2022 HUNGER & HEALTH SUMMIT REIMAGINED RESILIENCY

TUESDAY, APRIL 26TH LUNCHEON PLENARY

PRESENTED BY:

SOCIETY INSURANCE

Small details. Big difference.
Michelle Orge
CEO/President

Second Harvest Foodbank of Southern Wisconsin
Rick Parks
CEO/President

SOCIETY INSURANCE

Small details. Big difference.

SUMMIT QUEST:
SILVERLEADER
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)**
  o Culture and Climate
  o Programs and Policies
  o Collaboration/Partnerships

• **Minority Health Program (MHP)**
  o Grant-making
  o Surveillance, Outreach and Education on Disparities
  o Policy and Programs

• **Health Equity Outreach, Programs and Policy**
  o Place-Based Disparities (Rural & Urban)
  o Economic Disparities
  o OHE Advisory Body
  o Stakeholder Engagement/Outreach

• **Health Equity Capacity-Building**
  o Strategic Communications
  o Technical Assistance
Food Insecurity: Setting the Context
2019 Map the Meal Gap Data

2019 Overall County Food Insecurity In The United States

<table>
<thead>
<tr>
<th>FOOD INSECURE PEOPLE IN THE UNITED STATES</th>
<th>FOOD INSECURITY RATE IN THE UNITED STATES</th>
<th>ESTIMATED PROGRAM ELIGIBILITY AMONG FOOD INSECURE PEOPLE IN THE UNITED STATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>35,207,000</td>
<td>10.9%</td>
<td>31% Above Other Nutrition Program threshold of 185% poverty</td>
</tr>
<tr>
<td></td>
<td></td>
<td>19% Between 130%-185% poverty</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50% Below SNAP threshold of 130% poverty</td>
</tr>
</tbody>
</table>

Average Meal Cost in the United States: $3.13

Annual Food Budget Shortfall: $18,838,562,000
# 2019 Map the Meal Gap Data

## 2019 Overall County Food Insecurity In Wisconsin

<table>
<thead>
<tr>
<th>FOOD INSECURE PEOPLE IN WISCONSIN</th>
<th>FOOD INSECURITY RATE IN WISCONSIN</th>
<th>ESTIMATED PROGRAM ELIGIBILITY AMONG FOOD INSECURE PEOPLE IN WISCONSIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>530,500</td>
<td>9.1%</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Children</th>
<th>Adults*</th>
<th>Older Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral and social-emotional problems (e.g., hyperactivity[^13], ADHD[^14])</td>
<td>Asthma[^15]</td>
<td>Congestive heart failure[^16]</td>
</tr>
<tr>
<td>Lower physical activity[^27]</td>
<td>Cigarette smoking[^28]</td>
<td>History of a heart attack[^29]</td>
</tr>
<tr>
<td>Lower bone density among boys[^34]</td>
<td>Depression including maternal depression[^35][^36]</td>
<td>Limitations in activities of daily living[^37]</td>
</tr>
<tr>
<td>Lower health status[^38][^39]</td>
<td>Diabetes[^40]</td>
<td>Lower cognitive function[^41]</td>
</tr>
<tr>
<td>Lower health-related quality of life[^42]</td>
<td>Functional limitations[^43]</td>
<td>Lower intake of calories and key nutrients (e.g., protein, iron, calcium, vitamins A and C)^[^44][^45]</td>
</tr>
<tr>
<td>Lower physical functioning[^46]</td>
<td>Hepatitis[^47]</td>
<td>Obesity (primarily among women[^48])</td>
</tr>
<tr>
<td>Mental health problems (e.g., depression, anxiety, suicidal ideation[^49][^50][^51])</td>
<td>Higher levels of C-reactive protein (a marker of inflammation[^52][^53][^54])</td>
<td>Osteoporosis[^55]</td>
</tr>
<tr>
<td>More frequent colds and stomachaches[^56]</td>
<td>Hyperlipidemia[^57] and dyslipidemia[^58]</td>
<td>Peripheral arterial disease[^59]</td>
</tr>
<tr>
<td>Poor dietary quality[^60]</td>
<td>Hypertension[^61]</td>
<td>Poor or fair health status[^62]</td>
</tr>
<tr>
<td>Poor educational performance and academic outcomes[^63][^64][^65][^66]</td>
<td>Insufficient sleep or poor sleep outcomes[^67][^68][^69]</td>
<td></td>
</tr>
<tr>
<td>Unrepaired dental caries (i.e., tooth decay[^70])[^71]</td>
<td>Less physical activity[^72]</td>
<td></td>
</tr>
<tr>
<td>Mental distress[^73]</td>
<td>Obesit[y (primarily among women[^74][^75][^76])</td>
<td></td>
</tr>
<tr>
<td>Poor dietary intake[^77]</td>
<td>Poor or fair health status[^78]</td>
<td></td>
</tr>
<tr>
<td>Pregnancy complications (e.g., gestational diabetes, iron-deficiency anemia[^79][^80])</td>
<td>Stroke[^81]</td>
<td></td>
</tr>
<tr>
<td>Stroke[^82]</td>
<td>Suicide ideation[^83]</td>
<td></td>
</tr>
</tbody>
</table>

