



A Just Recovery for Racial Equity in Wisconsin

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A Just Recovery for Racial Equity in Wisconsin

The purpose of this brief is to provide background and context for centering racial equity in a just recovery and to outline evidence-informed policies and practices that can be implemented at local and state levels.

The brief illustrates key opportunities identified by a limited set of stakeholders and is not comprehensive of all policy solutions. Additionally, any policy intervention under consideration should be examined in local context and vetted by local stakeholders, particularly those who will be most impacted by the decision.

Introduction

Due to a long history of discriminatory policies and practices, negative health outcomes disproportionately affect people of color across the United States. With respect to COVID-19, systemic health and social inequities rooted in racism have contributed to people of color experiencing a higher risk of morbidity and mortality.¹

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.”²

Every Wisconsinite deserves a fair opportunity to be healthy. Our recovery from the pandemic will only be effective if it addresses the inequities that people faced before the impact of COVID-19. This includes the distributions of wealth, power, and influence by geography, social class, race, and ethnicity that have led to inequities in the social determinants of health. It is also essential that those who face the greatest burden of adverse health impacts are involved in designing strategies to address them. Strengthening and healing relationships with people of color, investing in people of color, and centering the voices of people of color in decision making are fundamental to Wisconsin’s response and recovery.

A fair and just recovery from the pandemic requires that state and local leaders embed principles of health equity in their design, implementation, and evaluation of their response. Examples of what a just recovery may look like include:³

¹ [Health Equity Considerations & Racial & Ethnic Minority Groups](#) (CDC)

² [What is Health Equity?](#) (RWJF)

³ [Health Equity Principles for State and Local Leaders in Responding to, Reopening and Recovering from COVID-19](#) (RWJF)

- Collecting, analyzing, and reporting data disaggregated by sociodemographic characteristics
- Including people most impacted by health and economic challenges in decision making
- Establishing and empowering teams committed to advancing racial equity in response and recovery efforts
- Identifying and addressing existing policy gaps and policy opportunities that can address health equity
- Investing in strengthening public health, healthcare, and social infrastructure to foster resilience

The Community Resilience and Response Task Force (CRRTF)—a collaboration between Wisconsin's Department of Health Services, the University of Wisconsin Population Health Institute (UWPHI), the University of Wisconsin Division of Extension, and the Governor's Office—worked to integrate community resilience, equity, and mental health across Wisconsin's COVID-19 response. CRRTF's work included enhancing diverse partnerships and connecting communities, organizations, and networks to public health expertise, resources, and support.⁴ CRRTF aimed to set the stage for more resilient post-COVID-19 Wisconsin communities through promoting policy and practice decisions and interventions that support every community in reaching its full health potential.

CRRTF embedded community resilience and equity in the response by utilizing a Sector Support Process. This process engaged key stakeholders across Wisconsin to identify (1) needs and assets in the community, (2) strategies to address the needs, and (3) ways to hold each other accountable.

CRRTF prioritized key sectors and communities for this work based on inequities that would likely occur due to the nature of the COVID-19 pandemic, including:

- Populations living in congregate settings, such as those incarcerated, in long-term care, assisted living, and community-based care
- Residents with unmet and/or accessibility needs related to transportation, food, housing, language access, civic participation, and information channels (for example: populations in rural areas facing geographic inequities, spiritual leaders and communities, individuals and families facing interpersonal violence or mental/behavioral health issues, and individuals with disabilities)
- Critical services workforces, such as those in law enforcement, first responders, community health workers, migrant workers, and other locally identified essential workforces

Recognizing that racial health inequities existed prior to COVID-19 as symptoms of structural racism, CRRTF worked to support communities in making equitable policy and practice decisions that addressed these structures and set the stage for post-COVID-19 resilience.

The CRRTF sector support engagement process and input from state and local stakeholders yielded six pertinent issue areas fundamental to centering racial equity in a just recovery. These included:

⁴ [COVID-19: A Fair and Just Recovery](#) (UW PHI)

1. Power and representation in decision making about resource allocation
2. Housing quality and stability
3. Healthcare and emergency management, including COVID-19 communication and testing
4. Mental health and connectedness
5. Economic stability and wealth building
6. Equitable employment and family economic stability

One purpose of this brief is to outline evidence-informed policies and practices that can be implemented at local and state levels to advance a just recovery. The policies and practices included in this brief were identified and refined through the following process:

- Initial scan of example policy or practice interventions recommended or implemented in the field within key issue areas
- Background research on evidence-based example policy or practice interventions within key issue areas
- Stakeholder review of example policy or practice interventions identified through scan and research for relevance and feasibility in Wisconsin
- Final inclusion determined by a combination of evidence base, implementation example, and salience as identified by stakeholders

An additional purpose of this brief is to provide background and context for the need to center racial equity in a just recovery so that communities can be more resilient in the face of health-based emergencies and help all Wisconsinites to thrive.

Background

Demographics

As the 20th most populated state, Wisconsin has a total population of 5,781,051 as of 2018.⁵ In terms of percentage of the population that is White alone, Wisconsin ranks 13th, with 85.2% identifying as White alone, compared to the 72% of the national population.⁶

Looking within the state, Wisconsin's racial and ethnic make-up varies by region. Using the Department of Health Service's (DHS) categorization of Wisconsin counties (Fig. A), Tables 1, 2, 3, and 4 detail the racial and ethnic make-up statewide and by region as of 2018.

⁵ [WISH \(Wisconsin Interactive Statistics on Health\) Query System: Population Module](#) (DHS)

⁶ [Ranking Tables](#) (US Census Bureau)

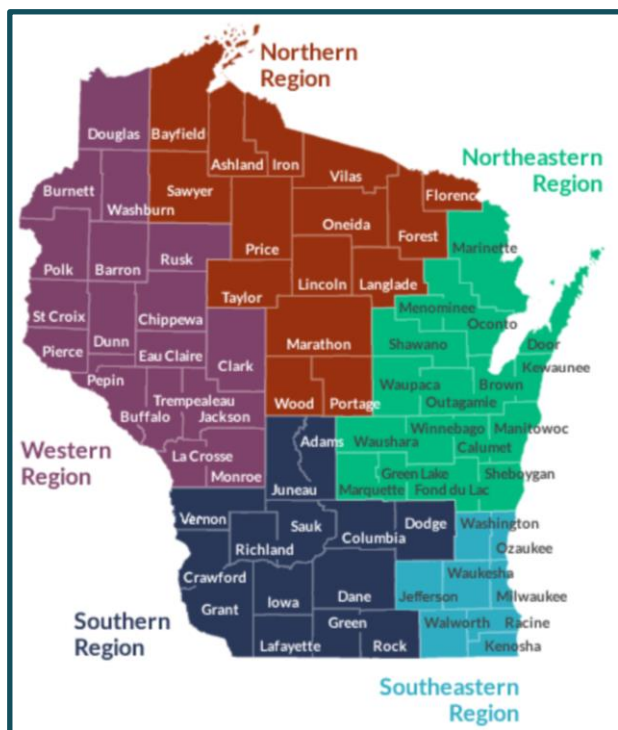


Figure A: DHS Regions by County⁷

Table 1: Percent of State Population by Race, 2018⁵

| White | Black | American Indian | Asian |
|-------|-------|-----------------|-------|
| 88.1% | 7.3% | 1.3% | 3.2% |

Table 2: Percent of State Population by Region
and Percent of Region Populations by Race, 2018⁵

| Region | Region population (% of state pop.) | White (% region pop.) | Black (% region pop.) | American Indian (% region pop.) | Asian (% region pop.) |
|--------------|--|--------------------------|--------------------------|------------------------------------|--------------------------|
| Southern | 19.7% | 91.0% | 4.7% | 0.7% | 3.6% |
| Southeastern | 36.6% | 80.2% | 15.3% | 0.8% | 3.6% |
| Northeastern | 21.6% | 92.6% | 2.3% | 2.1% | 3.0% |
| Western | 13.7% | 95.0% | 1.6% | 1.2% | 2.2% |
| Northern | 8.4% | 93.0% | 1.2% | 2.9% | 2.8% |

⁷ [DHS Regions by County](#) (DHS)

Table 3: Percent of State Population by Ethnicity, 2018⁵

| Non-Hispanic | Hispanic |
|--------------|----------|
| 93.0% | 7.0% |

**Table 4: Percent of State Population by Region
and Percent of Region Population by Ethnicity, 2018⁵**

| Region | Region Population (% state pop.) | Non-Hispanic (% region pop.) | Hispanic (% region pop.) |
|--------------|-------------------------------------|---------------------------------|-----------------------------|
| Southern | 19.7% | 94.4% | 5.6% |
| Southeastern | 36.6% | 88.7% | 11.3% |
| Northeastern | 21.6% | 94.7% | 5.3% |
| Western | 13.7% | 97.3% | 2.7% |
| Northern | 8.4% | 97.4% | 2.6% |

Hispanic, Asian, and African American residents composed a larger proportion of the population in the Southeastern region. This is likely because this region includes Milwaukee County, where two-thirds of Wisconsin's African American residents and one-third of Hispanic residents reside.⁸ These patterns are reflected in Figures B, C, D, and E, which illustrate the percent of county population by race and ethnicity.⁹ Note that in all four Figures, there is a greater density of individuals of color in the Southeastern counties.

⁸ [Healthiest Wisconsin 2020 Baseline and Health Disparities Report](#) (DHS)

⁹ [Wisconsin State Health Assessment and Health Improvement Plan](#) (DHS)

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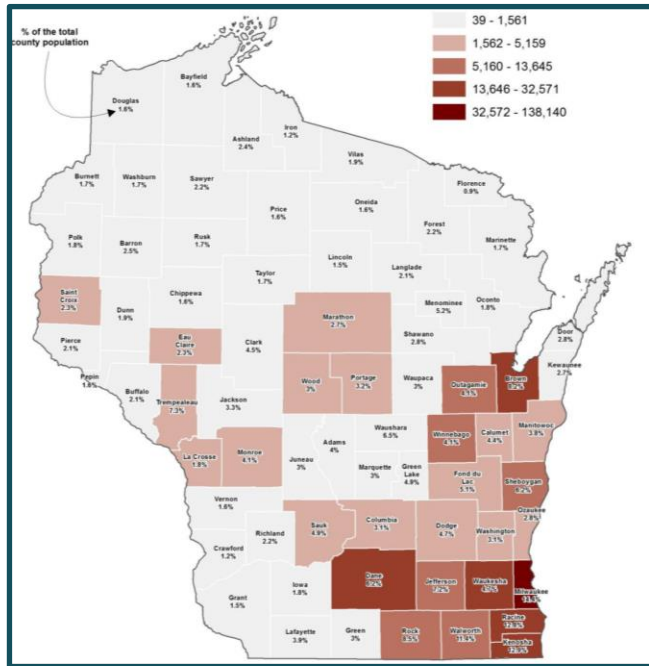


Figure B: Hispanic Residents by County⁹

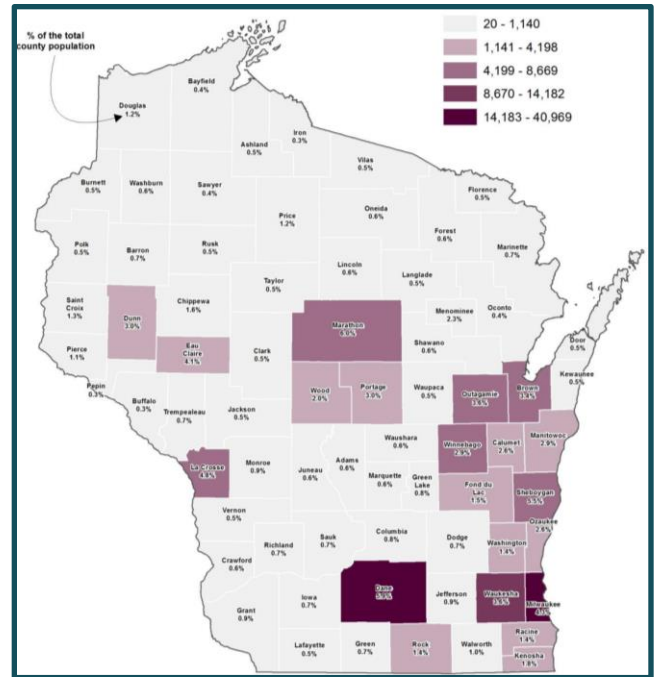


Figure C: Non-Hispanic Asian Residents by County⁹

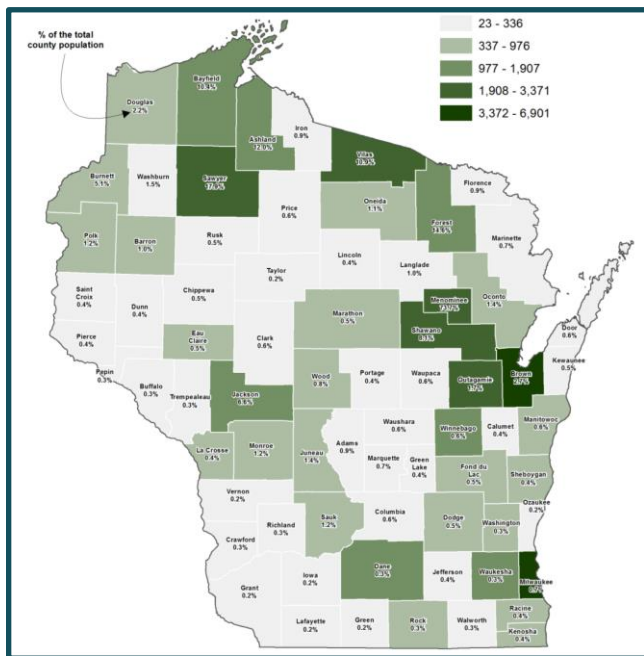


Figure D: Non-Hispanic Native American Residents by County⁹

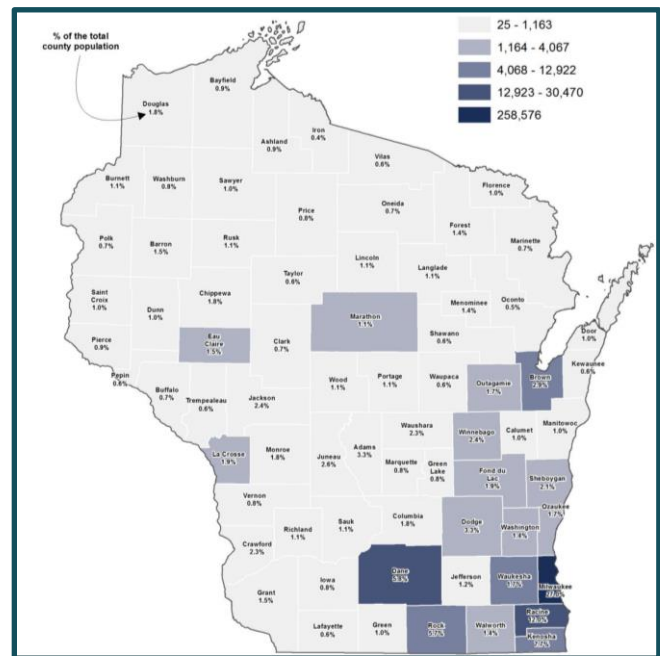


Figure E: Non-Hispanic African American Residents by County⁹

Tribal Nations in Wisconsin

In Wisconsin, there are 12 tribal communities with 11 of them federally recognized as Tribal Nations. These include:

