



# Cultivating Health Equity

*Nurturing Seeds of Change*



mhs health  
wisconsin™

2022 Health Equity Impact Report

# HEALTH EQUITY

## Commitment Statement

---

MHS Health Wisconsin is committed to transforming the health of our community, one person at a time. Our goal is to improve the access and availability of care regardless of age, ethnicity, gender, race, national origin, religion, disability, sexual orientation, gender identity, or socioeconomic background. We are committed to embracing diversity, equity, and inclusion in all the work we do. We will continue to work diligently to dismantle systemic and interpersonal racism, bias, discrimination, and the social and structural inequities that threaten the health of our community.

### We commit to:

- Improving equitable access, availability, and accountability of services to drive health and well-being.
- Focusing our efforts where disparities exist and continuously working toward equitable outcomes for all.
- Including our diverse and talented workforce at all levels of decision-making.
- Combating racism and discrimination in all forms.
- Facilitating the identification of unconscious bias and implementing change to address it.
- Prioritizing community-led strategic planning, partnerships, and presence.
- Celebrating authenticity and bringing one's true and whole self to every interaction.

*You. Belong.*

# What's Inside

<b>Health Equity Commitment Statement</b>	<b>2</b>
<b>Health Equity by the Numbers</b>	<b>4</b>
<b>Welcome from Vice President of Health Equity</b>	<b>5</b>
<b>About Us</b>	<b>6</b>
<b>Health Equity Framework, Pillars, and Roadmap</b>	<b>8</b>
<b>Consumer</b>	<b>10</b>
<ul style="list-style-type: none"><li>• Who We Serve   11</li><li>• Social Drivers of Health   12</li><li>• Health Disparities   14</li><li>• Member Outreach   16</li><li>• Housing   17</li><li>• Chronic Disease Management   18</li><li>• Maternal Health   20</li><li>• Food Insecurity   22</li></ul>	
<b>Community</b>	<b>24</b>
<ul style="list-style-type: none"><li>• Advocacy   25</li><li>• Community Advisory Council   25</li><li>• Community Partnerships   26</li></ul>	
<b>Culture</b>	<b>28</b>
<ul style="list-style-type: none"><li>• Culturally and Linguistically Appropriate Services   29</li><li>• Member Advisory Council   29</li><li>• Diversity, Equity, and Inclusion   30</li></ul>	

# At a Glance

## Health Equity by the Numbers

**139K+**

Medicaid and Medicare members served

**70+**

members participated in MHS Health's chronic disease management programs

**9,048**

Members assessed for Social Drivers of Health (SDOH) needs

**24/7**

access to support from lactation consultants, doulas, and nurses for enrolled pregnant members

**31.5%**

of Black members face a higher rate of low birthweight babies than expected

**20,224**

SDOH needs reported (avg 1.45 needs per assessed member)

**16.9%**

reduction in PMPM costs for members coached in the asthma program

**7,000+**

MHS Health members speak a language other than English

**2,277**

pregnant members were supported by MHS Health

**66.4%**

reduction in PMPM costs for members that MHS Health helped house

**30%**

or more of MHS Health members report being a minority race or ethnicity

**405K+**

meals were delivered to members facing food insecurity and access barriers



mhs health  
wisconsin™

# Welcome



As I reflect on my first year as Vice President of Health Equity at MHS Health, and the inaugural year for our health equity department, I recognize what a pivotal year 2022 was for our health plan.

Since our founding in 1984, and as Centene's original health plan, MHS Health has always believed that our work has the potential to transform lives and build healthier communities. Throughout 2022, we leveraged that passion as our collective north star as we designed and implemented an equity-focused framework and a robust strategy for MHS Health and Centene's Central Region. We built and enhanced programs to serve nearly 140,000 members and made considerable progress to embed the principles of health equity into our organizational fabric. Our strong mission and strategy ensure we will continue making incremental progress to reduce disparities and improve access to high-quality health care.

One of the cornerstones of our mission is our unwavering commitment to diversity, equity, and inclusion (DEI). At MHS Health, DEI is an integral part of our identity and a driving force behind our efforts to support our colleagues, members, and communities. With a workforce comprised of 85% women, 33.6% people of color, and 10% who identify as LGBTQIA+, we have built a team that truly reflects the vibrant communities we serve. This diversity fuels our innovation and enables us to forge impactful and lasting partnerships across sectors.

Throughout 2022, our passionate employees demonstrated their dedication to our mission by going above and beyond in communities across Wisconsin. We made meaningful and lasting community investments to address the pressing needs of our members, focusing on improving healthcare access, education, food security, and financial literacy. Our efforts encompassed providing essential resources such as food, shelter, and transportation, as well as offering health literacy, navigation, advocacy, and inclusion. We recognize the urgent need to dismantle systemic and interpersonal racism, bias, discrimination, and the social and structural inequities that undermine the health of our communities.

The accomplishments of our diverse workforce, combined with our impactful programs to advance health equity, are a great source of pride. However, we recognize that our work is far from over. In 2023, we commit to evolving our organization and ourselves to meet our members where they are, embracing the challenges and opportunities of the present moment with authenticity and empathy.

This report encapsulates our dedication, passion, and unwavering commitment to health equity. It stands as evidence of the strides we have taken thus far and the course we will relentlessly pursue. As we move forward, we remain steadfast in our mission to reduce disparities, improve access to healthcare, and create healthier communities for all. Together, we will continue to drive meaningful change and make longstanding, positive impact on the lives of our members and the communities we serve.

