

# Learning Community 10: Income as a Social Determinant of Health

Health Equity Assessment and Response Team (HEART)  
11.9.23



WISCONSIN DEPARTMENT  
of HEALTH SERVICES



Welcome Back!

# Announcements

- Series has resumed!
- Sessions will continue through May 2024.
  - [Registration link](#)
  - Recording and slides available at [DHS Training Webpage](#)
- PH Workforce Assessment

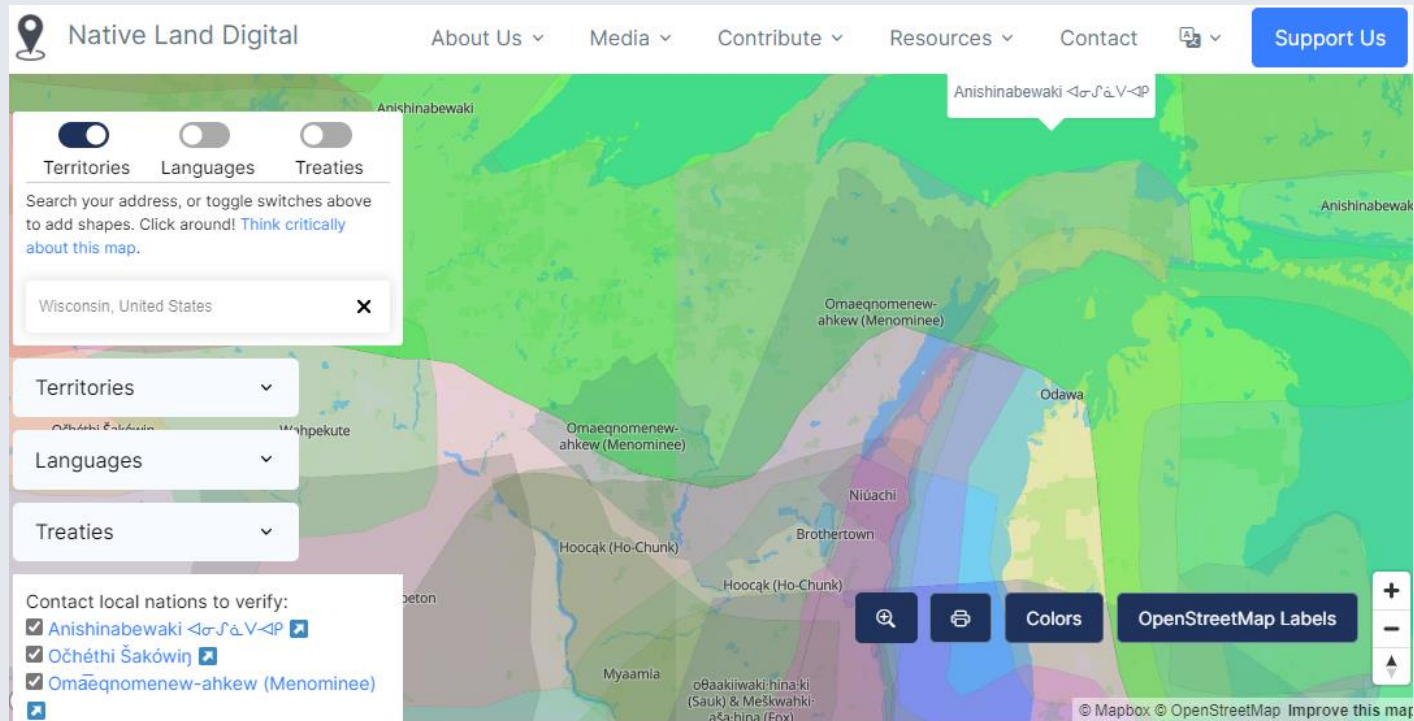
# Today's Agenda

- Guest presentations
  - Blake Roberts Crall: Madison Forward Fund
  - Andrea Kressin and Sarah Inman: Brown County Health Department and Brown County United Way
- Q/A with presenters
- Large group debrief
- Resource provision and overview
- Post Zoom Survey

# Goals

1. Build knowledge on ways to impact economic well-being from the local health department.
2. Share experiences, insights, and resources with one and other.
3. Build confidence in moving health equity forward.