- Bad River Band of the Lake Superior Tribe of Chippewa Indians of the Bad River Reservation
- Forest County Potawatomi Community
- Ho-Chunk Nation of Wisconsin
- Lac Courte Oreilles Band of Lake Superior Chippewa Indians of Wisconsin
- Lac du Flambeau Band of Lake Superior Chippewa Indians of the Lac du Flambeau Reservation of Wisconsin
- Menominee Indian Tribe of Wisconsin
- Oneida Tribe of Indians of Wisconsin
- Red Cliff Band of Lake Superior Chippewa Indians of Wisconsin
- Sokaogon Chippewa Community
- St. Croix Chippewa Indians of Wisconsin
- Stockbridge Munsee Community, Wisconsin
- Brothertown Indian Nation (not federally recognized)

Tribal Nations direct social, political, educational, and health policies and programs to support quality of life for its members (self-determination). Many of the 11 Native land areas are in rural areas, but tribe members live throughout the state.¹⁰

Tribal Nations within the boundaries of the United States are supposed to have the right to exercise self-governance (tribal sovereignty) and have a government-to-government relationship with federal and state governments.¹¹ With 11 Tribal Nations whose presence in North America far predates Wisconsin statehood, there is a long history of Native Americans in Wisconsin fighting to maintain sovereignty and self-determination in the face of forced assimilation, relocation, and termination. Underlying the policies in this brief is an overdue need to recognize and strengthen the sovereignty of Tribal Nations; enforce Indian treaty rights; and build the power and representation of Indigenous communities in decision-making spaces. Policy considerations concerning COVID-19 and just recovery need to center Tribal Nations' sovereignty.

¹⁰ [Native Nations](#) (Kids Forward)

¹¹ [Tribal Nations and the United States](#) (National Congress of American Indians)



Figure F: Seats of Government: American Indian Nations in Wisconsin¹²

*Ojibwe nation

**Not federally or state recognized

Racial and Ethnic Disparities in Wisconsin

Communities of color in Wisconsin have been impacted by historical and continuing racial trauma. Before we can address today's health inequities, we must acknowledge past and present systematic oppression by individuals and systems of authority. People of color have experienced centuries of genocide, slavery, forced relocation, and destruction of cultural practices that continues today.^{13,14,15,16}

¹² [Current Tribal Lands Map and Native Nations Facts](#) (Wisconsin First Nations)

¹³ [American Indians in Wisconsin: History](#) (DHS)

¹⁴ [African Americans in Wisconsin: History](#) (DHS)

¹⁵ [Asian Americans in Wisconsin: History](#) (DHS)

¹⁶ [Hispanic/Latinos in Wisconsin: History](#) (DHS)

The resulting cumulative emotional and psychological wounds are carried across generations and manifest through social determinants of health and health inequities.¹⁷

In 2010, the Wisconsin Health Improvement Planning Process (WI HIPP) developed Healthiest Wisconsin 2020, the state health plan that identified 23 focus areas to address health inequities and improve Wisconsinites' health.

As a part of this initiative in 2017, DHS published a State Health Assessment (SHA), which summarized the current state of health in Wisconsin, and a State Health Improvement Plan (SHIP) that laid out a path to launching Healthiest Wisconsin 2020.⁸ From the SHA, five priority areas were identified: nutrition and physical activity, alcohol, tobacco, suicide, and opioids.

Key findings from the 2014 Healthiest Wisconsin Focus Area Profile for Health Disparities are outlined in Table 5.¹⁸

Table 5: Key Findings from 2014 Healthiest WI 2020 Focus Area Profile for Health Disparities¹⁸

| Maternal and Infant Health |
|--|
| <ul style="list-style-type: none"> 13.9 deaths per 1000 births for African American women compared to 4.9 deaths per 1000 births for White women, almost three times greater (2010) <ul style="list-style-type: none"> Fourth highest African American infant mortality rate in the U.S. (2006) According to the 2008 Women, Infants, and Children's Program Supplemental Nutrition Program (WIC), breastfeeding rates are highest in Hispanic mothers, followed by White and Native American mothers. The lowest breastfeeding rates are in Asian and African American mothers. In 2005, WI had the second highest ratio of African American to White teen pregnancy rates and second highest African American teen pregnancy rate overall. |
| Chronic Diseases |
| <p>Diabetes (2001-2005)</p> <ul style="list-style-type: none"> Compared to White residents, mortality rate from diabetes is greater in Native American (3.3 times), African American (2.3 times), Hispanic (1.4 residents), and Asian (1.2 times) residents. <p>Coronary Heart Disease (2007)</p> <ul style="list-style-type: none"> Native American residents had the highest mortality rate for coronary heart disease (157 per 100,000 pop.), followed by White (139), African American (133), Asian (60), and Hispanic (52) residents. <p>Cancer (2002-2006)</p> <ul style="list-style-type: none"> African American residents have the highest incidence (536.1 per 100,000 pop), followed by White (465.5), Native American (391.2), Hispanic (348.2), and Asian (262.5) residents. African American residents have the highest mortality (254.2 per 100,000 pop), followed by Native American (219.0), White (182.1), Asian (100.7), and Hispanic (87.4) residents. |
| Mental Health |

¹⁷ Sotero M. A Conceptual Model of Historical Trauma: Implications for Public Health Practice and Research. *Journal of Health Disparities Research and Practice*. 2006;1(1):93-108.

¹⁸ [Health Disparities, Healthiest Wisconsin 2020 Focus Area Profile](#) (Wisconsin Center for Health Equity)

- Mental distress is about twice as frequent among Hispanic (17%), Native American (14%), and African American (15%) residents followed by White residents (8%) (2006-2008).
- Suicide rates are greater among Native American residents (16.6 per 100,000 pop.) followed by African American (7.1), Asian (6.1), Hispanic (5.6), or White (12) residents (2001-2006).

Oral Health

- 1 in 3 Asian, African American, or Hispanic third grade children had untreated tooth decay, compared to 1 in 6 White children (2014).

Physical Activity

- 56% of White residents were physically active, compared to the 46% of African American residents (2008).

Disparities During the COVID-19 Pandemic

The COVID-19 pandemic has magnified preexisting health inequities. As of January 31, 2021, there have been 542,415 COVID-19 cases with 24,298 hospitalizations and 5,896 deaths in Wisconsin. While COVID-19 affects all Wisconsinites, statewide data demonstrate that communities of color are disproportionately represented in the rate of COVID-19 cases, hospitalizations, and deaths per 100,000 people. Table 6 and Figures G, H, and J detail this data.

Table 6: Percent and Rate per 100,000 of COVID-19 Cases and Deaths by Race and Ethnicity in WI as of 1/30/2021¹⁹

| Race | Percent of State Pop. | Percent of Cases | Cases per 100,000 people | Percent of Deaths | Deaths per 100,000 people |
|---------------------------|------------------------------|-------------------------|---------------------------------|--------------------------|----------------------------------|
| Native American | 0.9% | 1.2% | 11,721.2 | 1.3% | 146.2 |
| Asian or Pacific Islander | 3.0% | 2.6% | 7,349.7 | 1.8% | 59.4 |
| African American | 6.4% | 6.9% | 9,384.7 | 7.2% | 111.6 |
| White | 80.9% | 75.6% | 8,085.1 | 82.9% | 101.0 |
| Multiple or Other Races | 1.7% | 2.5% | 12,579.2 | 0.7% | 41.6 |
| Ethnicity | Percent of State Pop. | Percent of Cases | Cases per 100,000 people | Percent of Deaths | Cases per 100,000 people |
| Hispanic or Latinx | 7.1% | 11.2% | 13,704.4 | 6.0% | 84.0 |
| Unknown race/ethnicity | N/A | 7.1% | N/A | 2.6% | N/A |

¹⁹ [COVID-19 \(Coronavirus Disease\)](#) (DHS)

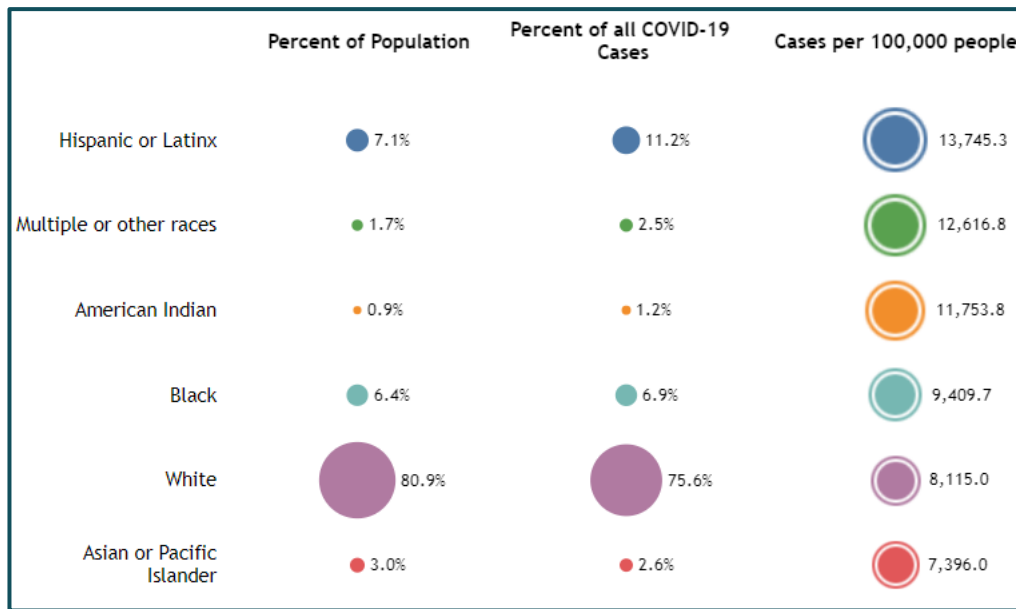


Figure G: Rate of COVID-19 Cases per 100,000 People in WI by Race and Ethnicity as of 1/31/2021²⁰

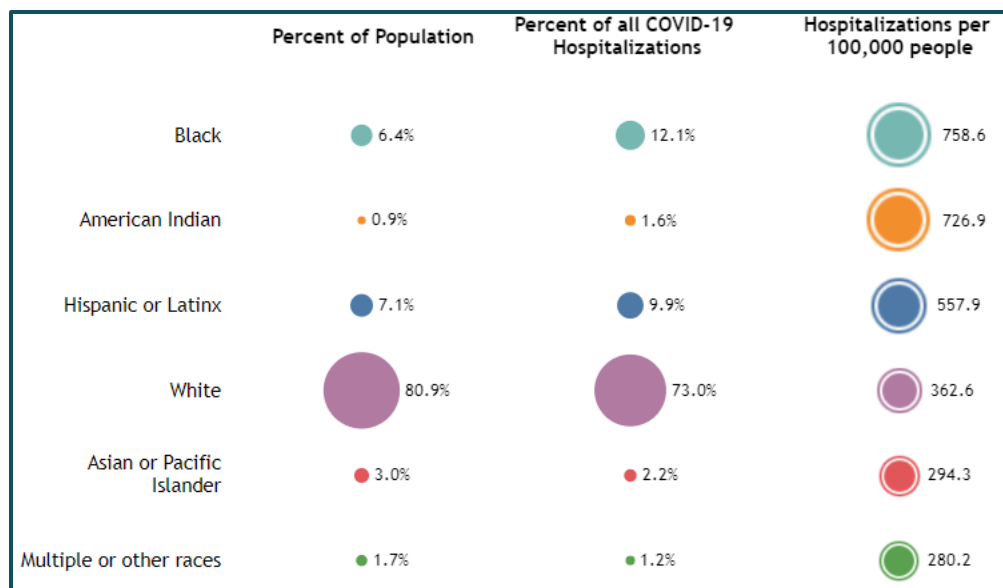


Figure H: Rate of COVID-19 Hospitalizations per 100,000 People in WI by Race and Ethnicity as of 1/31/2021²⁰

²⁰ [COVID-19: Racial and Ethnic Disparities](#) (DHS)

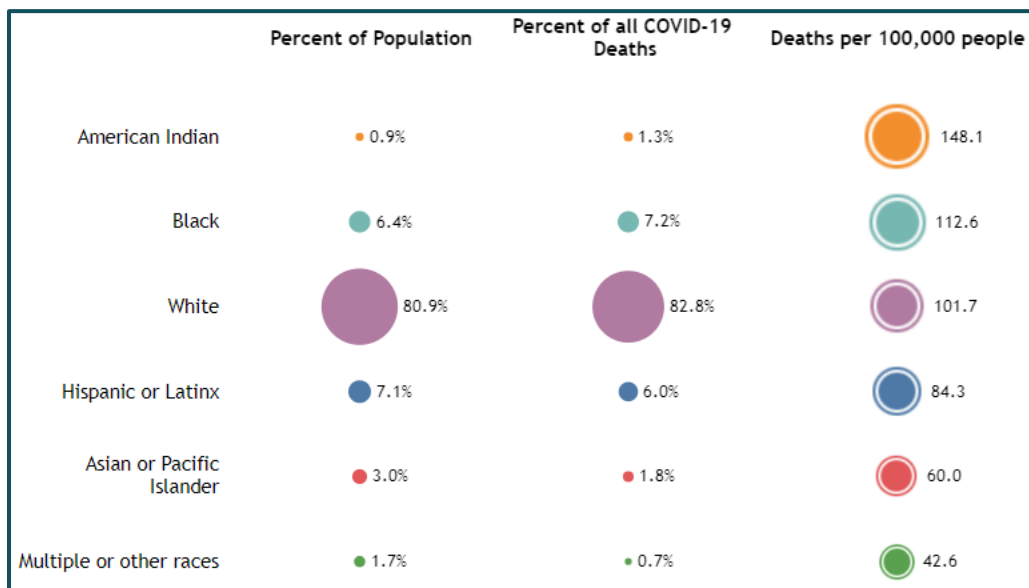


Figure J: Rate of COVID-19 Deaths per 100,000 People in WI by Race and Ethnicity as of 1/31/2021²⁰

As seen in Figures K and L below, COVID-19 cases and deaths are concentrated in the Southeastern region, specifically in Milwaukee County, where individuals of color are overrepresented. This further demonstrates a clear correlation between race and COVID-19 cases and deaths.