In humble service to our mission and those who bring it to life,

**Katherine A. Kasabuske**

*Vice President, Health Equity*  
MHS Health Wisconsin

# About Us

MHS Health Wisconsin (MHS Health) is a health maintenance organization (HMO) and a wholly owned subsidiary of Centene Corporation, a Fortune 25 enterprise. MHS Health was established in 1984 as a nonprofit Medicaid plan by a former hospital bookkeeper, Elizabeth “Betty” Brinn. MHS Health was Centene’s first health plan and its guiding principles are based on Brinn’s experiences growing up in Wisconsin orphanages.

For nearly 40 years, MHS Health has successfully provided high quality, whole health solutions for its diverse membership by recognizing the significance of the many different cultures its members represent and by forming partnerships in communities that bridge social, ethnic, and economic gaps.

## OUR PURPOSE

*Transforming the health of the community, one person at a time.*

## OUR BRAND PILLARS



### FOCUS ON THE INDIVIDUAL

Empowering people to create healthy habits that last a lifetime.



### WHOLE HEALTH

Delivering a full spectrum of care from physical health to emotional wellness.



### ACTIVE LOCAL INVOLVEMENT

Helping our neighbors create a stronger, healthier community.

## OUR BELIEFS

We must treat the whole person, not just the physical body.

We will treat people with kindness, respect, and dignity to empower healthy decisions.

We know healthier individuals create more vibrant families and communities.

We believe local partnerships enable meaningful, accessible healthcare.

We have a responsibility to remove barriers and make it simple to get well, stay well, and be well.

Medicare



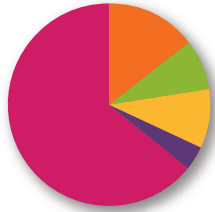
Medicaid



## Our Team

The MHS Health office is located in the city of West Allis in the heart of Milwaukee County, but the health plan's team of 175 diverse and dedicated employees live throughout Wisconsin and the United States. MHS Health takes pride in having a team that is as vibrant as the communities it serves.

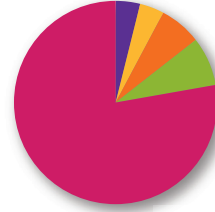
MHS Health Employees\*



Race/Ethnicity	MHS Health
White	59.6%
Latino/Hispanic	7.5%
Black	13.7%
Asian/Pacific Islander/ American Indian/Alaska Native	3.7%
More than one race	8.7%

6.9% of MHS Health declined to answer or selected other.

State of Wisconsin Population



Race/Ethnicity	Wisconsin <sup>1</sup>
White	78.0%
Latino/Hispanic	7.6%
Black	6.7%
Asian/Pacific Islander/ American Indian/Alaska Native	4.0%
More than one race	3.7%



- 85%** Employees identify as female
- 10%** Employees identify as male
- 2%** Employees identify as non-binary
- 3%** Employees declined to answer



- 50.2%** Wisconsinites identify as female<sup>2</sup>
- 49.8%** Wisconsinites identify as male<sup>2</sup>

Information on Wisconsin residents who identify as non-binary is not currently available.



- 80%** Employees identify as heterosexual
- 10%** Employees identify as LGBTQIA+
- 10%** Employees declined to answer



- 3.8%** Adult population in Wisconsin report being LGBTQ<sup>3</sup>

\* Employee Cultural Competence Self-Assessment, 2022

# Health Equity Framework

Health equity encompasses the principle of ensuring that every individual has the opportunity to attain their highest level of health. The significance of health equity and its transformative power is fundamental in shaping the future of healthcare. By integrating health equity in every department, program, and initiative, MHS Health can create a more equitable healthcare system for every individual and community we serve.

“ Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, 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. ”

– The Robert Wood Johnson Foundation<sup>4</sup>

As a new business unit within MHS Health, the Health Equity team met regularly over the past year to hold Kaizen events and brainstorming sessions to understand the current landscape, identify opportunities within existing program offerings, analyze the needs within the community, and develop the underpinnings of the Health Equity Framework. The outcome of these efforts drove the formation of the Health Equity Strategic Plan, key performance indicators, and growth of the health plan’s service portfolio.

## Health Equity Pillars

MHS Health recognizes the importance of concentrating on internal systems, structure, and staff; community relationships and partnerships; and the impact on its members. Through this process, three key elements organically emerged and were identified as the “pillars” of health equity – consumer, community, and culture. These pillars serve as guiding principles, representing the essential components of MHS Health’s approach to achieving health equity for all.



**Consumer: We strive to create hope and improve the total health of our members.**



**Community: We believe health equity is a shared goal.**



**Culture: We commit to nourishing a culture of transformative change.**

The commitment to dismantling systemic and structural inequity informs MHS Health’s work at every level. The pillars of consumer, community, and culture frame the strategic efforts to achieve equitable outcomes for members in collaboration with local and national partners and are incorporated into the overall MHS Health strategic plan.



# Health Equity Roadmap

The Health Equity Roadmap is a structured approach to guide MHS Health in advancing health equity in all places and spaces. Its intent is to identify and address systemic inequities by outlining specific goals, objectives, and actionable steps.

Each component is grounded in principles of social justice and population health. It is designed to ensure that everyone – regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, or preferred language – can achieve total health.

