



# 2022 HUNGER & HEALTH SUMMIT REIMAGINED RESILIENCY

**TUESDAY, APRIL 26TH  
LUNCHEON PLENARY**

**PRESENTED BY:**



Small details. Big difference.™



**Michelle Orge**

CEO/President



**Rick Parks**

CEO/President



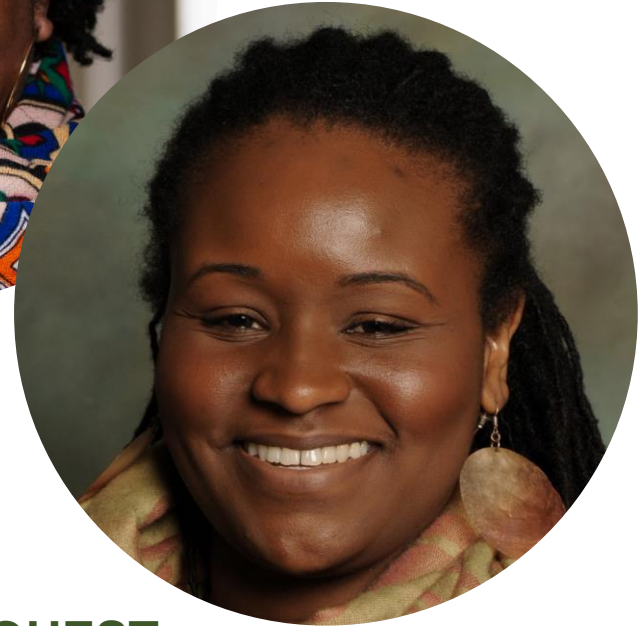
**Small details. Big difference.™**



# Food Security as a Driver of Health Equity

**T.R. Williams and  
Dr. Michelle Robinson**

Department of Health Services



# Food Security as a Driver of Health Equity: The Role of Advocacy in Addressing Social Determinants of Health



Michelle Robinson, M.S., Ph.D.  
Director, Office of Health Equity

T.R. Williams, J.D.  
Assistant Deputy Secretary, DHS

# Agenda

- The Office of Health Equity (OHE)
- What DHS is doing
- The role of public-private partnerships
- Emerging infrastructure
- How to leverage government

# The Office of Health Equity

**Mission, Vision, and Values**

# OHE Mission, Vision, and Values

**VISION:** DHS, where equity and justice are embedded as the cornerstone of our work to serve all communities, allowing each Wisconsinite to live their best life.

**MISSION:** To protect and promote the health and safety of all Wisconsinites, DHS commits to identifying, dismantling, and improving institutional structures that inflict and ignore racism, discrimination, and trauma among marginalized communities and centering our work around our core values.

## Values:

### Recognize

- Acknowledge racial and social injustice
- Understand how systemic barriers/root causes create health disparities
- Own DHS's complicity and role in this broken system
- Celebrate diversity and promote representation

### Respect

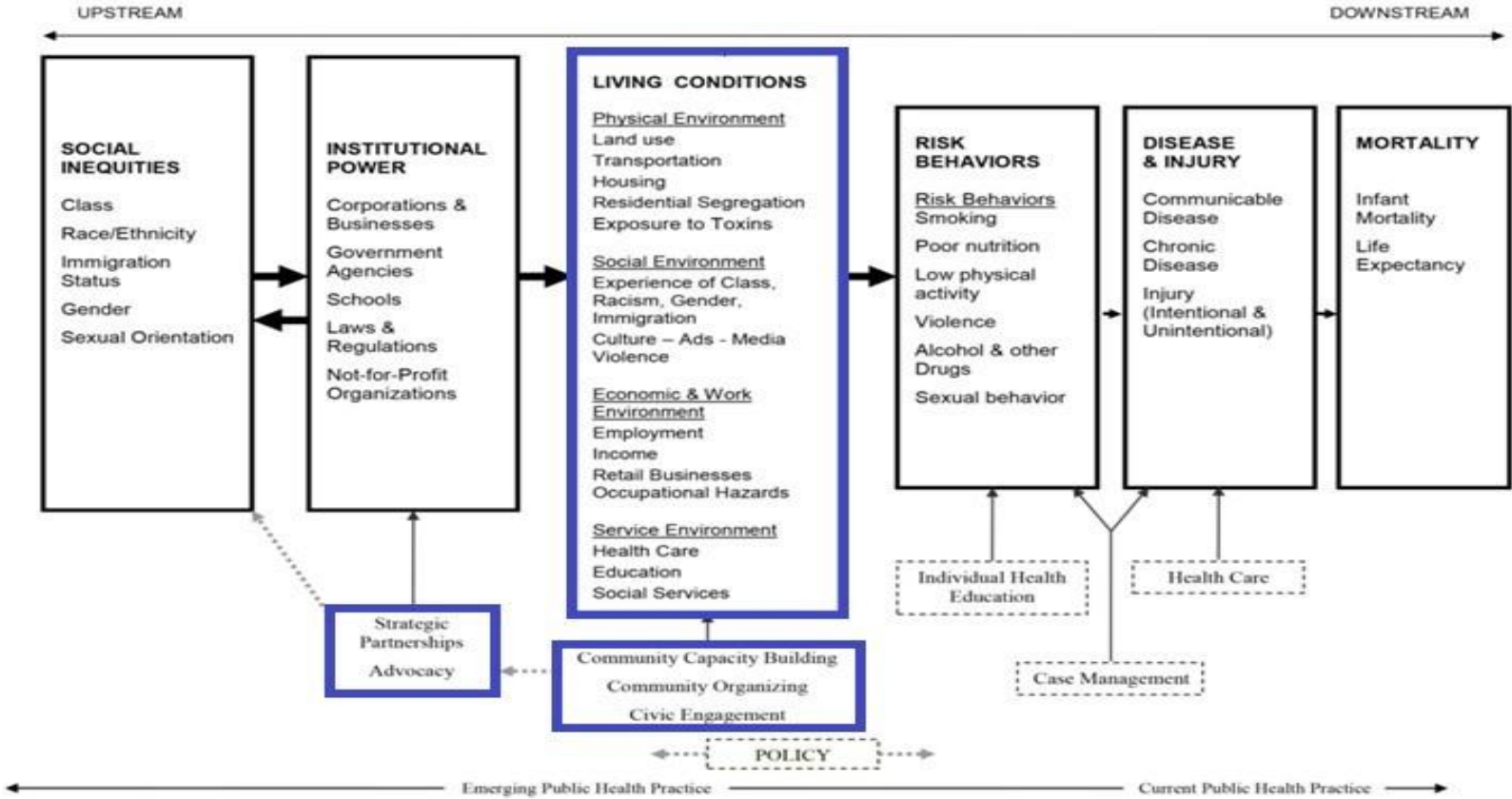
- Honor cultural traditions
- Empower all voices
- Give authority to the voices of our partners and those with lived experience, and share power with them
- Foster diversity, equity, inclusion, and safety