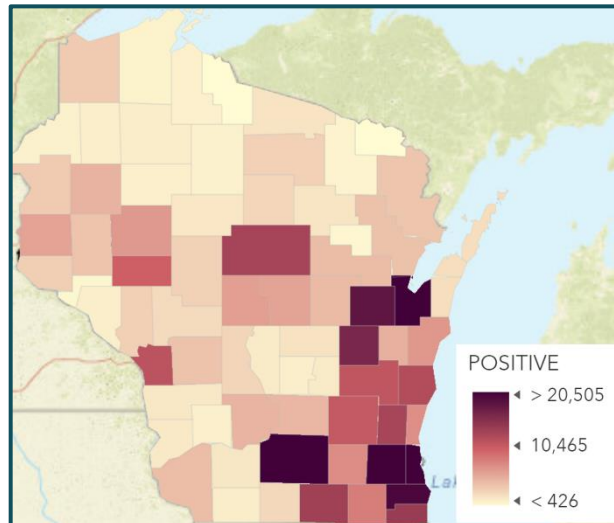


Figure K: Cumulative Total Number of Confirmed COVID-19 Cases in WI by County as of 1/31/2021²¹

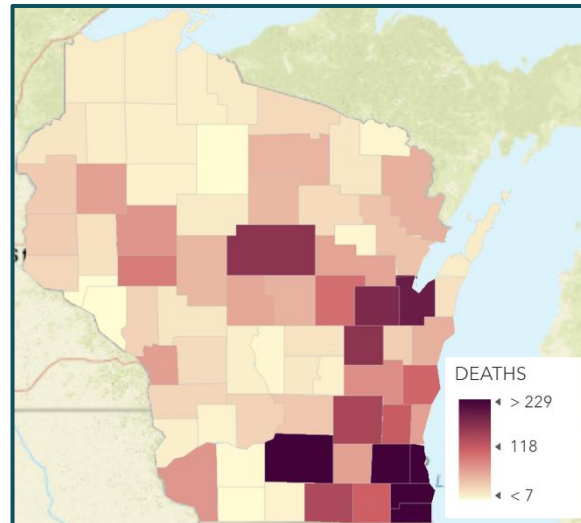


Figure L: Cumulative Number of People with Confirmed Cases Who Died from COVID-19 Related Causes in WI by County as of 1/31/2021²¹

For the most up to date information about cases and deaths, see [COVID-19 Data by County](#).

²¹ [COVID-19 Data by County](#) (DHS)

Similarly, a study from University of Wisconsin-Milwaukee Center of Economic Development explored the geographical distribution of COVID-19 in Milwaukee County and found that COVID-19 has disproportionately impacted communities of color.²²

It is important to note that racial and ethnic disparities are not caused by genetic differences or individual choices, but are due to decades of economic, educational, social, civic, and environmental exclusion on the basis of race and ethnicity. Communities of color are disproportionately impacted by COVID-19 and its ripple effects in part because of the resulting negative economic consequences of the pandemic. Due to histories of racist policies and practices that disconnected communities of color from economic opportunity, people of color are overrepresented among low-wage workers. Public health guidance around COVID-19 includes taking time off work and staying home, especially when ill, which is often unrealistic for people working low-income jobs and those who don't have access to paid sick or family leave.²³

Further, people of color live in both rural and urban areas throughout the state, and structural racism impacts every community. Reversing racist policies and practices not only eliminates health gaps for people of color, but also improves the health of the entire community. Racial equity is therefore not a concern specific to certain regions or groups, but is a statewide goal.

Drivers of Health and the Impacts of Policy

The World Health Organization defines the social determinants of health (SDoH) as “the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.”²⁴ Factors like socioeconomic status, education, physical environment, employment, and social support networks can all affect peoples' health and access to quality healthcare.

The widely recognized County Health Rankings model in Figure M illustrates how there are many factors that, if improved, can help make communities healthier places to live, learn, work, and play.²⁵ The model estimates that clinical care only contributes about 20% to health outcomes; health behaviors contribute about 30%; and social, economic, and environmental factors contribute about 50%.²⁶

The model highlights that policies and programs directly influence these health factors. Policies have a tremendous impact on health inequities, even when they don't appear to directly deal with health or healthcare. 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

²² Rast J, Martinez YC, Williams LH. Milwaukee, WI: Center for Economic Development; 2020:1-18. URL: <https://uwm.edu/ced/wp-content/uploads/sites/431/2020/04/COVID-report-final-version.pdf>

²³ [Healthy Workers, Thriving Wisconsin: Solutions Addressing Lack of Income as a Barrier to COVID-19 Isolation and Quarantine](#) (UW PHI)

²⁴ [Social Determinants of Health: Key Concepts](#) (WHO)

²⁵ [County Health Rankings Model](#) (CHRR)

²⁶ Remington, PL, Catlin, BB, Gennuso, KP. The County Health Rankings: Rationale and Methods. *Population Health Metrics*. 2015; (13).

negative ripple effects in communities for generations and are important levers for change to address health inequities.

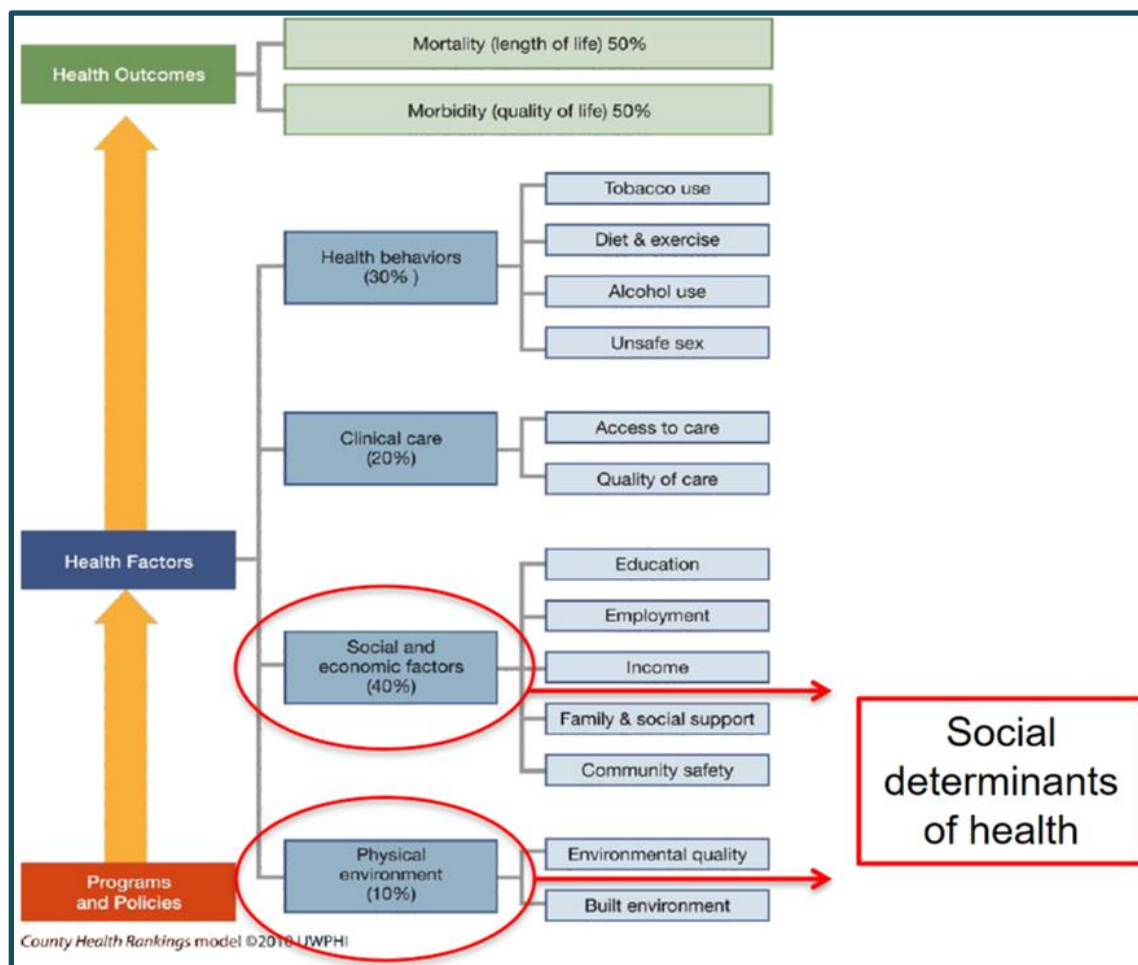


Figure M: County Health Rankings Model²⁵

Those working on policy change to improve health, however, frequently target downstream conditions, such as health behaviors and clinical care, as opposed to policies that address the SDoH. In their Conceptual Framework for Action on the Social Determinants of Health,²⁷ 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 for health outcomes. Without a policy approach that focuses on social determinants and root causes, social and economic factors that undermine these downstream interventions are likely to continue and possibly worsen, as found in the 2015 Health Trends Report.²⁸

The UW Population Health Institute's Mobilizing Action Toward Community Health (MATCH) Group's Framework for Health Equity (Figure N) 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

²⁷ [A Conceptual Framework For Action on The Social Determinants of Health](#) (WHO)

²⁸ [2015 Wisconsin Health Trends](#) (UW PHI)

worldviews that influence policy and systems. These policies and systems shape the community conditions that ultimately influence health over the lifespan.

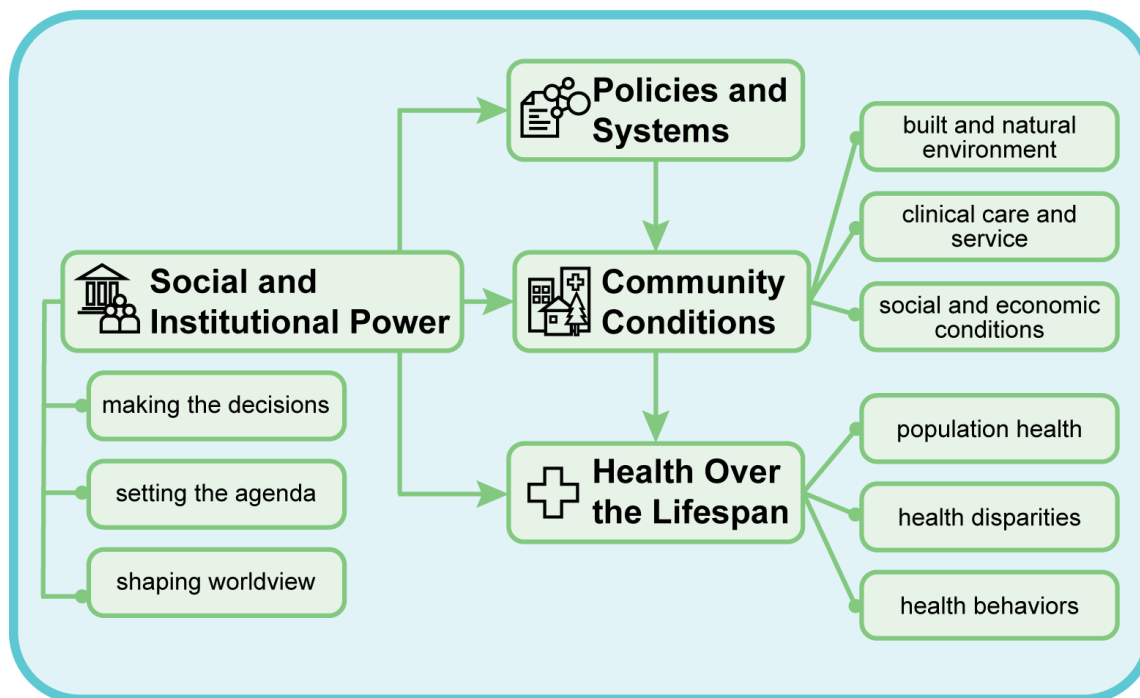


Figure N: MATCH Framework for Health Equity

The MATCH 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 emergency care; to community conditions, such as stable housing and employment; all the way through upstream conditions, such as the ability to participate in and influence decisions about one's community and its resources. Importantly, this covers the range of priorities identified by Wisconsin stakeholders in Wisconsin to advance a just recovery.

Analysis of Issues and Example Policy Interventions

COVID-19 has magnified long-standing and preexisting inequities in Wisconsin and has illuminated the critical need to take action on these areas. This brief presents evidence-informed policies and practices that can be implemented at local and state levels to advance a just recovery in six issue areas, prioritized through the CRRTF sector support engagement process and input from key stakeholders in Wisconsin, that profoundly affect the health outcomes of diverse communities in Wisconsin. These include:

[**Issue 1: Power and Representation in Decision Making About Resource Allocation**](#)

[**Issue 2: Housing Quality and Stability**](#)

[**Issue 3: Health Care and Emergency Management, Including COVID-19 Communication and Testing**](#)

[**Issue 4: Mental Health and Connectedness**](#)

Issue 5: Economic Stability and Wealth Building

Issue 6: Equitable Employment and Family Economic Stability

Issue 1: Power and Representation in Decision Making About Resource Allocation

Introduction

The ways that government, businesses, and philanthropy invest their resources continues to be influenced by systems that promote inequity. This has led to a lack of resources in neighborhoods with majority communities of color.¹ People of color across Wisconsin are experiencing more severe disease and more deaths due to COVID-19.² According to the World Health Organization, a fair process for allocating resources includes transparency, inclusiveness, consistency, and accountability.³ To ensure a fair and just



recovery from COVID-19, the power and representation of people of color must be central in decision making for resource allocation. In Wisconsin, we can build power and promote the visibility, decision-making roles, and authentic participation of communities who are most affected by institutional racism. Strategies include supporting small and grassroots organizations that are already working alongside communities of color and being accountable for having representation from diverse groups in the decision-making structure.