# Whose Land Do You Occupy?



<https://native-land.ca/>

# Madison Forward Fund

Vehicle for Economic Justice

# BASIC INCOME:

a tool to support health equity

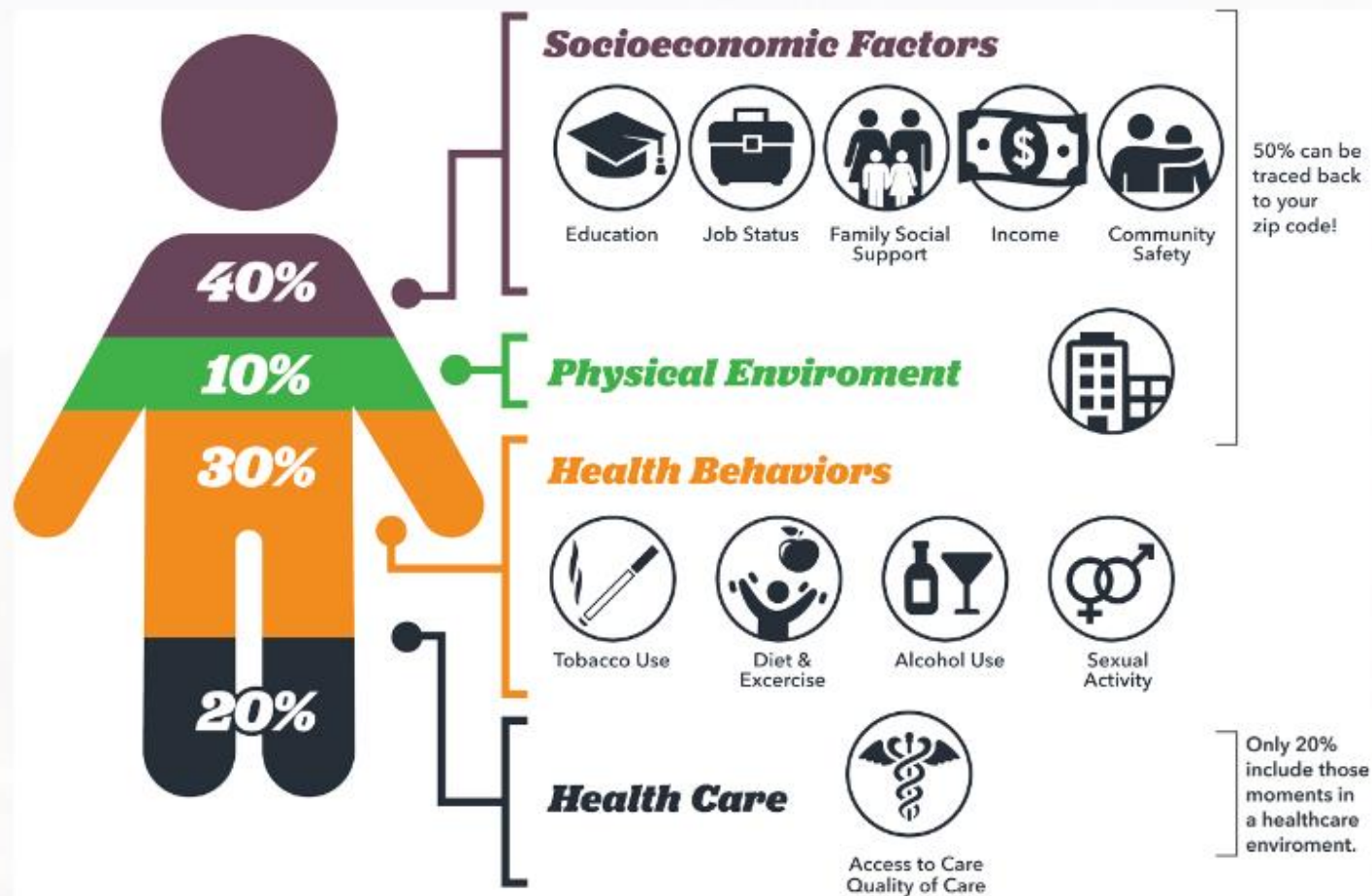


Blake Roberts Crall  
MFF Program Director



# Talk Overview

- Income as a social determinant of health
- How does supplementing income support health equity
- What are basic income policies
- Examples: Madison Forward Fund, SEED, Rx Kids, others
- Basic income in Wisconsin and the urban/rural gap
- Roles for local health departments



# Policy initiatives that supplement income can have a big impact on health outcomes

- ▶ Income is strongly associated with morbidity and mortality across the income distribution; income-related disparities increasing over time (life span; stress, anxiety, mental health; heart disease; diabetes; stroke; preterm/low birth weight infants).
- ▶ Poor health also contributes to reduced income, creating a negative feedback loop sometimes referred to as the health-poverty trap.
- ▶ Policy initiatives that supplement income —particularly in childhood—can reduce poverty and lead to downstream health effects not only for low-income people but also for those in the middle class.

# Expanded Child Tax Credit during COVID cut childhood poverty in half

- Decreased material hardship
- Increased ability to afford household expenses
- Decreased food insecurity
- Increased savings (college, emergency)

Increased impact for Black, Latinx, rural populations

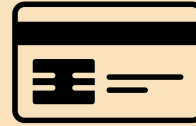
Families used the money for:



Basic needs (food, housing, utilities)



Child related expenses  
(clothing, child care,  
education &  
extracurricular activities)

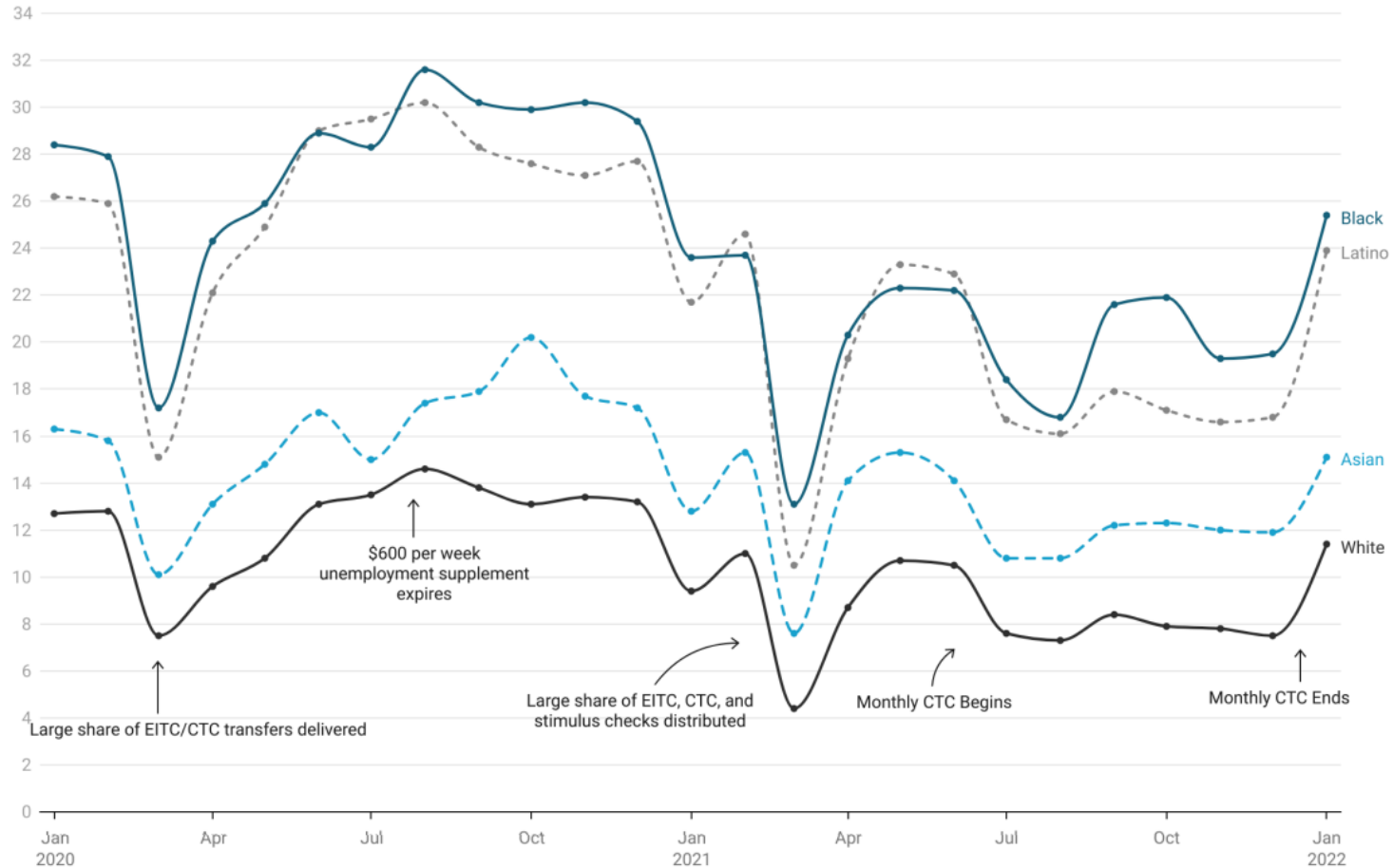


Paying down debt  
(credit card)



Savings  
(emergency,  
college)

