Human Services Committee Meeting
Thursday, December 15, 2022, at 12:00 p.m.
Administration Building - 1010 56th Street, Kenosha, WI
2nd Floor Committee Room

For audio only call 262-358-4577 then enter Phone conference ID 308-813-680#

Agenda

1. Call To Order / Roll Call
2. Citizen's Comments
3. Chairman's / Committee Members / Supervisors / YIG Comments
4. 2022 Health Equity Report Presentation
   Documents:

   2022 KENOSHA COUNTY HEALTH EQUITY REPORT.PDF

5. Financial Report On Programs Related To Equity
6. Update On Community Health Assessment – Next Steps
7. Any Other Business As Authorized By Law
8. Adjournment
Definitions

- **Equity:** The just and fair inclusion into a society in which all can participate, prosper, and reach their full potential. Everyone gets what they need, recognizing that each person has a unique experience and starts from a unique place.¹

- **Health:** A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.²

- **Health equity:** Everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.³

- **Health disparities:** Population or group level differences in health.⁴

- **Health inequities:** Differences in health outcomes of a population or group that are systemic, patterned, and unnecessary, avoidable, unfair or unjust. Therefore, because they are socially determined circumstances, they are also actionable.⁵

- **Institutional racism:** Race-based unfair treatment built into policies, laws, and practices. It often is rooted in intentional discrimination that occurred historically, but it can exert its effects even when no individual currently intends to discriminate.⁶

- **Race:** A social construct utilized throughout history to assign value and give rights to human beings.⁷

- **Racism:** Racism refers to prejudicial treatment based on racial or ethnic group and the societal institutions or structures that perpetuate this unfair treatment. Racism can be expressed on interpersonal, structural/institutional, or internalized levels.⁸

- **Root causes of health inequity:** Underlying social inequalities that create different living conditions.⁹

- **Social determinants of health:** Conditions in which people are born, grow, live, work, and age that influence health, such as your zip code, income, education, race, ethnicity, gender, sexual orientation, etc.¹⁰

- **Structural racism:** A system in which public policies, institutional practices, economic decisions, cultural representations, and other norms work to keep people of color from having equal access to opportunity, information, resources, and power.¹¹
What Impacts Health?

Our health is determined in large part by access to social and economic opportunities like where we live and how much money we make; the resources and support available in our homes, neighborhoods, and communities; the quality of our schools; the safety of our neighborhoods; and the cleanliness of our water, food, and air. For some individuals and groups in our community, the essential elements for a healthy life are readily available, while others face barriers to health because opportunities are significantly limited. No one’s health should be compromised because of who they are or where they live.

50% of health outcomes are determined by social, economic, & environmental factors

Figure 1
County Health Rankings Model
Why Health Equity Matters

Across Kenosha County there are significant differences in health outcomes from one neighborhood to the next and among racial, ethnic, and socioeconomic groups.

Health inequities emerge when some individuals and groups gain more than others from having consistently better access to opportunities and resources over the course of their lives and the generations before them. For example, people of color and those living in poverty have consistently faced barriers to opportunity and to good health due to a history of unfair laws, policies, and practices.

Differences in opportunity do not arise on their own or because of the actions of individuals alone. Often, they are the result of policies and practices at many levels that have created barriers to good health, such as residential segregation, unfair bank lending practices and immigration laws, school funding based on property taxes, and discriminatory policing and prison sentencing. The collective effect is that a fair and just opportunity to live a long and healthy life does not exist for everyone.

Data show there are fewer opportunities and resources for health among groups that have been historically marginalized, including people of color, people living in poverty, immigrant and refugee communities, people with physical and mental disabilities, people who identify as LGBTQIA+, and women.

Increasing opportunities for individuals and groups facing the greatest disparities in our community will make our entire community healthier. When everyone has the opportunity to live their healthiest lives, we are all better off.

