janel Heinrich</b> Director Public Health Madison and Dane County	<b>Jon Rozenfeld</b> President St. Mary's Hospital
<b>Mark Huth, M.D.</b> CEO Group Health Cooperative of SC WI	<b>Paul Soglin</b> City of Madison Mayor
<b>Jonathan Jaffery, M.D.</b> Senior Vice President and Chief Population Health Officer, UW Health President and CEO UW Health Accountable Care Organization	<b>Eric teDuits, D.D.S.</b> Children's Dental Center of Madison
<b>Dr. Allan Kaplan</b> CEO UW Health	<b>Jim Thomson</b> COO Physician's Plus Insurance Corporation
<b>Ronald Lampert</b> President & CEO Journey Mental Health Center	<b>Robert Turngren, M.D.</b> President Meriter Medical Group



Meeting/ Activity	Focus	Guests ◊ Content ◊ Materials	Poverty	Social Disparities	Other Mob Plans	Trauma
Jan. (15) ✓	<p><b>Environmental Analysis/Social Determinants of Health</b></p> <ul style="list-style-type: none"> <li>▪ Public Health Madison Dane County &amp; Community Health Needs Assessment</li> <li>▪ Social Determinants of Health &amp; County Health Rankings</li> <li>▪ Agenda for Change Conversations (health)</li> <li>▪ WI 2020 Health Goals</li> <li>▪ “Culture of Health” preview</li> </ul>	<ul style="list-style-type: none"> <li>▪ Public Health Madison Dane County &amp; Community – new directions &amp; focus; Community Health Needs Assessment; local, state, national health priorities</li> <li>▪ UW Population Health Institute – social determinants of health</li> </ul>	X	X		
Feb. 12 ✓	<p><b>What’s New in Mobilization Plans: Health Intersections &amp; Opportunities</b> (Meeting or conversations w/other CSTs)</p> <ul style="list-style-type: none"> <li>▪ Economic Stability Delegation (including data wall?)</li> <li>▪ Born Learning 2</li> <li>▪ Housing in Action Update</li> <li>▪ Achievement Connections/Schools of Hope Update</li> <li>▪ Children’s Physical Activity Delegation</li> <li>▪ Journey Home?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Invite representatives from these CSTs to the HFL meeting</li> <li>▪ <i>1 page description of each: major objectives, major strategies, thoughts on how HFL can help/should be involved...</i></li> </ul>			X	X
March 12 ✓	<p><b>Conversation with Communities of Color: Health Needs &amp; Concerns</b></p> <ul style="list-style-type: none"> <li>▪ Latino Health Council</li> <li>▪ Foundation for Black Women’s Wellness</li> <li>▪ Hmong Assn?</li> <li>▪ Access Community Health Centers (ACHC) - strategies to reduce disparities – who are the other free clinics?</li> <li>▪ WI Standards for Culturally Competent services (Mai Zong Vue &amp; guest)</li> <li>▪ <b>Non traditional health models (in-home visits, neighborhood-level interventions)</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Meet at Urban League w/Foundation for Black Women’s Wellness??</li> <li>▪ Representatives from Latino Health Council? Hmong Assn, Centro Guadalupe, etc.?</li> <li>▪ ACHC (including FQHCs 101 presentation)-</li> <li>▪ Mai Zong – WI’s work on culturally competent svcs</li> <li>▪ <i>Race to Equity Report</i></li> <li>▪ <i>Provide questions for panel to address</i></li> </ul>	X	X		