According to the Wisconsin Department of Administration's COVID-19 Response and Recovery Dashboard, funding has been designated through grant programs for non-profits and cultural organizations affected by the pandemic.⁴ Examples of this type of funding includes the COVID-19 Cultural Organization Grant Program (\$5,000,000) and the COVID Pandemic Response Nonprofit Grant Program (\$10,000,000). While funding designations are a step towards the goal of representation and influence in decision making, as well as sharing power in determining who receives funding and who is eligible, more can be done.

Policies

Table 1 includes policy examples around promoting power and representation in decision making. Note that the "X" marks the presence of supporting evidence or implementation type and WWFH stands for "What Works for Health."

Table 1: Policy examples and associated program suggestions

| Policy Examples | Evidence Sources | | Implementation Examples? |
|--|---|--|--------------------------|
| | Systematic reviews, peer-reviewed literature, WWFH or other ratings organizations | Grey literature (agency reports, white papers, policy institutes) or similar sources | |
| Leverage funding and identify opportunities to invest in the assets within communities of color already doing the response and recovery work. | X | | X |
| Place communities that have been most impacted in decision- and solution-making roles through meaningful participation on task forces and committees. | | X | |
| Create pathways to meaningful leadership for young leaders of color in public health. | X | | X |
| Promote: 1) Federal and philanthropic support for Native American/Indigenous-led groups and nations so that they can determine and implement solutions that work for them. 2) Increased resources to Indian Health Services, as well as provision of mobile service units or temporary health facilities for rural areas. ⁴ | X | X | X |

Evidence suggests successful implementation of these policies may include:

- **Trauma-informed approaches to community building.**⁵ These approaches support residents and communities who have experienced trauma and address effects of community trauma (e.g., poverty, violence, structural racism, etc.) via a comprehensive, multi-stakeholder, and multilevel approach. Examples include the [Neighborhood Resilience Project](#) in Pittsburgh, PA.
- **Milwaukee Civic Response Team.**⁶ This is a cross-sector coalition formed with investments and leadership from philanthropy to strategically, equitably, and rapidly respond to the COVID-19 pandemic in the region. The [MKE Civic Response Team](#) is developing unprecedented systems to identify greatest needs, align resources, and coordinate relief efforts around the critical and intersecting priorities of food, housing/shelter, physical health, mental health, early childhood education, and K-12 schools to ensure our community's economic recovery and overall well-being.

- **Youth leadership and apprenticeship programs.**^{7,8} These programs provide youth with leadership and empowerment opportunities, often through social activities such as advocacy groups, peer education, youth-led participatory research, and local government youth advisory councils and boards. Examples include the [MGR Foundation's Youth Empowerment program](#), [C5 Association's Youth Program](#), [Project Venture](#), and the [Wisconsin Youth Advisory Council and Youth Leadership Teams](#).
- **Federally qualified health centers.**⁹ Often called community health centers, these locations deliver comprehensive care to uninsured, underinsured, and vulnerable patients regardless of ability to pay. This can increase access to primary care and can reduce disparities in access to care. [Wisconsin](#) has a network of FQHCs.
- **Nurse-Family Partnership.**¹⁰ This program provides home visiting services to low-income, first-time mothers and their babies. [The Partnership](#) is active in several counties in Wisconsin and has transitioned to a virtual model for services.
- **Mobile reproductive health clinics.**¹¹ These clinics offer reproductive health services (e.g., pregnancy tests, prenatal and postpartum care, gynecological exams, STI screenings, etc.), health education, and social service referrals via medically equipped vans. Evidence suggests the clinics improve prenatal care, can reach a variety of vulnerable populations, and are cost-effective. Examples include [Community Healthcare Network's](#) medical mobile vans in New York City and [The Family Van](#) in Boston, Massachusetts. A related strategy is mobile health clinics or units, such as the [Shakopee Mdewakanton Sioux Community \(SMSC\) Mobile Unit](#), which brings free medical, dental, and vision care to communities across Minnesota.

Resources

- [Coronavirus Equity Considerations](#) (NAACP)
- [Milwaukee County Stakeholder Engagement Survey](#) (CRRF)

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2. [COVID-19: Racial and Ethnic Disparities](#) (DHS)

3. [Ethics and COVID-19: resource allocation and priority-setting](#) (WHO)
4. [Investing in Wisconsin: COVID-19 Response & Recovery](#) (DOA)
5. [Trauma Informed Approaches to Community Building](#) (WWFH)
6. [Milwaukee Civic Response Team](#) (FSG)
7. [Youth Leadership Programs](#) (WWFH)
8. [Youth Apprenticeship Programs](#) (WWFH)
9. [Federally Qualified Health Centers](#) (WWFH)
10. [Nurse Family Partnership](#) (WWFH)
11. [Mobile Reproductive Health Clinic](#) (WWFH)

Issue 2: Housing Quality and Stability

Introduction

Housing instability becomes a vicious cycle that keeps individuals and families from accessing stable jobs and basic needs that often take precedence over personal health.¹ Lacking access to stable and affordable housing can lead to negative outcomes because of the constant forced relocation of residents, causing an inability to build and maintain wealth. The World Health Organization (WHO) published housing and health guidelines in 2018, identifying poor housing conditions that cause environmental risk factors like overcrowding, air and water quality, and lack of access to adequate plumbing and sanitation. These factors contribute to the burden of infectious diseases, including airborne respiratory illnesses such as COVID-19. Poor housing conditions monitored by the CDC include overcrowding, high housing cost, lack of kitchen facilities, and lack of plumbing facilities. In a nationwide analysis of CDC county-level data, counties with a higher percentage of households with poor housing conditions had higher incidence of, and mortality associated with, COVID-19.²



Housing instability was already a threat to many Wisconsinites prior to COVID-19, and the number of those facing a loss of housing has increased since the onset of the pandemic. As of 2018, 24% of Wisconsin households were at or below the poverty guideline and classified as extremely low income (ELI). Seventy-one percent of ELI households were identified as severely cost-burdened (i.e. spending at least half of household income on housing). These households are more likely to experience unstable housing situations, such as evictions and sacrificing other necessities like healthy food and healthcare.³ The pandemic has further increased housing hardships, with many individuals and families facing evictions, delayed rent or mortgage payments, and unexpected utility payments and home repairs. People of color are at higher risk for evictions, as they are already more likely to be low-income and to become infected with COVID-19 compared to white populations.³

The CDC issued a federal moratorium on evictions through December 31, 2020.⁴ However, according to the Eviction Lab, orders in Wisconsin that blocked non-emergency eviction cases have expired. Landlords are temporarily blocked from charging fees for late rent payments. Without supportive measures like action on rental debt, Wisconsin could still see a surge of evictions soon after the state of emergency expires.⁵ Moreover, the Public Service Commission extended the statewide moratorium on utilities until Spring 2021,⁶ and Governor Evers has allocated \$35,000,000 toward a statewide emergency rental assistance fund—the Wisconsin Rental Assistance Program (WRAP)—to assist eligible renters who have had a significant loss of income due to the COVID-19 pandemic and need help with their rent.^{7,8}

Policies

Table 1 includes policy examples around housing quality and stability. Note that the “X” marks the presence of supporting evidence or implementation type and WWFH stands for “What Works for Health.”

Table 1: Policy examples and associated program suggestions

| Policy Examples | Evidence Sources | | Implementation Examples? |
|--|--|--|--------------------------|
| | Systematic reviews, peer-reviewed literature, WWFH, or other ratings organizations | Grey literature (agency reports, white papers, policy institutes) or similar sources | |
| Declare a moratorium on mortgage payments and taxes, foreclosures, and evictions. Freeze all rent and utilities. Expand funding for eviction prevention and rental assistance until stabilizing plans are developed. | | X | X |
| Commit to providing vulnerable, unhoused residents, survivors of violence, and recently released individuals with safe and sanitary community-based housing. Housing provision commission set up to allocate housing to those in need. | | X | X |
| Institute a moratorium on any housing and services restrictions for people with a history of justice involvement. | | X | |
| Increase access to legal services, housing navigators, and housing counseling. | X | X | X |
| Expand understanding of grandfamilies, which are more likely to be present in communities of color, to better connect them with resources and support. | | X | |
| Pass policies to prevent evictions by creating funding for short-term financial assistance and housing stabilization services. Providing short-term assistance to stabilize individuals is far less expensive than allowing households to become homeless. | X | | X |
| Create a forgivable no interest loan program or financial assistance to help landlords weather the economic downturn. Allowable expenses would include payroll, rent relief for tenants, mortgage payments if reducing or not collecting rent due to COVID-19, COVID-19 spread | | X | |

| | | | |
|--|---|---|---|
| mitigation and contamination cleanup, and preserving affordable housing units. Landlords would be unable to evict tenants during the loan term except under certain imminent exceptions. | | | |
| Allocate funding for capital repair of public housing. | X | X | X |
| Allocate disaster recovery funds to ensure the occupants of the remaining damaged homes can repair them immediately. | | X | |
| Boost the State Homestead Credit and expand funding to community organizations and grants to supportive services. | | X | |
| Lift suspension for inspecting and constructing buildings for affordable housing, if suspended, since affordable housing is considered an essential service. | | | X |
| Increase funding in the Housing Trust Fund. | X | X | X |
| Expand and reform the Low-Income Housing Tax Credit. | X | X | X |
| Convert publicly owned vacant land into community land trusts. | X | X | X |
| Remove housing from speculative markets and convert it into permanently affordable, community-controlled housing. | | X | |
| Prevent displacement during development. | X | X | X |
| Establish enforceable rent control, tenant protections, and proactive rental inspections. | X | X | X |
| Pass legislation such that payments are added to the end of the loan, as mortgagors should not have to play catch-up. | | X | |
| Prioritize using Community Development Block Grant (CDBG) funds to provide rental assistance to ensure that impacted households can remain stably housed during and after the COVID-19 crisis. | X | | X |

Evidence suggests successful implementation of these policies may include:

- **Rental assistance and houselessness and eviction prevention programs.**^{9,10,11} In addition to the [federal moratorium on evictions](#) implemented by the CDC, programs aimed at houselessness and eviction prevention have been implemented across the nation, including

[Anchorage](#), [San Jose](#), and [Boston](#).^{12,13} In Wisconsin, funding was allocated for the [Wisconsin Rental Assistance Program \(WRAP\)](#), and the Public Service Commission [extended the statewide moratorium on utilities](#) until Spring 2021. Other examples in state-wide and city responses to the pandemic include New Mexico's [moratorium on evictions for mobile-home owners](#) unable to pay rent on the land they are parked on; the city of Austin, TX, creating the [Tenant Stabilization Program](#), which provides rental assistance and eviction prevention support to low-income households; and the city of New Orleans, LA, offering [immediate financial and legal assistance for houselessness prevention](#), such as rental assistance and foreclosure mitigation. State ([New York](#)) and [federal](#) legislation instituting nationwide cancellation of rents and home mortgage payments through the duration of the pandemic have also been proposed. Long-term implementation examples include the [Eviction Crisis Act](#), which was proposed to the U.S. Congress and would provide short-term financial assistance and housing stabilization services.

- **Quarantine and housing facilities for vulnerable populations.**^{9,11} This includes housing for individuals who are high risk, elderly, houseless, survivors of violence, and recently released individuals. Examples in Wisconsin include [two voluntary public isolation centers](#) in Madison and Milwaukee. Many states (e.g. [California](#), Alabama, Alaska, Connecticut, Ohio, Vermont, New York, and New Hampshire) and cities (e.g. [San Francisco](#), Los Angeles, New Orleans, Spokane and Las Vegas) have also allocated funding, resources, and spaces to provide emergency shelter for individuals unable to safely self-quarantine.¹⁴
- **Rent and mortgage cancellation.** This would constitute full payment forgiveness for rent and home mortgage payments throughout the duration of the COVID-19 pandemic, without accumulation of debt or impact on their credit score or rental history. While they have not been enacted yet, bills have been proposed in [New York](#) and the [U.S. Congress](#).
- **Rapid re-housing programs.**¹⁵ These programs transition families and individuals experiencing homelessness into permanent housing quickly, often with supports such as short-term financial assistance, case management, landlord negotiations, etc. Examples in Wisconsin include [Road Home Dane County](#), and examples outside Wisconsin include the [City of Roseville, CA](#). A related program is [Housing First](#); examples in Wisconsin include [Milwaukee County Housing First](#).
- **Legal support for tenants in eviction proceedings.**^{9,11} This can include legal representation for tenants with low incomes in eviction proceedings or limited legal assistance to prepare tenants to represent themselves in court.¹⁶ Evidence suggests cost savings (via avoided homeless shelter costs). Examples in Wisconsin include [Legal Action of Wisconsin's Eviction Defense Project](#) in Milwaukee and Dane counties. Examples outside Wisconsin include New York City's [Right to Counsel law](#), which decreased eviction rates within a year. A related strategy is debt advice for tenants with unpaid rent.¹⁷ The U.S. Department of Housing and Urban Development (HUD) has a [guide to expanding housing counseling services](#), particularly to reach rural and underserved communities and to expand rental and homeless counseling programs. Another similar strategy is housing mediation services.¹⁸ The [Legal Services Corporation \(LSC\)](#) is also a nonprofit with over 800 offices across the U.S. and which provides

grants for civil legal assistance to Americans with low incomes, including legal representation for tenants facing eviction.