This report explores data on differences in health outcomes and determinants of health in Kenosha County that can help us identify where action is needed to advance equity in our communities.
Health Equity

Everyone has a fair and just opportunity to be as healthy as possible

Equity requires finding solutions that work for varying needs – a one size fits all approach does not always work well for everyone
Evidence shows a strong relationship between income and life expectancy, the average years a person can expect to live. A higher income increases peoples’ ability to access the essential elements needed for a healthy life such as safe living conditions, healthy foods, quality healthcare, and education. Income inequality is increasingly linked to disparities in life expectancy, and the U.S. has some of the largest income-based disparities in the world.

The graph below shows male life expectancy decreases as income decreases in Kenosha County. Males with the lowest income level are, on average, dying nine years earlier than males with the highest income level.12

Male life expectancy decreases with decreasing income level.

Men in the lowest income quartile in Kenosha County can expect to die nine years earlier on average than men in the highest income quartile.
The percent of households facing financial hardship vary by municipality

ALICE is an acronym for Asset Limited, Income Constrained, Employed - and describes households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county. The ALICE Threshold is the average income that a household needs to afford the necessities including housing, childcare, food, transportation, health care, and a smartphone in Kenosha County. Combined, the number of ALICE and poverty households equals the total population struggling to afford basic needs.

In Kenosha County overall, 25% of households are ALICE households and 12% of households are living in poverty. Combined, ALICE and poverty households total 37%, which means over a third of households are struggling to afford necessities. The figure below shows the percentage of ALICE households and poverty households across the different municipalities within the county.

The percent of households in Kenosha County that are **ALICE** households varies by municipality.

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Town of Somers</td>
<td>37%</td>
</tr>
<tr>
<td>Village of Twin Lakes</td>
<td>30%</td>
</tr>
<tr>
<td>City of Kenosha</td>
<td>29%</td>
</tr>
<tr>
<td>Town of Wheatland</td>
<td>27%</td>
</tr>
<tr>
<td>Village of Bristol</td>
<td>23%</td>
</tr>
<tr>
<td>Village of Somers</td>
<td>23%</td>
</tr>
<tr>
<td>Village of Salem Lakes</td>
<td>22%</td>
</tr>
<tr>
<td>Village of Pleasant Prairie</td>
<td>21%</td>
</tr>
<tr>
<td>Village of Paddock Lake</td>
<td>20%</td>
</tr>
<tr>
<td>Town of Brighton</td>
<td>15%</td>
</tr>
<tr>
<td>Town of Paris</td>
<td>15%</td>
</tr>
<tr>
<td>Town of Randall</td>
<td>14%</td>
</tr>
</tbody>
</table>
Housing affordability impacts health outcomes

Housing is essential to health as it fulfills a basic human need for shelter; however, the cost of housing also impacts health. The federal government considers housing to be affordable if a family spends no more than 30 percent of its income on housing costs, including utilities. A lack of affordable housing can limit people’s ability to meet other basic needs and force them to make difficult choices between paying for rent, utilities, food, transportation, prescription medications, healthcare, etc. Unaffordable housing often causes financial strain which has been linked to negative health outcomes including anxiety, depression, toxic stress, malnutrition, diabetes, and many other chronic conditions.

The graph below shows that among households in Kenosha County, households in the lowest income quintile are nearly 30 times more likely to be paying 30 percent or more of their income on housing costs than households in the highest income quintile.\(^4\) The availability of affordable housing shapes people’s choices about where they live, often leaving families with lower incomes in low-quality housing in neighborhoods with higher rates of poverty and crime, and fewer health promoting resources such as parks, walking/biking paths, social activities, etc.

The **vast majority** of Kenosha County households in the two lowest income quintiles spend **above 30% on housing costs**.

In contrast, **only 3%** of households in the highest income quintile spend over 30% of their income on housing costs.

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The table below shows the percentage of households in each income quintile that spend more than 30% of their income on housing costs.

