

Building Health Equity Policy Agendas

A Guide for Wisconsin



**Mobilizing Action Toward
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Introduction

Many stakeholders in Wisconsin have identified policy as a strategy to end inequitable health outcomes. The purpose of this resource is to provide an overview of opportunities and framing for policy interventions to address the social determinants of health and advance health equity in Wisconsin. It is designed to aid local health departments, coalitions, advocacy organizations, foundations, and other partners in advancing health equity policy agendas.

This guide also serves as a bridge to policy and advocacy resources developed by allies around the country, such as the [Blueprint for Changemakers: Achieving Health Equity through Law and Policy](#) from ChangeLab Solutions; the [Health Equity Policy Framework](#) from the Massachusetts Public Health Association; or the [Healthy Homes Policy Toolkit](#) from the Multnomah County Environmental Health.

This resource is not intended to provide legal advice regarding policy development and advocacy. Individuals and organizations should always seek legal counsel for such advice and, as laws are everchanging around this work, should regularly stay abreast of current rules and guidance around policy work.

Building Health Equity Policy Agendas: A Guide for Wisconsin was created by the Health Equity Policy Workgroup—with input from a number of stakeholders—as part of the [Wisconsin Healthiest State Initiative](#). Convened by the [UW Population Health Institute's MATCH Group](#), this guide is a deliverable of the [six health equity priorities](#) identified during the [2017 Healthiest State Agenda Setting Convening](#).

As there is a clear need for resources, those with experience in policy work are encouraged to join in the effort to develop tools that aid policy interventions in Wisconsin.

How to Use This Guide

While intended for public health professionals, this resource can be used by many stakeholders interested in working on health equity policy agendas.

The contents may help public health practitioners, coalitions, and stakeholders to:

- better understand what is meant by health equity and Health in All Policies
- inform policy making for healthy and equitable outcomes
- identify possible entry points for policy development
- inform a specific policy effort

This guide also links to many resources and examples from additional organizations. You will find these throughout the guide.

The Need for Health Equity Policy Interventions in Wisconsin

Wisconsin is affected by widespread inequitable health outcomes. These inequities are unjust and costly to our society. Subgroups such as underrepresented racial/ethnic populations, people with lower incomes and less education, people with disabilities, LGBTQ+ populations, and residents in disinvested rural and urban areas experience disparities in health outcomes, as demonstrated in the [Healthiest Wisconsin 2020 Baseline and Health Disparities Report](#). For example, American Indian, Black, or Hispanic individuals in Wisconsin generally have a much higher likelihood of premature death and poor health outcomes that are outlined in the [2018 Wisconsin County Health Rankings Report](#). The costs of these health inequalities and premature deaths in the United States was estimated at \$1.24 trillion during 2003-2006, according to a report from [The Joint Center for Political and Economic Studies](#).

Policies are written statements of an electoral body or public agency, or they can be organizational positions, decisions, or courses of action. Some policies become State or Federal law with the power to affect large groups of people. Policies have a tremendous impact on health inequities, even when they don't appear to directly deal with health or health care.

Historical and current policies and practices that have produced inequitable health outcomes include:

- housing redlining
- forced placement of American Indian children in boarding schools
- inequitable implementation of the G.I. Bill
- arduous re-entry practices for formerly incarcerated individuals
- biased practices in granting access to land and capital

The costs of these health inequalities and premature deaths in the United States was estimated at \$1.24 trillion during 2003-2006.

Persistent and avoidable inequities continue not only through these initial policy decisions themselves, but also through their legacy of resource advantage, such as money, knowledge, or influence, which benefit those in positions of power. Therefore, policy decisions can have positive and negative ripple effects in communities for generations and are important levers for change to address health inequities.

Those working on policy change to improve health frequently target downstream conditions, such as health care and behavioral risk factors. However, in their [Conceptual Framework](#)

[for Action on the Social Determinants of Health](#) (hereafter referred to as the SDoH Framework), the World Health Organization (WHO) found that policy interventions must tackle the upstream social determinants of health, such as housing access or racial segregation, to create effective and sustained change. Without a policy approach that focuses on social determinants and root causes, social and economic factors that can undermine these downstream interventions are likely to continue and possibly worsen, as found in the [2015 Health Trends Report](#).