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

---

[^10]: Asthma
[^11]: Arthritis
[^12]: Asthma
[^13]: Behavioral and social-emotional problems (e.g., hyperactivity[^14], ADHD[^15])
[^14]: ADHD
[^15]: Asthma
[^16]: Congestive heart failure[^16]
[^17]: Birth defects[^17]
[^18]: Cancer[^18]
[^19]: Depression[^19]
[^20]: Developmental risk[^20]
[^21]: Chronic kidney disease especially among those with either diabetes or hypertension[^21]
[^22]: Diabetes[^22]
[^23]: Iron deficiency anemia[^23][^24]
[^24]: Iron deficiency anemia[^23][^24]
[^25]: Chronic obstructive pulmonary disease (COPD)^[^25]
[^26]: Gum disease[^26]
[^27]: Lower physical activity[^27]
[^28]: Cigarette smoking[^28]
[^29]: History of a heart attack[^29]
[^30]: Low birth weight[^30][^31]
[^31]: Low birth weight[^30][^31]
[^32]: Coronary heart disease[^32]
[^33]: Hypertension[^33]
[^34]: Lower bone density among boys[^34]
[^35]: Depression including maternal depression[^35][^36]
[^36]: Depression including maternal depression[^35][^36]
[^37]: Limitations in activities of daily living[^37]
[^38]: Lower health status[^38][^39]
[^39]: Lower health status[^38][^39]
[^40]: Diabetes[^40]
[^41]: Lower health-related quality of life[^42]
[^42]: Functional limitations[^43]
[^43]: Lower health-related quality of life[^42]
[^44]: Lower health-related quality of life[^42]
[^45]: Functional limitations[^43]
[^46]: Lower physical functioning[^46]
[^47]: Hepatitis[^47]
[^48]: Obesity (primarily among women[^48])
[^49]: Mental health problems (e.g., depression, anxiety, suicidal ideation[^49][^50][^51])
[^50]: Mental health problems (e.g., depression, anxiety, suicidal ideation[^49][^50][^51])
[^51]: Mental health problems (e.g., depression, anxiety, suicidal ideation[^49][^50][^51])
[^52]: Higher levels of C-reactive protein (a marker of inflammation[^52][^53][^54])
[^53]: Higher levels of C-reactive protein (a marker of inflammation[^52][^53][^54])
[^54]: Higher levels of C-reactive protein (a marker of inflammation[^52][^53][^54])
[^55]: Osteoporosis[^55]
[^56]: More frequent colds and stomachaches[^56]
[^57]: Hyperlipidemia[^57] and dyslipidemia[^58]
[^58]: Hyperlipidemia[^57] and dyslipidemia[^58]
[^59]: Peripheral arterial disease[^59]
[^60]: Poor dietary quality[^60]
[^61]: Hypertension[^61]
[^62]: Poor or fair health status[^62]
[^63]: Poor educational performance and academic outcomes[^63][^64][^65][^66]
[^64]: Poor educational performance and academic outcomes[^63][^64][^65][^66]
[^65]: Poor educational performance and academic outcomes[^63][^64][^65][^66]
[^66]: Poor educational performance and academic outcomes[^63][^64][^65][^66]
[^67]: Unrepaired dental caries (i.e., tooth decay[^70])[^71]
[^68]: Unrepaired dental caries (i.e., tooth decay[^70])[^71]
[^69]: Unrepaired dental caries (i.e., tooth decay[^70])[^71]
[^70]: Unrepaired dental caries (i.e., tooth decay[^70])[^71]
[^71]: Unrepaired dental caries (i.e., tooth decay[^70])[^71]
[^72]: Less physical activity[^72]
[^73]: Mental distress[^73]
[^74]: Mental distress[^73]
[^75]: Mental distress[^73]
[^76]: Mental distress[^73]
[^77]: Poor dietary intake[^77]
[^78]: Poor or fair health status[^78]
[^79]: Pregnancy complications (e.g., gestational diabetes, iron-deficiency anemia[^79][^80])
[^80]: Pregnancy complications (e.g., gestational diabetes, iron-deficiency anemia[^79][^80])
[^81]: Stroke[^81]
[^82]: Stroke[^81]
[^83]: Suicide ideation[^83]
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**

