



WOMENSCOUNCIL.WI.GOV

**Minutes of the Meeting of the
Wisconsin Women's Council – March 3, 2021
Patty Cadorin, Chair**

Virtual Meeting via Zoom

Present: Patty Cadorin (Chair), Dr. Lisa Armaganian, Cindy Block, Denise Gaumer Hutchison, Dr. Rosalyn McFarland, Nerissa Nelson, Carrie Richard, Senator Ringhand. Shelby Schmudlach (a quorum was present). Also Attending: Christine Lidbury (Executive Director), Madelyn Savage Adler (Intern)

1. Welcome by Chair

Welcome to New Council Member Representative Rachael Cabral-Guevara (Appleton), appointed by the Senate President's Office. Rep. Cabral-Guevara is a Certified Nurse Practitioner with a family practice. She is Vice Chair of the Assembly Mental; Health committee. A link to her assembly page and biography was sent to members.

2. Approval of Minutes of December 2, 2021. Motion to approve Nerissa, Denise 2nd; unanimous.

3. Board Update

WWC & Governor's 2021-23 Proposed Budget

At a prior Board meeting, the Board talked about putting forward a proposal request for additional resources for our work on racial and ethnic disparities, particularly in the area of health. We put forward a request for \$16,500 for each year of the biennium in operational support. We talked about LTE or contract work. Governor Evers included in Proposed Executive budget.

The Executive Budget, for each recommendation for change, more or less \$, for every state agency. DOA has 43 proposals listed here. WWC is #29.

Next Step Proposed budget goes to the Legislature's Joint Finance Committee (JFC) which reviews the budget in its entirety, holds public hearings, then takes the budget back to the JFC for review and voting. Nothing is yet scheduled.

Suggested that Christine talk to the Council's Legislative members for counsel on how to approach the Council's budget proposal with JFC members.

Madelyn Adler, WWC Intern Project from Gender and WS Program at UW Madison.

Madelyn is a Senior at UW Madison, majoring in economics and certificate in gender and women's studies. Madelyn discussed her project on the labor force impact of Covid, particularly on women, single others, and people of color. How the pandemic has affected certain groups and, in most cases, impacted economic security. During covid it has been hard for organizations to keep pace with data and new surveys. The progression of available data is often National, then state, then gender, then maybe race/ethnicity and further disaggregation. We expect to have the report out in a few weeks.

Question: Would it be possible to show what percentage of women during the pandemic were in a situation where they were under \$15/hr. jobs?

Christine noted that we can look at certain occupations. We can look to other researchers for wage and hour data and there has been reporting on the who would benefit from a raise in the minimum wage to \$15/hr. There has been some reporting on the pandemic impact on very lower wage jobs in the service industry and home health care and some of the falloff in employment. There was recently a report from the National Women's Law Center on proportion of women who work in jobs below \$15/hr., and it was a large number, I believe around 70% nationally. By state, in Wisconsin they had about 2/3 of women like the workforce, including part-time workers, are below that threshold. I can send a copy of that report to the Board if you want us to follow up and talk about possible uses for those data.

If board members see stories about women and labor force in the media with data that interest you, you can forward them to Christine. We can often work backwards to identify data sources and see if there is anything we can pursue or follow up on for our purposes. We can also repost articles on FB, where they have relationship or interest regards the experiences of WI women.

Special Topic-based Meetings

Christine will send out a survey to members on issues where they would be interested in a special meeting on Council projects such as the Women in Public Life and Voices of Women surveys, or an overview of the state budget process. In both cases, survey collection was negatively impacted by the pandemic.