Communities most impacted by inequities need to be collaborators in policy change efforts ([Communities in Action: Pathways to Health Equity](#)). This means ensuring that these communities help lead in generating, passing, and implementing policies that can ensure improved health outcomes. WHO confirms that shifting power to individuals most affected by policy change is an ethical imperative and creates a more sustainable effort ([SDoH Framework](#), pg. 63).

The Mobilizing Action Toward Community Health (MATCH) Group's Framework for Health Equity (see Figure 1) highlights the role of social and institutional power in health and health inequities, focusing on who has the ability to make decisions, set agendas, and shape worldviews that then influence policy and systems. These policies and systems shape the community conditions that ultimately influence health over the lifespan.

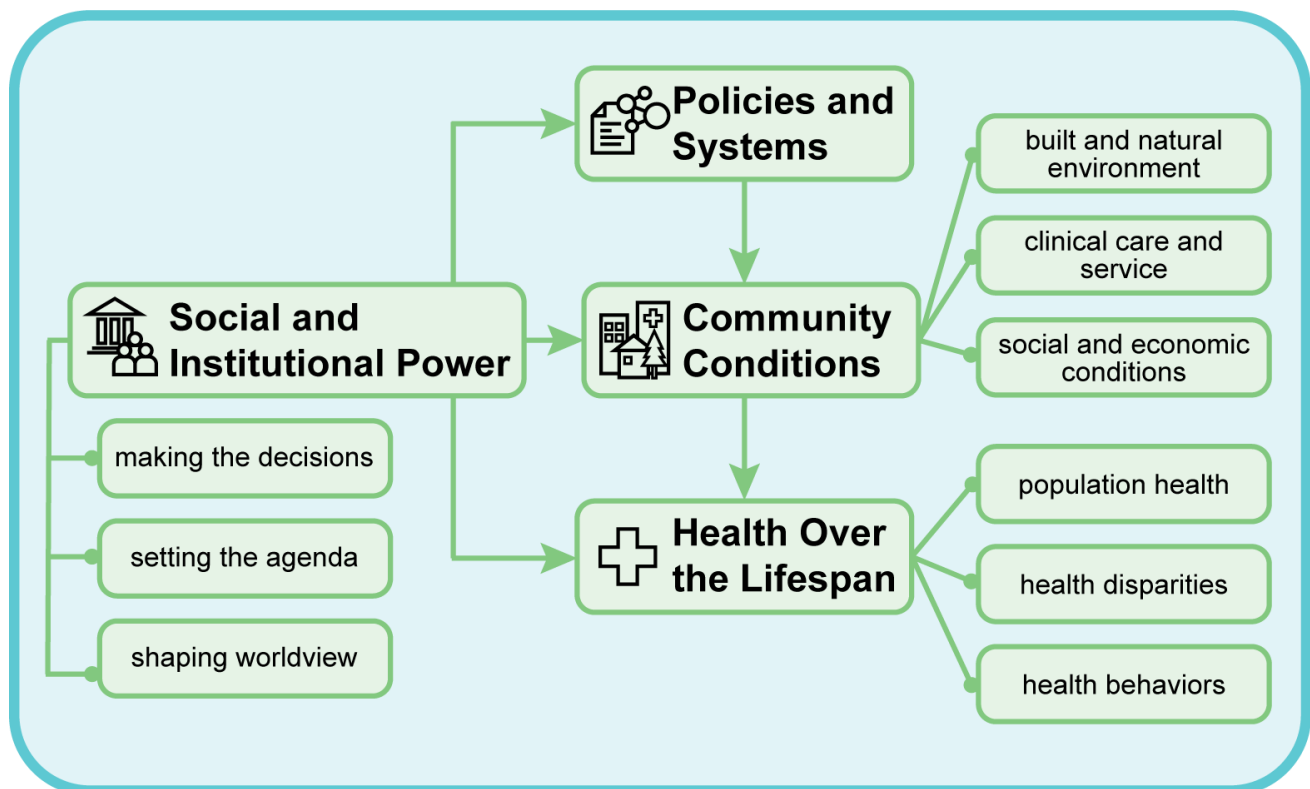


Figure 1: MATCH Framework for Health Equity

The public health community in Wisconsin is promoting a policy-centered health equity movement to draw attention to and take action on upstream conditions that promote health. For example, the Wisconsin Public Health Association passed a [2018 resolution](#) declaring racism a public health crisis that affects our entire society, and has adopted [Legislative Priorities](#) targeting social determinants of health. The Tobacco Prevention and Control movement has historically focused on building coalitions to educate the public on best practice policies, and increasingly this includes a health equity lens. Local health departments around Wisconsin have also passed Health Equity Policy Statements to guide their priorities and activities.

Alongside public health advocates, community-led organizations have successfully advocated for changes to policies and practices that address social determinants and ultimately advance health equity in Wisconsin. For example, EXPO (Ex-Incarcerated People Organizing) and WISDOM (a congregation-based grassroots social justice organization) successfully advocated for an over 600% increase in Treatment Alternatives and Diversion programs to decrease prison and jail admissions and recidivism, improve public safety, improve recovery, strengthen families, and save the state money.

These efforts are important, but more can be done. The data in the right sidebar suggest that **only small percentages of health equity leaders in Wisconsin are engaged in policy activities.**