Meeting/ Activity	Focus	Guests ◊ Content ◊ Materials	Poverty	Racial Disparities	Other Mob Plans	Trauma
April 9 ✓	<p><b>Children’s Health Issues, School-Based Mental Health, and Opportunities for Children &amp; Youth (&amp; Early Childhood?)</b></p> <ul style="list-style-type: none"> <li>▪ Student services staff (and students??) from schools across the county</li> <li>▪ Dane County Human Services Dept. – children’s services</li> <li>▪ Health concerns &amp; service delivery – what does it look like?</li> <li>▪ School mental health: needs; impact of trauma; exemplar models; MMSD vision &amp; progress</li> <li>▪ Are United Way’s investments still valuable/helpful?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Student services staff – MMSD &amp; rural district</li> <li>▪ Dane County Human Services Dep’t. children’s services contract manager</li> <li>▪ State – CCR, CSP</li> <li>▪ The Rainbow Project?</li> <li>▪ Children, Youth and Families Consortium</li> <li>▪ New mental health staff at DPI (Monica)</li>   <li>▪ ADD JAMI CRESPO’S DANE COUNTY OVERVIEW</li> </ul>	X	X	X	X
May 14 ✓	<p><b>Adult Mental Health Needs: Progress, Issues, Opportunities</b></p> <ul style="list-style-type: none"> <li>▪ Check-in on status of Mobilization Plan recommendations: Delegation to Improve Access to Mental Health Services</li> <li>▪ Recent activity: Task Force on law enforcement practices re: community safety and people in mental health crisis</li> <li>▪ Cultural competence</li> <li>▪ Mental health in multi-generational strategies toward breaking the cycle of poverty</li> <li>▪ Alcohol &amp; drug abuse...</li> <li>▪ Upstream prevention</li> <li>▪ Case management</li> <li>▪ State funding</li> </ul>	<ul style="list-style-type: none"> <li>▪ Health system representatives (GHC, ACHC)</li> <li>▪ Triangle Community Ministry’s Edgewood College students – assessment of primary care/behavioral health care integration</li> <li>▪ Mental Health and Substance Abuse Consortium &amp;/or Recovery Coalition</li>   <li>▪ Research on culturally competence in mental health service delivery</li> </ul>			X	X
June 11 ✓	<p><b>Discussion re: our Current Mental Health Investments FOCUS CHANGED TO PUBLIC HEALTH</b></p> <ul style="list-style-type: none"> <li>▪ CBITS, FACE-Kids &amp; other interventions – still relevant?</li> <li>▪ New directions for counseling services? A group conversation with agencies.</li> <li>▪ Emerging implications from the Economic Stability Delegation?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Invite agency partners for all or part of these conversations?</li> <li>▪ What are the outcomes?</li> </ul> <p>ADD: Mid-point progress check-in on our work</p>	X	X	X	X

Meeting/ Activity	Focus	Guests ◊ Content ◊ Materials	Poverty	Racial Disparities	Other Mob Plans	Trauma
July 23 ✓	<b>Local Impact of the Affordable Care Act (ACA)</b> <ul style="list-style-type: none"> <li>▪ Covering Kids and Families – (un)insured in Dane County</li> <li>▪ HealthConnect and United Way 2-1-1 experience</li> <li>▪ Health coverage needs that are not addressed?</li> <li>▪ Oral Health Coalition? (Dental)</li> <li>▪ Health Council</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪ State DHS?</li> <li>▪ Covering Kids &amp; Families – on the ground experience</li> <li>▪ Oral Health Coalition member</li> <li>▪ Public Health Madison Dane County</li> <li>▪ Jay Tapper (Milwaukee – other Health Council models?)</li> <li>▪</li> </ul> ADD ORIENTATION, PREP, and SIGN-UP FOR AGENCY VISITS	X	X		
**Aug 13 or Sept 10 (if take a break in Aug. )	<b>Wrap up (or Additional Topic(s)) if needed</b> <ul style="list-style-type: none"> <li>▪ New/emerging health needs &amp;/or strategies?</li> <li>▪ Funding &amp; resource (mis)match?</li> <li>▪ Health policy advocacy– a role for United Way?</li> <li>▪ Recommend a change in our vision goal(s) and/or strategies?</li> <li>▪ Implications for realigning the HFL portfolio</li> </ul>					
Sept. 10 ✓	<b>An Evolving Public Policy Role for United Way of Dane County?</b> <ul style="list-style-type: none"> <li>▪ Background examples</li> <li>▪ Implications for United Way</li> <li>▪ Plan for Agency Visits</li> </ul>	<ul style="list-style-type: none"> <li>▪ Access Community Health Centers</li> </ul>				
Oct. 8 ✓	<b>Health and Racial Equity Impact Assessments</b> <ul style="list-style-type: none"> <li>▪ Overview of intent, tools, and use</li> </ul>	<ul style="list-style-type: none"> <li>▪ Public Health Madison and Dane County</li> </ul>	X	X		
Nov. 12 ✓	<b>Agency Visits</b> <ul style="list-style-type: none"> <li>▪ Debrief on visits to-date</li> </ul>					