4. Women & Mental Health & Wellness in underserved communities, in the context of COVID

Guest Presenters Panel

- Martina Gollin Graves, President/CEO, Mental Health America of WI
- Shaheen Saiyed, Program Director, MA'RUF

Christine introduced the topic of women and mental health in the context of COVID. She thanked Patty Cadorin and Lisa Antonito from the Women's Fund of Greater Milwaukee for connecting her to our guests who are engaged in expert and community advocacy in Milwaukee doing very interesting work in this area. These women were generous with their time and expertise and resulted in very interesting and educational discussions about some very innovative programs going on in Milwaukee with Mental Health Crisis Response Teams. Challenges on the ground from both organizations reflected how families are struggling and in need of a variety of resources in real time. Often these are identified through on-the-ground efforts in the community, extending the typical missions of organizations to expand rapidly to meeting new needs and challenges.

Martina Gollin Graves, President and CEO, Mental Health America, Wisconsin. Martina has been with MHA Wisconsin for over 16 years. They are celebrating the organization's 91st year. MHA Wisconsin operates statewide with a mission of advocacy and education, as well as some provide direct services.

Shaheen Saiyed, Program Director at Maruf Center. Youth center serving the Lincoln Park neighborhood in Milwaukee. Shaheen focuses on community engagement projects, including economic development, health disparities. This just one of many hats she wears for the city.

Shaheen has been with this grassroots organization for 10 years. Really focused efforts on providing resources for the youth in the Lincoln Park neighborhood and now shifted their focus from operating as a youth center to operating as a community center in order to respond to the needs of the neighborhood during COVID-19.

Both Martina and Shaheen sit on Milwaukee's Mental Health Civic Response Team.

Martina explained how the Civic Response Team has been very impressive and unique to Milwaukee, working collectively and rapidly. Mental health organizations like MHA Wisconsin, community organizations like Maruf, philanthropic, local government – we all worked together and looked at what the need was. What we thought we knew, we didn't really know. Our Civic Response Team is just one - there are several, organized around the different social determinants of health. Our mental health team responded to the community in a very non-traditional way.

Shaheen noted that the Civic Response work in Milwaukee is important to her work. Being an individual on the ground working with families, it was great to sit on this team with leaders in the community – powerhouses – because they really take time to sit down and listen to what the needs of our community area. Listen to families and the challenges that they are facing. They provided real-time feedback.

When I spoke with Martina, who is the CEO of MHA, I told her I was really concerned about the mental health of our mothers, of our children, what can we do. She visited the Center within a week - I asked her how can we provide culturally responsive care to our community at no cost. We were able to partner, and we had representatives from MHA coming for our dad's group, our mother's group, and the goal is to raise awareness of what mental health is. There is stigma about mental health in the brown and black communities. That partnership has been very fruitful. Our kids were able to talk about ADHD and Bipolar in a way that wasn't stigmatizing. We had a wonderful representative who made it fun, and our youth were very opening up to her because she worked hard to create that safe space. Unique aspects of that were that it was free, and it was culturally responsive because we are in a mostly black neighborhood. It creates a different space and dynamic when bringing in someone who understands and who is from those neighborhoods, who looks like them – so that's been really helpful.

There are other individuals who are on the Civic Response Team such as the representatives from schools and Peace Gardens in Milwaukee, who are both black, and it was great to be able to partner with them as well, and I can talk with them about the neighborhood we work in, who our constituents are and ask how to provide programs to their clients that really speak to them. We all did such a great job of coming together and working hard to become allies, providing our neighborhoods and our communities with services that matter to them and ensure we are hearing the voices of families in our communities. That was really unique in regard to how we are responding to Covid-19.

We are located in the Lincoln Park neighborhood, which has one of the highest incarceration rates, and a lot of our mothers are single mothers. And so when the quarantine hit, a lot of our families were struggling. They didn't have access to services. We had to shut down for two months, as many schools did, because we didn't know how we were going to operate.

We quickly opened up because we noticed that our kids were facing challenges with virtual learning. They were getting their meals at school, but schools were shut down. So we had to fill that gap. We are in a neighborhood that already faces food insecurity. We were able to partner with Bader Philanthropy and they connected us with resources to provide a food pantry at the center.