Leaders across sectors seeking to advance health equity need to help educate the public and decision makers about the relationship between public policies and health outcomes in their communities, as well as contribute to and support policy interventions that advance health equity.

Participation in Health Equity Policy Activities

At Wisconsin's 2018 Healthiest State Summit, 250 health equity leaders responded to a survey about **their organization's activities** during the previous two years.

18% educated elected/appointed officials about health inequities and their causes

13% took public policy positions on health inequities by providing testimony, written statements, or media

The same leaders were asked what public policy activities **they personally engaged in.**

31% engaged in city or state legislative policies, statutes, or ordinances

24% engaged in local or state plan development

20% engaged in administrative policy activities

Five Guiding Principles for Health Equity Policy

Principles can help guide us through the development of health-equity-oriented policy interventions. Groups can use the following principles as they:

- develop language for a policy agenda
- assess and audit approaches to agenda setting
- audit existing policy agendas or strategies
- consider strategic partners in policy intervention work

The Five Guiding Principles for Health Equity Policy in Figure 2 draw from several sources, including the WHO [SDoH Framework](#), the [Build Healthy Places Network](#), and the Minnesota Department of Health's [Triple Aim for Health Equity](#).

1. Center voices and participation of those most impacted by an issue or policy

Affirm the lived experience of the individuals most impacted by the issue as credible forms of evidence and use this evidence to inform a course of action. This includes approaches where those who are most impacted are a part of leading efforts, identifying solutions, setting priorities, creating policy agendas, and shifting narrative. For more information, see [Principles of Centering Voices of those Most Impacted](#).

2. Build partnerships and advance Health in All Policies across sectors

Develop purposeful partnerships with multiple sectors that can influence equitable improvements in health and prosperity. Some of these may include businesses, housing, transportation, philanthropy, public health, health care, and community-based organizations. By partnering with many different sectors, we are better able to address the multiple drivers of health, e.g., education, employment, housing, and transportation.

