



## 2017 Health Equity Progress Report

One of healthTIDE's long-term goals is to contribute to advancing health equity in Wisconsin. We believe that everyone has the right to good health for themselves and their families, regardless of their income or their zip code. We understand that narrowing the health disparity gaps that exist in our state won't happen overnight, and we, as a network, are committed to making meaningful strides each and every year to improve equitable health outcomes in Wisconsin. When we consider the diversity of the individuals, organizations, institutions and communities in our network, we consider a broad definition that includes geography, urbanity, race/ethnicity, ability, gender identity, and socio economic status. Based on feedback from a team of national advisors, partners, colleagues, and network staff, we certainly recognize that there are huge areas for growth in our work related to diversity, equity and inclusion. In short, our ability to build a network that truly represents the diversity of communities in our state -- and thereby reduce health inequities -- could stand to be improved. In order to achieve progress towards improved health equity, our network must include people who are most impacted by the issues-- as part of the planning, as part of a team, as part of the leadership, and as part of decision-making processes. This feedback has informed our actions over the last year, and we continue to be dedicated to making even more advances in 2018.

Included below is a summary of some of the progress made in 2017, in an effort to ensure we're approaching our work through an equity lens, and make Wisconsin communities healthy places to live, learn, work, and play.

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### **healthTIDE Staff and Leadership Council**

We as staff are committed to increasing the diversity of the healthTIDE network, through intentional outreach to underrepresented communities via 1-1s and relationship building. We are continually utilizing data to identify areas for better, more inclusive reach (i.e. finding gaps in allocation of resources especially related to communities of need). All healthTIDE staff are currently in the process of completing a seven-part equity training, and many have also attended additional external trainings on equity and anti-racism as to facilitate greater understanding, enhance skills, and apply this knowledge to our day-to-day work. We are also committed to utilizing a health equity lens in our decision making processes, in an effort to avoid unintended consequences like widening existing disparity gaps. Contributing to health equity is one of our stated priorities in the newly vetted [healthTIDE Theory of Change](#) and we are working on refining metrics and related evaluation tools to be able to measure progress in the pursuit of this goal. We've also expanded the diversity of our Leadership Council, with new members that increase racial, ethnic, and geographic (rural vs urban; statewide vs local) diversity. We've been intentional the selection of these Leadership Council members because we feel it's important to have the group driving the strategic direction of the network, effectively represent the breadth and depth of the diverse array of people we seek to unite in Wisconsin, honoring various cultural norms and community contexts. We know that working with more partners who live and work in communities that experience health inequities puts us in a much better position serve effectively those populations.

## **Communication**

We are intentional about promoting stories that feature topics related to health equity, thereby explicitly and implicitly communicating to our audience that health equity is a priority of our network. Lack of awareness regarding these issues is part of the problem, and we seek to be a strong contributor in remedying this. Through our communication channels, we promote progress that's being made in some of Wisconsin's most vulnerable communities, which includes communities of color, low-income, and rural communities; both of which, not coincidentally, are communities that also tend to be most adversely impacted by chronic disease. We broadcast a message that together we accept nothing less than ensuring everyone in our state has the opportunity to thrive, which requires a great deal of work to close the enormous gaps we have in wellness among Wisconsin communities. We also seek to lift up partners and make connections between all of our state's communities so that knowledge, resources, and decisions can be made that have the most inclusive impact.

## **Healthy Food Retail Team**

Our Healthy Food Retail Team's single established priority is to increase consumer demand for healthier foods and beverages in Wisconsin, and the Team is attacking that goal via two distinct strategies that address the (1) food store environment and the (2) restaurant environment. Both strategies have intentionally included components that are explicitly addressing health inequities. The chosen strategy to address the food store environment has been the FNV Campaign: an innovative social marketing campaign that uses humor, puns, and sarcasm as a mechanism for shifting attitudes about fruits and vegetables. While the FNV campaign is targeted at millennials (roughly 18-35), in Wisconsin, the target audience has been further narrowed to low-income millennials in an effort to further our goals to achieve improved health equity. (*Low-income areas were defined as: stores with at least \$50,000 of SNAP sales, or areas who had >50% of residents at or below 185% of the federal poverty level*). The strategy to address the restaurant environment in Wisconsin is focused on creating a culture of healthier children's restaurant menus, which intentionally includes rural community partners (who are often underserved due to lack of access to healthy options), and uses data to discuss equity disparities in the food environment across Wisconsin.