All the leaders we connected with through the Civic Response Team turned our youth center into a community center. And now we are able to fill in huge gaps and are continuing to fill those gaps. And another thing that came out of our team, was I was able to partner with Ericka Sinclair, who is the CEO of Health Connection. She is a black female who leads a clinic with Camile Mays. Now we are working on this initiative to create wellness programs for our community. The goal is to provide culturally appropriate care. They're all African American, they understand what the needs are.

I can do my best to be an ally but can't speak to their needs. It is important to be to make sure I am partnering with the right individual and I'm in the right space to say, hey this is what I'm

hearing from my families that I am working with, my colleagues that I'm working with, to make sure we are responding to the true needs in our community.

Christine noted that one of the things we talk about are some of the challenges and barriers that get in the way of doing that work. That is why I am hearing how bringing community, county and other government partners can be helpful to address policy or programmatic barriers. Are there other particular areas or obstacles that getting in the way of being able to implement these unique partnerships? Regulatory, funding, barriers through state or local government that come into play that make it harder to respond in a timely way?

Martina noted that one of the things that even though we were labeled as a mental health response, we quickly learned that traditional therapies were not what people needed, Technical assistant, getting kids connected to schools, PPE, all those things at the beginning. So our MH response team took a nontraditional approach, so the barriers that initially came to the top were, how do we get funds to the individuals that need it, whether equipment, food, whatever. What was fascinating was that the civic response team we created a new way to allocate funds to the community without all the bureaucracy. That initially was a barrier: how do we get the supplies and funds to the people that need it, to the community organizers, to get to the families that they are working with. I was pretty darn impressed that we were able to move around some of these barriers and create a new funding pipeline and way for people to request funds. It is still a barrier because not every entity has adopted kind of a different way to respond but, interestingly, Milwaukee county is looking at equitable contracting on how they allocate funding and make it look so cumbersome.

Funding and how we allocate it was a barrier, is a barrier, but we are figuring it out.

Christine asked if they were seeing a shift from people seeking mental health supports from health systems to trusted community partners.

Martina noted that they have at MHA. Some of the larger health delivery systems are all at the table and we realize we aren't the trusted individuals. We have to listen to the community partners at our table who are saying that's not what we are hearing people want from our local community. So we have to develop a whole new service delivery outline for our community, and we shifted our power and our resources to not only community organizers who are trusted individuals. People don't know who MHA is. People have had bad experiences with the Auroras and the Rogers around mental health. They don't necessarily trust large health systems.

And so we were able to literally say to the community advocates, you are the trusted individual. Please go find out people need, tell us what kind of resources, what kind of funding they need, and the BHCs, the MHA, the Auroras made it happen. That's how we really with Shaheen and Maruf Center, she was a trusted individual with a trusted entity in the community who became a hub for disseminating resources and information. We started doing that all over Milwaukee.

Shaheen noted that as a community organizer, she feels the changes occurring with regards to making funds more flexible, programming more flexible, and adjusting policies to provide responsive care to our communities. The leaders that sit on the Mental Health Civic Response Team have done a phenomenal job of responding to the needs in real time. We meet once a month and when we meet come back to the leaders and say hey these are the challenges that our neighborhood is facing, how can we come together and bring about change. How can we fill this gap? They have delivered every single time. That's why we were able to transform from a youth center to more of a community center.

Another thing that has been great is that when families come in, I've been able to – there was appoint in time when I sat with families and held their hand – mothers who cried because they don't have food to feed their children or they just incurred a loss because gun violence which is pretty prevalent in the Lincoln Park Neighborhood and being a small organization, being a community organizer who is working for a small organization, it's really hard to get in touch with leaders in the community, but this really facilitated a meaningful conversation for me to go back to them every month. These are our needs; how can we respond to them. And because of COVID, our needs were increased by the day.

There is no way that Ma'ruf Center would have been able to sustain any responsive programming if it wasn't for this coalition. An added layer this coalition, is the communitywide black team that we have and I'm able to get connected with leaders who are not sitting on my team who are a part of other Civic Response Teams, and we are able to make change happen. I remember there was one time they were in needed of masks, and a contact from Greater Milwaukee Foundation said I could pick up free masks from a local organization and we picked up 1,000 masks that day. We were able to provide them not only to our youth but to our surrounding neighborhood and to a food pantry down the street from us.