Remainder of 2015	<p><b>Strategies and Planning for aligning our portfolio</b></p> <ul style="list-style-type: none"> <li>▪ What alignment is necessary</li> <li>▪ 2016 or 2017?</li> <li>▪ How do we get there?</li> <li>▪ Agency/partner implications</li> </ul>					
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Key questions:

- What collaboration is/isn't going on between agencies, systems, etc.?
- What does the funding picture look like?

**\*\* Consider possibility of the Team:**  
 - not meeting in Aug. and Sept.  
 - using Sept. as Agency Visit month  
 - having a 2 hour meeting in Oct.

Additional information gathering opportunities:

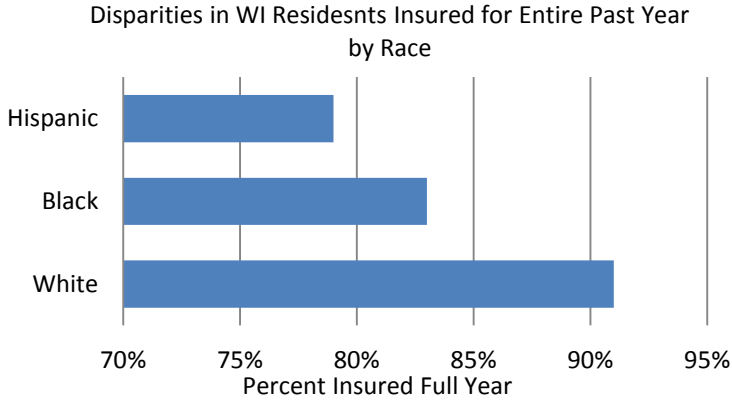
- Agency visits
- Agency Executives Meeting or focus group(s)
- **Conversations with other funders (if needed)**

Research/Resources:

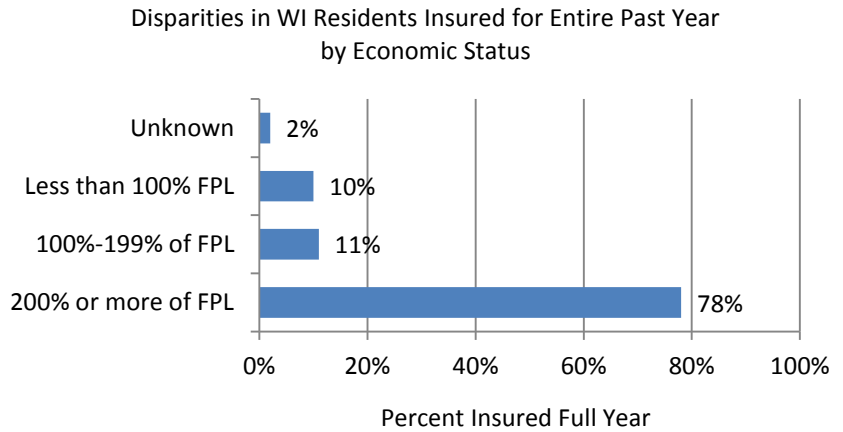
- Population Health/ Social Determinants of Health
- RWJF
  - ✓ HealthCare: Necessary but not Sufficient
  - ✓ Why Education Matters to Health: Exploring the Causes
  - ✓ Briefs on health disparities
  - ✓ Culture of Health
  - ✓ Early Childhood Experiences Shape Health and Well Being Throughout Life
  - ✓ Supporting Adults to Support Young Children, Etc.
  - ✓ Caring Across Communities: Addressing Mental Health Needs of Diverse Children and Youth
  - ✓ Are the Children Well?
- The Center for Health & HealthCare In Schools
- Recent study on health needs of young adults...