Five Guiding Principles for Health Equity Policy

1 Center voices and participation of those most impacted by an issue or policy

2 Build partnerships and advance Health in All Policies across sectors

3 Equitably promote more prosperous communities that support safety, health, and well-being

4 Target structural and intermediary determinants for change

5 Commit time and resources over the long term

Figure 2: Five Guiding Principles for Health Equity Policy

- 3. Equitably promote community prosperity to support safety, health, and well-being**
Recognize that economic disparities have been distributed unevenly due to discrimination based on place, race, ethnicity, ability, gender, and sexual identity. Break down barriers to opportunity, prosperity, and economic mobility. Consider the economic drivers that influence a community's health and how to build upon community assets to strengthen resilience and build collective prosperity.
- 4. Focus on structural and intermediary determinants for change**
Develop policy interventions and comprehensive approaches that do not attempt one-size-fits-all solutions, but rather pay careful attention to what has produced disparate outcomes for population groups. Create spaces to develop forward-thinking solutions that address both intermediary determinants (e.g., living and working conditions) and underlying structural determinants (e.g., power distribution and broader social and macroeconomic policies) of health inequities. For more on intermediary and structural determinants, see ASTHO's [Foundational Practices for Health Equity](#) (pg. 9).
- 5. Commit time and resources over the long term**
Develop a long-term shared vision and outcomes that can be tracked over time to compare how different groups are faring, particularly groups with varying levels of power. Understand that this work takes time, and we must be okay with adjusting as we go while maintaining focus on the shared vision and outcome of healthier, safer, more prosperous communities.

Entry Points for Public Policy

[Health in All Policies approaches](#) and [health impact assessments](#) can be helpful to examine the potential benefits and limitations of specific policy options across various social determinants of health and health outcomes. The WHO [SDoH Framework](#) (pg. 62) is useful for building a more comprehensive policy agenda or trying to situate policy goals in a larger agenda that addresses the social determinants of health.

The SDoH Framework lays out multiple entry points for policy interventions to address social determinants of health. These entry points range from mitigating inequities in downstream conditions, such as access to employment for chronically ill individuals, all the way through upstream conditions that equitably promote more prosperous communities, as outlined in the third Guiding Principle above.

As an example, the entry points framework could be used to organize a policy agenda addressing inequities in birth outcomes. Black women and women of low socioeconomic status experience disproportionately high infant mortality and preterm birth rates. **Table 1**

below outlines the WHO SDoH points of entry with examples of health-equity-oriented policy interventions related to this issue, many of which are in a Duke University 2018 report on the topic ([Fighting at Birth: Eradicating the Black-White Infant Mortality Gap](#)). An example framework and policies for addressing inequities in infant mortality can also be found in ASTHO's [Foundational Practices for Health Equity](#) (pg. 38-41).

Point of Entry	Examples of Evidence-Informed Interventions for Birth Outcomes
Policy interventions that reduce the social and economic consequences of disease or illness	<ul style="list-style-type: none"> • Providing paid family leave for mothers of premature babies • Providing affordable and reliable health care coverage for premature babies
Policy interventions that directly decrease exposure to a negative environmental condition or directly reduce risk	<ul style="list-style-type: none"> • Coordinating access to culturally relevant prenatal care for patients • Offering education and midwifery services for low-income mothers • Prioritizing Black women for home visit programs • Addressing implicit racial and cultural bias in clinical settings
Policy interventions that address complex community conditions and vulnerability	<ul style="list-style-type: none"> • Developing integrated care systems and collaboration between hospitals and birthing centers • Improving access to public and regional transit • Reducing food deserts • Involving Black and low-income women's health advocacy groups in decision-making settings
Policy interventions that diminish social inequalities and target upstream drivers of health across the population	<ul style="list-style-type: none"> • Passing policies for a living wage • Passing policies to reduce incarceration • Funding, enforcing, and expanding anti-discrimination policies • Passing policies that support universal health care

Table 1: Points of Entry

Addressing the sociopolitical context of health means that one size does not fit all. Communities should use a variety of policy interventions to address complex conditions, which is particularly important in the context of preemptive politics that may constrain options

for local policy development. Preemption refers to when a higher level of government limits or eliminates the power of a lower level of government to regulate a certain issue. For more information on preemption, see [Understanding Preemption](#), a factsheet series from ChangeLab Solutions.

In addition, specific policy interventions in a policy agenda may be at varying stages of development, including agenda setting, formulation, adoption/decision-making, implementation, and monitoring and evaluation. The stage of policy development will influence the extent to which action steps are needed.

Organizational Policy

In addition to external policy agenda advancement, changing internal organizational policy and culture is important to address inequities perpetuated by our organizations and institutions.