## **Early Childhood Team**

Our Early Childhood Team recently voted to expand their scope of work to extend beyond their previously established target (children 0-5 years old) in regulated child care, to reaching those in unregulated settings as well as children in regulated after-school care. The Team is currently revising their priorities to ensure there is an equity focus. This focus is also reflected in their new Theory of Change, which includes language about contributing to the advancement of health equity both as a guiding principle and as an anticipated outcome.

*\*This team, formerly named the Wisconsin Early Childhood Obesity Initiative, is in the process of rebranding their efforts.*

## **Schools Team**

In an effort to ensure that the voices of all communities are represented in our collaborative work, our Schools Team has intentionally built new partners that represent rural communities, communities of color, and local districts and county coalitions; all of which were previously underrepresented on the Team. We know that we can't drive change that's inclusive of all races, ethnicities, and geographies, if only certain segments of our communities are represented in the decision-making process. We are consistently working to develop more inclusive practices and processes that meet the diverse needs of partners, including an online peer-to-peer network that enables partners to connect directly with one another, even if resources prevent attendance to in person meetings. We also strive to lift up the voices of partners through a co-leadership model for meeting planning and facilitation, because we feel it's important to showcase the leadership ability of all our partners. Every in-person Team meeting in 2017 included training on equity, in an effort to better equip our partners with tools, practices and theory to address health equity in their daily work. One of our major

accomplishments regarding systemic improvements in health equity has been through a project with the Obesity Prevention Initiative (OPI) Surveillance Team to analyze historical participation data from statewide convenings, professional development and award programs to identify underrepresented school districts in Wisconsin. These results enable the team to target Whole School, Whole Community, Whole Child Model promotion efforts to underrepresented districts, and for partners to consider intentional outreach to equitably distribute resources.

### **Active Communities Team**

Our Active Communities Team has worked hard over the last year to develop “Wisconsin Active Together” - a campaign to recognize and celebrate communities working and progressing on walking, biking and physical activity through policy, systems, and environmental change. Throughout the development process, we worked with stakeholders to identify recommendations for incorporating and centering equity in the application itself, asking applicants to partner with communities experiencing inequities, and to use equity assessment tools in their work going forward as part of the criteria for recognition in Wisconsin Active Together. We are also working to create spaces where the voices of people of color can take the lead on the team, and we are committed to leveraging and sharing the innovative equity work that our local partners are doing. For example, one local stakeholder piloted a free bike share and found that it was serving as a mode of transportation for some in the community who lacked more options. Based on their experiences, they split the program into two aspects: getting used bikes to people who need them for routine transportation, and expanding access to bike share by working with Zagster, a company that specializes in bike share programs for smaller communities and college campuses. The community has made equity a required focus of their contract with Zagster. This is extremely innovative because Zagster doesn’t typically address equity, but instead leaves it up to clients (which means equity often gets overlooked). The community is working with Zagster on alternatives to its credit card check-out model, which would expand access to those in the community without credit cards (*a parallel food systems example might be the work that has been done with farmers markets being able to accept EBT*). It’s wins like these that we are especially excited about, due to the fact that they can spread to other communities in the state and potentially influence a national bike share provider.

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We know there is so much more work to be done, and we, as a network, are committed to improving our knowledge, tools, and processes to ensure our work continues to be more inclusive, diverse, and focused on improving equity. In order to do that, we must all take individual responsibility to do what we can, where we can. Because make no mistake -- it will take all of us, moving forward as one cohesive team, to truly make Wisconsin a healthy place for all. We look forward to the work ahead in 2018, and are excited to make even more progress this year. If you have comments, questions, or suggestions about this report -- please don’t hesitate to reach out. We’d love to hear from you.

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