## Health Disparities by Race and Ethnicity – Wisconsin and Dane County

### A. Health Insurance



Wisconsin Family Health Survey, 2014 – Key Findings on Health Insurance and Health Care, WI DHA; December 2015



Wisconsin Family Health Survey, 2014 – Key Findings on Health Insurance and Health Care, WI DHA; December 2015

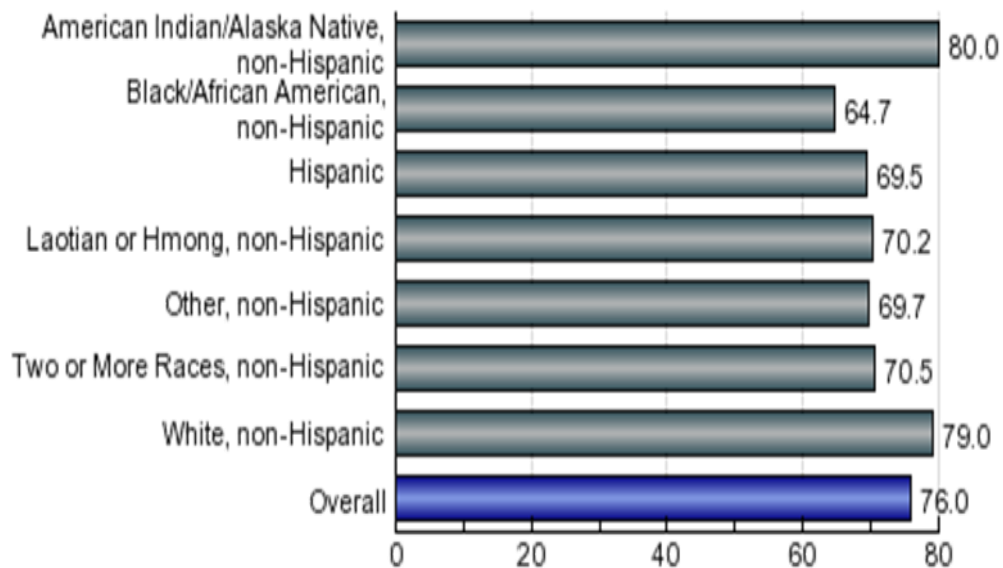
Uninsured Rates for WI Children by Race

Non Hispanic White	4.9
Black	5.1
Asian	6.3
Hispanic	9.6

2015 Current Population Survey, Reported in "Reducing Health Disparities by Poverty Status". UW Madison Institute for Research on Poverty, October 2015

**B. Maternal and Infant Health**

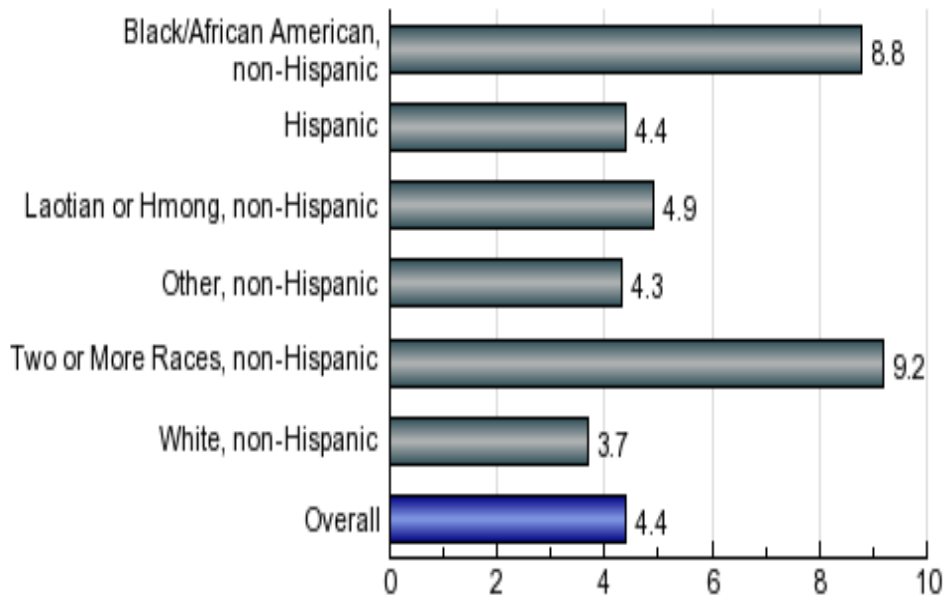
Dane County Mothers Who Received Early Prenatal Care