Wisconsin organizations can do more to integrate health equity into everyday practice.

This is a promising area for change in Wisconsin. Hundreds of partners in local health departments, coalitions, advocacy organizations, foundations, local and state government, and elsewhere have been involved in action planning to address Health in All Policies and health equity in their organizational work. The Harris County Public Health Department [Health Equity Policy](#) is an example of an overarching internal organizational policy to promote health equity in procedures, protocols, and workplans. Local boards of health and county health departments across Wisconsin have begun passing similar overarching health equity policies.

Of the 250 health equity leaders at the 2018 Healthiest State Summit who were asked what public policy activities they had personally engaged in to advance health equity, over half cited involvement in work on organizational policy. While this is a promising area for a shift in practice, only 39% cited working on procedures and 22% cited working on protocols for shifting the way jobs and activities are done to advance health equity. Wisconsin organizations can do more to integrate health equity into everyday practice.

Several opportunities for organizational and administrative policy interventions are included in the following section on Developing and Aligning Policy Interventions. Additional resources include the Government Alliance on Race and Equity's [Tools & Resources](#) for organizations and institutions, as well as the Bay Area Regional Health Inequities Initiative's [Organizational Self-Assessment Toolkit](#), which has been used by public health organizations across Wisconsin to help assess opportunities for organizational change and monitor shifts in organizational work.

Developing and Aligning Policy Interventions

The previous sections about the Five Guiding Principles for Health Equity Policy and Entry Points for Public Policy provide a foundation on which to build or assess a health equity policy agenda. To develop or revise a policy agenda, several concrete steps may include developing policy change goals, specifying policy targets, and clarifying who's responsible for the policy change. These steps are highlighted in the subsections below. They are by no means exhaustive, and there are many resources for best practices in policy development, implementation, and monitoring. Examples of action steps for policy can be found in the University of Kansas [Community Tool Box's resources on Influencing Policy Development](#) or the [Power Prism](#) tool.

Differentiating Between Advocacy and Lobbying

Note: *This resource is not intended to provide legal advice regarding policy development and advocacy. It is important to know your employer's restrictions on lobbying, especially if you are employed by a nonprofit or government entity. Individuals and organizations should always seek legal counsel regarding policy advocacy and lobbying and, as laws are everchanging around this work, should regularly stay abreast of current rules and guidance around policy work.*

Importantly, not all work on public policy is lobbying. While it can be difficult to determine the difference, especially when definitions seem vague or change over time, those doing policy work should not let this halt their efforts. There are resources that help practitioners better understand the differences between advocacy and lobbying. These include [Wisconsin Lobbying or Not: Common Scenarios](#), developed by Bolder Advocacy and Alliance for Justice; and [Building Your Advocacy Toolbox: Advocacy vs Lobbying](#), developed by the National Association of County and City Health Officials. It can also be useful to pay attention to association lobbying (e.g., through the Wisconsin Public Health Association). Those advocating for policy change can also rely on one another for support.

Another important term during election season is “Political Campaign Activity.” It is [defined by the IRS](#) as “directly or indirectly participating in, or intervening in, any political campaign on behalf of (or in opposition to) any candidate for elective public office.” All governmental entities and nonprofit 501c3's are prohibited from political campaign activity on work time.

