



Women's Council
· Wisconsin ·

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**Minutes of the Meeting of the
Wisconsin Women's Council – December 4, 2019**

**Wisconsin State Capitol, Room 300 NE
Madison, Wisconsin
Patty Cadorin, Chair**

Board Members Present: Patty Cadorin, Chair; Dr. Lisa Armaganian; Denise Gaumer Hutchison; Dr. Rosalyn McFarland (by phone); Nerissa Nelson; Carrie Richard (by phone); Shelby Schmudlach; and Ze Yang. Not present: Senator Hansen, Alderwoman Chantia Lewis; Kim Nickel; and Senator Ringhand.

Also present: Christine Lidbury, Executive Director; Rebecca Cohen, DHS; Rebecca Thompson, Wisconsin Community Health Fund.

1. **Welcome and Introductions.** The meeting was called to order at 10:35 am.
2. **Approval of the Minutes of September 4, 2019.** Postponed to the March 2020 meeting. A quorum of members came and went at various points during the meeting with phone participants and late arrivals.
3. **Guest Presentation**

Rebecca Cohen, Health Systems Coordinator, DHS, Office of Public Health, Chronic Disease Prevention Union; and Rebecca Thomason, Executive Director, Wisconsin Community Health Fund. PowerPoint attached.

Heart disease is the number one cause of death in Wisconsin, accounting for 23% of all deaths. Moreover, one-in-three adults in Wisconsin (1.3M people) have hypertension (HTN) – a major contributing factor to heart disease.

- People with HTN are four times more likely to die from a stroke and three times more likely to die from a heart attack.
- Seven of 10 with chronic heart failure have HTN.
- Seven of 10 having first heart attack have HTN.
- Eight of 10 having their first stroke have HTN.

Who this is impacting: By gender, 34% of men and 28% of women have HTN. Large disparities appear by race, with 46% of African Americans having HTN vs. 32% for this

Hispanic and 26% for the White non-Hispanic population. The prevalence of HTN rises steeply by age group - from those 18-24 (8%), 25-44 (13%), 45-64 (34%) to 65+ (60%).

For more than half of adults, their HTN is uncontrolled. Working to address these populations at greatest risk. Currently have a grant working in five priority communities: Brown, Eau Claire, Milwaukee, Oneida and Rock Counties.

There is an active network of partnerships creating an infrastructure and, as well as a variety of events, around heart health improvement. See PowerPoint for details.

There is an opportunity for the Women's Council to collaborate as part of a CDC funded targeted heart disease improvement project in the five priority communities noted above. During Winter/Spring 2020, the Council would assist in conducting statewide small focus groups with diverse groups of women who are at risk for cardiovascular disease. The goal of this work would be to seek understanding of health care experience so that improved systems of heart health can be built as well as strengthened opportunities for health equity. This information would also feed into the Division of Public Health's Spring 2020 Health Heart Symposium, focused on enhancing health equity across Wisconsin.

Other potential opportunities:

Also, coming soon, is the new Healthy Hearts Totes – a community-clinical lineage self-measured blood pressure initiative with libraries and community partners to promote self-management of blood pressure and heart health. Totes would be placed in community and library settings where they could be check-out for use. The Council could also contribute to the outreach and education effort in promoting and placing the Totes.

February is American Heart Month – an initiative of the National Heart, Lung and Blood Institute (NHLBI) which provides outreach materials and resources.

February 7, 2020 is National Wear Red Day - Go Red for Women is the American Heart Association's national movement to end heart disease and stroke. They provide online resources for social media and outreach.

The speakers welcomed the Council's participation in this effort and thought it was a good fit for outreach and education and amplifying the message, inline with the State's health plan and a host of community partners focusing on different aspects of the issue.

4. Women & Homelessness Project Proposal

See Proposal handout attached.

Christine presented a proposal for the Council to focus on women and homelessness. This would work in concert with a strong coalition of state, legislative and provider organizations that have priorities the issue of addressing and reducing homelessness in Wisconsin.