### Respond

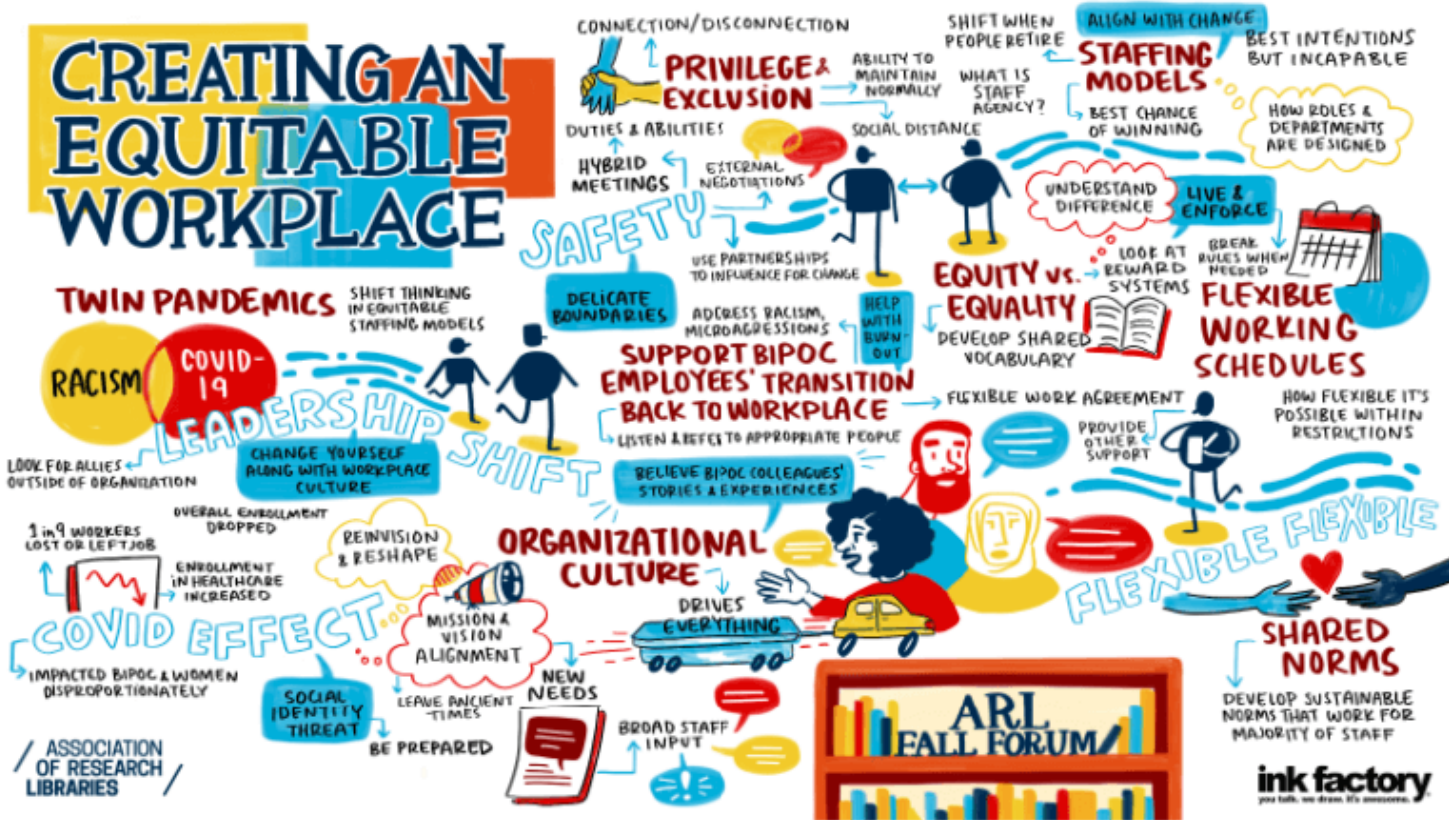
- Promote cultural humility and linguistically responsive services
- Support transformation to address health disparities
- Reimagine and redesign – use focused approaches to restore health to marginalized communities that are the target of racist and discriminatory policies and practices
- Celebrate, elevate, and share successes