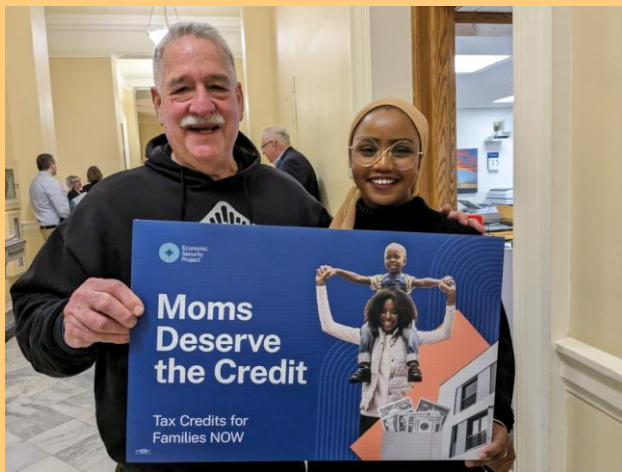
# Monthly Poverty Rates Among Children



# What are basic income policies

## “Unconditional Cash Transfers”

- State and federal child tax credits
- Basic income/guaranteed income
- Universal basic income

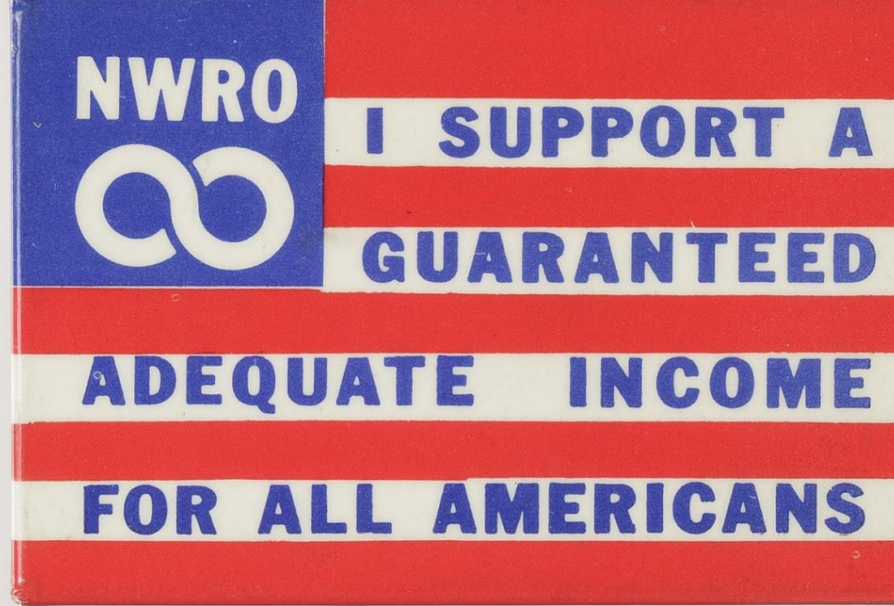


- ▶ Payments can be made quickly, directly, and at scale.
- ▶ Flexibility: every household has different needs, and needs change over time.
- ▶ Basic income programs can fill gaps in the social safety net: many people who are partially covered, left out entirely, or still don't have basic needs met.





Johnnie Tillmon, Executive Director  
of National Welfare Rights  
Organization



**Guaranteed income also has deep roots in the Civil Rights Movement, with Dr. Martin Luther King, Jr., the Black Panther Party, and the National Welfare Rights Organization calling for direct cash payments.**

**“I am now convinced that the simplest approach will prove to be the most effective – the solution to poverty is to abolish it directly by a now widely discussed measure: the guaranteed income.**

Rev. Dr. Martin Luther King, Jr.





**MAYORS FOR A  
GUARANTEED  
INCOME**

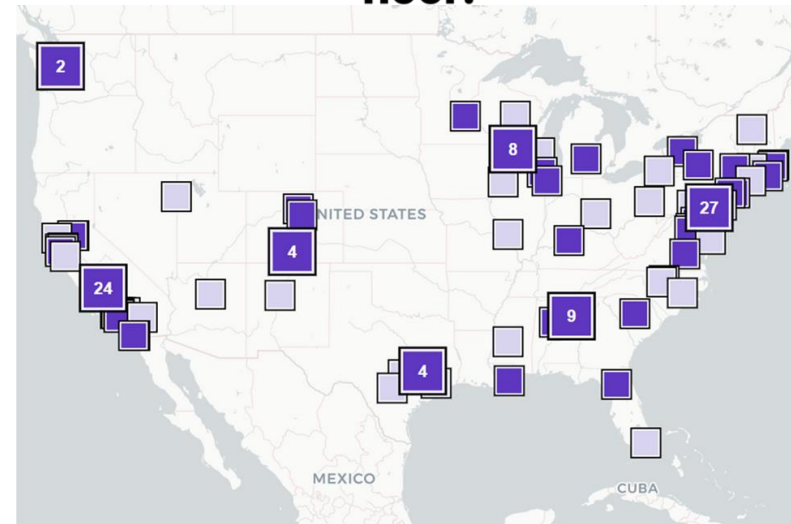


**COUNTIES FOR A  
GUARANTEED  
INCOME**

**Mayors for a  
Guaranteed  
Income is a  
network of mayors  
advocating for a  
guaranteed  
income to ensure  
that all Americans  
have an income  
floor.**

“We know that monthly cash aid can help families access healthy food, buy school supplies, or even get a better job. A guaranteed income can also improve the mental and physical health of recipients. Piloting this program in Madison not only helps Madison families, it helps build the case for a national guaranteed income program.”

– Mayor of Madison, Satya Rhodes-Conway





# MADISON FORWARD FUND:

## a basic income research program



- People experiencing financial hardship are best positioned to make informed decisions that efficiently address their household's needs.
- Every person is equally worthy of financial security, not tied to employment or earnings.
- Cash offers dignity and self-determination, and recognizes that a one-size-fits-all approach is antiquated and rooted in distrust.

Guaranteed income in the context of:



Pandemic recovery



Rising inflation



Shortage of child care

3,000

Number of eligible  
applications submitted

155

Number of  
program recipients

\$500/mo

Paid to recipients  
for 12 months

\$930,000

Total funding to be  
paid to recipients

## Eligibility

- City of Madison resident
- Recipient age 18 or older
- With a child under 18 years old living at home
- Household income less than 200% of the Federal Poverty Line

First payment  
Sept 2022

Final payment  
Aug 2023

Final data collection  
Feb 2024



# Madison Forward Fund By the Numbers

36

Average age of participants:  
36 years



82% of participants identify  
as women



49% of participants are Black; 18%  
are Latino/Hispanic



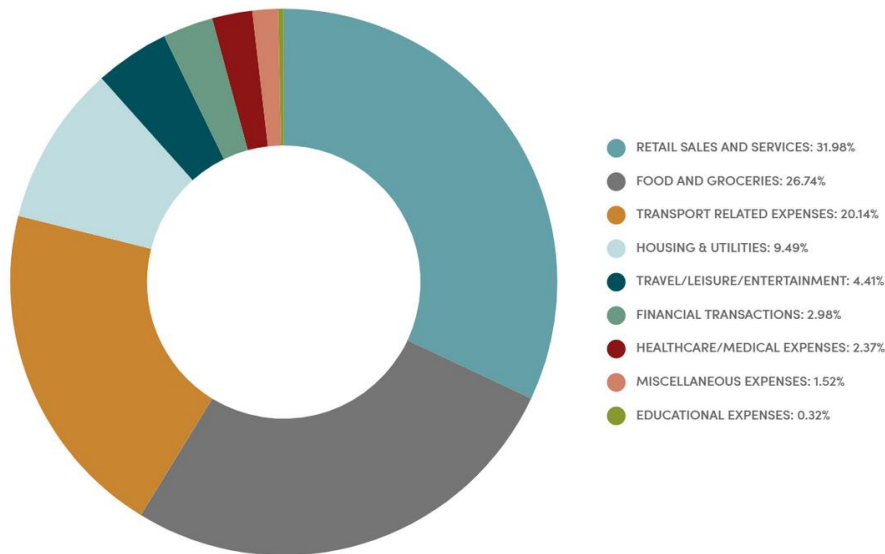
Average # of children in  
household: 2



Median household income:  
\$14,378/year

Pilot data available at: [guaranteedincome.us](https://guaranteedincome.us)