Women make up about half of the homeless population, including single mothers with minor children, and unaccompanied single women who are often older with few resources. The homeless population in Wisconsin, however, is discussed in statistics and policy discussions as a total population, such as *individuals*, *families*, and *veterans*. There is no distinction between men and women and the potentially different needs and demographics of these population from a gender perspective.

Why this issue matters - by the Numbers
(HMIS = Homeless Management Information System)

- As of January 2018, Wisconsin had an estimated 4,907 experiencing homelessness on any given day, as reported by Continuums of Care to the U.S. Department of Housing and Urban Development (HUD). Of that Total, 660 were family households, 332 were Veterans, 246 were unaccompanied young adults (aged 18-24), and 527 were individuals experiencing chronic homelessness.
- In 2017, a total of 22,000 people experienced homelessness and received services and shelter from HMIS agencies in Wisconsin.
- In 2017, 17,900 people stayed in emergency shelters, 10,000 of them outside of Milwaukee, Racine and Dane Counties. 46% were female.
- And yet, there does not seem to be data, research or reporting specifically on women.
- Lack of data in HMIS on unaccompanied women and women head of households (HOH) with minor.
- Women with children more likely to be doubled up with other families. Not eligible for HUD funded programs serving the homeless. Not counted the HMIS data.
- National data report that 85% of homeless "families" are headed by women. I would hypothesize that most of these are single mothers with minor children.
- According to the State Treasurer's office, the fastest growing group in poverty is women over 65, raising risks for homelessness
- Issues discussed include lack of available affordable housing, evictions.
- Health status – barriers and lack of access to health care, prevention, and managing chronic conditions.

A project for the Council could be structured in three parts:

1. Data Collection – cull and generate from existing data bases.

2. Outreach and community engagement (homeless shelters serving women and local community organizations and officials). Potential related events and media.
 3. Policy – report findings to state government policy and program bodies, such as the Governor's Interagency Council on Homelessness (which supports this work by the Council).
5. **Report on Current Projects** that will continue into 2020 and should be considered in the Council's workload. Christine reported:
- a. Voices of Women in America Survey Project (VoWA) - through January 2020. The Council is supporting having the survey translated in Spanish. Currently only available in English, which is problematic in seeking a diverse, statewide response from women. We hope to have the survey outreach initiative out before the end of the year. Ascension Health System has made a major contribution, with Lisa's initiative and coordination, in handing out a flyer to women to come into their clinics.
 - b. 19th Amendment Centennial Committee website – through August 2020. The Council was asked to create revolving content on the website through August 2020. With intern Taylor Palkowski, we proposed the “Women Who Inspire” project – asking each member of the committee to nominate a woman currently working to advance women, honoring the spirit of women's activism in the suffrage movement and recognizing that this work continues by a diverse group of women, addressing a variety of state and local issues, across the state. Staffed in-part by an intern from the UW-Milwaukee.
 - c. Women in Public Life Survey – through 2020. The Council is research partner in the data collection and has been asked to contribute a chapter for the final report on trends in women and state and local elected office in Wisconsin. The Council will also participate in the data analyses, report creation and report release/events. The project is led by the Alverno College Center for Research for Women and Girls.
 - d. Women in Elected Office, 5-year update – May to August 2020. Huge project. The Council started benchmarking women in state and local office in 2005 and has issued reports in 5-year intervals. In 2015, we reviewed and updated information on nearly 14,000 elected offices across state and local governments in Wisconsin, including the state legislature, state courts, and county, city, village, town, and school boards. The goal is to release a report around the 19th Amendment centennial in August 2020.
 - e. Interns. 1) The Council has partnered with the UW School of Social Work to host an intern completing her field work under two of our long-time partners and supporters – 4W Program in the School of Human Ecology and Center on Wisconsin Strategy. She works 18 hours a week and a portion of that time will be provided to assist with the Council's work. 2) As noted, an intern from UW-Milwaukee is working on the Centennial website project. To note, this internship opportunity was advertised to women's studies programs statewide, as this internship is one where the intern does

not need to be local – all done by computer and email. 3) The Council will seek an intern for the priority project once determined by the Board.