# Health Equity



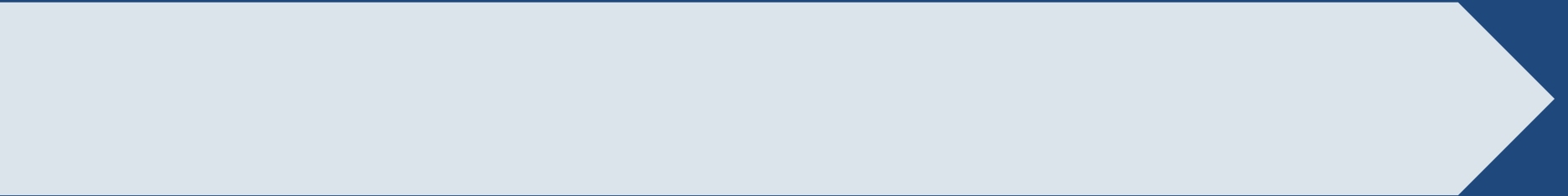
# Internal Workforce – IDEA



# Our Evolving Structure

- ***Inclusion, Diversity, Equity and Access (IDEA)***
  - Culture and Climate
  - Programs and Policies
  - Collaboration/Partnerships
- ***Minority Health Program (MHP)***
  - Grant-making
  - Surveillance, Outreach and Education on Disparities
  - Policy and Programs
- ***Health Equity Outreach, Programs and Policy***
  - Place-Based Disparities (Rural & Urban)
  - Economic Disparities
  - OHE Advisory Body
  - Stakeholder Engagement/Outreach
- ***Health Equity Capacity-Building***
  - Strategic Communications
  - Technical Assistance

# Food Insecurity: Setting the Context



# 2019 Map the Meal Gap Data

Food Insecurity Rates

4-14%

15-19%

20-24%

25-29%

30% +

2019 Overall County Food Insecurity In The United States



FOOD INSECURE PEOPLE IN THE UNITED STATES

FOOD INSECURITY RATE IN THE UNITED STATES

ESTIMATED PROGRAM ELIGIBILITY AMONG FOOD INSECURE PEOPLE IN THE UNITED STATES

**35,207,000**



- 31%** Above Other Nutrition Program threshold of 185% poverty
- 19%** Between 130%-185% poverty
- 50%** Below SNAP threshold of 130% poverty

AVERAGE MEAL COST IN THE UNITED STATES

**\$3.13**

ANNUAL FOOD BUDGET SHORTFALL

**\$18,838,562,000**

# 2019 Map the Meal Gap Data

Food Insecurity Rates

4-14%

15-19%

20-24%

25-29%

30% +

2019 Overall County Food Insecurity In Wisconsin



FOOD INSECURE PEOPLE IN WISCONSIN

**530,500**



FOOD INSECURITY RATE IN WISCONSIN



ESTIMATED PROGRAM ELIGIBILITY, AMONG FOOD INSECURE PEOPLE IN WISCONSIN

**38%** Above SNAP, Other Nutrition Programs threshold of 200% poverty

**62%** Below SNAP, Other Nutrition Programs threshold of 200% poverty

AVERAGE MEAL COST IN WISCONSIN

**\$2.90**

ANNUAL FOOD BUDGET SHORTFALL

**\$263,205,000**

# Known Health Impacts

**Figure 1:**  
**Chronic Diseases, Health Conditions, and Health Behaviors Associated With Food Insecurity**

Children	Adults*	Older Adults
Asthma <sup>79</sup>	Arthritis <sup>80</sup>	Asthma <sup>81</sup>
Behavioral and social-emotional problems (e.g., hyperactivity) <sup>82, 83, 84</sup>	Asthma <sup>85</sup>	Congestive heart failure <sup>86</sup>
Birth defects <sup>87</sup>	Cancer <sup>88</sup>	Depression <sup>89</sup>
Developmental risk <sup>90</sup>	Chronic kidney disease (especially among those with either diabetes or hypertension) <sup>91</sup>	Diabetes <sup>92</sup>
Iron deficiency anemia <sup>93, 94</sup>	Chronic obstructive pulmonary disease (COPD) <sup>95</sup>	Gum disease <sup>96</sup>
Less physical activity <sup>97</sup>	Cigarette smoking <sup>98</sup>	History of a heart attack <sup>99</sup>
Low birth weight <sup>100, 101</sup>	Coronary heart disease <sup>102</sup>	Hypertension <sup>103</sup>
Lower bone density (among boys) <sup>104</sup>	Depression (including maternal depression) <sup>105, 106</sup>	Limitations in activities of daily living <sup>107</sup>
Lower health status <sup>108, 109</sup>	Diabetes <sup>110, 111</sup>	Lower cognitive function <sup>112</sup>
Lower health-related quality of life <sup>113</sup>	Functional limitations <sup>114</sup>	Lower intakes of calories and key nutrients (e.g., protein, iron, calcium, vitamins A and C) <sup>115</sup>
Lower physical functioning <sup>116</sup>	Hepatitis <sup>117</sup>	Obesity (primarily among women) <sup>118</sup>
Mental health problems (e.g., depression, anxiety, suicidal ideation) <sup>119, 120, 121</sup>	Higher levels of C-reactive protein (a marker of inflammation) <sup>122, 123</sup>	Osteoporosis <sup>124</sup>
More frequent colds and stomachaches <sup>125</sup>	Hyperlipidemia <sup>126</sup> and dyslipidemia <sup>127</sup>	Peripheral arterial disease <sup>128</sup>
Poor dietary quality <sup>129</sup>	Hypertension <sup>130</sup>	Poor or fair health status <sup>131</sup>
Poor educational performance and academic outcomes <sup>132, 133, 134, 135</sup>	Insufficient sleep or poor sleep outcomes <sup>136, 137</sup>	
Untreated dental caries (i.e., tooth decay) <sup>138</sup>	Less physical activity <sup>139</sup>	
	Mental distress <sup>140</sup>	
	Obesity (primarily among women) <sup>141, 142, 143</sup>	
	Poor dietary intake <sup>144</sup>	
	Poor or fair health status <sup>145</sup>	
	Pregnancy complications (e.g., gestational diabetes, iron deficiency) <sup>146, 147</sup>	
	Stroke <sup>148</sup>	
	Suicidal ideation <sup>149</sup>	

\* Studies that examine food insecurity among adults have considerable variation in the ages of those included in the study. Many studies focus on adults under 65, while others include all adults over 18 or 20 years of age.