MHS Health has the power to navigate the complex landscape of disparities, implement targeted interventions, and foster an inclusive environment that prioritizes equitable access, outcomes, and opportunities for individual members and communities.



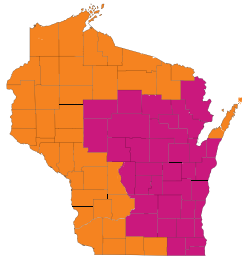


# *Consumer*

We strive to create hope and improve the total health of our members.

# Who We Serve

MHS Health Wisconsin was the first health plan in Centene Corporation and serves nearly 140,000 members.



**136,622** Medicaid (BadgerCare Plus and SSI) members in all 72 counties

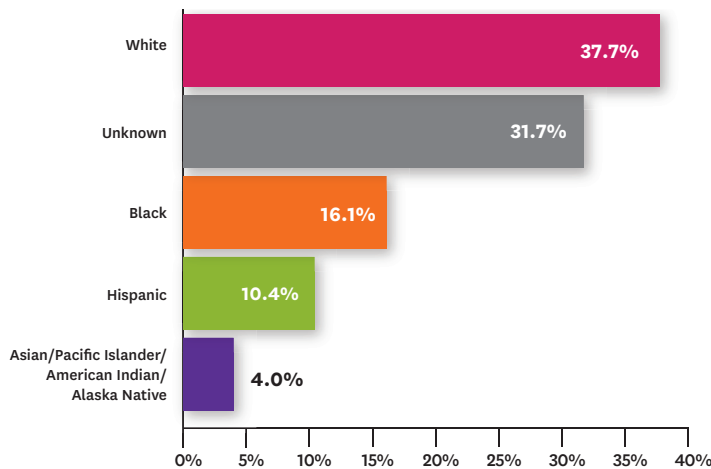
**3,109** Medicare (Wellcare By Allwell) D-SNP\* members in 35 counties

**139,731** Total MHS Health Wisconsin membership (May 2023)

\*Dual Special Needs Plan members have both Medicaid and Medicare.

## Our Members

### Race & Ethnicity



### Age



**36.6%**

Age 0-17

**38.3%**

Age 18-39

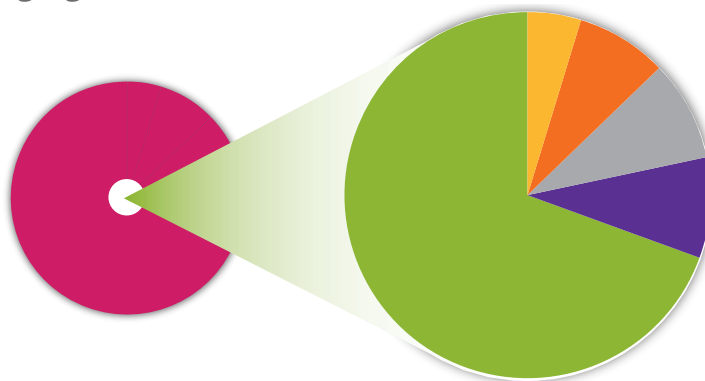
**22.4%**

Age 40-64

**2.7%**

Age 65+

### Language Preference



- 95% speak English
- 5% speak another language\*  
Those languages include:
  - 70% speak Spanish
  - 9% speak Hmong
  - 9% declined to answer
  - 8% speak a language not listed
  - 5% speak Burmese

\*Based on report where language preference is documented.



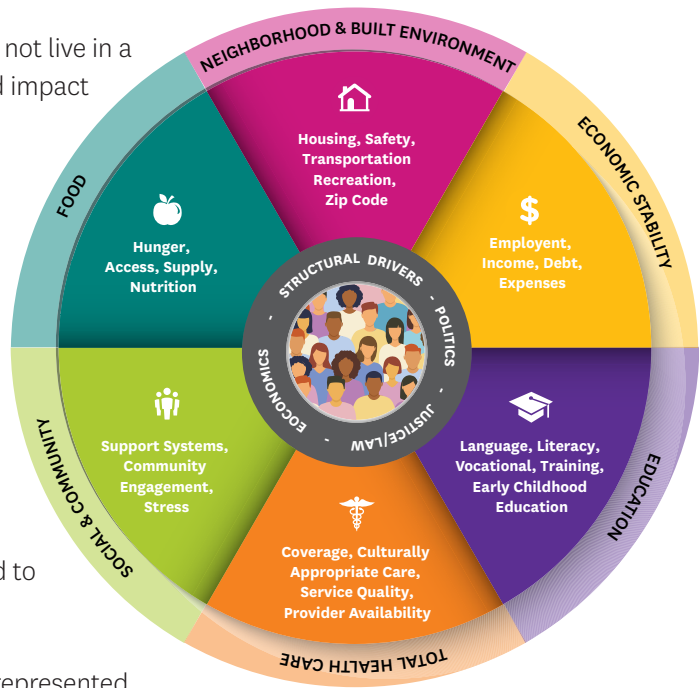
# Social Drivers of Health

Social drivers of health (SDoH) play a critical role in shaping individuals' well-being and affect overall population health. They encompass the social, political, and cultural conditions in which people live and profoundly influence health outcomes.<sup>5</sup> Top SDoH include housing, food security, education, neighborhood, and socioeconomic status. Remarkably, the link between SDoH and an individual's health is so powerful that it can surpass the influence of health care and lifestyle choices, accounting for 30%-60% of all health outcomes in the United States.<sup>6</sup>

## SDoH Framework

The development of an SDoH framework was important to ground and guide the health plan. The graphic below with the SDoH components listed around the perimeter may look familiar, but the difference is the incorporation of the structural drivers – law enforcement, the justice system, politics, and economics.