Advocacy	Grassroots Lobbying	Direct Lobbying
<p>Advocacy is a combination of individual and social actions designed to gain political commitment, policy support, social acceptance, and systems support for a particular goal or program.</p> <p>The term advocacy encompasses a broad range of activities (including research, public education, lobbying, and voter education) that can influence public policy. Being an advocate does not necessarily mean you are lobbying.</p>	<p>According to federal law, indirect attempts to communicate with and influence legislators would be considered grassroots lobbying if the communication:</p> <ul style="list-style-type: none"> • refers to specific legislation, and • encourages other people to express a view on the legislation to their elected officials. 	<p>Direct lobbying is generally seen as having a position on a bill and asking lawmakers to take action. There are also specific definitions under state law and federal law that apply to lobbying.</p> <p>According to federal law, a communication with a legislator or government official is considered lobbying if it:</p> <ul style="list-style-type: none"> • refers to specific legislation or rules, and • expresses a position on such legislation.
Examples		
<ul style="list-style-type: none"> • Meeting with a legislator to discuss an issue without mentioning a specific proposal • Providing a legislator with educational materials without calling for action on legislation • Advocating for enforcement of existing laws • Conducting public education campaigns without mentioning legislation • Providing your members with information about specific legislation without a specific call to action 	<ul style="list-style-type: none"> • Asking volunteers or members of your organization to call their legislators and ask them to support or oppose part of the state budget • Writing a letter to the editor telling readers to contact legislators and ask them to support or oppose specific legislation 	<ul style="list-style-type: none"> • Asking a legislator to vote a certain way on proposed legislation • Distributing materials to legislators that contain messaging for or against specific legislation

Table 2: Advocacy, Grassroots Lobbying, and Direct Lobbying

See **Table 2** on the previous page for general definitions and examples of advocacy, grassroots lobbying, and direct lobbying. These definitions can inform you as you look up the most current rules related to advocacy and lobbying, and as you develop your own goals and objectives. Be clear about what you can and can't do, depending on your workplace, position, affiliations, and time.*

Everyone has the power to make some changes, regardless of where they work. Note that all people can lobby their own elected officials on their own time and with their own resources.

Developing Policy Goals

It is critical to clarify intended policy goals and outcomes. During this stage, it is helpful to contact state and national organizations that specialize in the intended content area and take their strategic advice into account. For example, a group looking to advance policy solutions for tobacco-related health inequities may contact the Partnership for a Tobacco-Free Wisconsin for information on their state policy agenda and strategy.

Principle 1: Center voices and participation of those most impacted by an issue or policy

Principle 2: Build partnerships and advance Health in All Policies across sectors

When developing policy goals, it is recommended to draw on the Guiding Principles for Health Equity Policy (pg. 7), particularly Principles 1 and 2, which address stakeholders. For example, does your process involve a combination of stakeholders working together, follow the leadership of people impacted by the goals, and ensure the support of decision makers? Root cause analysis can also serve as a useful tool for identifying policy goals, particularly among a variety of stakeholders who could benefit from the development of a shared understanding of an issue.

The City of Milwaukee Office of Violence Prevention's [Blueprint for Peace](#) offers a good example of a prioritization process grounded in the guiding principles that establishes a common agenda. It is a good first step in the development of policy goals, setting forth an agenda that requires follow-up analysis of existing and pending policies relevant to the goals outlined in the Blueprint.

* The Hatch Act is a federal law that limits certain political activities of federal employees on their own time, as well as some state, D.C., and local government employees who work in connection with federally-funded programs. The law's purposes are to ensure that federal programs are administered in a nonpartisan fashion, to protect federal employees from political coercion in the workplace, and to ensure that federal employees are advanced based on merit and not based on political affiliation. Seek legal advice if you think this law may apply to you.

Data also helps to inform the development of policy goals. Tools like the Minnesota Department of Health's [Health Equity Data Analysis](#) can identify policy goals through focused data activities. A local example of data-driven policy goal development can be found in the Race to Equity project in Dane County. The initiative first released [A Baseline Report on the State of Racial Disparities in Dane County](#), which included extensive data analysis about local inequities. They later released a collaboratively developed agenda, [A Roadmap to Equity: A Two Generation Approach to Reducing Racial Disparities in Dane County](#), intending to influence the measures captured in the baseline report.

Using existing or developing new infrastructure to set and advance policy goals can be helpful. For example, coalitions can be crucial in demonstrating support for changes by appearing at events or hearings, garnering earned media, and providing educational testimony as appropriate. They can inform their organizational membership of possible actions, including letter writing campaigns, calls to offices, etc.

An example of such a coalition is the [Alameda County Place Matters](#) team, which was coordinated by the Alameda County Public Health Department. This team provided needed infrastructure to respond to critical local policy issues at the request of the community to address social and structural determinants of health in Oakland. They constructed an [overall platform](#) and a specific [policy agenda](#) that the team used to provide testimony to decision-makers on a variety of issues: air quality, equitable transportation, and housing quality and foreclosures.