Majority of MFF funds spent on food,  
groceries, transportation, and at retail  
stores like Costco and Target\*



Pilot spending data available at:  
<https://guaranteedincome.us/madison>

"It feels good to have some type of security to fall back on. You can rely on that. It gives me strength and power, and to be told, 'You can do it.' That's huge."

Elector



"Guaranteed income has definitely brought down some of my stress."

Bresha



"I'm the only one in my firm that doesn't have a degree. Being in school and being an active student is really a huge part of why I got this job. [MFF] opened so many doors."

Vanessa



"Everything I earn goes towards my child. [With MFF], it's one less bill I have to pay. Diapers, wipes. I already got food stamps but that runs out pretty fast."

Donye



Read more participant stories at:  
[MadisonForwardFund.wisc.edu/stories](https://MadisonForwardFund.wisc.edu/stories)

# MFF Program Partners



# MFF Funders

Mayors for a Guaranteed Income

Roots & Wings Foundation

UW Health

CUNA Mutual Foundation

Madison Gas & Electric Foundation

The TASC Family Foundation

American Family Insurance Dreams  
Foundation

Alliant Energy Foundation

PRL Keystone Foundation

Mobilizing Communities for Just  
Response grant from Wisconsin DHS

# Funding Strategies

- Private funds (charitable orgs, philanthropy)
- ARPA
- State TANF funds
- County/state budgets

# Stockton Economic Empowerment Demonstration (SEED)

Unconditional cash transfer to 125 Stockton residents \$500 per month for 24 months

Initial results from mixed methods research

- Reduced income volatility (i.e., month-to-month income fluctuations)
- Enabled recipients to find full-time employment
- Recipients were healthier, showed less depression and anxiety and enhanced wellbeing
- Alleviated financial scarcity creating new opportunities for self-determination, choice, goal-setting, and risk-taking

Source: [Stockton Demonstration Preliminary Analysis](#)





A Prescription for Health, Hope, and Opportunity

## Rx Kids: city-wide prenatal and infant cash allowance program

\$16.5 million from  
state TANF funding

"Rx Kids is a pediatrician's dream come true."  
Dr. Lawrence Reynolds, Retired Flint  
pediatrician, Greater Flint Health  
Coalition Community Health Access  
Program Medical Director





Magnolia Mother's Trust  
Jackson, MS

Payments to low-income  
Black mothers living in  
affordable housing in Jackson,  
Mississippi



JUST Income  
Gainesville, FL

Payments to people who  
have been impacted by  
the justice system/formerly  
incarcerated



Cambridge RISE  
Cambridge, MA

In 2023, will launch first "universal"  
program that gives payments to  
every eligible Cantabridgian



New Leaf Project  
Vancouver, Canada

One-time cash transfer of \$7,500  
to people experiencing recent  
homelessness



Abundant Birth Project  
4 counties in CA

Payments to Black and Pacific  
Islander pregnant people to  
improve preterm birth



Sherman County Wind Dividend  
Sherman County, OR

Payments from taxes and fees from  
wind farms distributed to every head  
of household in the county

# Momentum for basic income is growing

- ▶ MFF final research results expected early 2025
- ▶ Next pilot: Basic income to address maternal/infant health disparities in Dane County
- ▶ Outreach, education and awareness --> partnership development
- ▶ Gap in rural programming and research

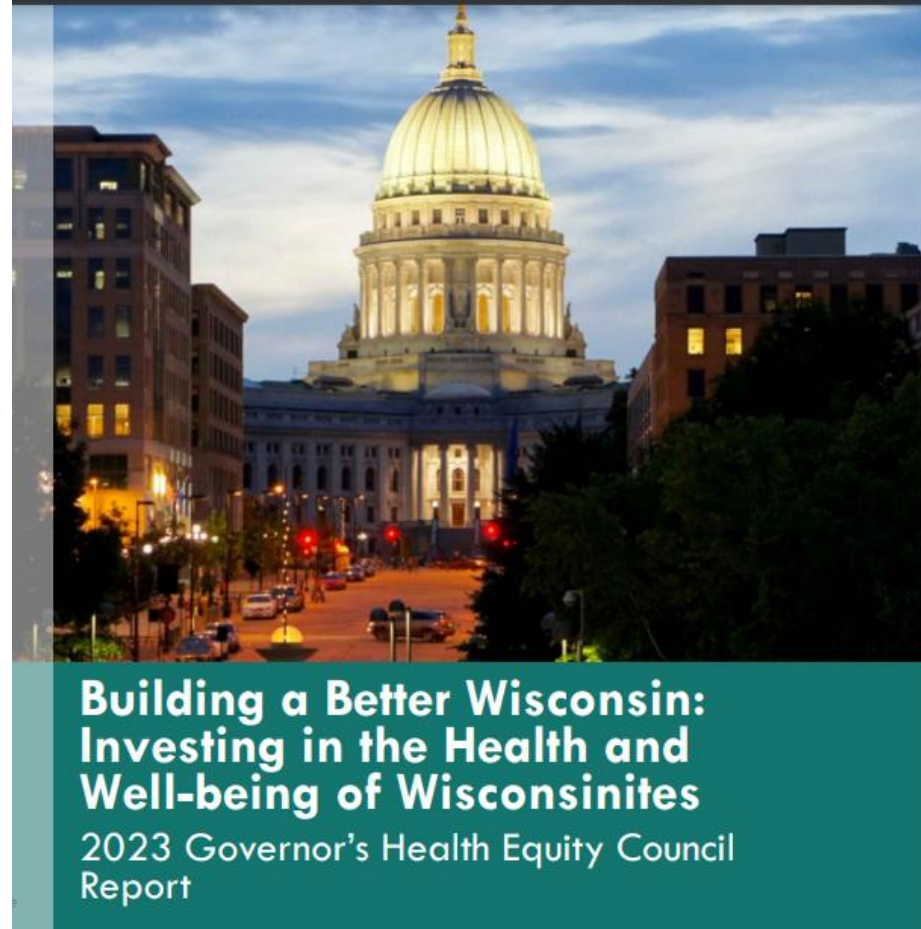
# 2023 Governor's Health Equity Council Report

## Family Sustaining Fiscal Policy Recommendations

- Increase minimum wage
- Expand state EITC
- Implement a guaranteed income pilot program to reach individuals living in poverty in five economically marginalized communities throughout the state
- Establish baby bonds program

Available at

<https://www.dhs.wisconsin.gov/publications/p03236a.pdf>



Prepared by the Wisconsin Department of Health Services Office of Health Equity



# Local health agencies can lead and advocate for basic income as a health policy

Two questions to get started:

- ▶ How would basic income support health equity in your community?
- ▶ Who are local champions? Possible partners?



