

12:01:46 Alright we're starting to pick up on our attendees so I think this is a good opportunity for us to get started so first I'm going to record, just so everybody knows what we're doing.

12:01:57 And thank you all for joining us today for our second informational webinar on the Request for Application Process for the most realizing communities for adjust response grant.

12:02:09 And today we're going to have a number of presenters who are going to be walking you through some virtual questions and answers as well as sort of a brainstorming session, to be able to give you some examples and ways that, you know, help spark your ideas

12:02:23 as you're working on putting together your applications for the, for your for the RFA.

12:02:32 Before we get started, I guess I can probably start by introducing everyone or having everyone introduce themselves.

12:02:39 First off, I will begin with Michelle Shay who is here, serving as our sign language interpreter for this session so thank you so much for being here.

12:02:51 My name is Joe tar and I am the policy section manager for the Office of Policy and Practice alignment and I have the distinct pleasure of being able to work with such an incredible team who's going to be supporting folks as they work through their applications,

12:03:04 and after the grant decision making process. So I think I'll just pass it off to each person as I see them along here so why don't I go with Julia naggy Julia would you introduce yourself please.

12:03:19 Hi Yes My name is Julian AG, I am a population health fellow working in the Office of Policy and Practice alignment, which is most of the folks you see on this call today, working on this grant but helping develop the RFA and then I will be one of the

12:03:33 application reviewers.

12:03:36 Thank you, Julia and Maggie, would you like to introduce yourself.

12:03:49 Good afternoon everyone. Oh, it's noon, I guess it is afternoon. My name is Megan Northrup and I'm the state health plan coordinator for the Division of Public Health, I sit in the Office of Policy and Practice alignment and help coordinate the state

12:03:54 of health assessment and stayed healthy program planning processes.

12:03:57 And in the context of this grand.

12:04:00 I was the lead for mobilizing communities for just response but we'll be passing the baton to Tanya who will introduce herself shortly.

12:04:09 And here to support with anything that needs support around this great.

12:04:15 Thank you, Maggie, and Susan Would you like to introduce yourself.

12:04:18 Good afternoon, everybody. My name is Susan you tech I'm with the Division of Public Health and the administrators office, and I was the project manager coordinator for the overall \$27 million grant, and also worked collaboratively with Maggie on this

12:04:37 mobilizing communities for just response vision and, and we're excited about this opportunity.

12:04:45 Thank you Susan, Ellen, would you like to introduce yourself.

12:04:49 Hi, I'm Alan logger with the math group of the UW Population Health Institute. And on this project, I'll be working with hopefully a bunch of y'all to do the health equity training and community mobilization training for the folks that are awarded.

12:05:10 Thank you, Alan, and lasagna, would you like to introduce yourself.

12:05:14 Good afternoon, everyone. My name is let's Han us I'm with the CDC foundation as a project manager, but I'll be working in the role of a grant manager with the mobilizing communities for adjust response.

12:05:29 Awesome. Thank you What Tanya, Matthew, would you like to introduce yourself.

12:05:34 Yes, of course. My name is Matthew Collie.

12:05:38 I work with these wonderful folks my role here, is it mostly administrative and project management.

12:05:46 Awesome.

12:05:48 and Mackenzie, would you like to introduce yourself.

12:05:52 Sure Hi everyone, my name is Mackenzie Guerin, I am the state health plan strategist here in the Office of Policy and Practice alignment in the Division of Public Health I also work as a lead poisoning policy analyst, and I am helping support the team.

12:06:09 Great, thanks Mackenzie and Chris, would you like to introduce yourself.

12:06:13 Sure, thanks Joe, I'm Chris Jetson, I'm the lead Budget and Policy Analyst within the budget section of the Bureau of operations within the Division of Public Health.

12:06:33 I have served as the main fiscal contact for this health disparities grant, where this funding is coming from. I will be transitioning those duties, over to Kenny Yang dren, who is a panel member but she's having some technical difficulties and coming

12:06:45 on so maybe we can get an introduction later when we've resolved those sounds question, Chris you're signed in here twice as a possible that one of the, one of it is 20 or are you just using that could be.

12:07:00 There you go. Hey, I will rename you.

12:07:05 Jenny, would you like to introduce yourself.

12:07:07 Oh yeah, I'm Christian.