The Health Equity team recognizes social drivers do not live in a vacuum, and that structural drivers have a profound impact on how the social drivers work and impact member outcomes. In fact, they date back to the founding of this nation and its economy on principles of race, class, and gender hierarchy. They shape the distribution of power and resources across the population, embedding health inequities along racial, class, and gender lines.<sup>7</sup> The most unique aspect of this SDoH framework lies in the acknowledgment that the conditions in which people are born, grow, live, work and age are impacted by deeply entrenched, systemic and structural factors as well. Knowing and considering that reality when developing strategic plans will lead to more successful efforts.



MHS Health's membership and the community are represented by the faces in the middle as they are the center of all efforts.

Understanding and tackling the drivers and the data is crucial to attaining health equity. In 2022, the Health Equity team standardized the collection, analysis, and reporting of member SDoH. The team diligently examines the role of members' medical diagnoses, self-reported social needs, race and ethnicity, gender, age, and primary language to ascertain the correlation between any or all these factors and the potential impact on member health. Through rigorous analysis, MHS Health identifies relationships between each of these factors individually and in combination, which underscores the complex interplay between multiple SDoH and their exponential influence on exacerbating health conditions and the quality of life of its members.



## Collecting and Assessing Social Drivers of Health

MHS Health maintains a “no wrong door” policy when assessing members’ SDoH needs. The Health Equity team strengthened its capacity to conduct comprehensive SDoH assessments and established a strategy to ensure that every member receives the support they need.

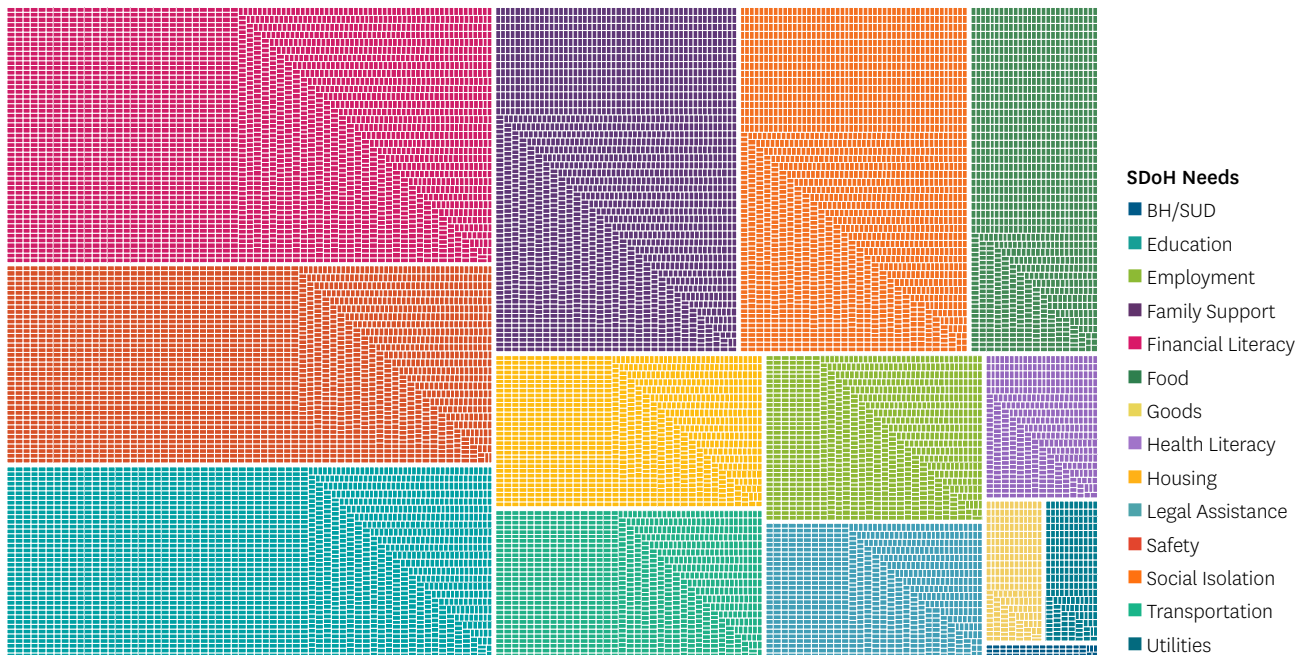
SDoH information is collected in two ways: directly from members through assessments and from Z-codes, which are ICD-10 codes that providers use to document a member’s SDoH needs. These codes are often provided to MHS Health via claims submissions.

In 2022, MHS Health collected member SDoH needs through 9,048 unique member assessments and received Z-codes on claims for 4,910 unique members. Combined, MHS Health members reported 20,224 SDoH needs (an average of 1.45 needs per assessed member).

Equally vital to assessing members for SDoH needs is the implementation of a seamless closed-loop referral process. MHS Health collaborates with a social care technology company called findhelp, an online platform that connects members to thousands of social care organizations. This enables MHS Health staff to send resources directly to members, document the status of each referral, and verify that each member’s needs has been resolved.