**madison  
forward  
fund**

[MadisonForwardFund.wisc.edu](https://MadisonForwardFund.wisc.edu)

Blake Roberts Crall, MFF Program Director  
[broberts23@wisc.edu](mailto:broberts23@wisc.edu)



# Reducing the Income and Asset Gap in Brown County

CHIP Strategy 1.1 Overview



# INTEGRATING ECONOMIC STABILITY INTO THE BROWN COUNTY CHIP

BEHIND THE SCENES OF THE  
COMMUNITY HEALTH ASSESSMENT AND  
IMPROVEMENT PLANNING PROCESS





**ANDREA KRESSIN, MPH**  
Community Engagement Manager  
Brown County Public Health



**SARAH INMAN**  
Principal Strategist - Community Investment  
Brown County United Way







THE BROWN COUNTY  
COMMUNITY HEALTH  
ASSESSMENT AND  
IMPROVEMENT PLAN  
PROCESS

# SESSION OVERVIEW

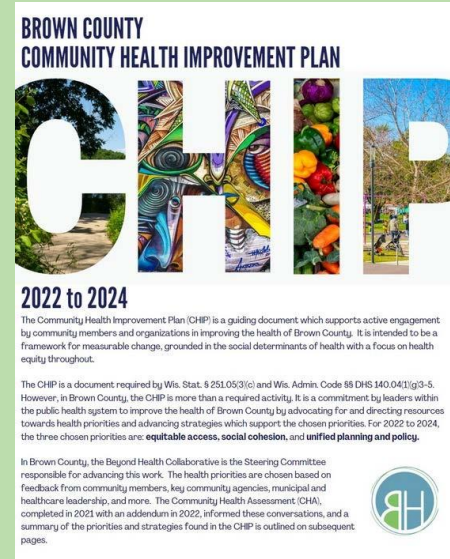


A FOCUS ON ECONOMIC  
SECURITY



SPOTLIGHT: CHILD CARE  
STRATEGIES IN BROWN  
COUNTY

# COMMUNITY HEALTH ASSESSMENT



# COMMUNITY HEALTH IMPROVEMENT PLAN



# GOALS OF THE 2020-2023 CHA/CHIP PROCESS

- 1** Use a clearly outlined, data-driven process
- 2** Call out and address inequities
- 3** Choose impactful health priorities and strategies
- 4** Focus upstream on social determinants of health
- 5** Integrate community voice throughout

The Brown County Community Health Assessment and Improvement Plan processes are led by the **Beyond Health Steering Committee**. They work in partnership with the **Strategy Leads**, the agencies who have stepped up to lead specific strategies under each health priority.



# BEYOND HEALTH STRUCTURE



# VISION & MISSION

**Vision:** Brown County reaches its full health potential enabling all people to live their best lives

**Mission:** Create cultural change by addressing the top health priorities chosen by the community

## BEYOND HEALTH GUIDING DOCUMENT

- JULY 2023 REVISION -







# THE CHA

# WHAT TYPE OF INFORMATION IS COLLECTED?



## **Quantitative Data**

numbers, health and community statistics



## **Qualitative Data**

stories, narratives, perspectives, insights



## **Community Partner Feedback**

various organizations, health systems, institutions



## **Community Member Feedback**

individuals and groups

# SOCIAL DETERMINANTS OF HEALTH: A GUIDING FRAMEWORK

Highlighting the interconnectedness of health factors and outcomes



Education Access  
and Quality



Health Care Access  
and Quality



Neighborhood and  
Built Environment



Social and  
Community Context



Economic  
Security



# HEALTH EQUITY: A FOCUS THROUGHOUT

## Intentionally addressing inequities in health in Brown County



### BROWN COUNTY: FOCUSED ON HEALTH EQUITY FOR ALL IN OUR COMMUNITY

This summary document has highlighted a number of areas for further exploration, specifically raising the question: does belonging to a certain group lead to differences in health outcomes? In certain cases, that answer is yes. We know that conditions in which we live and work impact our health, but even more importantly, those conditions affect certain groups more than others.

Two terms are often used interchangeably: equality and equity. Equality provides support equally across populations. Equity recognizes that not everyone is starting from the same place, and encourages decision-making and resource allocation that keeps those differences in mind. A targeted approach to community-wide interventions is necessary when resources are limited, and the Community Health Improvement Planning Process integrates the findings from this document into prioritization of strategic issues moving forward.



EQUALITY SOUNDS FAIR. EQUITY IS FAIR.

55



### ADDRESSING HEALTH EQUITY AND RACISM: RACISM IS A PUBLIC HEALTH CRISIS

Racism is one of the root causes of inequities that impact health. While this may be drawing renewed attention nationally, these conversations are not new. Health equity continues to be a priority for Public Health and Community Partners and is purposely highlighted in this Community Health Assessment and Improvement Plan. Public Health will continue to engage with community partners in order to better understand racism in our County and plan initiatives aimed at advancing equitable health and well-being.

#### A TIMELINE OF MOVING TOWARDS ACCEPTANCE OF RACISM AS A PUBLIC HEALTH CRISIS

1986

The World Health Organization (WHO) acknowledged that social justice & equity are fundamental for health and that health promotion actions should aim at reducing differences in current health status and ensuring equitable opportunities and resources so all people can achieve their fullest health.

1999

US Dept. of Health and Human Services made elimination of health inequities a national public health goal.

2018

The Wisconsin Public Health Association (WPHA) passed a resolution declaring racism a public health crisis in Wisconsin.

2020

The Green Bay City Council, along with 18 other organizations representing healthcare, business, nonprofits, and education passed a resolution declaring racism a public health crisis locally showcasing the cross-sector commitment to ending racism in Brown County.

TODAY

February 2021, Brown County Board of Supervisors approved the resolution, "Resolution Advancing Racial Equity and Support Throughout Brown County." This is a step forward in formally recognizing the inequities that exist due to systemic racism that contribute to discrimination in housing, education, employment, and criminal justice which all affect health outcomes like morbidity, mortality, life expectancy, and health status. A subsequent resolution was passed to establish a subcommittee to focus on addressing racial equity and provide necessary support throughout Brown County.

9



### RACISM AS A PUBLIC HEALTH CRISIS:

Some of the inequities in the social determinants of health that put racial and ethnic groups at increased risk for poor health in general and at risk of getting sick and also dying from COVID-19 include:



**Discrimination:** Unfortunately, discrimination exists in systems meant to protect health, such as: health care, housing, education, criminal justice, and finance. Discrimination, which includes racism, can lead to chronic and toxic stress and shapes social and economic factors that put some people from racial and ethnic minority groups at increased risk health risks.