12:07:14 My name is Tony and I am one of the new budget and policy analysts here and bureau of operations and department public health, and I will be working on this brand with everyone.

12:07:26 Yeah. Thank you.

12:07:28 Well, thank you everyone who all these panelists here these going to bring you a lot of subject matter expertise for our session here today. Also want us also mention that throughout this, if you have any questions please put them in the q amp a.

12:07:44 You can also throw some things in the chat but the q amp a is probably going to be the easiest for us to be able to view and see what questions are coming along.

12:07:52 Additionally, through some of the brainstorming sessions and some of the case studies, this might be some sort of given take between some of the folks in the audience so if there are questions that you have that you'd like to verbalize or would like to

12:08:04 add anything. During that time, please feel free to push the raise your hand button, and then I'll be keeping an eye on that, to make sure that I can give you the space to unmute, and then ask your question or say would you would like to, because I'll

12:08:18 be serving sort of as your emcee for part of this event as well as the, the technical individual for this but before we begin on some of our brainstorming pieces want to go through some logistics and some background again in repeat from our last session

12:08:37 so just wanted to let you know that we are still looking to respond to any questions that we receive through our DHS just response grant inbox. And if someone can maybe put that in the chat so people can see that again.

12:08:55 That, please make sure that any questions that you have, are submitted by November 22 at 4pm, at which point in time we're going to be focusing our attention on a whole lot of other things and may not be able to get a response back to you, also a reminder

12:09:09 for the RFA that the application due date is on December, 6 at 4pm as well so make sure that you get that in before that time. And just to let you know that the anticipated award notification date because obviously once we get our phase, we need to be

12:09:23 And just to let you know that the anticipated award notification date because obviously once we get our phase, we need to be able to review them as a team, and with a whole bunch of experts that we have that are joining us to help review these applications

12:09:36 and then with the holidays and also going through administrative review at our administrative levels we want to make sure that there's enough time to work through that process so we'll probably be getting our award notification sometime in late January

12:09:47 roughly around January 20.

12:09:50 Jill if you can go to the next slide, just, again, reminder to submit your applications to DHS no later than 4pm. On December, 6, and if you have, make sure you send your applications to DHS just response grant at DHS that was constantly.gov that's also

12:10:07 where you can submit your questions before the 22nd.

12:10:11 And when submitting your application, make sure to use the subject line application mobilizing communities for adjust response to go to the next slide.

12:10:19 Thank you. Here's the agenda that we have for today, and essentially right now we're just going through some logistics and, you know, reminder backgrounds and we're going to review and answer some frequently asked questions.

12:10:31 And then we're going to be spending the bulk of our portion sharing some potential grant activity case studies and recognizing that there's an infinite diversity in the goals approaches and activities so these are just examples to kind of spark your mind

12:10:45 or maybe give you some ideas of things that you could pursue. But this is certainly something that we want to welcome any and all ideas that you have.

12:10:54 And you know this, we're going to be generating ideas and grant activities together, seeking innovation and community voices at every stage of readiness.

12:11:03 So, This is also an opportunity for if folks have thoughts or ideas that they might want to run by us, or want to ask questions about some of the examples we're providing the speed the opportunity to do that.

12:11:14 Additionally, at the end, we're going to spend a little bit of time just answering any additional questions that folks have either with the technical aspects of the RFA or any content related questions as well.

12:11:27 So, as a reminder, this opportunity is the mobilizing communities for adjust response grant is seeking to engage local organizations to address pandemic related health disparities and advanced health equity by expanding community capacity for equity and

12:11:42 change.

12:11:44 And the awarded organizations are those that are chosen to move on with the grant funding.

12:11:51 The goal of this, this grant opportunities to develop new and build upon existing relationships and partnerships within the community to help adapt strategies to meet identified needs and build community empowerment and to work on addressing structural

12:12:05 and systemic barriers.

12:12:08 Now, with the purpose of this RFA is as a reminder to remove barriers with a particular focus on social determinants of health and institutional bias and focusing on sort of the upstream indicators that have that translate to health disparities.

12:12:27 So, and in the end the purpose is also to address structural and systemic inequities through emerging or evidence based practices, and a lot of the focus here is focused on partnerships and collaborations and making sure that these partnerships can help

12:12:41 to for upstream covert 19 prevention and focusing in areas that would have a significant impact on people's people's health as well as their, their access to care and their their capacities to navigate through this continued pandemic.