HealthyDane.org

Dane County Infant Mortality Rate by Maternal Race/Ethnicity

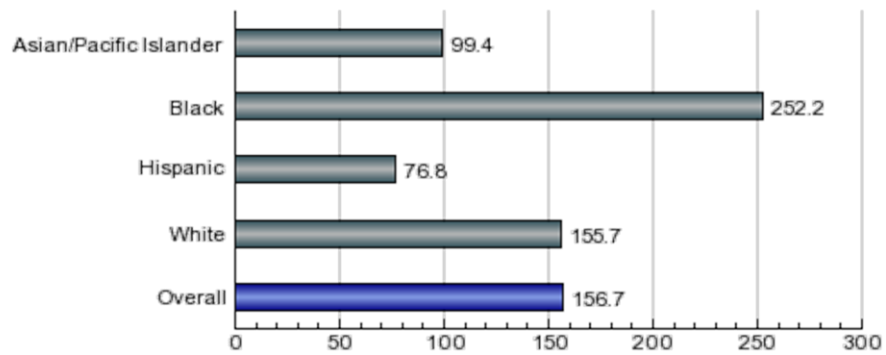
deaths/1,000 live births



HealthyDane.org

### C. General Health Status

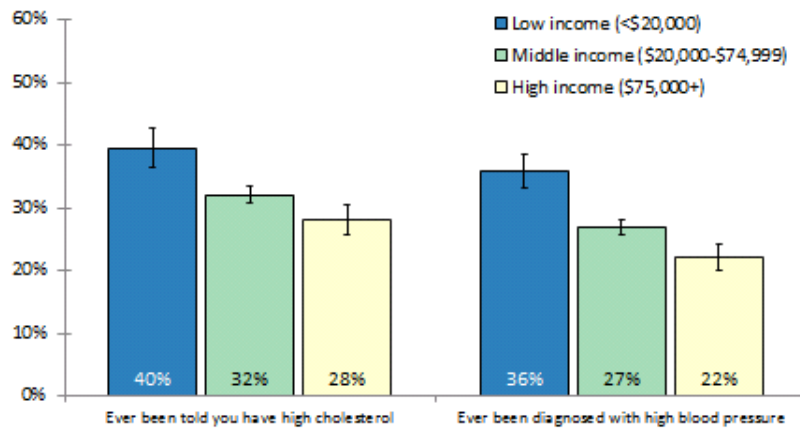
Age-Adjusted Death Rate due to Cancer by Race/Ethnicity



HealthyDane.org

### CHRONIC DISEASE Cardiovascular disease and risk factors

Age-adjusted rates of high cholesterol and high blood pressure among Wisconsin adults, by household income, 2009 and 2011

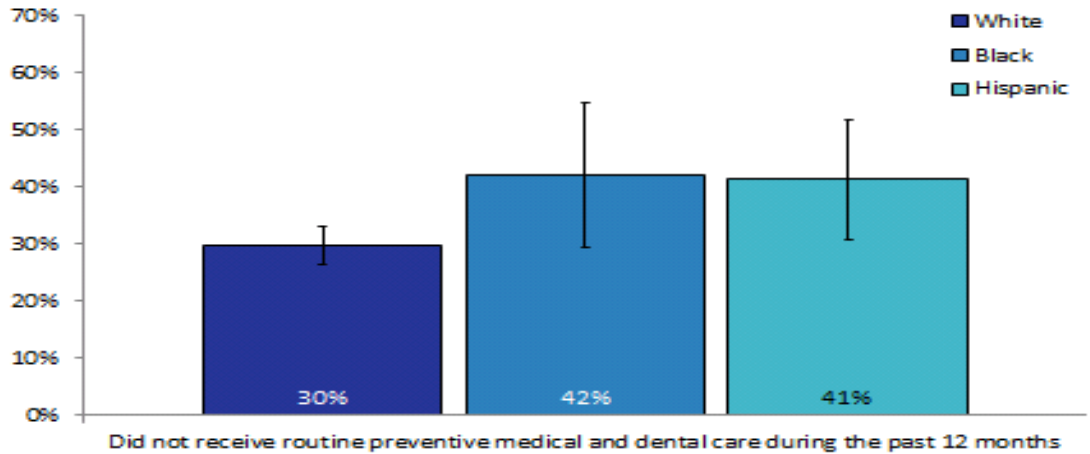


Source: Wisconsin Department of Health Services, Behavioral Risk Factor Survey (BRFS), 2008-2011 (landline-only) dataset.  
 Note: Questions only asked in 2009 and 2011.