When we come together and really give our community organizers a voice and a platform to provide real time information regarding what our needs are and real time solutions, we can make change happen. If I did not have access to these platforms, we would not be where we are today. The flexibility of funds, the flexibility of resources and policies have been really meaningful.

Martina noted that one of the things that rose to the top with this model was community organizers, formal or informal, they were doing this work long before COVID ever hit. They were the trusted individuals long before CIVIUD was on the scene. They were doing the work often unpaid. One of the things that our Civic Response Team quickly committed to was saying that just because I can attend these meetings because it is part of my job, is not true for everyone at the table. So we found ways to, it started out as stipends, it started out as resources, but our connection with one of our counseling centers, which became a fiscal agent so that we could start allocating dollars that could be directly allocated as pay. It gave meaning and words to the work that is being done.

What we created is not perfect and we are still trying to tweak the bugs. People are thinking oh how wonderful this sounds, community organizers and all that, but they have families too and they have financial responsibilities and oftentimes we make assumptions in our roles that people can volunteer in the same way we can. And we have to move away from that if we want to gain from people's roles, and we want their expertise and their trusted relationship, then we have to apply a value and monetarily. People simply can't afford to do this work without getting paid. So that was something that became a value in our civic response team and is being lifted up in other civic response teams and other community initiatives that we can no longer assume that community organizers, community health workers have the time to give to these initiatives without some kind of compensation.

Shaheen was asked whether they been able to identify and intervene with people who need more professional mental health services and support.

Shaheen responded, yes but that there is a mistrust in larger health systems and organizations so it takes time to build trust with our community members and its after that trust is built, we can have those conversations about connecting to those systems. When MHA came to the center, we were able to provide culturally responsive care, which helped build that trust. Now our neighborhood knows that if you have a need, if there are high risk issues, there are free resources available to us.

Being that there is a stigma around mental health services in brown and black communities, they don't talk about it, so if they are seeking care, I would not know. We are providing mental wellness activities in a multifaceted way where we are able to partner with MHA and verified successful programs to our center. We infused our existing activities, like sports programs, and then add Ambrose who was coming in to do sessions with us so he can instill wellness. I am very passionate about providing free mental health services to our neighborhood and there was a point in time when I thought the goal was just to connect them to an organization or service. What I am hearing, what I am learning is that what our youth and our families want, they don't necessarily want to sit down and talk to someone they want to participate in an activity and take their mind off of everything and through that discussion and conversation they can then have a therapeutic conversation about what is going on in their life and how they can approach or fix it

It is really important that the conversation is facilitated by some that looks like them. Because that's where the trust is. Camile Mays does a lot of really unique out of the box wellness activities. How do we provide culturally responsive care to our moms? Is there a need? Absolutely. There were so many mothers who cried and said they needed help and services. But they don't want to sit down and talk to someone. They'd rather engage in an activity and through that interaction fill their cup.

So the work Camile does is she is able to engage with those mothers. Especially mothers who lost a loved one. Camile lost a son a few years ago so she understands the grief and the trauma that a lot of mother s in our neighborhood face.

Cultural barriers to what we all like to think people need around mental health. What we have done is equip the organizers around resources when it is more acute. There are two categories: acute mental health issues that maybe covid brings to the forefront; and immediate mental health issues because of covid.

What we are seeing at the county and in health systems is a decline in people seeking services, which is probably the opposite of what we would think about. People for lots of different reasons are not reaching out as much as you would think for additional mental health. They're reaching out to the community centers for non-traditional, but not traditional services.

Shaheen noted that in brown and black communities they prefer that someone from their own community lead that work. There is a stigma associated with mental health flyer or brochure that says mental illness on it can be stigmatizing and can be a deterrent when it comes to families receiving care. It is important that the person leading that work understand that culture and is able to speak to it. To be sure they are respecting the individual that is receiving that care. There may be things that we do as individuals that may seem appropriate to use but may be offensive to someone else who comes from a different culture. The goal is really to step back to become a stronger ally.