For more resources applicable to coalitions working across policy issues, check out the [Educational Advocacy Toolkit](#) on Tobwis, a website that provides tips and tools for Wisconsin's tobacco prevention and control movement.

Within organizations and institutions, informal or formalized policy teams can also be essential for setting and prioritizing policy goals. Alternatively, processes such as health impact assessments can establish temporary infrastructure for prioritizing policy interventions to address health equity. [Health impact assessments](#) are an excellent tool but often require resource allocation.

The process of developing policy goals can be enhanced by using equity assessments, criteria, and other tools. See resources such as:

- [What Do You Want? Choosing a Local Policy Goal](#) by M+R
- [Racial Equity Toolkit](#) by the Government Alliance on Race & Equity
- [How to Advance Equity Through Health Impact Assessments](#) by the SOPHIA Equity Working Group
- [Health in All Policies: A Guide for State and Local Governments](#) by Rudolph et.al., p77.

Specifying Policy Targets

Once overarching policy goals are established, they can then be translated into specific policy targets. These policy targets, while often thought of as legislative, can also include a wide variety of strategies for change that can take many shapes and forms.

Below is a list of governmental targets from [Health in All Policies: A Guide for State and Local Government](#) (pg. 25). Many of these targets also apply to non-governmental organizations. Please see this resource for examples of each and more information.

- Administrative rules
- Data
- Direct service provisions
- Education and information
- Employer
- Funding
- Guidance and best practices
- Legislation and ordinances
- Permitting and licensing
- Procurement and contracts
- Regulation
- Research and evaluation
- Taxes and fees
- Training and technical assistance

Who's Responsible for the Policy Change

When working on policy adoption, it is particularly important to consider who has decision-making power over the policy target. Policy change teams must identify the key decision makers so that their strategy aligns with where that change can happen. There are many sites for policy change, including an organization, city, county, region, or state. Because each site works differently, it's important to learn the relevant processes for policy development, implementation, and monitoring at the site where you are trying to make change. Different decision makers are responsible for local change than for state or system change.

The first step when working on local policy change is to identify the decision maker(s). What governmental body makes decisions on the issue? (For example, the city council, town board, school board, etc.) Does the issue go to a committee or board vote to determine whether it will move forward? (For example, the Library Board, Plan Commission, Parks Committee, etc.) Then determine the level of influence needed. Have the decision makers stated they support or oppose a certain proposal? How many people are on the committee or board? How many votes are necessary, or is one person's approval needed (like a city administrator)? It might also be important to consider who influences the decision maker(s). Conducting a power analysis or power mapping can help to understand the landscape of stakeholders and their relative influence. It is important to consider your partners and coalitions and their potential influence on these decision makers.

Table 3 on the following page provides some examples of policy targets and potential associated decision makers.

For policymaking entities with elected bodies, once an item is on a public agenda, there is often a public hearing or opportunity to provide testimony. From there it is debated in committee and then moved to either another committee or the final body for approval.

Through the process of developing a new agenda or monitoring existing agendas, it is important to ensure that enforcement is not stripped out of the policy, as that would drastically diminish the impact of the proposal. Another critical piece is ensuring proper implementation of the policy, such as making sure staff are trained and have the tools to carry out the policy. For example, trauma-informed care works if staff have the training and tools, but it will fail without a plan to ensure future staff receive training as a part of their onboarding process.

Evaluating results is an essential step, and often there is not funding set aside for this function. Observing the policy after implementation is important as well, because other factors can block full implementation, such as lack of funding for all aspects of the policy.