6. Board Discussion

At the September 2019 meeting, the Board prioritized two issues for further review and potential project development. Each topic had a small working group of board members and each group met once by conference call to review status of all our outreach and provide direction to Christine.

1. Women and Homelessness
2. Health Care Disparities for Women, which was divided into:
 - a. Chronic Disease (heart health, diabetes)
 - b. Infant Mortality

In assessing options, several parameters were noted:

- The Council, operationally, is a state agency.
- The appointed Women's Council is bipartisan.
- There are limited resources (staff and program funding)
- Council has greater impact when it has strong partners for collaboration.

Discussion and Comments

Homelessness

- Issue is too big.
- Many aspects, such as mental health, are too big and overwhelming for our limited resources to take one.
- Members agreed, generally, that this was not an issue that engaged the Board, which was concerns about capacity, impact and how complicated the issue can be around factors that are difficult to assess and beyond our scope.

Infant Mortality

- Issue is too big and complicated for our capacity.
- Organizations have put millions into addressing infant mortality with little change. The issue is more systemic and beyond our abilities, especially without a narrow topic and partner.
- Christine provided that there may be an opportunity to partner on a DHS initiative focused on reducing infant mortality through promotion doulas and midwives in minority

communities. However, this topic was not agendaized and is not open for discussion. It is presented as a point of information and potential topic at a future meeting.

Preventative Health Disparities

- There is a partner eager to work with the Council.
- Addresses underserved populations
- We have two doctors on the Council and others such as Alderwoman Lewis who have practical understanding of the issue and could serve as resources.
- In addition to Drs. McFarland and Armaganian, the Council can bring resources to engage diverse audience and bring diversity to the work, for example, with Ze Yang and the Hmong Community, and Alderwoman Lewis from her community and networks.
- Dr. McFarland noted that she is open to putting working into getting a health disparities initiative off the ground. Heart health is a huge issue in her community and among her patients. To do this work, we need to get out into the communities.
- While it is important to piggyback of an existing initiative, it important that we be clear about our piece to make a difference in the community, and not just another pair of hands on the same thing already being done by other organizations.
- Even after the Heart Health Symposium, we can learn and figure out how to move forward.
- There are major factors in this issue from an insurance perspective that could be approached for support, e.g., WEAC.
- Ze Yang highlighted the issue of cultural competency in outreach and education. For example, in the Hmong community people rely on family and friends and not comfortable expressing concerns to doctors or health providers. Appointments are quick. There may be language issues. Yet, education needs to come from doctors and health care providers. Speak to groups of providers. Educate doctors on the cultural barriers in addressing identification, prevention and treatment for heart health.
- Alzheimer's public outreach has models to share stories – this is perhaps a model and resource for our work.

7. Board Vote on Issues and General Work Plan

The meeting no longer had a quorum, so no vote was taken.

It was the unanimous consensus of the members present to...

- pursue work on health disparities and proceed with a project on prevention and heart health with the DHS, Chronic Disease Prevention Unit and the Wisconsin Community Health Fund (see #3 above).
- support the Voices of Women in America survey project; 2020 Trailblazer Awards; Women Who Inspire project and the other ongoing initiatives and reach out to Board members to assist in these efforts.
- continue participating, where possible, in the Interagency Council on Homelessness and small projects as they are timely, such as collaborations with the Department of Corrections and on women veterans.

8. **Other Board Business. None.**

9. **Public Comments. None.**

10. **Adjourn.** Motion to adjourn by Nerissa Nelson; second by Cindy Block. Approved unanimously.

Respectfully submitted,

Christine Lidbury