They need to be from those communities, and they need to be trusted figures. It doesn't matter how dedicated we are and sincere we are, it may not be what people in that neighborhood want. They want culturally responsive care. I can become an ally and I can support and facilitate it.

Partner with community organizers that have been in that area and trusted figures within those communities.

Martina noted that asking people what they want and need was one of our humbling lessons. We thought we knew, and we heard very differently once the community responded. We probably all know that but sometimes our time and resources don't allow us to do it in a very meaningful way that really gives voices to the people. We can uplift, but ask people what they need. Be intentional and clear about what we can offer and what we expect back.

We haven't begun to see what the impact of covid and will have on family's mental health. As people have to transition back to school and work, we will see increased incidences of anxiety and depression just because people have not been in those social environments. And then transitioning back to work, that is going to have its own implications for people's mental health, so my point is we need to be thinking about what the transition will look like. And this may take the next 12 to 24 months before we really have our heads wrapped around what communities and individuals might need.

5. Guest Speaker

Gina Green-Harris, Chair
Governor's Health Equity Council

Discussed that Wisconsin Health is rated a C+, but our disparity health rating is a D. We can and need to do better.

What are some of the issues impacting our health the most? Access to care (20% of what impacts overall health) and health behaviors (30%). What happens when you don't have access to good food? Physical environment (10%).

Socioeconomic situation is the most important factor (40%). Education and access to college. Poverty impacts our health. Community safety. Substandard housing. A large portion of our health can be traced back to the zip code where we were raised.

What does disparity really mean, what does it look like. What and how are resources distributed. What are some of the barriers to accessing resources? Chronic stress.

College educated African American women have poorer birth outcomes than high school educated white women. We have to talk about the impact of systemic racism and how women of color are impacted by racism.

We have to look at and understand the Social Determinants of Health and how they interact. Poverty happens because of lower education, wage gaps, less income, access to health care often tied to employment. We have to take into consideration the economic disadvantaged women working low wage job without health insurance and little or no sick leave. Women in Wisconsin are facing even today.

Incarceration is a health issue; women are separated from their children and families. What happens when they are released and reconnected to their communities, to jobs, to families.

It is going to be finding and changing access barriers, but also how do we change policies and systems. We know that rural Wisconsin has critical health issues as well as urban communities.

This task force is a liaison to talk to our communities and find out what do we make recommendations look like in YOUR community. The task force is interested in addressing black women's health but also interested in addressing "women's health" because we understand that all Wisconsinites need to experience good health. We are also looking at what innovative strategies are going on across the county and in other countries.

The question was raised how the Council can work with and support the work of the HEC. Gina noted that there is an opportunity for partnering and sharing information between our

organizations. She suggested providing the Council's support that the budget is approved, that we make the changes we need to make in this state to drive change.

Another critical issue is living wages for women. Housing – how many homeless women are working every day.

The question was asked what the HEC was seeing with mental health issues. Gina noted they had just done a poll of women in Wisconsin's eastern corridor and found 35% of black women reporting depression, isolation, especially due to COVID, and reporting they don't know where to go for help and feel there aren't enough services and/or are not sensitive their issues and community. HEC just started a directory of practitioners of color.

Gina noted that she intentionally created the space for a Council that includes practitioners to students and people who may not be used to being on a Council. They have an open forum with a shared definition of equity to guide the work. What do the communities together want equity to be? What is the priority in each community? We have to be mindful of differences in communities.

Gina encouraged the Council to support the HEC and expressed hopes we can create a mutually beneficial partnership.