Policy Target	Site	Example	Decision Makers
Organizational Policy	Non-profit serving members of community	Integrating trauma-informed care into procedures	<ul style="list-style-type: none"> Executive Director Board of Directors
	Two collaborating organizations	Establishing what data will and will not be shared between organizations	<ul style="list-style-type: none"> Executive Director Board of Directors
Administrative Policy	Police department	Changing protocol to reduce arrests of sex workers	<ul style="list-style-type: none"> Chief of Police Ward Captains District Attorney
	Educational institution	Changing code of conduct to reduce risky drinking	<ul style="list-style-type: none"> Board of Trustees Dean of Students Faculty and Student Governance
City Ordinance	City government	Addressing and preventing housing discrimination	<ul style="list-style-type: none"> City Council Committees
Procurement and Contracts	County government	Requiring a percentage of minority-owned businesses to perform contracted work	<ul style="list-style-type: none"> County Boards Planning and Zoning Commissions Committees

Table 3: Potential Decision Makers

Conclusion

There is an urgent need to work towards equity in Wisconsin. This document was designed to help organize and be a bridge to additional resources on policy interventions to address health equity, including locally developed examples and tools. These efforts will require collaboration across many groups and organizations in Wisconsin that aim to address social determinants of health and advance health equity. To learn more about this emerging work, visit the [Wisconsin Healthiest State Initiative](#) section of [MATCH's website](#).

Glossary

[Advocacy](#)

A combination of individual and social actions designed to gain political commitment, policy support, social acceptance, and systems support for a particular goal or program.

[Direct Lobbying](#)

Direct lobbying is generally seen as having a position on a bill and asking lawmakers to take action. See [Wisconsin Statute 13.62 \(10\)](#) for the state legal definition. In Wisconsin, a lobby license is required for attempting to influence state legislation or administrative rule on behalf of a business or organization that pays you, or if you communicate with a state official or legislative employee about such matters on five or more days within a six-month reporting period. Note that all people can lobby their own elected officials on their own time and with their own resources.

[Grassroots Lobbying](#)

Grassroots lobbying refers to attempts to influence legislation by attempting to affect the opinion of the public with respect to the legislation and encouraging the audience to take action with respect to the legislation. The communications must refer to and reflect a view on the legislation.

[Health](#)

A state of complete physical, mental, and social well-being; not just the absence of sickness or disease.

[Health Disparities](#)

Differences in health or its key determinants (such as education, safe housing, and freedom from discrimination) that adversely affect marginalized or excluded groups. Disparities in health and in the key determinants of health are the metric for assessing progress toward health equity. Although the term “disparities” is often interpreted to mean racial or ethnic disparities, many dimensions of disparity exist in the United States, particularly in health. If a health outcome is seen to a greater or lesser extent between populations, there is disparity.

Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health. It is important to recognize the impact that social determinants have on health outcomes of specific populations.

Health Equity

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. Health equity can be viewed both as a process (the process of reducing disparities in health and its determinants) and as an outcome (the ultimate goal: the elimination of social disparities in health and its determinants).

Health in All Policies

Health in All Policies (HiAP) is a collaborative approach that integrates and articulates health considerations into policymaking across sectors to improve the health of all communities and people. HiAP recognizes that health is created by a multitude of factors beyond healthcare and, in many cases, beyond the scope of traditional public health activities. The HiAP approach provides one way to achieve the National Prevention Strategy and Healthy People 2020 goals and enhance the potential for state, territorial, and local health departments to improve health outcomes. The HiAP approach may also be effective in identifying gaps in evidence and achieving health equity.

Policy

Policies are written statements of an electoral body or public agency, or can be organizational positions, decisions, or courses of action. Some policies become State or Federal law with the power to affect large groups of people. Policies have a tremendous impact on health inequities, even when they don't appear to directly deal with health or health care.

Political Campaign Activity

Directly or indirectly participating in, or intervening in, any political campaign on behalf of (or in opposition to) any candidate for elective public office.

Social Determinants of Health

Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes.

Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to the social determinants of health—including both social and physical determinants.

Systems Change

An intentional process designed to alter the status quo by shifting the function or structure of an identified system with purposeful interventions. Systems change is a journey which can require a radical change in people’s attitudes as well as in the ways people work. It aims to bring about lasting change by altering underlying structures and supporting mechanisms which make the system operate in a particular way. These can include policies, routines, relationships, resources, power structures, and values.