# What DHS is doing

**Spotlighting Some of Our Programs**



# Examples of DHS Programs

- FoodShare
- Commodity Supplemental Food Program
- Senior Farmers Market Nutrition Program
- The Emergency Food Assistance Program (TEFAP)
- WIC (Women, Infants, and Children) Program
- Pandemic EBT (P-EBT)

# Public-Private Partnerships

**Building capacity to advance health equity**

# Examples of Partnerships

- Minority Health Program Grantees
- Local and Tribal Health Partners
- Community Health Workers
- Schools, Child Care
- Community and Urban Agriculture
- DATCP Food Security Initiatives

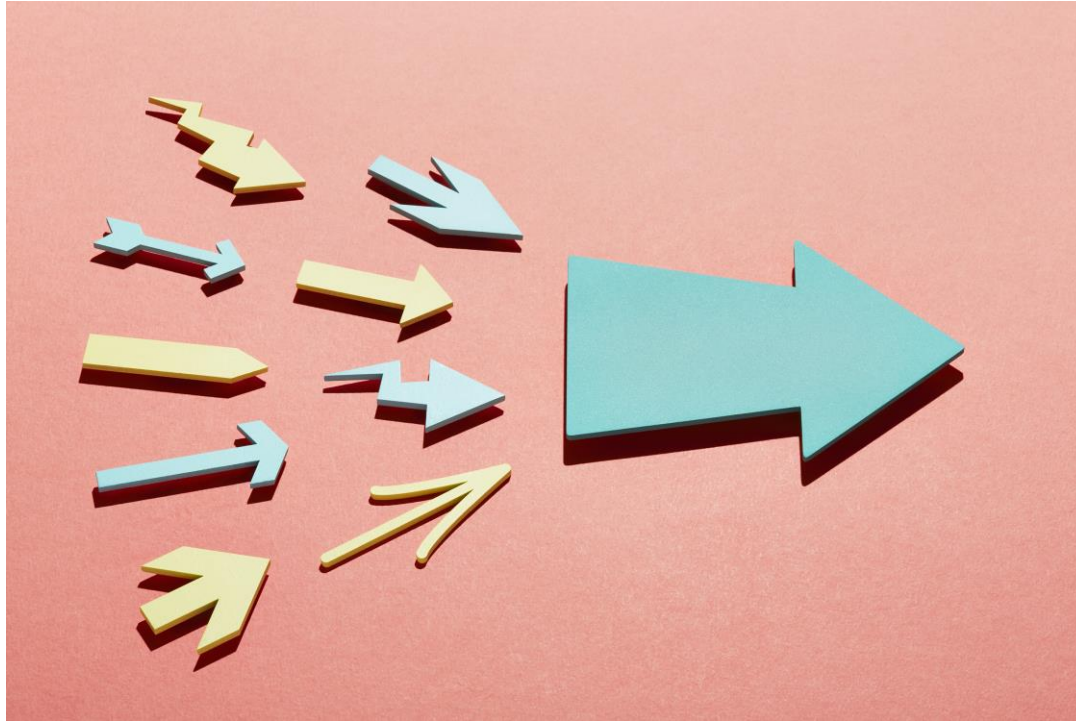
# Emerging Models

**What other states are doing and what is working**

# Examples of What Works

- Universal Benefits Enrollment
- USDA Indigenous Food Sovereignty Initiative
- Urban Farming Initiatives
- ILOS Option for Medicaid managed care organizations

# OHE Moving Forward



# HOW WISCONSIN GOVERNMENT WORKS

**Leveraging Government to Promote Food Security**

# WHAT IS POLICY?

Made (a construct) in response to an issue or problem that requires a solution

What the government chooses to do (actual) or not do (implied) about the issue or problem

## Policy

May take the form of law, regulation or set of laws and regulations that govern an issue or problem

Ongoing process that does not always have a clear beginning or end-continually reassessed, revisited and revised



## Who Makes Policy ?

Legislature and other local elected bodies (i.e. School Board, County Supervisors, City Council)

The Executive (Mayor & Governor)- signs or vetoes bills, proposes the budget, makes appointments (except DOJ & DPI- elected positions)

## Who Makes Policy ?

Departments & Agencies (i.e. DHS)- create and administer programs, develop and implement regulations and rules, monitor, evaluate and study