- **Medical-legal partnerships.**¹⁹ This concept integrates legal services into health care settings to address legal issues that affect health (e.g., housing, food, utilities). Examples in Wisconsin include Medical College of Wisconsin's Center for the Advancement of Underserved Children, which manages the [Legal And Medical Partnership \(LAMP\)](#) for Families in Milwaukee.
- **Housing rehabilitation loan and grant programs.**²⁰ These programs provide funding, primarily to families with low or median incomes, to repair, improve, or modernize dwellings and remove health or safety hazards. [USDA Housing Preservation Grants \(HPGs\)](#) can go to state and local governments, nonprofit organizations, or federally recognized tribes to repair or rehabilitate low and very low-income housing in rural areas; individual homeowners are not eligible.
- **Housing trust funds.**^{9,21} These support funds help create or maintain low-income housing, subsidized rental housing, and assist low-income homebuyers and non-profit housing developers in rural and urban settings. [Wisconsin's Housing and Economic Development Authority](#) manages HTFs for state grantees, and the city of Milwaukee has a [local housing trust fund](#).
- **Low-Income Housing Tax Credits (LIHTCs).**^{9,22} These state and local level credits provide funding to support the development and rehabilitation costs of low-income rental housing. Evidence suggests LIHTCs increase neighborhood socio-economic diversity and may also benefit access to public transportation and employment opportunities.
- **Community land trusts.**^{23,24} These trusts purchase land to lease to homeowners with low and middle incomes and require them to sell the home back to the CLT or to another resident with low income at an affordable price. Examples include [Champlain Housing Trust](#) in Burlington, Vermont and in Wisconsin, the [Madison Area Community Land Trust](#).
- **Land banks.**^{24,25} This involves acquiring, holding, managing, and developing properties such as vacant lots, abandoned buildings, or foreclosures, and transitioning them to productive uses, often affordable housing developments. As of 2019, Wisconsin does not have land banks.²⁶ National examples used as models include Michigan's [Genesee County Land Bank Authority \(GCLBA\)](#) and [Cuyahoga Land Bank](#) in Ohio.
- **Rent regulation policies.**^{24,27} These policies establish tenant protections via regulations to the housing rental market such as limits on rent increases and eviction protections for tenants with low incomes, typically via rent stabilization. Evidence suggests such policies may improve housing stability and reduce displacement. [Wisconsin](#) prohibits municipal rent control policies. Adopters include the state of [Oregon](#), state of [California](#), and [New York City](#). Inclusionary zoning and housing policies are related and may also minimize adverse effects of gentrification, such as displacement.
- **Community development block grants (CDBGs).**²⁸ These provide funding for local community development activities such as affordable housing, anti-poverty programs, and

infrastructure development. Multiple CDBG projects exist in [Wisconsin](#), including the [city of Madison](#) and [Dane County](#). Other examples include Illinois, Michigan, and Minnesota.²⁹

Resources

- [Statistics on Grandfamilies by Race and Ethnicity](#) (U.S. Census Bureau)
- [Supporting Grandfamilies through the COVID-19 Crisis](#) (Generations United)
- [CARES Act and Grandfamilies](#) (Generations United)
- [Coronavirus Equity Considerations](#) (NAACP)
- [COVID-19 Response Plans](#) (Local Housing Solutions)
- [What Do “Stay-at-Home” Orders Mean for Families in Unsafe or Unrepaired Homes?](#) (Urban Institute)

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3. [The Cost of Living: Milwaukee County’s Rental Housing Trends and Challenges](#) (WI Policy Forum)
4. [The New Eviction Moratorium: What You Need to Know](#) (New York Times)
5. [COVID-19 Housing Policy Scorecard - Wisconsin](#) (Eviction Lab)
6. [Public Service Commission extends moratorium on utility cutoffs](#) (Milwaukee Journal Sentinel)
7. [COVID-19 Relief Investment Dashboard](#) (DOA)
8. [COVID-19 Relief Investment Programs](#) (DOA)
9. [Responding to Coronavirus Ensuring Housing Stability During A Crisis](#) (NLIHC)
10. [Housing and Healthcare for All](#) (Movement for Black Lives)
11. [Letter to WI State Leadership](#) (Housing Industry Stakeholders)
12. [Eviction and Foreclosure Moratoriums](#) (NLIHC)

13. [COVID-19 Local Action Tracker](#) (NLC)
14. [How States are Housing the Homeless During a Pandemic](#) (ASTHO)
15. [Rapid Re-Housing Programs](#) (WWFH)
16. [Legal Support for Tenants during Evictions](#) (WWFH)
17. [Debt Advice for Unpaid Rent](#) (WWFH)
18. [Housing Mediation Services](#) (WWFH)
19. [Medical Legal Partnerships](#) (WWFH)
20. [Housing Rehabilitation Loan and Grant Programs](#) (WWFH)
21. [Housing Trust Funds](#) (WWFH)
22. [Low-Income Housing Tax Credits](#) (WWFH)
23. [Community Land Trusts](#) (WWFH)
24. [Health Equity Policy Platform for COVID-19 Response and Recovery](#) (Human Impact Partners)
25. [Land Banking](#) (WWFH)
26. [Land Bank Map](#) (Center for Community Progress)
27. [Rent Regulation Policies](#) (WWFH)
28. [Community Development Block Grants](#) (WWFH)
29. [Policy Responses to COVID-19](#) (Energy Efficiency for All)

Issue 3: Healthcare and Emergency Management, Including COVID-19 Communication and Testing

Introduction

The ability of communities to attain adequate access to services appropriate to meet their healthcare needs is influenced by policies and programs and service delivery design. Access to healthcare is important for overall physical, social, and mental health; disease prevention; detection, diagnosis, and treatment of illness; quality of life; preventable death; and life expectancy.

The United States' historical legacy of structural racism and abuse of communities of color at the hands of the medical profession has led to long-standing barriers to accessing healthcare, including distrust of healthcare providers by communities of color.¹ Other barriers disproportionately affecting individuals of color include limited or no access to transportation for health appointments, lack of health insurance, limited education about health care, limited health care resources, reluctance to seek healthcare, and provider hours limited to work hours.²

Specifically, communities of color are overrepresented in populations lacking health insurance and or receiving Medicaid (Table 1).³ For example, in 2019, an estimated 7.4% of residents were without health insurance for part or all of the past year, representing approximately 408,000 Wisconsinites. Even further, as a result of loss of employment and/or lack of coverage through Medicaid, many people will be left uninsured during the pandemic and economic downturn, and access to health care could decline significantly. Having health insurance coverage makes people significantly less likely to delay seeking care when symptoms emerge, which is important for early detection and effective treatment for COVID-19. Without coverage, many patients may delay seeking care until their conditions worsen and require hospitalization. Health insurance is also important for the management of chronic conditions that could deteriorate without continuity in access to appropriate care. To-date, none of the COVID-19 response legislation requires public or private insurance programs to cover treatment costs for uninsured individuals, leaving them in grave financial risk if hospitalized.⁴



Table 1: Percent of Wisconsin residents insured part or all year by race/ethnicity, as of 2019

| Race/Ethnicity | Total percent insured (% insured all year, % insured part of year) | Total percent enrolled in Medicaid | Percent of the state's population |
|--------------------------------|--|---------------------------------------|--------------------------------------|
| White, non-Hispanic | 97.7% (93.7%, 4%) | 56% | 88.1% |
| African American, non-Hispanic | 92.7% (81.2%, 11.5%) | 16% | 7.3% |
| Hispanic/Latino | 90.1% (87.1%, 3.3%) | 10% | 7% |
| Asian, non-Hispanic | 96.8% (96.8%, no data) | No data | 3.2% |
| American Indian, non-Hispanic | 88.3% (88.3, no data) | No data | 1.3% |

Another compounding factor is quality of healthcare; in particular, non-White patients have been shown to have lower patient satisfaction than White patients.⁵ Research shows how [doctors' unconscious bias](#) affects the care people receive, with Latino and Black patients being less likely to receive [pain medications](#) or get referred for [advanced care](#), when compared to white patients with the same complaints or symptoms. People of color are disproportionately affected by the coronavirus not only because they are more likely to have front-line jobs that increase their likelihood of exposure to COVID-19, but also because there is a feeling that people of color will not be believed or treated with the same value or worth as White folks.⁶ As a result of these compounding barriers, communities of color in the United States and Wisconsin experience glaring health disparities.⁷

In addition to accessing quality healthcare, the availability of COVID-19 testing has varied over the course of the pandemic, especially since federal, state, and local policies have been inconsistent with each other. While this has implications for everyone, communities of color have experienced the most impact from these policy discrepancies.⁸ Challenges in communication with communities of color in regards to COVID-19 outreach, testing, and contact-tracing has also resulted in compounding effects of the pandemic on these communities.

However, there are opportunities to intervene and implement equitable policies that improve access to healthcare for people of color. Many barriers exist in accessing testing and resources, including language, cost, and lack of trust in the providers and testing locations. A vital step in addressing disparate access to healthcare and testing relates to the framing of Wisconsin's approach to recovery. "Going back to normal" is not viable or desirable for communities of color, as evidenced by the history of structural racism that has led to inequities across the social determinants of health. Thus, in addressing inequitable access to healthcare, we must also frame our recovery so that it prioritizes equity and ensures a just recovery for all Wisconsinites.

According to the Wisconsin Department of Administration COVID-19 Response and Recovery Dashboard, approximately \$1,687,000,000 has been allocated for financial assistance to increase access to healthcare through programs such as: Direct Provider Payment (DPP), Testing Coordination, Hospital Assistance, Contract-Tracing, PPE Distribution, Testing Supplies and Lab Diagnostics, and State Emergency Operations Center Response.⁹

While these programs and funding allocations have contributed greatly to increasing access to healthcare services and testing across Wisconsin, it is vital to also address barriers unique to communities of color to ensure a just recovery.

Policies

Table 2 includes policy examples around healthcare and emergency management. Note that the “X” marks the presence of supporting evidence or implementation type and WWFH stands for “What Works for Health.”

Table 2: Policy examples to promote equitable healthcare access, COVID-19 testing, and communications regarding the pandemic

| Policy Examples | Evidence Sources | | Implementation Examples? |
|---|---|--|--------------------------|
| | Systematic reviews, peer-reviewed literature, WWFH or other ratings organizations | Grey literature (agency reports, white papers, policy institutes) or similar sources | |
| Incentivize the use of federally qualified health centers nationwide to address the COVID-19 pandemic. | X | | X |
| Do not bill for any COVID-related health care costs. | | X | |
| Ensure continuity of home and community-based services. | X | | X |
| Provide free, safe, and accessible family planning and reproductive healthcare including access to abortion and increased resources for birthing people. | X | | X |
| Advocate for a sanctuary model to be employed regarding testing and treatment of immigrant populations with no fear of detention. | | X | |
| Translate information into multiple languages and make interpreters available. | X | X | X |
| Use trusted community locations, trusted leaders from communities of color, and community health workers as the mechanisms for sharing information about COVID-19, conducting the actual testing and care needed, and partnering with to co-create framing around the present and what the future will look like. | X | X | X |

| | | | |
|--|---|---|---|
| Identify and share messaging through platforms that communities use, such as community newsletters, community centers, community mutual aid tools, apps, social media pages, texting, and emails. | X | | X |
| Fund culturally responsive outreach, education and interventions regarding testing and messaging around COVID-19. Advocate for federal, state, and local governmental officials dominating the airways to lead on narrative shift with messaging. | X | X | X |
| Designate violence interrupters as community health workers. | X | | |
| Be transparent about the impact of social and economic disenfranchisement as a driving factor of the inequitable burden of disease on communities of color. | X | | X |
| Prioritize under-resourced facilities to ensure limited hospital supplies are equitably distributed. Ensure that under-resourced facilities are prioritized in dissemination of resources offered at the state level, particularly those on a first-come, first-serve basis. | | X | X |
| Use virtual tools for tasks such as requesting help for services like translation, getting supplies, or financial aid; volunteering for tasks like driving people or completing errands; or donating money to help individuals and families struggling to make ends meet. | | | X |
| Increase availability of testing by providing education through community organizations, using telehealth to address pre-existing conditions, and addressing incarcerated populations. | X | | X |
| Increase access to testing by providing transportation. | X | | X |
| Provide testing and isolation with wraparound services free of charge. | | X | |

Evidence suggests successful implementation of these policies may include:

- **Federally qualified health centers.**¹⁰ Often called community health centers, these locations deliver comprehensive care to uninsured, underinsured, and vulnerable patients regardless of ability to pay. These can increase access to primary care and can reduce disparities in access to care. Wisconsin has a [network of FQHCs](#).

- **Community health workers.**¹¹ This is an umbrella term and strategy that engages professional or lay frontline health workers to provide education, care coordination, referral, follow-up, case management, home visiting, etc. for those at high risk for poor health outcomes and health disparities. Community health workers can also be called promotores de salud, community health representatives, and health/patient navigators. Evidence suggests that efforts of community health workers can improve health in minority or underserved communities, reduce disparities in health outcomes, and enhance health equity. Examples in Wisconsin include the [Wisconsin Community Health Worker Network](#). National examples include the [National Association of Community Health Workers \(NACHW\)](#).
- **Cure Violence Health model.**¹² This model includes efforts to detect and intervene in potentially violent situations, educate and mobilize communities, and connect high-risk individuals to services. Wisconsin examples include [414 LIFE](#) in the City of Milwaukee.
- **Case-managed care for community-dwelling frail elders.**¹³ This is a case management model for frail elderly patients living independently, including coordinating aspects of long-term care such as status assessment, monitoring, advocacy, care planning, etc. A related strategy is integrated long-term care for community-dwelling frail elders.¹⁴ Examples in Wisconsin include [Family Care](#), which is available in all counties.
- **Mobile reproductive health clinics.**¹⁵ These clinics offer reproductive health services (e.g., pregnancy tests, prenatal and postpartum care, gynecological exams, STI screenings, etc.), health education, and social service referrals via medically equipped vans. Evidence suggests the clinics improve prenatal care, can reach a variety of populations with vulnerabilities, and are cost-effective. Examples include Community Healthcare Network's medical mobile vans in [New York City](#), and [The Family Van](#) in Boston, Massachusetts.
- **Reproductive life plans.**¹⁶ Health care providers or other community settings can introduce a reproductive life plan, which helps individuals to make a structured plan and set goals regarding having or not having children that are consistent with personal values and current life circumstances. Plans can evolve over time. Evidence suggests such plans can be important for individuals who are at risk for negative health outcomes. Examples include [DE Thrives](#) in Delaware.
- **Professionally trained medical interpreters.**¹⁷ Certified interpretation services are key for patients with limited English proficiency (LEP) in outpatient and inpatient health care settings. Examples in Wisconsin include [UW Health Interpreter Services](#).
- **Culturally adapted health care.**¹⁸ This is the practice of tailoring health care to patients' norms, beliefs, and values, as well as their language and literacy skills. Examples in Wisconsin include the [Gerald L. Ignace Indian Health Center Inc.](#), which provides culturally adapted care, and the [Great Lakes Inter-Tribal Council](#), which provides leadership, technical assistance, training, and resources. In addition, the Medical College of Wisconsin Advancing a Healthier Wisconsin Endowment (AHW) funded [multiple programs for culturally-responsive COVID-19 outreach](#),

education, and intervention for vulnerable communities, including elderly African American individuals, migrant seasonal agricultural workers, and Hmong American residents.