**Healthcare access and utilization:** People from some racial and ethnic minority groups are more likely to be uninsured than non-Hispanic whites. Healthcare access can also be limited for these groups by many other factors: lack of transportation, child care, ability to take time off of work, communication barriers, cultural differences between patients and providers, and historical and current discrimination in healthcare systems. Some people from racial and ethnic minority groups may hesitate to seek care because they distrust the government and healthcare systems responsible for inequities in treatment and historical events.



**Occupation:** People from some racial and ethnic minority groups are disproportionately represented in essential work settings such as healthcare facilities, farms, factories, grocery stores, and public transportation. Various factors impact the potential for health risks, such as close contact with the public or other workers, not being able to work from home, and not having paid sick days.



**Educational, income, and wealth gaps:** Inequities in access to high-quality education for some racial and ethnic minority groups can lead to lower high school completion rates and barriers to college entrance. This may limit future job options and lead to lower paying or less stable jobs. People in these situations often cannot afford to miss work, even if they're sick, because they do not have enough money saved up for essential items like food and other important living needs.



**Housing:** Some people from racial and ethnic minority groups live in crowded conditions that make it more challenging to follow prevention strategies. In some cultures, it is common for family members of many generations to live in one household.



These factors and others are associated with more COVID-19 cases, hospitalizations, and deaths in areas where racial and ethnic minority groups live, learn, work, play, and worship. They have also contributed to higher rates of some medical conditions that increase one's risk of severe illness. In addition, community strategies to slow the spread of COVID-19 may cause unintended harm, such as lost wages, reduced access to services, and increased stress, for some racial and ethnic minority groups.

Source: Centers for Disease Control (CDC) / Wisconsin Public Health Association (WPHA) / Wisconsin Health Equity Resource Hub (WHERH)

10



# THE CHIP



# HEALTH PRIORITIES AND ASSOCIATED STRATEGIES

# BROWN COUNTY'S HEALTH PRIORITIES

## **EQUITABLE ACCESS**

Take steps to level the playing field



## **SOCIAL COHESION**

Help people connect with each other and their community



## **UNIFIED PLANNING AND POLICY**

Make sure policies help the entire community







### **11: DECREASE INCOME AND ASSET GAP**

Brown County United Way



### **12: IMPROVE ENVIRONMENTAL QUALITY AND PHYSICAL ENVIRONMENTS FOR ALL**

Brown County Public Health



### **13: ADVOCATE FOR EQUITABLE ACCESS TO HEALTHCARE**

Beyond Health Subcommittee

## **PRIORITY 1: EQUITABLE ACCESS**

## PRIORITY 2: SOCIAL COHESION



### **2.1: BUILD COMMUNITY CONNECTIONS AT THE NEIGHBORHOOD LEVEL**

NeighborWorks Green Bay



### **2.2: INCREASE AVAILABILITY AND VISIBILITY OF HEALTHY FOOD OPTIONS**

University of Wisconsin - Madison  
Division of Extension Brown County



### **2.3: IMPROVE WALKABILITY AND RECREATIONAL OPPORTUNITIES**

Wello



### **3.1: INTEGRATE POPULATION HEALTH INTO COMMUNITY PLANNING EFFORTS**

Beyond Health Subcommittee



### **3.2: SAFE, ACCESSIBLE HOUSING OPTIONS**

The Greater Green Bay Blueprint to Prevent and End Homelessness



### **3.3: IMPLEMENT POLICIES THAT DECREASE HEALTH INEQUITIES**

Health Equity Coalition - Structural Change Workgroup

## **PRIORITY 3: UNIFIED PLANNING AND POLICY**

## LINKAGE WITH RESULTS-BASED ACCOUNTABILITY

RBA is a framework which uses a **data-driven** decision-making process to address **complex social dynamics**.

The process allows for conversations that are simple, common sense, and use **plain language** to organize various types of community strategies.

## ▶ THE STORY BEHIND THE NUMBERS

The Brown County CHIP doesn't stop with data points. Strategy leads regularly report on the "story" behind the measures we track. This perspective allows for the development of innovative strategies which adapt as needed with changing community conditions.





# THE CHIP DASHBOARD



Access: All residents have equitable access to the resources needed for health.

CHIP All Brown County community members live in economic security. ⓘ

CHIP All Brown County community members have safe, high quality physical environments. ⓘ

CHIP All Brown County community members have access to high quality healthcare. ⓘ

Cohesion: All residents are connected to their community and each other.

CHIP All Brown County residents are connected to other people, their neighborhoods, and communities. ⓘ

CHIP Brown County has an equitable food system where all community members have access to healthy and culturally inclusive foods ⓘ

CHIP All Brown County community members have safe recreational opportunities and walking paths. ⓘ

Planning and Policy: Policies benefit the entire Brown County community.

CHIP Population health considerations are integrated into all community planning efforts. ⓘ

CHIP All Brown County community members have access to safe and affordable housing options. ⓘ

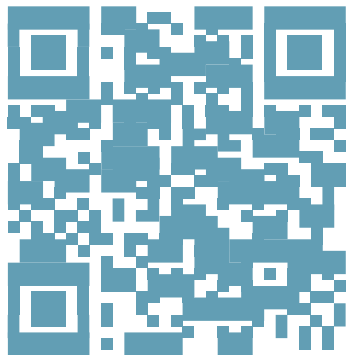
CHIP Policies and procedures advance health equity in Brown County ⓘ



# **A FOCUS ON ECONOMIC SECURITY**

# CHIP STRATEGY 1.1:

ALL BROWN COUNTY COMMUNITY MEMBERS LIVE IN ECONOMIC SECURITY



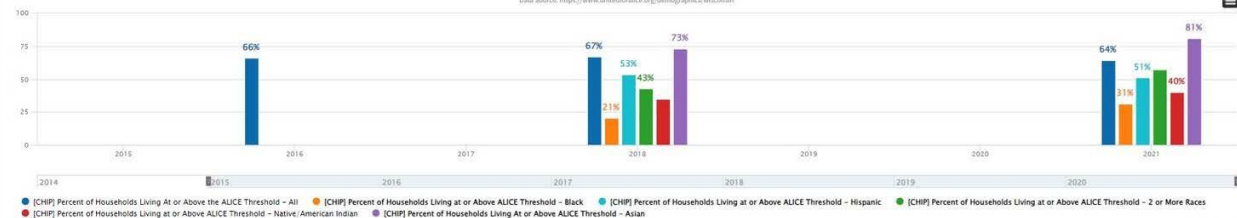
All Brown County community members live in economic security.

Percent of Households Living At or Above the ALICE Threshold - All

Current Value  
64% 2021

Line Bar Comparison

Data Source: <https://www.unitedforalice.org/demographics/wisconsin>



## Story Behind the Curve

The ALICE Threshold is based upon a Household Survival Budget for each county which calculates the bare-minimum costs for daily basic needs and the minimum hourly and annual household wages needed to meet these needs. The budget does not allow for any savings, emergencies, or recreational costs.