<table>
<thead>
<tr>
<th>Annual household income</th>
<th>Percent Spending More than 30%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest (less than $20k)</td>
<td>86%</td>
</tr>
<tr>
<td>Low-middle ($25-35k)</td>
<td>73%</td>
</tr>
<tr>
<td>Middle ($35-50k)</td>
<td>39%</td>
</tr>
<tr>
<td>Middle-high ($50-75k)</td>
<td>15%</td>
</tr>
<tr>
<td>Highest ($75k+)</td>
<td>3%</td>
</tr>
</tbody>
</table>
Poverty rates differ by race & ethnicity

A long history of discrimination and structural racism has contributed to the wealth gap among people in the United States. Race-based unfair treatment, such as residential segregation in impoverished neighborhoods, discrimination in bank lending, unfair hiring practices, and discriminatory policing and sentencing practices have continuously been built into institutions, policies, and practices. This historical, structural racism plays a major role in wealth inequality between people of color and white people in the United States as well as locally within Kenosha County.

The graph below shows differences in the poverty rate by racial and ethnic groups in Kenosha County. In Kenosha County, White households are less likely to be in poverty than households of color, with 10% of White households falling below the poverty line vs. 30% of Black households.\(^\text{15}\)

The percentage of households below the poverty line varies by race and ethnicity.

Black households in Kenosha County are three times more likely and American Indian and Alaska Native households are two times more likely than White households to be below the poverty line.
Median household income differs by race & ethnicity

Household income varies across demographic characteristics such as race and ethnicity. Income often determines what housing a household can afford, which in turn determines the resources and opportunities individuals have access to, as well as the hazards they are exposed to. Households with greater income will also have a greater ability to withstand adversity when it arises in the form of unexpected expenses or difficult life events. Lower income is a strong indicator of worse health outcomes, including greater incidence of heart disease, earlier mortality vs. higher income groups.

The graph below shows the differences in median household income by racial and ethnic group in Kenosha County. Overall, in Kenosha County, Black or African American and American Indian or Alaska Native households fare far worse in terms of median household income. Non-Hispanic White people are the most well-off race/ethnicity group in the county as defined by median household income. In Kenosha County, the median Black household earns less than half the income of the median White household.

Median income per household varies by race and ethnicity.
Graduation rates differ by race & ethnicity

A good education is foundational to humans flourishing, through equipping people with the knowledge and skills they will need to navigate life, as well as through providing the basis for qualifying for higher-paying jobs. As has been discussed above, greater wealth provides a greater degree of access to the key building blocks of a healthy life including safety, healthy foods, healthcare and even education itself. While educational attainment, i.e. the highest level of education achieved, is not the whole story when it comes to education as a predictor of health outcomes, it is a useful indicator.

The graph below shows a comparison of the percent of residents ages 25+ by race and ethnicity who have a minimum of a high school diploma in Kenosha County. Black and Hispanic residents ages 25+ have lower graduation rates than White residents in Kenosha County.\(^{16}\)

The percentage of people who **graduate from high school** varies by race and ethnicity.

In Kenosha County, Hispanic residents 25+ are **19% less likely** than White residents to have graduated from high school.

Black residents ages 25+ are **8% less likely** than White residents to have graduated from high school.
Birth outcomes differ by race & ethnicity

Certain health conditions, social and economic factors, and behaviors can increase the risk of mothers experiencing negative birth outcomes including infant mortality and low birth weight babies. Infant mortality is defined as the death of a child within the first year of life. Low birth weight babies are those that weigh less than five pounds eight ounces at time of birth. Some low-birth-weight babies grow up to be healthy children and adults, while others may develop serious health problems that require treatment and result in lasting negative impacts.

The graph below shows Black mothers had the highest rate of infant mortality and the highest percentage of low-birth-weight babies in Kenosha County from 2016–2020. This significant racial disparity can be attributed to the social determinants of health: economic stability, transportation, access to nutritious foods, racism, toxic stress, education, housing, and pollution.

Risk of infant mortality and low birth weight varies by the race and ethnicity of the mother.

In Kenosha County from 2016 to 2020, infants of Black mothers were nearly four times more likely to die in the first year of life than those of White mothers.