- **Cultural competence training for healthcare professionals.**¹⁹ This increases health care providers' ability to understand and respond to cultural differences and value diversity by providing factual information, skills training, and other efforts. Examples in Wisconsin include resources provided by the [La Crosse Medical Health Science Consortium](#) and the [Department of Family Medicine and Community Health](#) at the University of Wisconsin School of Medicine and Public Health.
- **Partnerships with community leaders and centers.** Authentic collaboration allows for trusted communication and care around COVID-19 for communities of color. For example, the [University of Wisconsin](#) leveraged long-standing relationships with leaders in the African American and Latinx communities and Oneida Nation of Wisconsin to establish accurate communications around COVID-19. In addition, [Cook County Health](#) leveraged pre-existing communication tools, such as newsletters and websites, used by community partners to reach communities of color. A similar strategy is using social media for civic participation.²⁰ Evidence indicates that the majority of millennials receive news about politics and government through social media.
- **Co-creation of framing around the present and a just recovery from COVID-19 with community leaders.** This includes using an equity lens and communicating that a "return to normal" is not desirable. The [Southern Poverty Law Center](#) (SPLC) and [Organizing Upgrade](#) have guides around creating such language. Examples in Wisconsin include how the [Milwaukee Health Department Commissioner](#) has partnered with community organizations and leaders to discuss communication and outreach strategies.
- **Faith community nursing.**²¹ Also called parish nursing or congregational nursing, this approach positions registered nurses within a parish, similar faith community, or health care system to serve as a liaison to congregations. Examples in Wisconsin include the [Wisconsin Faith Community Nurse Coalition](#).
- **Community centers.**²² These are community venues that facilitate residents' efforts to socialize, participate in recreational or educational activities, gain information, and seek counseling or support services. Evidence suggests such centers improve the health and well-being of users by building positive social relationships that include the exchange of resources, information, and emotional support. Examples in Wisconsin include the [College of Menominee Nation's community technology center](#) in Keshena. Similarly, [Mutual Aid Hub](#) helps organize efforts to distribute groceries, medicine, and baby supplies; disseminate crucial information; help folks make rent; and more.
- **Retail clinics.**²³ Clinics in retail stores can provide basic services for minor illnesses (e.g., sore throats or skin conditions) and procedures (e.g., immunizations, pregnancy testing, routine lab tests). These are also known as retail pharmacy, walk-in, or convenient care clinics. Examples

in Wisconsin include Bellin Health's [FastCare clinics](#). Nationally, many retail clinics have been able to offer [drive-through testing](#) during the COVID-19 pandemic.

- **Telemedicine.**²⁴ Also called telehealth, this is the delivery of consultative, diagnostic, and treatment services remotely for patients who live in areas with limited access to care or who would benefit from frequent monitoring. Evidence suggests that telemedicine increases access to care, especially for individuals with chronic conditions and those in rural and other areas which are traditionally underserved. Examples in Wisconsin include [Marshfield Clinic TeleHealth](#).
- **Rural transportation services.**²⁵ This involves transportation services for areas with low population densities. These services could be provided using publicly funded buses and vans on a set schedule, dial-a-ride transit, volunteer ridesharing, etc. Evidence suggests that such services can increase mobility among older adults, people with disabilities, and individuals with low incomes, as well as increase access to medical services. Examples in Wisconsin include projects by the Rural Passenger Transportation Technical Assistance Program (RPTTAP) and the Tribal Passenger Transportation Technical Assistance Program (TPTTAP), administered by the [Community Transportation Association of America](#) (CTAA).

Resources

- [Coronavirus Equity Considerations](#) (NAACP)
- [Location Data Says It All: Staying at Home During Coronavirus Is a Luxury](#) (New York Times)
- [Dr. Rashawn Ray and Solutions for the COVID-19 Equity Problem](#) (City Club of Cleveland)
- [COVID-19 Response Petition](#) (St. Joe's Accountability Coalition)

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9. [COVID-19 Relief Investment Dashboard](#) (DOA)
10. [Federally Qualified Health Centers](#) (WWFH)
11. [Community Health Workers](#) (WWFH)
12. [Cure Violence Health Model](#) (WWFH)
13. [Case Managed Care for Community-Dwelling Frail Elders](#) (WWFH)
14. [Integrated Long-Term Care for Community-Dwelling Frail Elders](#) (WWFH)
15. [Mobile Reproductive Health Clinics](#) (WWFH)
16. [Reproductive Life Plans](#) (WWFH)
17. [Professionally Trained Medical Interpreters](#) (WWFH)
18. [Culturally Adapted Health Care](#) (WWFH)
19. [Cultural Competence Training for Healthcare Professionals](#) (WWFH)
20. [Social Media for Civic Participation](#) (WWFH)
21. [Faith Community Nursing](#) (WWFH)
22. [Community Centers](#) (WWFH)
23. [Retail Clinics](#) (WWFH)
24. [Telemedicine](#) (WWFH)
25. [Rural Transportation Services](#) (WWFH)

Issue 4: Mental Health and Connectedness

Introduction

Mental health includes both emotional and psychological well-being and is integral to a person's health. The relationship between race and mental health outcomes is complex. Experiencing racism causes trauma and has significant negative effects on physical and mental health outcomes. Racial trauma, or race-based traumatic stress (RBTS), refers to the mental and emotional injury caused by racial bias and ethnic discrimination, racism, and hate crimes.¹ Any individual that has experienced an emotionally painful, sudden, and uncontrollable racist encounter is at risk of suffering from a race-based traumatic stress injury.²



Experiences of race-based discrimination can have detrimental psychological impacts on individuals and their wider communities. In some individuals, prolonged incidents of racism can lead to symptoms like those experienced with post-traumatic stress disorder (PTSD).² For example, Native and Indigenous American adults have the highest reported rate of mental illnesses of any single racial group, and they also report higher rates of PTSD and alcohol dependence than any other racial/ethnic group.³

While individuals of color overall have similar or lower rates of mental health conditions than White individuals, there are disparities in the severity of mental health conditions by race and ethnicity. For example, there are similar or lower rates of suicide in individuals of color compared to White individuals, but the rate of hospitalization and emergency room visits due to self-harm is far greater in African American and Native American populations (Fig. A).⁴ Data also suggest that suicide rates are rising in some demographics, including African American youth. African American and Latinx individuals have less access to needed treatment, often terminate treatment prematurely, and experience less culturally responsive care.⁵ Thus, there is a need to address long-standing barriers to accessing mental health care, including cultural stigmas and norms, language, cost of care, lack of providers of color, and lack of trust in providers and healthcare systems.⁶

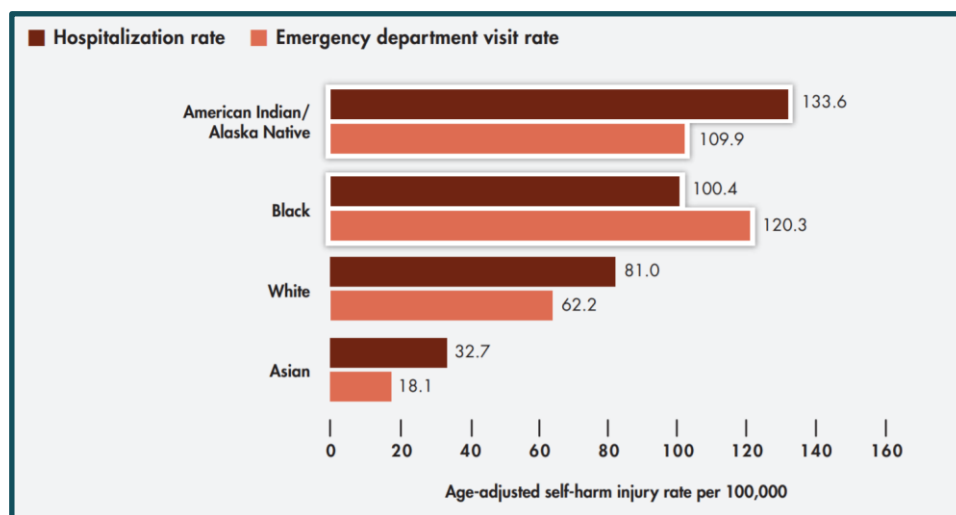


Figure A: Rate of hospitalization and emergency department visit due to self-harm⁴

The COVID-19 pandemic has illustrated the extreme resiliency of communities of color despite having to deal with the impacts of inequities in employment, access to healthcare, community violence, and interpersonal violence. For example, a recent report showed that Hispanic individuals expressed more stress around the effect of COVID-19 on their health and financial stability.⁷ However, many mental health services have been disrupted or closed, including support groups and clinics. The increased stress is therefore compounded by barriers to accessing mental healthcare, placing communities of color at higher risk for mental health conditions.⁷

The interconnectedness of inequities also illustrates how communities of color are at higher risk of contracting COVID-19. For example, African American and Latinx individuals with mental health or substance use disorders are more likely to experience housing insecurity or become incarcerated, both of which places them at higher risk for becoming infected with COVID-19.⁸ The consequences of COVID-19 in communities of color and a lack of access to mental health services have had a reciprocal and worsening effect on one another.

According to the Wisconsin Department of Administration COVID-19 Response and Recovery Dashboard, approximately \$10,000,000 has been allocated for financial assistance to increase access to healthcare through programs, such as the Direct Provider Payment (DPP).⁹

While these actions are vital to maintaining access to mental health services, pre-existing barriers have only been magnified by the pandemic, exacerbating long-standing mental health disparities. To ensure a just recovery for all Wisconsinites, the barriers that disproportionately affect communities of color must be addressed.

Policies

Table 1 includes policy examples around promoting mental health and connectedness. Note that the “X” marks the presence of supporting evidence or implementation type and WWFH stands for “What Works for Health.”

Table 1: Policy examples and associated program suggestions

| Policy Examples | Evidence Sources | | Implementation Examples? |
|---|---|--|--------------------------|
| | Systematic reviews, peer-reviewed literature, WWFH or other ratings organizations | Grey literature (agency reports, white papers, policy institutes) or similar sources | |
| Increase culturally specific on-the-ground services for people with mental health or other needs. | X | | X |
| Train people of color to provide mental health care support to their own communities to promote culturally contextualized mental health care. Work in partnership with community agencies to provide free, culturally appropriate mental health trainings (e.g., trauma informed care, mental health first aid, healing and restorative practices, etc.) via non-traditional platforms such as Facebook Live for frontline workers and community. | X | | X |
| Use virtual platforms such as telehealth and hotlines to increase access to mental health services. | X | | X |
| Draw down resources from federal grant opportunities, such as the SAMHSA Emergency COVID-19 grant and ReCast, for funding mental health services. | | | X |
| Establish emergency mental health funds to support providers and individuals seeking services. | X | | X |
| Address social isolation and encourage connection to family, friends, and networks through virtual platforms (e.g., happy hours, exchange of information, social media platforms). | X | | X |
| Designate organizations as Urgent Behavioral Health Care Services Providers to allow them to expand mental health care services. | | | X |
| Promote use of warmlines and text lines that offer peer support from those with lived experiences for individuals facing mental illness or substance use challenges. | X | | X |

| | | | |
|---|---|--|---|
| Allocate funding for alternatives to in-person treatment for mental health providers that serve at-risk people who can't get to in-person therapy, counseling, or other mental and spiritual health-related services. | X | | X |
|---|---|--|---|

Evidence suggests successful implementation of these policies may include:

- Culturally adapted health care.**¹⁰ This is the practice of tailoring health care to patients' norms, beliefs, and values, as well as their language and literacy skills. National examples include the city of Philadelphia, which compiled a [list of resources](#) for immigrants, refugees, asylees, and organizations serving these communities. Examples in Wisconsin include the [Gerald L. Ignace Indian Health Center Inc.](#), which provides culturally adapted care, and the [Great Lakes Inter-Tribal Council](#), which provides leadership, technical assistance, training, and resources.
- Cultural competence training for healthcare professionals.**¹¹ This increases health care providers' ability to understand and respond to cultural differences and value diversity by providing factual information, skills training, and other efforts. Examples in Wisconsin include resources provided by the [La Crosse Medical Health Science Consortium](#) and the [Department of Family Medicine and Community Health](#) at the University of Wisconsin School of Medicine and Public Health.
- Professionally trained medical interpreters.**¹² Certified interpretation services are key for patients with limited English proficiency (LEP) in outpatient and inpatient health care settings. National examples include [Respond Crisis Translation](#), and examples in Wisconsin include [UW Health Interpreter Services](#).
- Patient navigators.**¹³ These individuals provide culturally sensitive assistance and care coordination, determining individual barriers and guiding patients through available medical, insurance, and social support systems. Evidence shows that patient navigators can improve adherence to breast cancer screening recommendations, diagnosis follow-up, treatment initiation and receipt, and post-diagnostic quality of life.^{14,15} An example in Wisconsin is the [Center for Patient Partnerships](#) at University of Wisconsin-Madison, which offers certifications intended to build skills in patient advocacy and knowledge of the health system.
- Mental Health First Aid.**¹⁶ This is an 8 or 12 hour training to educate laypeople about how to assist individuals with mental health problems or at risk for problems such as depression, anxiety, and substance use disorders. The training program has been adapted for multiple populations, including youth, and implementation in rural communities. Examples in Wisconsin include the [Department of Public Instruction \(WI DPI\)](#) encouragement of [Youth Mental Health First Aid \(YMHFA\)](#) training for any adult who interacts regularly with youth between 12 and 18.
- Telemental health services.**¹⁷ This includes mental health care services (e.g., psychotherapy or counseling) via telephone or videoconference. Examples include the [Indian Health Service Telebehavioral Health Center of Excellence](#), and in Wisconsin, [Marshfield Clinic telehealth](#)

includes psychiatry and a [Wisconsin Medicaid Telehealth expansion](#) which includes telemental health.