6. Program Updates

Flash Grants – Update

Christin recapped that the Council voted in December to work with the Women's Fund of Greater Milwaukee (WFGM) and sponsor its Flash Grant program focusing on women's mental health and wellness in underserved communities. WFGM put out an RFP (see handout) soliciting proposals. Rapid response grants streamline the grant application and delivery process to provide just-in-time funding model. The RFP advertised \$3,500 in granting opportunities. We received 6 proposals currently under review by the WFGM grants committee, including two WWC board members. Reviewers grade the grants independently and WFGM staff tally the scores and recommend awards. Proposed award list goes to the WFGM for a vote. Grants are expected to be announced in late March.

Lessons Learned in the process.

Christine noted the process of finding Womens Fund and non-profit partners was harder than expected. Despite a concerted effort by WWC Milwaukee area board members and the WFGM, there was limited response to the RFP. This may be because the timeline was short, but also because the potential funding level was small and despite the condensed process, it still required staff time on the part of the non-profit to develop a work plan and proposal to construct a use for the funds. Typically Flash Grants are provided based on spontaneous rea-quests from non-profits

who identify a specific need, not based on a small amount of funds (comparatively) with restrictions on how it needs to be used.

This raises the issue for us as a state agency to think about how to be an effective partner. Flash grants are very "hands off" trusting the grantee to identify the best use for the funds. Whereas as a government entity we need to provide more justification for the proposed use of funds and accountability for the work being done.

Required having an open mind about what constitutes mental health services, which goes beyond clinical health services to programs with links to quality-of-life issues, e.g., housing, food security, employment, health, safety, etc. Recognizing that services for addressing mental health and wellness issues run the gambit, including art, self-care, social supports, holistic treatments, and clinical interventions.

Work Planning - Phase 2 Resources (Spring 2020)

Partner Opportunities

Women's Fund of the Oshkosh Area Community Foundation

Christine discussed the AODA Mental Health Response Pilot Study. This proposal is compelling because it focuses on systemic change. This is an attempt to change the process in a few areas on how we do business. See handout.

Council sponsorship would focus on an aspect of the pilot using "alternative methods" [versus traditional clinical services] with one-on-one acupuncture and hypnosis services for stress management, cravings, and withdrawal symptoms. Funds used to increase outreach and services specifically for women, who are underrepresented as clients in some of the referral agencies.

In addition, the Women's Fund will match a \$2,000 donation to increase the Council's sponsorship to \$4,000.

Menominee Indian Tribe of Wisconsin Maeqtekuahkihiw Metaemohsak Inc. Woodland Women

Before the pandemic Woodland Women would meet at the Menominee Language and Culture to have space to gather. They learned and practiced traditional arts such as beading, sewing, weaving, talking circles, retreats, and plan events to bring awareness and help in different ways in the community. A Council sponsorship would provide Woodland Women with resources to create virtual and, where possible, in person women's circles using a combination of traditional arts along with culturally appropriate ways to promote mental health and wellness support. See handout.

Barrier – a flash grant would require a Women's Fund partner with a mechanism for making flash grants to serve as our partner and the granting agent. At the moment, an appropriate organization

A quorum was no longer present. The Chair proposed the question: Is anyone against pursuing a \$2,000 to the proposal from the Oshkosh Women's Fund and a \$500 grant to Woodland Women? No objections were raised. Christine will pursue these program opportunities and report back to the Board.

7. Other Board Business

Congratulations were offered to Patty Cadorin on her retirement from distinguished career at BMO Harris Bank.

The question as raised whether the Council could support the budget for the Health Equities Council? Christine provided that the Council can vote to take positions on legislation, including the Governor's Budget or parts of the budget. It would have to be taken up as an agenda item at a future meeting. This also raises a question that should be addressed prior to such a vote, and which has been discussed in the past, whether the Council is a bipartisan organization wants to adopt a standard for voting on legislative issues/proposals that requires unanimous consent or a simple majority.

The Board thanked Nerissa Nelson for her work on the Council Facebook page. Nerissa is gathering content for Women's History Month. She reported interviewing Dr. Joan Prince (former Women's Council Board Member and Governor's Designee) who will be featured on International Women's Day.

Motion to Adjourn by Denise, Patty 2nd . Approved.

Respectfully submitted,

Christine Lidbury
Executive Director