The image below conceptualizes a tapestry view of the reported SDoH needs of MHS Health’s members and provides a visual representation of the diverse factors influencing their overall well-being and health outcomes. In this graph, each colored block represents a specific SDoH need. Within each block are many smaller squares, each representing the individual member who reported that need.

**Tapestry of Reported SDoH Member Needs (2022)**

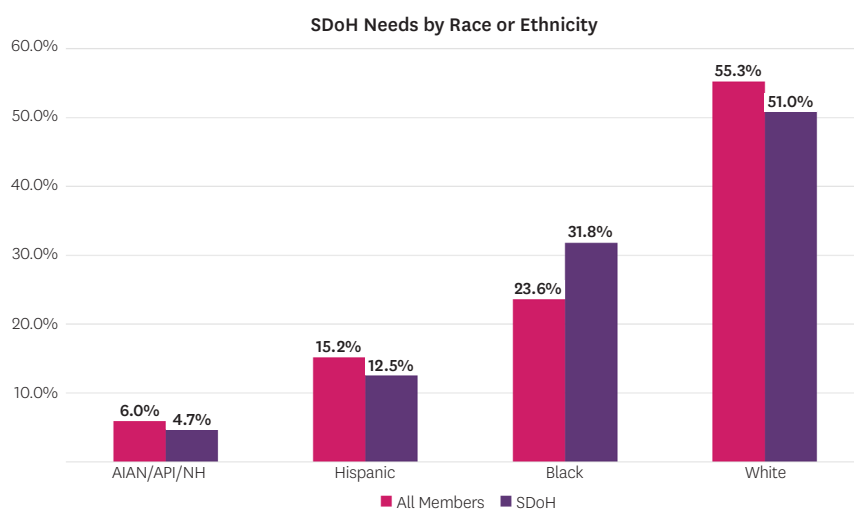


# Health Disparities

Health disparities are the pervasive and persistent differences in health outcomes between various population groups. They are often based on social, economic, and environmental factors – highlighting the unequal distribution of health resources, opportunities, and access to healthcare.<sup>8</sup>

## Health Disparities Among Members

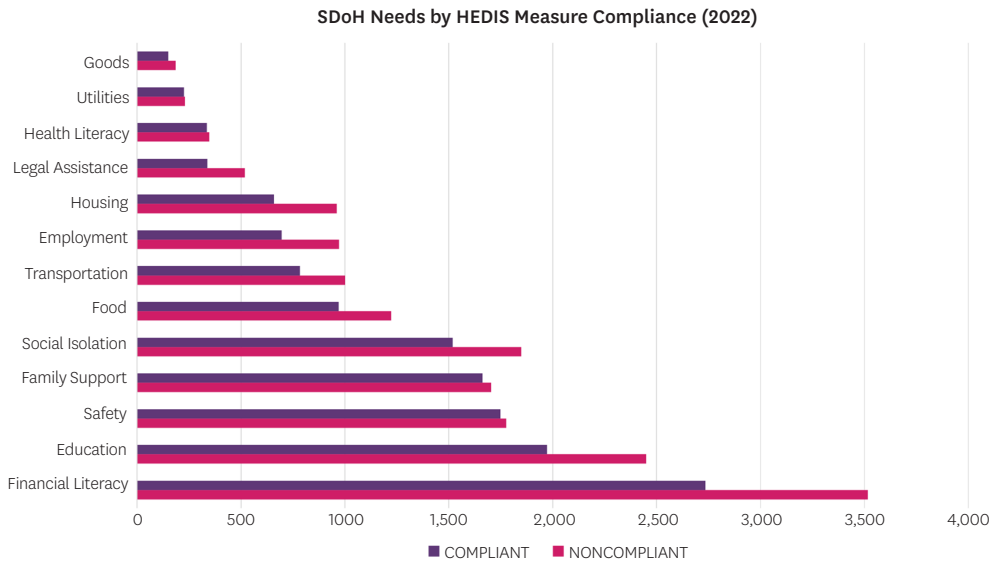
Despite the challenges associated with accurately measuring and monitoring health disparities, the undeniable evidence of the existence, pervasiveness, and threat they pose necessitates urgent attention. MHS Health has chosen to measure disparities by calculating the Standard Incidence Ratio (SIR), which provides a quantitative measure to compare observed and expected outcomes.