For example: The average annual ALICE Household Survival Budget in Wisconsin in 2021 was \$24,492 for a single adult, \$27,444 for a single senior, and \$63,324 for a family of four with young children. This was significantly more than the 2021 Federal Poverty Level of \$12,880 for a single adult and \$26,500 for a family of four. In Brown County, the average ALICE Household Survival Budget was \$26,340 for a single adult, \$29,028 for a single senior, and \$67,248 for a family of four with young children. It is common for individuals living below the ALICE Threshold to have more than one job and still not earn enough to meet basic costs of living.

<https://www.browncountywi.gov/departments/public-health/general-information/community-health-improvement-plans-chip/>

# **ALICE in the Crosscurrents: COVID and Financial Hardship in Wisconsin**



COVID AND FINANCIAL HARDSHIP IN  
**WISCONSIN**

2023 Report | [UnitedForALICE.org](https://UnitedForALICE.org)



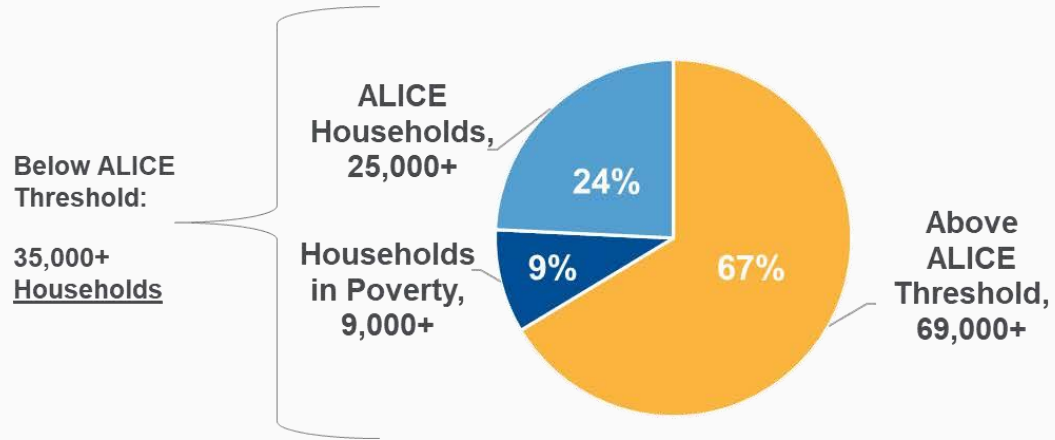
**Leading indicator:  
%of Brown County households  
living at or above  
the ALICE Threshold**

**The ALICE Threshold is based upon a  
Household Survival Budget for each  
county.**

- Calculates the bare-minimum costs for daily basic needs and the wages needed to meet these needs.**
- Does not allow for any savings, emergencies, or recreational costs.**

# ALICE in Brown County 2021

Approximately  
1 in 3 Brown County  
households lived at  
or below the  
ALICE Threshold.