- **Mobile health for mental health.**¹⁸ Text messaging or mobile applications (apps) can be used to deliver health care services and support to individuals with mental health concerns via mobile devices. Some apps may link users to medical professionals, share information with their providers, and some are interoperable with electronic health records (EHRs) and HIPAA-compliant. The American Psychiatric Association provides [guidelines](#) for selecting useful, safe, and effective apps.
- **Mental health benefits legislation.**¹⁹ This would regulate mental health insurance to increase access to mental health services, including treatment for substance use disorders. Mental health benefits legislation can require parity in mental health and physical health coverage; versions exist in all states and ACA marketplace plans. Evidence suggests more comprehensive legislation is associated with stronger positive effects, such as increased access to services and substance use disorder treatment, improved mental health, and reduced suicide. Emergency funds could be one way to additionally legislate increased access to services. Examples include [ReCAST Minnesota](#) and [federal grant programs awarded](#) to the Michigan Department of Health and Human Services (MDHHS) Behavioral Health and Developmental Disabilities Administration (BHDDA). Designating organizations as Urgent Behavioral Health Care Services Providers is another way to expand access to mental health services. Examples include [Community Care Services](#) in Wayne County, Michigan.
- **Community fitness programs.**²⁰ These programs can offer exercise classes (e.g., aerobic dance, yoga, Tai Chi, cycling, etc.) and fitness program support in community, senior, fitness, and community wellness centers. Many programs have online or virtual offerings. Examples include the [Wisconsin StrongBodies Program](#), which works with people of all ages to live stronger, healthier lives by providing knowledge, inspiration, access to programs, and ongoing support; and [Silver Sneakers](#), which is designed for older adults and available through some Medicare plans.
- **Intergenerational communities.**²¹ Gathering individuals of different ages promotes interaction and cooperation between people and a focus on the needs of all residents, especially children and older adults. Examples include [Generations United](#), a nonprofit focused on supporting grandfamilies, building intergenerational communities, and expanding intergenerational programs and spaces. This organization has a Grandfamilies COVID-19 Response Fund and other resources for grandfamilies and multigenerational families. Examples in Wisconsin include the [Generations center](#) in Plymouth and communities that belong to the [AARP Network of Age-Friendly States and Communities](#) or have received an AARP Community Challenge grant, such as the [City of Milwaukee](#).
- **Crisis lines.**²² These services provide free and confidential counseling and referrals via telephone-based conversation, web-based chat, or text message to individuals in crisis, particularly those with severe mental health concerns. Examples include [SAMHSA's Native Connections program](#), which offers guidance on building a community-based suicide crisis

response team for American Indian and Alaska Native youth, and includes crisis line support. [Michigan](#) and [Montana](#) are among states to offer warmlines staffed by individuals with lived experience in response to the COVID-19 pandemic. [Ohio](#) also offers a careline staffed by behavioral health professionals. Examples in Wisconsin include the [Crisis Center at Family Services of Northeastern Wisconsin](#).

- **Wraparound care and services to support youth connection.** This includes developing and investing in youth monitoring data systems that can be coordinated across multiple sectors, consolidating both the delivery and funding of services for opportunity youth, developing policies and programs that encourage engagement of young people, and fostering systematic approaches to the testing and scaling up of preventive and reengagement interventions.²³ An example in Wisconsin is [CONNECTED](#), which is a two-year initiative that intends to reduce the impact of anxiety, depression and suicide among young people aged 10 to 24 in underserved communities, while also empowering youth to engage in meaningful community change. This program has been piloted by the Mental Health Task Force of Washburn County in Spooner, WI, as well as by organizations in Anchorage, AK; New Orleans, LA; New Caney, TX; and Bellingham, WA. Another example in Wisconsin includes [Raise Your Voice](#), a new youth movement by NAMI Wisconsin that empowers teens to create a new conversation about mental health through education, leadership development, and civic advocacy.

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11. [Cultural Competence Training for Healthcare Professionals](#) (WWFH)
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Issue 5: Economic Stability and Wealth Building of Communities of Color

Introduction

Economic stability and wealth provide the means to ensure health and security throughout an individual's life and across generations. The United States' history of structural racism has led to widening economic inequities across communities. Racial discrimination has led to disparities in access to goods and services, basic needs and amenities, and economic opportunity. As a result, communities of color have had fewer opportunities to build



wealth, in part due to racially discriminatory policies and practices that have led to low levels of local homeownership and undervaluation of assets.¹ For example, a report from the Brookings Institute found that homes in neighborhoods with majority African American residents are valued at about half the price of homes in neighborhoods with no African American residents.

These compounding inequities result in disparate economic statuses between White communities and communities of color. As one of the most segregated cities in the nation,² Milwaukee serves as a stark example. Table 1 summarizes results from a study comparing the poverty rate in the central city ZIP code 53206 (majority residents of color), the suburbs (majority White residents), and the overall city of Milwaukee.³ Note that the poverty rate in ZIP code 53206 is more than six times that of Milwaukee suburbs.

Table 1: Comparison of 53206 ZIP code, City of Milwaukee, and Milwaukee suburbs (2013-2017)³

| Statistic | 53206 ZIP Code <i>Majority Residents of Color</i> | Milwaukee Suburbs <i>Majority White Residents</i> | Milwaukee City |
|--------------|--|--|----------------|
| Poverty rate | 42.2% | 6.8% | 27.4% |

Economic stability and wealth provides the security to handle an unexpected health or financial emergency, and in the midst of a pandemic, communities of color face a double burden. For example, families that are more vulnerable to financial fallout due to the pandemic are disproportionately communities of color with low levels of wealth.⁴ People of color are overrepresented in the low-income occupations disrupted by the pandemic and in COVID-19 positive cases and deaths, resulting in a greater financial burden due to medical bills and losses of income. While the pandemic has negatively impacted all communities, it has magnified pre-existing wealth disadvantages in communities of color.

In a response to the pandemic, according to the Wisconsin Department of Administration COVID-19 Response and Recovery Dashboard, \$276,000,000 have been allocated for programs addressing economic instability in communities due to the pandemic, such as “We’re All In” and “Routes to Recovery” programs.⁵

While these programs are working toward maintaining financial stability in the communities and businesses impacted by the pandemic, there needs to be accountability for an equitable implementation. For example, the CARES Act created the Paycheck Protection Program (PPP), a lending program that assists small businesses with economic burdens of the pandemic. However, a report found that Black small business owners were discriminated against when seeking PPP loans, such as being offered less information about the loans, being discouraged from becoming new banking customers, and being offered less favorable products.⁶ Our recovery depends on including the places and people left out by our current systems. To get this right, everything we do now must address the issues that communities of color were facing before the pandemic.

Thus, it is vital that our response to the pandemic addresses the barriers to building community wealth, such as disparate broadband access, and invests locally and directly in the communities and businesses of color that are most affected to counter a long history of economic discrimination. Building community wealth is integral to a just recovery and requires bolstering the ability of communities to increase asset ownership, anchor jobs locally, expand the provision of public services, and ensure local economic stability.⁷

Policies

Table 2 includes policy examples around promoting economic stability and wealth-building in communities of color. Note that the “X” marks the presence of supporting evidence or implementation type, “WWFH” stands for What Works for Health, and “CDFI” stands for Community Development Financial Institution.

Table 2: Policy examples and associated program suggestions

| Policy Examples | Evidence Sources | | Implementation Examples? |
|---|---|--|--------------------------|
| | Systematic reviews, peer-reviewed literature, WWFH or other ratings organizations | Grey literature (agency reports, white papers, policy institutes) or similar sources | |
| Actively seek out and fund direct services and an ecosystem of organizations and community-based response funds that are led by and in deep relationships with Black, Asian, Latinx, Native American, and Indigenous communities. | X | X | X |
| Institute free high-speed broadband internet for all households, especially in communities with disparate internet access, to increase their capacity for participation and leadership. | | X | X |

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| | | | |
|--|---|---|---|
| Instate universal basic income. | | X | |
| Place restrictions on bailout companies and prohibit engaging in stock buybacks. Stock buybacks benefit shareholders and company executives, at least in the short term, while leaving out workers who do not have the financial cushion to weather this economic storm. | | X | |
| Compensate all affected employees, who should receive money for time served from companies receiving a bailout. If a company must suspend operations during this crisis or must reduce its workforce, and seeks and receives federal funding, then money should be earmarked to compensate all affected employees as well. | | X | |
| Ensure investors are paid during this period to allow for some return on investments. There must be some return on investment so that investors can realize some gains. While the return may be less, due to the steep stock market changes, investors will need some assurance of payment/increase. | | X | |
| Contribute to community-based response funds that support the health and economic well-being of people most affected. | X | | X |
| Support CDFI's serving as a backstop for nonprofits for PPP and small business loans in particular. | X | X | X |
| Enact credit enhancement programs and tax credits for financial institution, business, and individual investments in CDFIs. | | X | |
| Establish state CDFI funds that operate similar to the national CDFI fund or direct state resources to CDFIs for stabilizing local businesses of color. | | X | X |
| Authorize state debt financing to CDFIs at 3% or less. | | X | |
| Channel state Small Business Credit Initiative money — a federal pass-through — to provide capital grants directly to CDFIs. | | X | X |
| Develop local guidance and allocation workgroups composed of communities of color active in local orgs for how to prioritize local ACA and CRA investments. | X | X | X |

| | | | |
|--|---|--|---|
| Provide financial support to community-based organizations to transition to virtual models of fundraising, volunteering, risk communications, outreach, service, and program delivery. | X | | X |
| <p>Ensure that communities of color receive stimulus checks by:</p> <ol style="list-style-type: none"> 1) Applying a racial lens to your population data to determine who is disproportionately impacted. 2) Working with city departments of planning, economic development, open data team, or the regional chamber of commerce to review the data associated with the city's residents who are not required to file taxes. 3) Working with communication staff to develop a multi-prong campaign strategy which can include promoting social media, webpages or microsites, virtual town halls, fact sheets, and postcards; developing talking points for council members; or partnering with the school system, faith-based community and community-based organizations. 4) Engaging with VITA (Volunteer Income Tax Assistance) providers, credit counseling agencies, local area agencies on aging, and partner financial capacity building organizations to spread the work and act as a resource in the community. | X | | X |

Evidence suggests successful implementation of these policies may include:

- **Financial assistance for communities of most impacted.** Examples include the [Seattle Foundation's COVID-19 Response Fund](#), which provides financial assistance to frontline, community-based organizations that are working to support vulnerable communities. Similarly, Community Development Block Grants (CDBGs) fund local community development activities such as affordable housing, anti-poverty programs, and infrastructure development.⁸ Evidence suggests that these programs improve housing quality, housing stability, and neighborhood quality in low-income urban areas.⁹ Examples of their impact are in the [Midwest](#) and [Phoenix](#) regions.¹⁰
- **Community gardens.**¹¹ These gardens are cultivated by a group of people, usually for home consumption, and typically owned by local governments, not-for-profit groups, or faith-based organizations. Not only can community gardens reduce disparities in access to fresh fruits and produce, but also may have broad neighborhood benefits, such as increased nearby property values, increased community engagement and pride, and improved safety.^{12,13} There are many [community gardens in Wisconsin](#), and WI DHS offers [resources](#) on how to establish a new community garden.

- **Expanding free, high-speed broadband.** Despite broadband being essential for community development and economic inclusion, communities of color experience disproportionately disparate access.^{14,15} Examples of municipal broadband access include [Lafayette, LA](#), and [Chattanooga, Tennessee](#).
- **Technology-enhanced classroom instruction.**¹⁶ This means incorporating technology into classroom instruction via computer-assisted instruction programs, computer-managed learning programs, use of interactive white boards, etc. The [National Education Technology Plan](#) outlines a vision for greater equity of access to technology and to enriched learning experiences provided by technology across the country. Other strategies affected by increased broadband access include telecommuting, telemedicine, and telemental health services.^{17,18,19}
- **Earned Income Tax Credit (EITC).**²⁰ Expanding refundable earned income tax credits for low to moderate income working individuals and families should be accompanied with efforts to increase EITC uptake. This strategy suggests use of the [Volunteer Income Tax Assistance \(VITA\) program](#), which provides free tax preparation for people with low incomes, those with disabilities, and those with limited English proficiency across the country, and includes helping tax filers claim the EITC. Innovative programs to increase EITC uptake include Boston Medical Center's [StreetCred](#).
- **Healthy food in convenience stores and new grocery stores in underserved areas.** These strategies are supported by the Community Development Financial Institution (CDFI) Fund, via its Healthy Food Financing Initiative.^{21,22}
- **Health insurance enrollment outreach and support.**²³ Assisting individuals to obtain health insurance whose employers do not offer affordable coverage, who are self-employed, or who are unemployed can help with the financial burden of unexpected medical bills. Organizations doing direct community outreach could support workgroups to prioritize local ACA and CRA investments. Examples in Wisconsin include [Covering WI](#).
- **Nurse-Family Partnership.**²⁴ This program provides home visiting services to low-income, first-time mothers and their babies. The Partnership is active in [several counties in Wisconsin](#) and has transitioned to a virtual model for services. It is an example of a non-profit funded by a mix of public/private donors.
- **Social Service Integration.**²⁵ To improve access to social services, reduce service gaps or duplication, and improve health outcomes, these collaborative efforts coordinate access to services across multiple delivery systems and disciplinary boundaries such as housing, nutrition, disability, healthcare, child welfare, transportation, and workforce services. Evidence suggests that these programs may decrease health care costs and health disparities,²⁶ especially for vulnerable populations.²⁷ Examples in Wisconsin include a [network of workforce development centers in Walworth, Kenosha, and Racine](#) that provide employment, job skills training, education, and economic support services. [Children First SHARP](#) is another example in Kenosha that provides employment and training for noncustodial parents who are unemployed or struggling to support their children.

- **Individual Development Accounts (IDAs).**²⁸ These are subsidized asset accumulation programs in which deposits by low and moderate income participants are matched by program sponsors, and which specify withdrawals must be used for qualified expenses such as home purchases, postsecondary education, or small business development. Examples in Wisconsin include the [Wisconsin Women's Business Initiative Corporation](#), which administers an IDA program for residents of the Housing Authority of the City of Milwaukee.

Resources

- [COVID-19 Response Policy Platforms](#) (Movement 4 Black Lives)
- [Coronavirus Equity Considerations](#) (NAACP)
- [State and Local Policy: A Critical Concern for CDFIs](#) (Urban Institute)
- [A Moment of Choice: Racial Equity, CDFIs, and PPP Lending](#) (Nonprofit Quarterly)
- [Exploring the Nexus between the Community Reinvestment Act \(CRA\) and the Affordable Care Act \(ACA\)](#) (Federal Reserve Bank of Chicago)

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Issue 6: Equitable Employment and Family Economic Stability

Introduction

Equitable employment and family economic stability provides the means to ensure a healthy and secure life. In the United States, structural racism has led to widening and growing employment and economic inequities across communities. A long history of racist policies in our country have removed or created barriers to opportunities that impact economic stability—including access to employment that offers a living wage. Barriers include, but are not limited to: safe transportation to the workplace; opportunities for education, childcare, training, and employment; and hiring practices that discriminate against formerly incarcerated individuals, who are disproportionately people of color.¹ As a result of these systemic barriers to equitable employment, families of color are overrepresented in the poverty rate and climbing unemployment rate.