The Judiciary (Courts)- interpret legislative intent, hears and decides lawsuits

## What does the Legislature do?

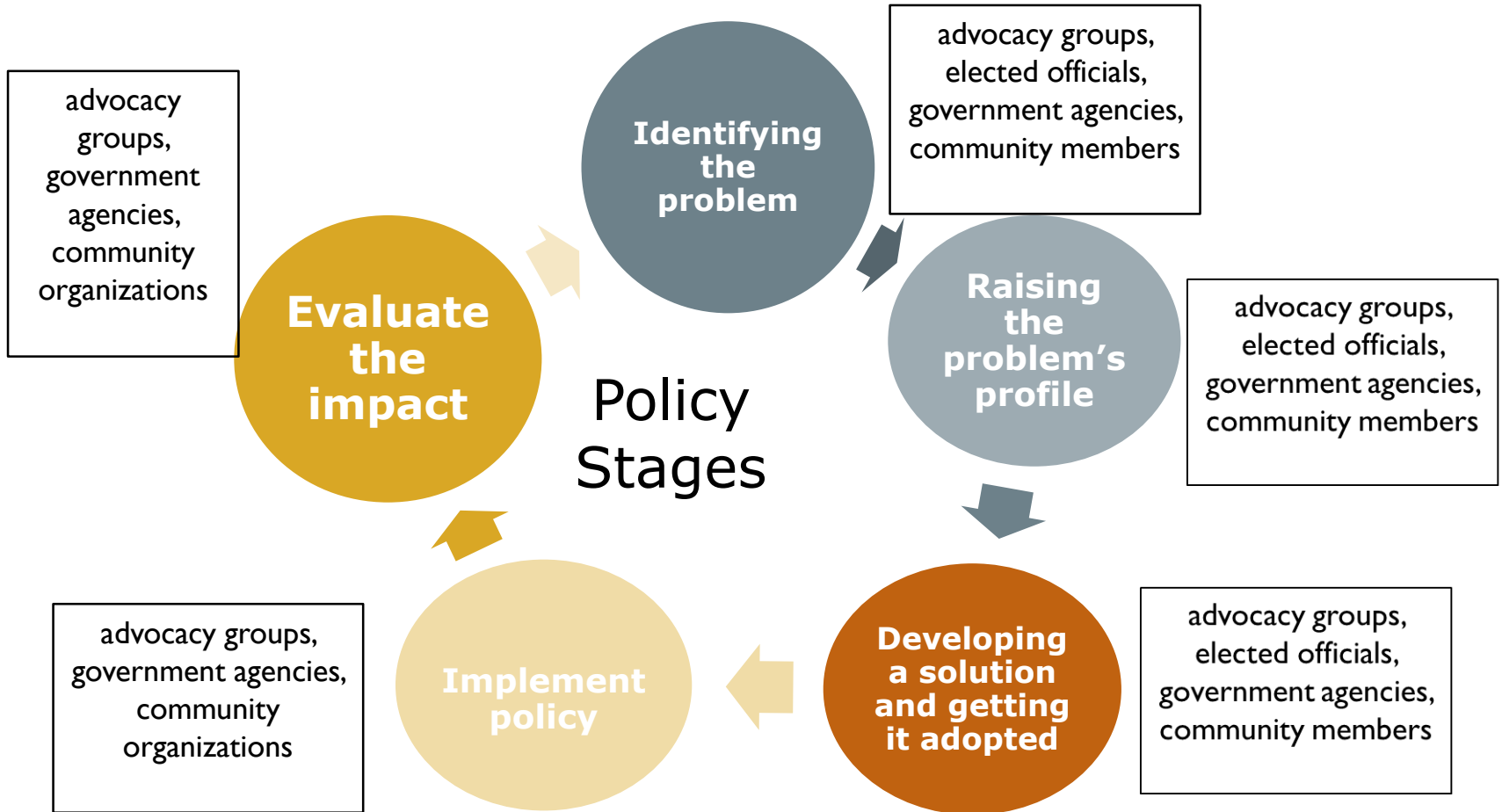
Passes legislation and resolutions  
Sets and approves a budget

Holds hearings and other fact-finding activities  
Provides help to constituents

# WISCONSIN STATE AGENCIES

- Department of Administration (DOA)
- Department of Agriculture, Trade and Consumer Protection (DATCP)
- Department of Children and Families (DCF)
- Department of Corrections (DOC)
- Department of Employee Trust Funds (ETF)
- Department of Financial Institutions (DFI)
- Department of Health Services (DHS)
- Department of Justice (DOJ)
- Department of Military Affairs (DMA)
- Department of Natural Resources (DNR)
- Department of Public Instruction (DPI)
- Department of Revenue (DOR)
- Department of Safety and Professional Services (DSPS)
- Department of Tourism
- Department of Transportation (DOT)
- Department of Veterans Affairs (DVA)
- Department of Workforce Development (DWD)
- Wisconsin Housing and Economic Development Authority (WHEDA)
- Office of Commissioner of Insurance (OCI)
- Public Service Commission (PSC)
- Wisconsin Economic Development Corporation (WEDC)

<https://www.wisconsin.gov/Pages/AllAgencies.aspx>



# QUESTIONS



# QUICK REFERENCE

- ❑ legis.wi.gov
- ❑ 33 State Senators in WI (4-year terms)
- ❑ 99 Assembly State Representatives (2-year terms)
- ❑ Speaker of the Assembly and Leader of the Senate:
  - Names committees
  - Chooses committees
  - Decides committee chairs and members of their party on the committee

- ❑ Joint Committee on Finance (JFC): unique to WI with the combination of budget and finance
  - Other states have a separate budget and appropriations committee
  - Assembly and Senate sit together on this Committee
  - 16 members-9 affirmative (YES) votes to pass
- ❑ Bill: language before signage
- ❑ Act: language after signage- law in effect
- ❑ Legislative Reference Bureau (LRB) = translators, typically lawyers, non-partisan
  - Take the legislators "solution" to a "problem" and put it in "bill" language

# WHAT'S IN A WORD? : FREQUENTLY USED WORDS & THEIR MEANINGS

- **Amendment**: a suggested change to a bill or other proposal that has been introduced into the legislative process. An amendment may propose the addition, deletion, or substitution of language in a proposal.
- **Appropriation**: A legislative authorization for the expenditure (spending) of funds.
- **Biennial Budget**: the State's budget covers a two-year period (fiscal biennium) | Start: July 1, Odd Year | End: June 30, Next Odd Year | July 1, 2021 - June 30, 2023
- **Bill** : a proposed change in state law originating in the Legislature.
- **Bipartisan**: representing, characterized by, or including members from two parties or factions.
- **Nonpartisan**: not based on, biased towards, influenced by, affiliated with, or supporting the interests or policies of a political party.
- **Resolution**: formal statement of opinion or intention passed by a legislative body.
- **Veto**: the action by which all or a part of a bill is rejected by the Governor.
- **Veto override**: a vote of both houses of the Legislature to overturn a gubernatorial (Governor) veto. To be successful, such a vote must receive a two-thirds vote in both houses.