12:13:01 Accordingly, and focusing on things like you know upstream like if you can go back just for a second there truly I like to say piglets sick leave child care systems housing programs, to name a few.

12:13:14 And again, the goal being to address the broader consequences of the pandemic through community driven policy system, and environmental changes, and really want to be able to strengthen the internal systems capacity by focusing on partnerships for change.

12:13:32 Rather than allocating fundings for direct service service provision so service provision could be something that is an extension of what it is that you are doing but really the goals are the purpose of these funds, is to help remove the barriers that

12:13:46 prevent folks from being able to get access to the services.

12:13:52 Now I wanted to make sure that we at least addressed a few of our frequently asked questions that came in, either through our email inbox, or through our last webinar.

12:14:02 So there was question about whether or not a single entity could submit multiple applications, and after going through some of this in more detail. We observed that an entity can submit to applications but there are a few caveats to that one of that is

12:14:19 that the aspects of the proposal have to differ, so they have to be in a different jurisdiction, working with a different population are different focus area.

12:14:28 And we also want to encourage the applicant when possible, to perhaps consider having another partner related to that project, apply for one of the projects instead.

12:14:39 So another question that came in is how the funding, sort of works for any grantees. And essentially what happens is that we would be developing a contract with the agency that is granted, and then essentially they would be submitting invoices through

12:14:58 a purchase order process and then those costs that they incur through those invoices would be reimbursed after they've been occurred.

12:15:08 And another question that we had received was the reporting requirements in terms of whether or not reporting needs to go to multiple entities. And we just wanted to let folks know that grantees do not have to need a need to report to the CDC directly.

12:15:23 They will report to DHS in a simplified reporting format and then we would also be sharing what it is that we received with the CDC as a pastor in that, in that process.

12:15:37 So, we also wanted to sort of address maybe some questions around, you know,

12:15:45 around grant applications that are related to policies and so DHS has opened applications on any policy goal that communities and partners would like to explore, to address in equities because obviously this is a goal for us in terms of policy system

12:16:00 and environment change.

12:16:04 environment change. Also the use of allocated funds towards direct cash payments is not allowable under the conditions of the CDC funding opportunity I know that was a question that had been asked in our, in our last webinar.

12:16:18 However, the use of gift cards, and other incentives things like store vouchers bus or train fare gas cards maybe allowable contingent upon CDC is review and approval so we would like to support those ideas is as ways of connecting with those that you're

12:16:36 you're trying to serve but we also are bound by sort of what CDC is going to allow for folks to do or not. And so we just want to be open and upfront about this and let you know that you know this is something that we'd like to support as much as we can

12:16:50 but we're also bound by the requirements that are coming from CDC.

12:16:56 So now I'm going to pass it off to Julia and Maggie who are going to start walking us through sort of the main focus of our webinar today which is on examples case studies and some brainstorming that that will help guide you as you're working on your

12:17:13 So take it away. Thank you Joe, so yeah like this magazine are going to present a couple of case studies here and we're calling them case studies.

12:17:38 what projects might look like. And so we wanted to just take a few minutes to present them to get your, get your thoughts flowing on what something might look like in this grant.

12:17:41 I love community health workers, as, as a system in Wisconsin in so many different places that can deliver health care in a better, more culturally competent way.

12:17:56 And they're important in some communities already have community health worker programs, some are just beginning that can be health worker programs, others don't have one yet, but across Wisconsin we're seeing, we're seeing them increasingly used, and

12:18:10 they have the real benefit of what they try to reflect the communities, they're serving that your community health workers are from those communities.

12:18:21 And then for can conserve as these links these trusted messengers between the healthcare system, and the community in order to really advocate for what the community needs and bring the community's voice and serving as a bridge between the communities

12:18:36 and the institutions that are delivering care or have the power in these in these communities to making sure that they are responsive and so that really centering the equitable equitable voice.

12:18:52 Join a community that's an earlier stage of readiness, we would look at programs that are setting the groundwork to build the systems that will support and sustain a community health worker program.

12:19:04 So that might look like identifying the goals, and then response to the conversation having those conversations with your community and identifying the goals of what a CHW might be able to do what those partnerships might be able to do to address the

12:19:19 consequences of CO good 19 to investigate and develop a plan for how CHW might be used to meet those community needs and to serve as an advocate for those community needs and rates that voice, and then connecting local partnerships around half each of

12:19:36 us can be leveraged in partnership between the community between healthcare institutions between other community based institutions, and then connecting potentially with other organizations and communities, to have successfully implemented ZHW programs.