While racial disparities in wealth are present throughout Wisconsin (Fig. A),² as one of the most segregated cities in the nation, the city of Milwaukee presents the starkest example of place-based economic disparities.³ Table 1 summarizes results from a study comparing economic stability between the central city ZIP code 53206 (majority residents of color) against suburbs' (majority White residents) and the overall city of Milwaukee's rates.⁴

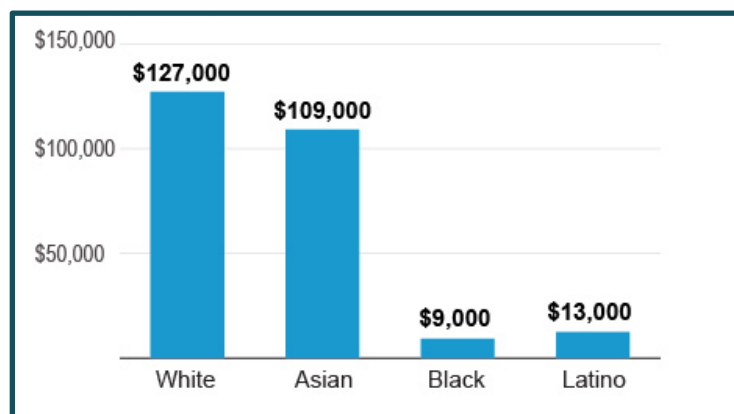


Figure A: Median net worth by race/ethnicity²

Table 1: Comparison of 53206 ZIP code, City of Milwaukee, and Milwaukee suburbs (2013-2017)⁴

| Statistic | 53206 | Milwaukee Suburbs | Milwaukee City |
|---|----------|-------------------|----------------|
| Full-time employment rate in adults (2013-2017) | 46% | 75% | 69% |
| Median household income (2013-2017) | \$22,877 | \$38,289 | \$81,140 |

The COVID-19 pandemic has magnified the barriers in our state that prevent people from having the opportunity to be healthy and build wealth, particularly for those deemed essential workers. Workplace conditions (such as the ability to socially distance while at work) and policies (like paid sick and family leave and living wage laws) have a direct impact on one’s ability to be healthy. In fact, a recent health impact assessment found that if paid sick leave became available to all Wisconsin workers in early 2021, COVID-19 spread would be reduced by 10,000 cases and 75 lives saved each month.⁵ People of color, undocumented immigrants, and people in lower-income households are also overrepresented in the population of front-line, essential workers, who face greater risk of contracting COVID-19. As economic stability provides the security to handle an unexpected health or financial emergency, families who are more likely to experience economic fallout—either due to overrepresentation in essential workers or greater financial burden from medical bills or loss of employment—are disproportionately non-White families with low levels of wealth.^{6,7}

As a part of Wisconsin’s COVID-19 response, according to the DOA COVID-19 Response and Recovery Dashboard, \$75,000,000 has been allocated for promoting financial stability of families and equitable employment following the pandemic, including the “We’re All In” program.⁸

While these actions are a step in the right direction, the pandemic has only magnified pre-existing disparities to equitable employment, resulting in the disproportionate impacts experienced by families of color. In addition, historically, non-White families have been left out of land ownership opportunities, small business loans, low interest home mortgages, and other wealth accumulating opportunities that White families have benefitted from in the United States. Integral to a just recovery that fosters the ability of all communities to thrive is accounting for barriers to equitable employment and wealth building and ensuring the health and safety of essential works.

Policies

Table 2 includes policy examples around promoting equitable employment practices and economic stability for families of color. Note that the “X” marks the presence of supporting evidence or implementation type and WWFH stands for “What Works for Health.”

Table 2: Policy examples and associated program suggestions

| Policy Examples | Evidence Sources | | Implementation Examples? |
|---|---|--|--------------------------|
| | Systematic reviews, peer-reviewed literature, WWFH or other ratings organizations | Grey literature (agency reports, white papers, policy institutes) or similar sources | |
| Increase access to government assistance (universal accessibility). Eliminate barriers to accessing assistance, such as policies targeting immigration status or triggering penalties for immigrants. | X | X | X |
| Promote equitable employment through transitional job programs, systems of career pathways, job retraining, and industry-focused education and professional development. | X | | X |
| Provide free childcare for all and provide access to funds to informal home care, eldercare, and childcare providers. | X | X | X |
| Distribute free identification, driver's license, and vehicle registration to all residents. | | X | |
| Eliminate work requirements for government assistance, such as food stamps. | | X | |
| Protect workers from adverse consequences due to following public health guidelines or for reporting unsafe conditions in their workplace (i.e. whistleblower protections). | | X | X |
| Ensure employers take strong measures to prevent employees and customers from contracting COVID-19 | | X | X |
| Suspend all current and pending debt collection efforts. | | X | |
| Release garnishments. | | X | |
| Instate a moratorium on negative credit reporting. | | X | |
| Institute coronavirus-related life and health insurances for essential workers. | | X | |
| Establish paid time off and paid sick and | X | X | X |

| | | | |
|---------------------------|---|---|---|
| family leave policies. | | | |
| Promote living wage laws. | X | X | X |

Evidence suggests successful implementation of these policies may include:

- **Health insurance enrollment outreach & support.**⁹ This includes assisting individuals whose employers do not offer affordable coverage, who are self-employed, or who are unemployed. Examples in Wisconsin include [Covering WI](#).
- **Child care subsidies.**¹⁰ These programs provide financial assistance to working parents or, in some cases, parents attending school, to cover the costs of certified in-home or center-based child care. Evidence shows that child care subsidies increase employment and earnings for low-income families.¹¹ Examples in Wisconsin include [Wisconsin Shares](#) for child care of children under the age of 13.
- **Integrated long-term care for community-dwelling frail elders.**¹² This type of care involves a multidisciplinary team of professionals working collaboratively to plan care, share patient records, and meet the full range of patient needs. Evidence shows that integrated long-term care may improve basic health and reduce hospitalization, nursing home use, caregiver burdens.^{13,14} Examples in Wisconsin include [Family Care](#), which is available in all counties. A similar program are medical homes,¹⁵ which provide continuous, comprehensive, whole person primary care to address all preventative, acute, and chronic health needs. Examples in Wisconsin include the [Wisconsin Medical Home Initiative](#).
- **Transitional jobs.**¹⁶ Some programs establish time-limited, subsidized, paid job opportunities to provide a bridge to unsubsidized employment. Examples in Wisconsin include [Wisconsin Works](#) (for parents receiving TANF), [Transitional Jobs](#) (for non-custodial parents and young adults without children), and [Transform Milwaukee Jobs](#).
- **Paid sick leave laws.**¹⁷ These laws require employers in an affected jurisdiction to provide paid time off for employees to use when ill or injured. Evidence suggests that paid sick leave laws increase access to paid sick leave (PSL), especially among women without a college education and workers in industries which have historically lacked access.¹⁸ Access to PSL can also increase use of preventive health care services. Some states and municipalities have enacted PSL laws and ordinances: California, Rhode Island, New Jersey, and New York have state-run public programs providing paid family or medical leave.¹⁹ State legislation preempts local laws related to leave in 22 states, including Wisconsin.²⁰ At least one study suggests Hispanic workers may have lower rates of access to paid leave compared to White non-Hispanic workers.²¹
- **Paid family leave.**²² This would provide employees with paid time off for circumstances such as a recent birth or adoption, a parent or spouse with a serious medical condition, or a sick child. Evidence suggests that short-term paid family leave (PFL) policies in the U.S. increase the

likelihood that mothers remain in the labor force after childbirth—particularly mothers without bachelor’s degrees.²³ PFL improves child and family health outcomes and increases use of parental leave to recover and care for children after birth, particularly for mothers with lower levels of education and mothers who are black or Hispanic.²⁴ Legislation guarantees paid leave for eligible employees in [some states and cities](#). There is no statewide PFL requirement in Wisconsin, though employers with more than 50 workers are subject to the federal [Family and Medical Leave Act](#) and must provide up to 12 weeks of unpaid, job-protected leave to eligible employees.

- **Adult vocational training.**²⁵ This strategy supports acquisition of job-specific skills through education, certification programs, or on-the-job training, often with personal development resources and other supports. Evidence suggests vocational training for adults increases employment and earnings among participants, including young adults and unemployed individuals.²⁶ It can help dislocated workers regain employment, but does not consistently lead to full wage recovery. The [U.S. Department of Labor’s Job Corps](#) has training centers in all 50 states, Washington DC, and Puerto Rico. Examples in Wisconsin include [Job Corps](#) centers in Laona and Milwaukee. The U.S. Department of Health and Human Services funds health profession-specific programs in several states and for Tribes, Tribal organizations, and Tribal colleges and universities through [Health Profession Opportunity Grants \(HPOG\)](#); as of 2020, HPOG does not have programs in Wisconsin.
- **Career pathways programs.**²⁷ These programs provide occupation-specific training for low-skilled individuals in high-growth industries, with education and other supports, usually with stackable credentials and work experience opportunities. Career pathways programs are a suggested strategy to increase employment and earnings for low-skilled individuals, out of school youth, and hard-to-employ adults. Examples of national and regional initiatives include the [Pathways to Prosperity Network](#), the [Alliance for Quality Care Pathways](#), and the [National Career Cluster Framework](#). A state-level example is the [Arkansas Career Pathways Initiative](#).
- **Sector-based workforce initiatives.**²⁸ These programs provide industry-focused education and job training based on the needs of regional employers within specific sectors. Evidence suggests such initiatives increase employment and earnings.²⁹ Examples include [Per Scholas](#), which provides information technology training to underrepresented populations in eight cities across the country, and [Year Up](#), which serves low-income young adults with high school diplomas or GEDs and provides professional training in IT, financial operations, sales and customer support, business operations, or software development; a corporate internship; and a weekly stipend. Examples in Wisconsin include the [Wisconsin Regional Training Partnership \(WRTP\)/BIG STEP](#) which trains participants for work in manufacturing and construction in Southern Wisconsin and the greater Milwaukee area.
- **Living wage laws.**³⁰ These laws establish locally mandated wages that are higher than state or federal minimum wage levels. Evidence suggests living wage laws increase wages for covered workers and modestly reduce poverty rates.³¹ [Wisconsin’s pre-emption law](#) prevents cities and counties from further enforcement of mandatory living wage ordinances. The Milwaukee Area Service and Hospitality Workers Organization (MASH) and the developers of the Milwaukee

Bucks arena, Fiserv Forum, agreed to establish a [community benefits agreement](#) that includes living wage stipulations as of January 2020.

- **Worker protection policies.** These can protect workers from being fired, demoted, having wages reduced, or any other adverse consequences due to following public health guidelines, or reporting unsafe conditions in their workplace. Evidence shows that, even in states with whistleblower protections for workers, policies differ greatly in efficacy.³² In Chicago, an [anti-retaliation ordinance](#) was passed that prohibits employers from demoting or firing an employee for obeying a state or local stay-at-home order or quarantine order. In Minnesota, a similar ordinance was passed that clarifies that [Minnesota Occupational Health and Safety Law](#) protects employees who raise concerns to their management about COVID-19 related safety measures. It also states that employers cannot discriminate or retaliate against employees for using PPE at work.
- **Policies that protect employees from contracting COVID-19.** Enacting local ordinances, such as [Los Angeles County's COVID-19 Worker and Consumer Safety Emergency Ordinance](#), that lists specific protections for workers that employers must adhere to, can help protect employees from infection.³³ In Wisconsin, the WDEC created [guidelines around re-opening safely](#).
- **Supporting immigrant and undocumented workers.** Many immigrant and undocumented workers have been hard hit by job losses, and some are not eligible for relief recently offered by the federal government ([Common Wealth of Massachusetts](#)). For people who are undocumented, these challenges are even greater. Examples of support include (1) [California's Disaster Relief Fund for undocumented immigrants](#) that was created by the state to provide one-time cash benefit of \$500 to undocumented adult Californians and was dispersed through community-based model of regional nonprofits with expertise and experience serving undocumented communities; and (2) the [Oregon Worker Relief Fund](#) that provided direct cash assistance to immigrant Oregonians ineligible for state and federal relief.

Resources

- [Recommended Policies in Response to the COVID-19 Pandemic](#) (Movement 4 Black Lives)
- [Healthy Workers, Thriving Wisconsin: Solutions Addressing Lack of Income as a Barrier to COVID-19 Isolation and Quarantine](#) (UW PHI)

Jump to Another Issue Area

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Issue 6: Equitable Employment and Family Economic Stability

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Conclusion

This brief has provided background, context, and evidence-informed strategies for centering racial equity in a just recovery from the COVID-19 pandemic. State and local level policy and practice changes can prevent and reduce the harms that inequitably fall on communities of color. Any policy intervention under consideration should be examined in local context and vetted by local stakeholders, particularly those who will be most impacted by the decision.

An additional resource developed by the MATCH group, [Building Health Equity Policy Agendas: A Guide for Wisconsin](#), may be useful for incorporating a health equity lens in existing COVID response policy agendas or building a new health equity-oriented policy response locally.

Two supplementary resources designed by CRRTF can be useful to local stakeholders in considering next steps to advance a just response and recovery that lifts up racial equity:

- [Community Resilience, Equity, and Mental Health Considerations in Rapid Response](#) — This decision assistance guide can be used during rapid response in emergencies or similar urgent, high-risk scenarios to analyze action, policies, and guidance. The questions in this tool help design strategies that prevent or reduce harmful impacts and unintended consequences on marginalized populations. This tool should be used when diverse representation and collaboration with impacted parties are not feasible because of an emergency. We recommend including and documenting multiple voices in this process.
- [Stakeholder Engagement in COVID-19 Rapid Response](#) — This resource helps to identify local assets in communities and key stakeholders to engage when implementing specific action, policies, and guidance. Leaders have greater impact when they work with diverse groups, as well as those who may influence the passage or implementation of the action, policy, or guidance. Prioritizing stakeholder engagement helps local leaders by engaging the support of allies and preparing them to address any barriers or pushback.

This pandemic has not only reminded us of how much we need one another, but also of how much we can accomplish together. Rather than return to “normal,” let us use this moment to strengthen Wisconsin and be changed for the better. Working together across sectors, we have the resources, knowledge, and power to create more equitable communities where everyone has a fair opportunity to be healthy.