# HOW A BILL BECOMES A LAW IN WI

## "SCHOOL HOUSE ROCK" REMIX & ABRIDGED

- **Step 1:** The bill is drafted
- **Step 2:** The bill is assigned to the Senate or Assembly
- **Step 3:** The bill is referred to a committee
- **Step 4:** A hearing is held on the bill
- **Step 5:** The committee votes on the bill
- **Step 6:** The bill is scheduled for a vote on the floor
- **Step 7:** A floor vote is conducted
- **Step 8:** The bill is sent to the opposite legislative body and the same process repeats

# A DEEPER DIVE:

House:  
Assembly

```
graph TD; A[House: Assembly] --- B[State Representative (LRB & Co-Sponsors)]; B --- C[Introduction- 1st Reading]; B --- D[Assembly Standing Committee]; B --- E[Public Hearing];
```

State Representative  
(LRB &  
Co-Sponsors)

Introduction- 1<sup>st</sup>  
Reading

Assembly Standing  
Committee

Public Hearing



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# House: Assembly

Committee  
Amendments, Executive  
Action, Committee  
Recommendation

Joint Committee on  
Finance (Assembly &  
Senate)

Assembly Rules  
Committee

Calendar  
2<sup>nd</sup> Reading  
(amendments considered)

Debate and  
Amendments

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# House: Assembly

Reading

Engrossment

(incorporate all adopted  
amendments and approved  
technical corrections in the  
house of origin)

Passage

Assembly  
Message to  
the Senate

Goes through  
Senate Process

# House: Senate

```
graph TD; A[House: Senate] --> B[Receive Assembly Message  
1st Reading]; B --> C[Senate Standing Committee]; B --> D[Public Hearing]; B --> E[Committee Amendments, Executive Action, Committee Recommendation];
```

Receive Assembly  
Message  
1<sup>st</sup> Reading

Senate Standing  
Committee

Public Hearing

Committee  
Amendments, Executive  
Action, Committee  
Recommendation

# House: Senate

Senate  
Organization  
Committee

Calendar  
2<sup>nd</sup> Reading  
(amendments considered)

Debate and  
Amendments

Calendar  
3<sup>rd</sup> Reading  
(no more amendments |  
discussion & final vote)

# House: Senate

Concurrence  
a bill must pass  
both houses in  
identical form to  
become law

Senate message  
to assembly

Finally, the process  
of both houses will  
converge

Enrolling  
Amendments consolidated  
and prepared to be sent to  
Governor for signature

# Governor

Bill without signature  
(if not signed or  
vetoed within 6 days)

Secretary of State  
THEN  
Publication

Approval with  
signature (date  
of enactment)

Secretary of State  
THEN  
Publication (one day  
after date of enactment)

IF VETO (whole or part) = Calendar  
Assembly & Senate  
Veto message within 6 days (excl. Sun)  
THEN  
Passage notwithstanding Gov's  
objections (2/3 vote ea. House)

# QUESTIONS



# TIMELINE: WI BIENNIAL BUDGET PROCESS

Sept. 15, Even Year: State agencies submit budget to Governor (via State Budget Office [DOA] for review)

November 20, Even Year: DOA Secretary provide Governor, Governor-elect and each member of the next Legislature with total amount of each agency's biennial budget request

Last Tuesday in January. Odd Year: Governor delivers biennial budget message and "gives" the Biennial Budget to JFC