Black mothers were over twice as likely as White mothers to give birth to a baby with low birth weight.

<table>
<thead>
<tr>
<th></th>
<th>Infant deaths per 1,000 live births</th>
<th>Percent of births with a low birth weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>5.4</td>
<td>6.8%</td>
</tr>
<tr>
<td>White, Non-Hispanic</td>
<td>3.7</td>
<td>7.0%</td>
</tr>
<tr>
<td>Black, Non-Hispanic</td>
<td>14.1</td>
<td>15.6%</td>
</tr>
</tbody>
</table>
Inequities impact children

While poverty impacts people at all ages, children living in poverty may experience lasting effects on academic achievement, health, and income into adulthood. Children in poverty have an increased risk of injuries from accidents and physical abuse and are susceptible to more frequent and severe health issues such as asthma, obesity, diabetes, ADHD, behavior disorders, cavities, and anxiety.

The graph below shows the differences in the percent of children who are in poverty by racial and ethnic group in Kenosha County. In Kenosha County, proportionately far more Black, Hispanic and American Indian and Alaska Native children are in poverty than White children.¹⁹

The percent of children in poverty varies by race and ethnicity.

In Kenosha County, Black children are over four times more likely than White children to be in poverty.

American Indian and Alaska Native children are three times more likely and Hispanic children are over two and a half times more likely than White children to be in poverty.
So, what can we do? Moving toward equity: We’re all in this together

Disparities among one group impact our entire community. We can work together and strengthen our community by expanding opportunities to be healthy. In Figure 3, we can see that on the first frame, one community has many assets: a school, buildings, a hospital, solid housing. The other community has no school, no hospital and buildings in disrepair. A pipeline delivers equal resources to both. This is *equality* — and it is not working well in meeting all communities’ needs.

The second frame shows both communities receiving resources that more appropriately meet their needs. With more *equitable* support, the two communities thrive. The support, resources, and interventions we provide for communities should target the underlying causes of health disparities (also known as the social determinants of health) while also utilizing community assets, such as investment, civic participation, and strong relationships among diverse groups. Addressing the social determinants of health, in partnership with our communities, will increase positive health outcomes and reduce health inequities.

*Figure 3*  
*Looking upstream*
Everyone should have the opportunity to be healthy, live up to their full potential, and participate fully in society.

Healthy society = healthy people

Figure 4
Achieving Health & Mental Health: Equity At Every Level
Health Equity at Kenosha County Public Health

One of the most important things public health departments can do to help those experiencing health disparities is to promote health equity so everyone has access to the opportunities and resources they need to lead a healthy life — no matter who they are, where they live, or how much money they make.

KCPH believes that achieving greater health equity involves the four key components shown in Figure 5. First, it is essential for us to expand our understanding of what impacts health. We can do this by learning more about the social determinants of health and the historical and systemic inequities that continue to exacerbate health disparities, and developing relationships with communities who are disproportionately impacted by those disparities. Second, we can be intentional about what data we are using, how we are framing data, what story we are telling with it, and how we are acting on data. Third, we can prioritize developing relationships with our communities, while also working towards strengthening community capacity through equitable collaboration and partnership. And lastly, we should assess and understand how policies impact health outcomes across the lifespan, health behaviors, and health disparities. We will then be better able to seek out opportunities to advocate for policy change that advance health equity in Kenosha County.

Figure 5
Strategies for Achieving Equity

Strategies for Achieving Equity

- Expanding our understanding of what impacts health
- Strategically use data
- Strengthen community capacity and community partnerships
- Assess and advocate for policy change
KCPH Health Equity Team's Vision

Health outcomes for residents in Kenosha County will not be determined by social identity or socially determined group status such as, but not limited to, ability, gender identity, immigration status, sexual orientation, geography, income, or race.

We can work together as a community to advocate for policies and programs that will increase opportunities and reduce inequities in Kenosha County.

Learn more about KCPH
https://www.kenoshacounty.org/297/Health-Services
Footnotes


Resources

- King County. Building Equity & Opportunity, 2015.