## D. Dental Health

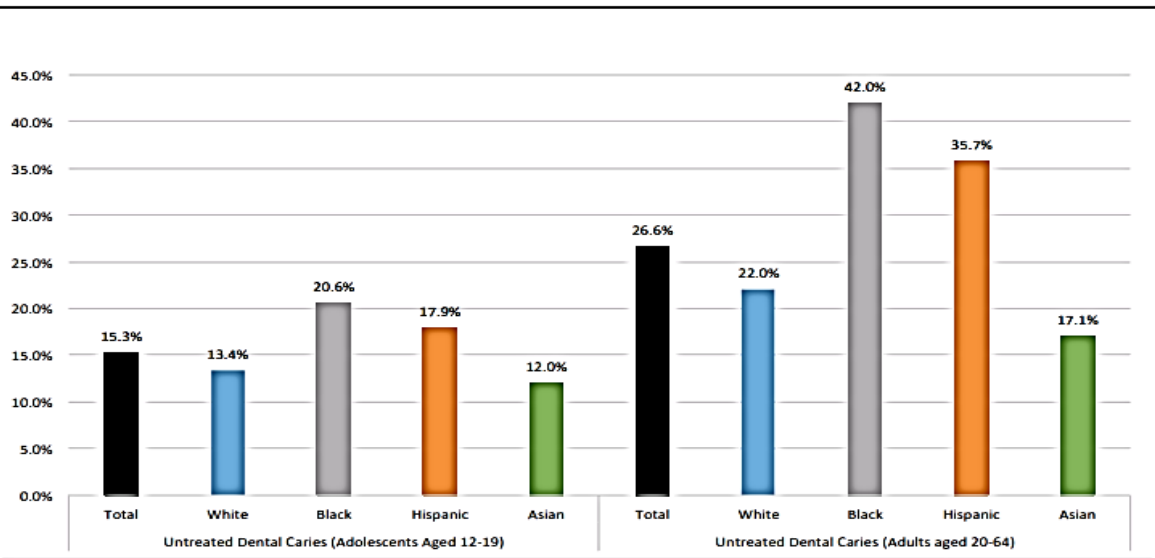
### BLACK POPULATION Access to health care

Lack of routine preventive medical and dental care among children, by race/ethnicity, Wisconsin, 2011-2012



Source: 2011-2012 National Survey of Children's Health.  
 Note: Wisconsin estimates were only available for White, Black, and Hispanic children.

### PREVALENCE OF DENTAL CARIES IN PERMANENT TEETH BY AGE AND RACE



National data: 2015 Kelly Report: Health Disparities in America





Healthy for Life Community Solution Team Roster  
June 2016

Daniel G. Frazier (Chair)  
*US Bank*

Karen Timberlake (Former Chair, now Vision Council Co-Chair)  
*UW Population Health Institute*

Quinton D. Cotton  
*UW School of Medicine & Public Health*

Jami L. Crespo  
*Public Health Madison Dane County*

Carola Gaines  
*Unity Health Plans Insurance Corporation*

Andrew B. Hebl  
*Boardman & Clark*

Karen M. Johnson  
*Retired, State of Wisconsin Health and Human Services Department*

Scott Strong  
*Community Partnerships, Inc.*

Mai Zong Vue  
*Division of MH & Substance Abuse Services  
Bureau of Prevention, Treatment & Recovery*

Heidi Wagleitner  
*Legal Action of WI*

Amy Williamson  
*Lifecourse Initiative for Healthy Families  
UW School of Medicine and Public Health*

3/9/18