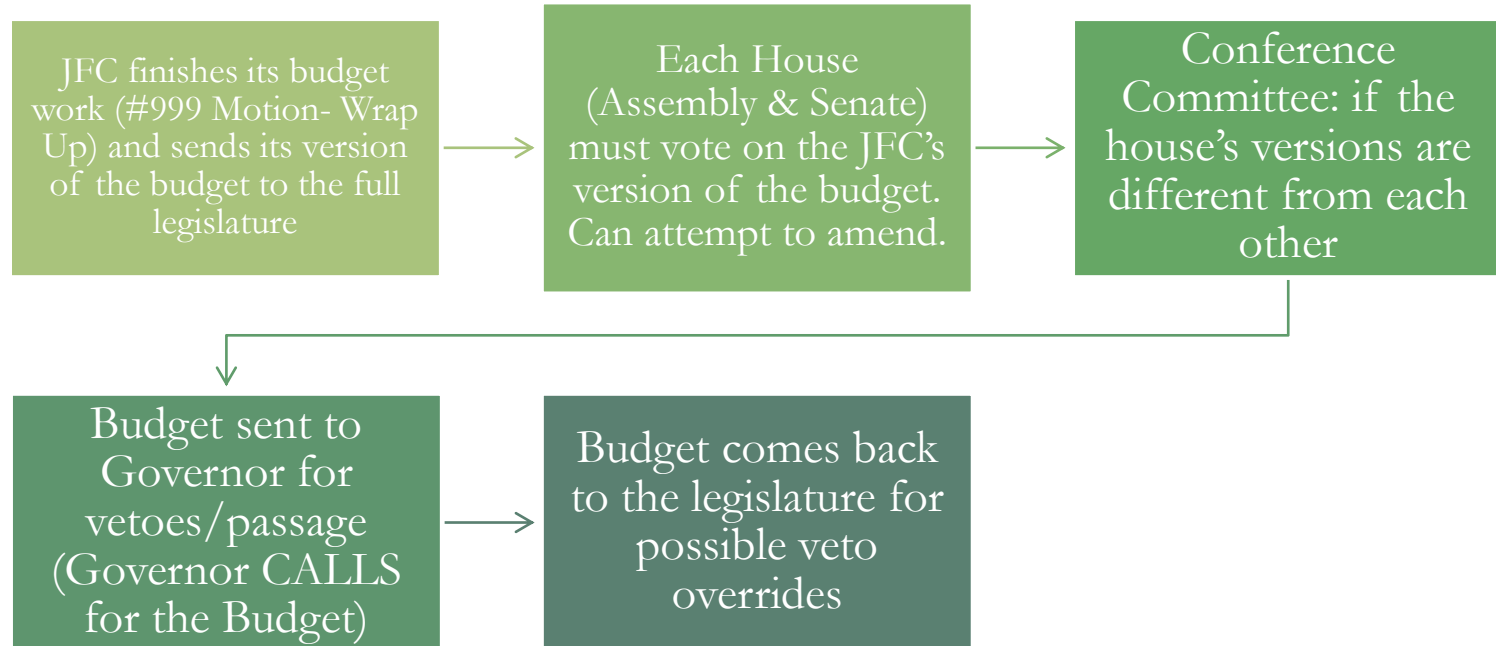
Late Feb/Early March, Odd Year: JFC holds agency briefings (open to public but not for commentary)

Mid-late March/ April, Odd Year: JFC holds public hearings throughout the state

April- June. Odd Year: JFC begins votes on each agency's piece of the budget (called Executive Action)



# TIMELINE: WI BIENNIAL BUDGET PROCESS



# NON - BUDGET FISCAL BILLS

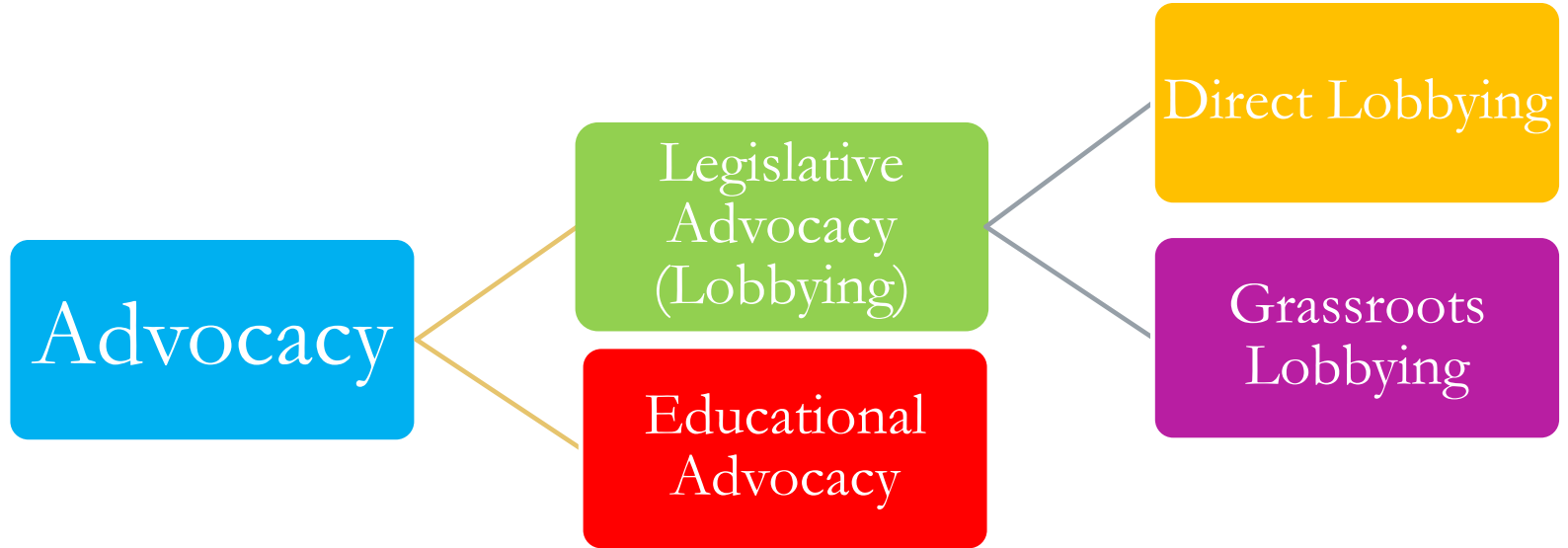
**“During the legislative session, there are bills other than the biennial budget bill that request funds for specific limited purposes, such as for a new program or to modify the operation of an existing program. These bills, introduced during the regular legislative session, are termed fiscal bills and have specific requirements related to them as they proceed through the legislative process. Each fiscal bill must be accompanied by a fiscal estimate predicting the cost of the bill to the state and its political subdivisions. [s. 13.093 (2) (a), Stats.] Each fiscal bill must also be referred to JCF before being passed. [s. 13.093 (1), Stats.]” – WI Legislative Council Information Memorandum, IM -2020-17**

# QUESTIONS



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## ADVOCACY SPECTRUM



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# EDUCATIONAL ADVOCACY

Meeting with, calling, emailing,  
general communications to legislators  
or decision makers to EDUCATE  
THEM about your work or the  
impact of legislation on your work

**NO LIMIT** on the amount of educational advocacy a  
501c3 may provide

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# LEGISLATIVE ADVOCACY

Influence decision making on public policy issue (Vote on Bill #...)