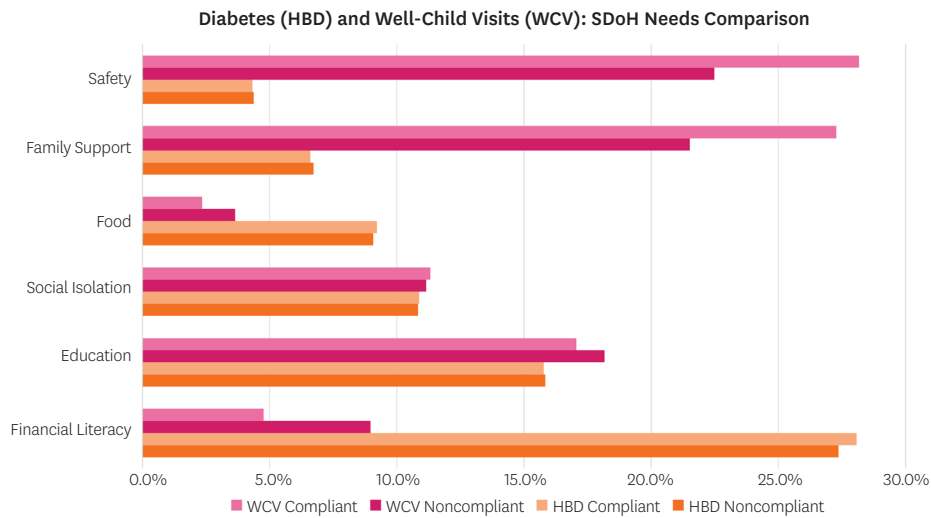
This analysis reveals a notable disparity in SDoH needs between Black and White members. The Black population demonstrates an SIR of 1.35 (CI 1.40, 1.30), indicating that Black members have a 35% higher than expected SDoH need. Conversely, the White population exhibits an SIR of 0.92 (CI 0.90, 0.95), which is 8% lower than expected. These findings highlight that Black members experience a disproportionately higher burden of SDoH needs, emphasizing the urgency for targeted interventions to address these disparities and promote equitable access to resources and support.

When quantifying disparities, a comprehensive examination of multiple factors is crucial. The next example compares SDoH needs within Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) measures. HEDIS measures are a standardized set of performance measures used to evaluate the quality of healthcare services provided by health plans. The graph on the top of the next page represents the number of SDoH needs reported by members who were included in any of 25 different HEDIS measures. When stratified by compliance with the measure, it is clear that, in every case, members who were compliant had fewer SDoH needs than those who were noncompliant. In fact, those who were noncompliant reported 21.5% more needs than those who were compliant (95% CI,  $p$ -value < 0.005, indicating a statistically significant result).





To evaluate variations between and within groups, stratification of larger groups into smaller, quantifiable segments is necessary. An examination of two HEDIS measures, Hemoglobin A1c Control for Patients with Diabetes (HBD) and Child and Adolescent Well-Care Visits (WCV), reveals disparities in SDoH needs among these populations. The high concentration of SDoH needs among noncompliant members is not consistently observed across all SDoH needs in these two groups. However, what is immediately evident is that they have vastly different SDoH needs. In the diabetic population, financial literacy, education, social isolation, and food are the highest needs; whereas parents are most concerned with safety, family support, and education. This demonstrates once again that targeted interventions are necessary in order to affect change.



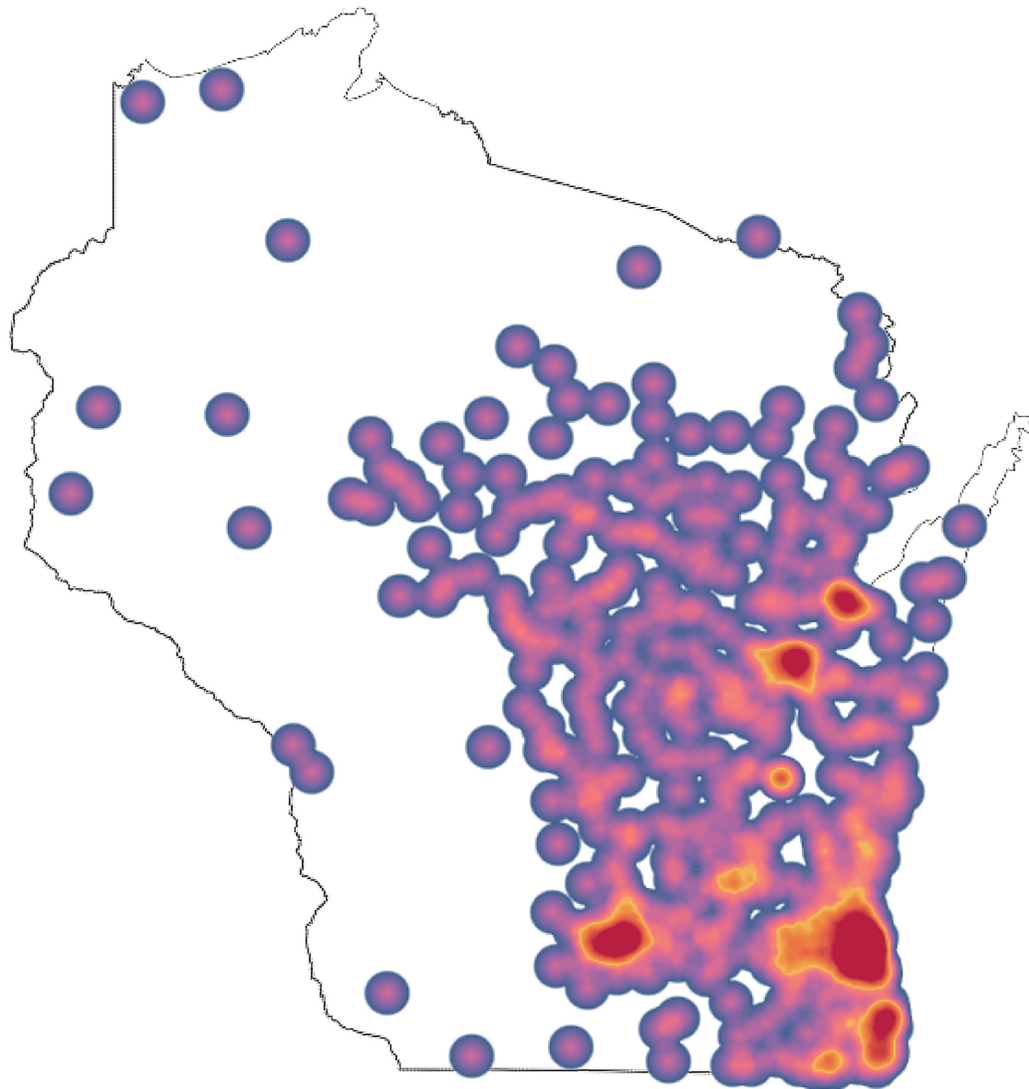
Understanding the varying SDoH needs and associated health disparities within different populations is fundamental for success in delivering equitable care to MHS Health’s members. This awareness allows MHS Health to enhance the effectiveness and impact of its interventions by tailoring its initiatives to disparities within each group, ultimately promoting better health outcomes and overall well-being for members.