- **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) |
| 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 | Holds hearings and other fact-finding activities |
| Sets and approves a budget | 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
Policy Stages

1. Identifying the problem
2. Raising the problem’s profile
3. Developing a solution and getting it adopted
4. Implement policy
5. Evaluate the impact

advocacy groups, elected officials, government agencies, community members
advocacy groups, elected officials, government agencies, community members
advocacy groups, elected officials, government agencies, community members
advocacy groups, government agencies, community organizations
advocacy groups, government agencies, community organizations
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
**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

State Representative (LRB & Co-Sponsors)

- Introduction- 1st Reading
- Assembly Standing Committee
- Public Hearing
House: Assembly

Committee
- Amendments, Executive Action, Committee Recommendation

Joint Committee on Finance (Assembly & Senate)

Assembly Rules Committee

Calendar
- 2nd Reading (amendments considered)

Debate and Amendments
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

Senate Organization Committee

Calendar
2nd Reading
(amendments considered)

Debate and Amendments

Calendar
3rd Reading
(no more amendments | discussion & final vote)
Finally, the process of both houses will converge. 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)
JFC finishes its budget work (#999 Motion- Wrap Up) and sends its version of the budget to the full legislature.

Each House (Assembly & Senate) must vote on the JFC’s version of the budget. Can attempt to amend.

Conference Committee: if the house’s versions are different from each other.

Budget sent to Governor for vetoes/passage (Governor CALLS for the Budget).

Budget comes back to the legislature for possible veto overrides.
“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
Advocacy

Legislative Advocacy (Lobbying)

Educational Advocacy

Direct Lobbying

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

For 501c3 organizations, legislative advocacy is allowed, within limits
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)
Identifying the problem

Raising the problem’s profile

Developing a solution and getting it adopted

Implement Policy

Assess the impact

Policy Stages

Educational Advocacy

Legislative Advocacy (Direct & Grassroots)
RUN TOWARDS THE ROAR
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

CHULA VISTA • WISCONSIN DELLS
APRIL 24-26TH, 2022

DIAMOND SPONSOR
United Healthcare

GOLD SPONSOR
Society Insurance

BRONZE SPONSORS
incrediblebank™ ICare
University of Wisconsin Stevens Point

Stevens Point • Marshfield • Wausau