2018 - Population: 263,378

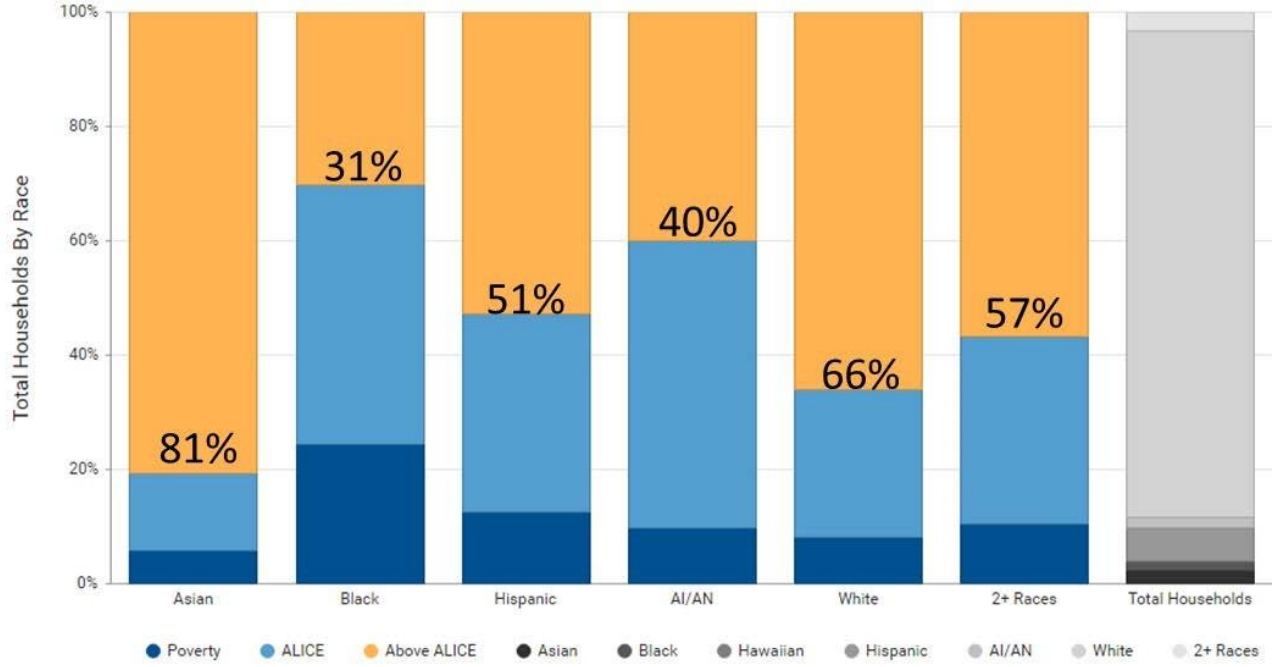
Total Households: 104,470

Median Household Income: \$61,651



# %HOUSEHOLDS AT OR ABOVE THE ALICE THRESHOLD

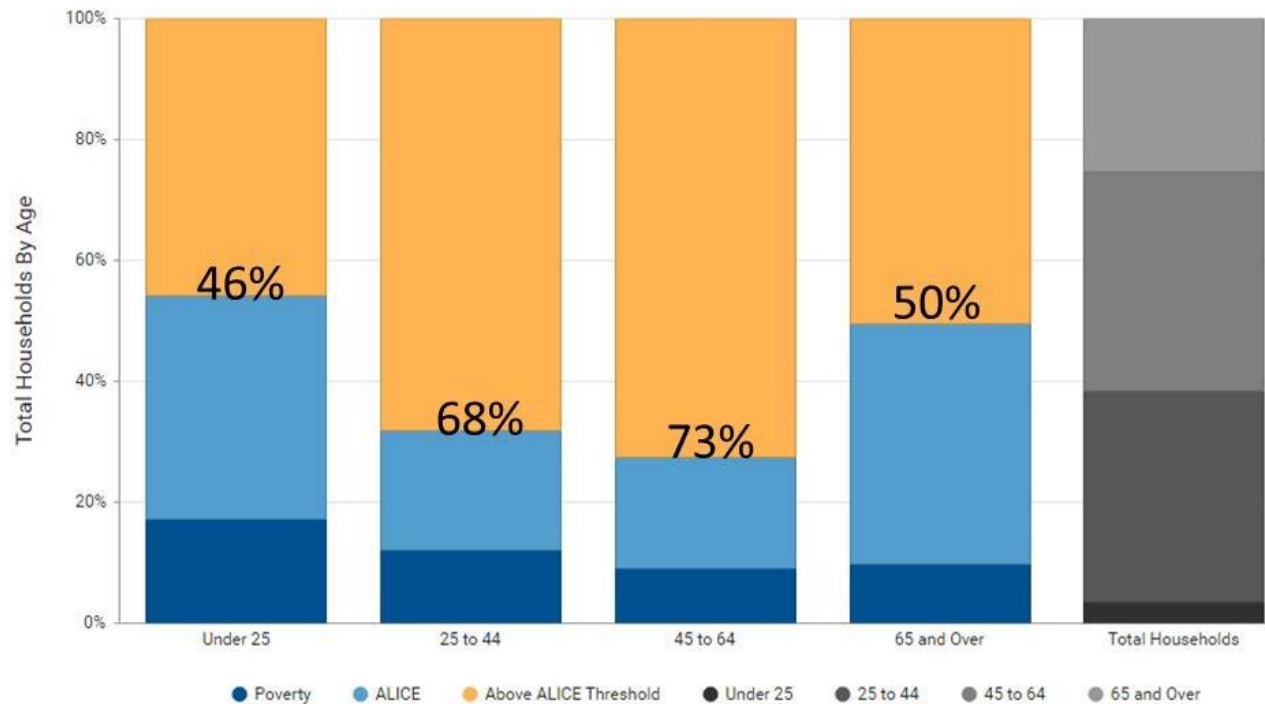
Households by Race/Ethnicity, Brown County, Wisconsin, 2021





# %HOUSEHOLDS AT OR ABOVE THE ALICE THRESHOLD

Households by Age, Brown County, Wisconsin, 2021



An illustration showing a caregiver, a woman with dark hair wearing a blue top and blue pants, sitting on a purple and white striped blanket. She is holding a red hat. Four children are sitting around her. One child with brown hair is wearing a purple shirt and is looking up at the caregiver. Another child with red hair is wearing a yellow shirt and a red skirt with white polka dots. A third child with dark hair is wearing a red and white striped shirt. A fourth child with dark hair is wearing a purple shirt and a red skirt with white polka dots. They are all sitting on the striped blanket in a grassy area.

## **SPOTLIGHT: CHILDCARE STRATEGIES IN BROWN COUNTY**



# PRIORITY: CHILDCARE EQUITY



Households' ability to achieve economic security includes having access to childcare options that are affordable and meet the unique needs of families.



In Brown County, childcare affordability and access were top community concerns pre-pandemic. Like many communities nationwide, access to and affordability of childcare are reaching crisis levels.

# COMMUNITY LANDSCAPE

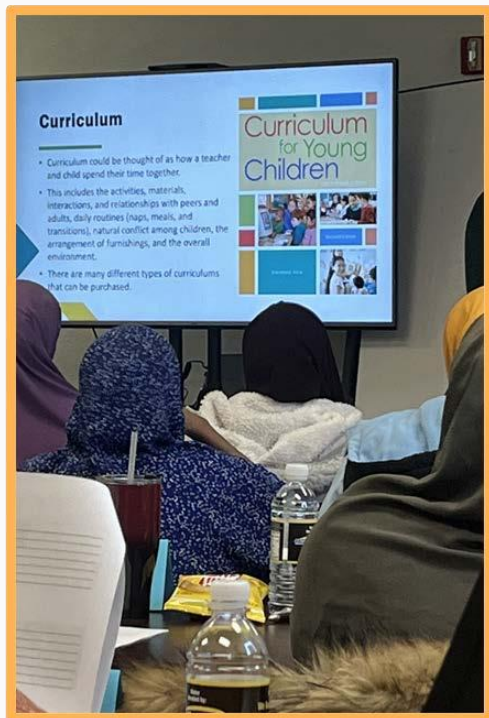
- At least 635 regulated childcare slots were lost during the pandemic.
- Current waitlists for regulated care are extending past summer of 2024.
- Limited options exist that are responsive to diverse families.



# SYSTEMS-CHANGE SOLUTIONS

- 1 Offer certification classes co-designed with diverse populations so they can work in the childcare profession.**
- 2 Advocate for updating the state's certification curriculum to be more culturally responsive (e.g., taught in numerous languages; printed materials available in numerous languages, etc.).**
- 3 Establish a local, formal network and funding to support unregulated centers on the path to certification/licensure.**
- 4 Improve awareness and understanding of diverse communities among existing childcare centers in Brown County.**

# MILESTONES THUS FAR...



An illustration of a street scene. On the left, a green house with a tree in front of it. On the right, a red and yellow house. A path leads down the center of the street.

# THANK YOU!

▶ **ANDREA KRESSIN**

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▶ **SARAH INMAN**

[sarah@browncountyunitedway.org](mailto:sarah@browncountyunitedway.org)



# Questions for Presenters



# Debrief

# Prompts (Optional)

- What stood out to you after hearing from our presenters today?
- In the next five years, do you believe an income-assistance program could be supported by or initiated at your health department? How might it be similar or different than what was shared today?



# Resources

# Resource Guide

Why?	Who?	How?
<a href="#"><u>Health Affairs</u></a>	<a href="#"><u>Working Wisconsin: Center on Wisconsin Strategy</u></a>	<a href="#"><u>What Works for Health</u></a>
<a href="#"><u>Healthy People 2030</u></a>	<a href="#"><u>United for ALICE</u></a>	<a href="#"><u>California Case Studies</u></a>
<a href="#"><u>Poverty in Childhood and Adverse Health Outcomes in Adulthood</u></a>	<a href="#"><u>UW-Madison Institute for Research on Poverty</u></a>	<a href="#"><u>Prenatal to Three Policy Center</u></a>
<a href="#"><u>Poverty is a Major Public Health Crisis. Let's Treat It Like One.</u></a>	<a href="#"><u>Wisconsin Community Action Program Association</u></a>	<a href="#"><u>Upstream Policy Changes to Improve Population Health and Health Equity: A Priority Agenda</u></a>

# Contact Us!

Would you like more resources on a similar or different topic? Please contact the HEART team, and we will provide you with the appropriate resources.

Email: [afeefah.khan@dhs.wisconsin.gov](mailto:afeefah.khan@dhs.wisconsin.gov)

# Next Meeting

**January 11<sup>th</sup>, 2024**

*Policy Engagement for Public Health Professionals*

Featuring Dr. Keshia Pollack-Porter,  
Director of Johns-Hopkins Institute for Health and  
Social Policy



# Thank You!

Reminder to take the survey when you exit  
out of Zoom!