# Member Outreach

Health equity-focused programs and services have reached members in communities throughout Wisconsin. These programs include maternal health, asthma and diabetes coaching, housing, behavioral health, and a variety of programs designed to address food insecurity.

MHS Health proudly showcases its commitment to tackling these challenges through innovative member programs and initiatives aimed at empowering members and strengthening communities. The heat map below displays the geographical distribution of the dedicated members who actively participated in the health equity programs described in the following pages. This visual representation highlights the reach and impact of MHS Health initiatives across Wisconsin.





# Housing

Homelessness and housing instability pose significant health and social risks that profoundly impact individuals and communities. The absence of stable housing exposes individuals to harsh living conditions, healthcare access barriers, and increased vulnerability to communicable diseases, mental health disorders, and chronic illnesses. Homelessness exacerbates social isolation, making it difficult for individuals to build and maintain supportive relationships, access educational and employment opportunities, and reintegrate into society. The cumulative effect of these risks perpetuates a cycle of homelessness and reinforces the need for broad approaches that address the immediate and underlying causes of homelessness while prioritizing supportive services to mitigate these detrimental effects.

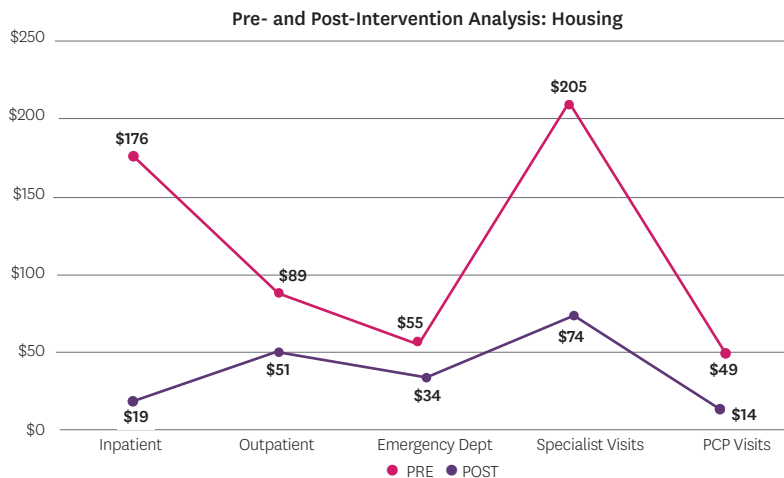
## Housing Specialists

MHS Health Housing Specialists cultivate and manage partnerships with local and state housing-related community organizations to assess and solve for members' housing needs, collaborate with care management staff, and serve as liaisons with the state's housing coalition.

In 2022, MHS Health Housing Specialists worked with 300 members of whom 54% were currently or imminently homeless. Finding stable housing options for homeless members is arduous as housing options are limited and time-intensive coordination is required. MHS Health helped 60 members become or remain stably housed.

### Financial Impact

Stable housing has a profound impact on an individual's life, health, and overall well-being. As a result, there is a direct correlation between stable housing and healthcare cost. By addressing housing insecurity, MHS Health can simultaneously alleviate the strain on already overburdened homeless shelters and community organizations and healthcare cost. The following pre- and post-intervention analysis examines the total cost for each member who was successfully housed six months prior to and six months after the intervention.



- MHS Health housing intervention resulted in a per member per month (PMPM) reduction of 66.4%. Inpatient PMPM costs were reduced by 89.3%, Outpatient by 42.4%, and Emergency Department by 37.5%. PMPM costs for primary care provider (PCP) and Specialist visits decreased by 71.9% and 63.6%, respectively.



# Chronic Disease Management

Effective chronic disease management plays a vital role in optimizing healthcare resources, improving individual well-being, and fostering healthier communities. MHS Health offers several unique programs to members who have chronic health diseases to positively impact their overall condition, such as addressing exacerbating symptoms, improving health literacy, and tackling SDoH needs.

## Community Health Worker Coaching Programs

MHS Health employs a dedicated team of Community Health Workers (CHW) to conduct outreach to members who have a diagnosis of asthma or diabetes. CHWs bring a wealth of expertise from diverse educational and professional backgrounds, encompassing social work, human services, psychology, and community-based case management.

CHWs provide health education about each diagnosis in peer-based language that helps members develop a deeper understanding of their condition and ways they can make healthy lifestyle changes. Members receive ongoing support with a specific focus on addressing SDoH needs. CHWs assist members in goal setting, connecting with appropriate providers, and accessing diagnostic testing and support services to increase positive health outcomes.