12:19:52 In the past, and learning from them and seeing how that can be translated into a new setting with a new population. And then also considering kind of technical things around the ways we can bundle funding and bridge direct services and and push community

12:20:08 advocacy. So all of these kind of earlier stage of readiness programs are focused around planning and developing that groundwork for a long and successful program

12:20:21 for community at a later stage of readiness to maybe a community that already has a program. We've seen a lot of programs, pop up around vaccination efforts already and so taking those from this active response and either moving them towards a longer

12:20:38 term response, or expanding on them and keeping both on.

12:20:43 So focusing on diversifying the types of relationships and purposes and services that an existing CHW program is giving and focusing efforts on developing recruitment processes to get community health workers who better represent the population say sir,

12:21:03 So Sarah talked about that trusted messenger building a bridge in such a crucial component of CHW, and even programs that are successful right now, may not be, you know, the best they can be in representing those communities, in a way that is appropriate.

12:21:20 So, and that can be hard to get those recruitment pipelines in communities especially they don't traditionally trust healthcare institutions or governmental institutions, so that is something you can put effort in grant money into potentially also providing

12:21:37 additional training opportunities for CHW that are who are already on staff, including focusing on focusing that power centering that power and community voice, and then potentially also bringing each of us together from across sectors and across communities

12:21:55 to learn from one another and continue to collaborate and develop those programs to be the best that they can be and best serve the community share in Nike.

12:22:07 Thank you, Julian my slides here a little bit text heavy here, so apologies in advance.

12:22:13 Then we thought a second example could be a good example out of the more traditional social determinants of health that we know have been both impacted.

12:22:23 Quite negatively by the pandemic, and impacting the ability of Wisconsin nice to follow our public health recommendations.

12:22:32 So we wanted to feature here and just the potential, again, recognizing that there may be an infinite number of diverse approaches and topics and policy goals and plenty of barriers out there that that your projects can be focused on, we just wanted to

12:22:49 pull out one that we thought may resonate and maybe get a slightly easier to relate to this particular opportunity.

12:22:57 So I quickly tried to describe here, or at least frame up the problem or what we see is happening and it's driving housing insecurity in Wisconsin.

12:23:07 Again, noting that in your introduction section where you describe the background of the problem in the application, you don't need to necessarily have heavy latest data, but rather demonstrate an understanding of the issue and what communities are going

12:23:25 through currently, as a consequence of the pandemic. So I tried to come up with a statewide example here, describing that housing insecurity is a substantial public health issue, even prior to the pandemic and it has been additionally exacerbated by the

12:23:42 covert 19 panic pandemic. It is defined by and driven by a mismatch between the community needs and what is available and affordable in those communities.

12:23:53 It is a universal social determinants of health and universal need across rural, urban and suburban communities alike in our state. It is defined by very stark inequities that are concentrated in low income communities and communities experiencing multiple

12:24:10 social vulnerabilities and this is a place where you could potentially demonstrate some of some of the data if you have it available in the space in terms of disparities.

12:24:22 And then it also affects people's ability to comply with public health threat recommendations to mitigate the spread of profit 19.

12:24:30 Next slide please.

12:24:32 In a community in an earlier stage of readiness some of the efforts and potential activities could look like. Again, starting with identifying gaps in response to housing insecurity needs.

12:24:45 And always trying to bring into partnerships and the conversations with community members community leaders and people would lift experience those who are most, most impacted by the issue that you're working on assessing organizational capacity to partner

12:25:00 conducting partner mapping, reaching out to a very diverse set of partners, again, putting the focus here on partnerships and how we can work together towards systemic institutional changes.

12:25:14 And just throwing in here a few examples.

12:25:17 Definitely not an exclusive and comprehensive list here but service providers faith organizations governmental entities.

12:25:25 The planning folks in your community, they're incredibly important to this conversation, as well as local businesses developers landlords and community based organizations.

12:25:36 And then, ensuring that the voices of those who are most impacted and those with live experience are meaningfully centered and included across those conversations and planning stages.

12:25:47 And perhaps another activity could be initiating a dialogue with decision makers regarding the impacts of systematic poverty and helping and security.