For 501c3 organizations, legislative advocacy is allowed, within limits

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# DIRECT LOBBYING VS. GRASSROOTS LOBBYING



Direct Lobbying: communicating with legislators (including staff) to influence legislation. Taking a position on public policy issues.



Grassroots Lobbying: communicating with the general public to influence the vote of a legislative body on a specific piece of legislation

# CAN A 501C3 ADVOCATE!?

**YES**

## **Advocacy:**

- Organizing (grassroots)
- Educating legislators (provide information on an issue)
- Educating the public about the legislative process
- Educating the public about health care issues
- Research on public policy issues
- Non-partisan voter education

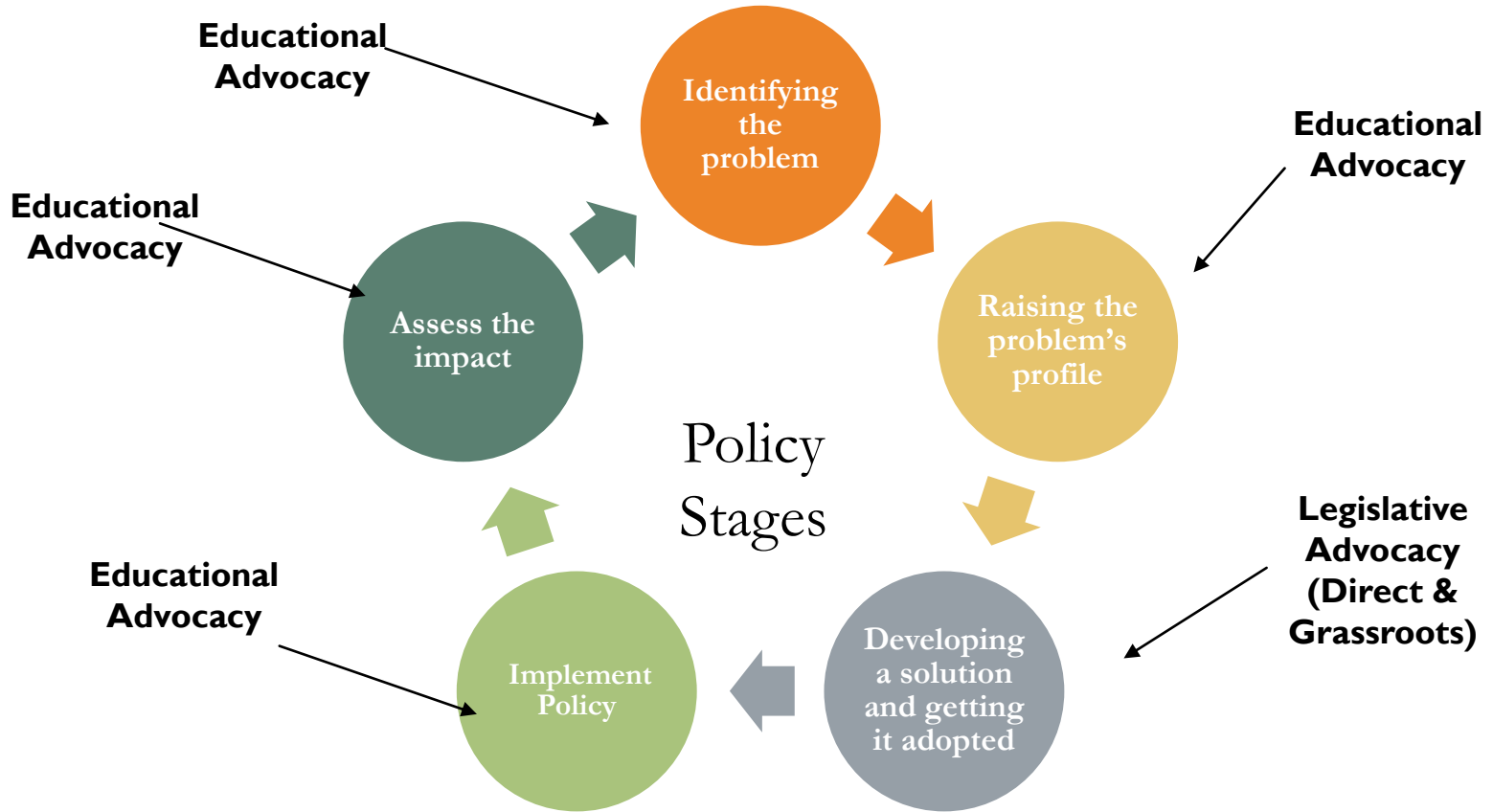


# CAN A 501C3 DIRECT LOBBY?

## YES, Lobbying: a FORM of advocacy

- Attempting to influence legislative or administrative action
  - By oral or written communication
- With any elected state official, agency official or legislative employee
- Includes:
  - Time spent in preparation for such communications
  - Appearances at public hearings or meetings
  - Service on a committee in which such preparation or communication occurs

**Wis. Stat. 13.62 (10)**



# RUN TOWARDS THE ROAR



# QUESTIONS



# THANK YOU!



**T.R. Williams and  
Dr. Michelle Robinson**

Department of Health Services



# 2022 HUNGER & HEALTH SUMMIT REIMAGINED RESILIENCY

## THANK YOU!





# 2022 HUNGER & HEALTH SUMMIT REIMAGINED RESILIENCY

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