In 2022, MHS Health Community Health Services team expanded the existing Asthma Coaching Program and successfully launched an additional coaching program specifically designed for members who have uncontrolled diabetes. CHWs completed outreach to 1,049 distinct members and successfully reached 705 members. That equates to more than 7,900 member outreach phone calls.

More than 70 members participated in the coaching programs in 2022. Members shared positive feedback about their experience and both programs have demonstrated PMPM cost-savings.

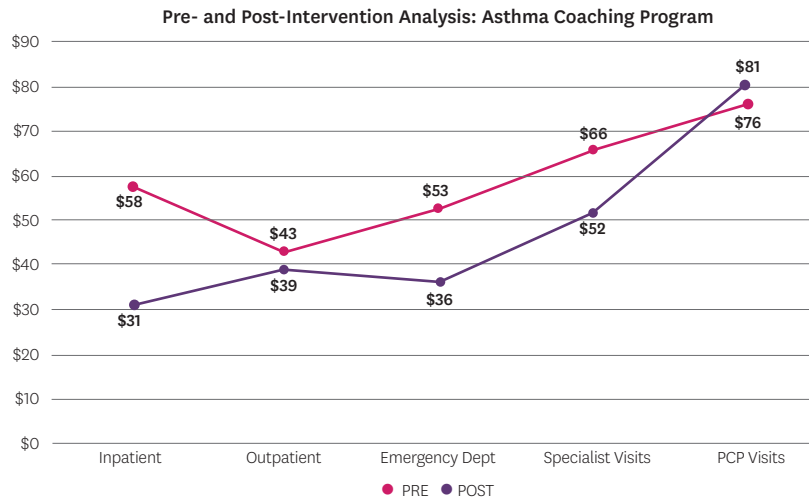
## Asthma Coaching Program

The Asthma Coaching Program is conducted over four weeks and emphasizes advancing members' knowledge of their diagnosis with a strong focus on environmental triggers for asthma. Upon enrollment, members are provided with a welcome tote filled with educational materials, green cleaning supplies, and a hypo-allergenic pillow and mattress cover. CHWs meet with members individually and provide education on topics such as healthy medication routines and effective strategies for managing and reducing asthma attacks.



## Financial Impact

The following pre- and post-intervention analysis examines the total cost for each member who participated in the Asthma Coaching Program six months prior to the intervention and six months after the intervention.



- ▶ Overall, the asthma coaching program resulted in a total PMPM savings of 16.9%. PMPM costs were reduced in Inpatient by 47.2% and Emergency Department visits by 33.5%. Specialist visit PMPM cost was reduced by 20.6%. The PMPM cost for PCP visits increased by 6.9%; however, this indicates that members are appropriately seeking care from their PCPs.

## Diabetes Coaching Program

Members complete the Diabetes Coaching Program in six weeks. Each module aims to advance members' knowledge of their diagnosis with a strong focus on addressing SDoH needs as well as healthy decision-making and motivation as it relates to living with diabetes.

Upon enrollment, members receive a welcome tote with educational materials, a food scale, and portion control containers. CHWs meet with each member to provide education on topics such as understanding their diabetes diagnoses, monitoring blood sugar and medications, and healthy eating.



## Financial Impact

- ▶ The Diabetes Coaching Program is beginning to see success in reducing PMPM costs. The outcomes are preliminary due to the program's commencement in 2022, and the PMPM analyses requires six months of claims before and after the intervention. However, initial results show an overall PMPM reduction in 30% of the participants; Black members have shown a 59.4% reduction in PMPM cost for PCP visits and Hispanic members have a combined 63.2% reduction in PMPM cost in Specialist and PCP visits. This program will continue to be monitored to identify any areas of improvement.



# Maternal Health

In 2022, MHS Health supported 2,277 members during their pregnancies and after delivery. In addition to the coordination of routine prenatal and postpartum care, MHS Health amplified its programs and services to improve maternal health and a myriad of healthy birth indicators. MHS Health utilizes an individualized approach to working with pregnant members that aims to eliminate member-specific SDoH needs, reduce health disparities, and advance health equity.

## Maternal Community Health Worker Coaching Program

The role of the MHS Health Maternal Community Health Worker (MCHW) is to engage with each member enrolled in the Perinatal Coaching program to achieve positive pregnancy outcomes. MCHWs work with the member to address SDoH needs and provide educational guidance on how to prepare for their delivery and life with their new baby. Through tailored conversations on health education, MCHWs provide referrals to community-based organizations and to receive key baby items (such as cribs and car seats). MCHWs ensure that all member needs are being successfully and strive to establish a relationship with members so that they feel heard, supported, and empowered to make the best choices during all stages of their pregnancy and post partum.



## Doula Programs

Doulas provide culturally sensitive services to ease the burden of access, address cultural barriers, and improve maternal and birth outcomes. A doula is effective at fostering member empowerment and encouraging healthy behaviors during pregnancy. The positive effects of doula care are greater among racial minorities and those who are socially disadvantaged.

In 2022, MHS Health expanded its doula services to include both a local doula service as well as a virtual option. This allows members who live anywhere in Wisconsin to have access to 24/7 care from doulas, lactation consultants, pediatric nurses, and case managers, as well as unlimited video visits, phone calls, and ongoing education and support throughout every stage of pregnancy and up to one year after delivery.

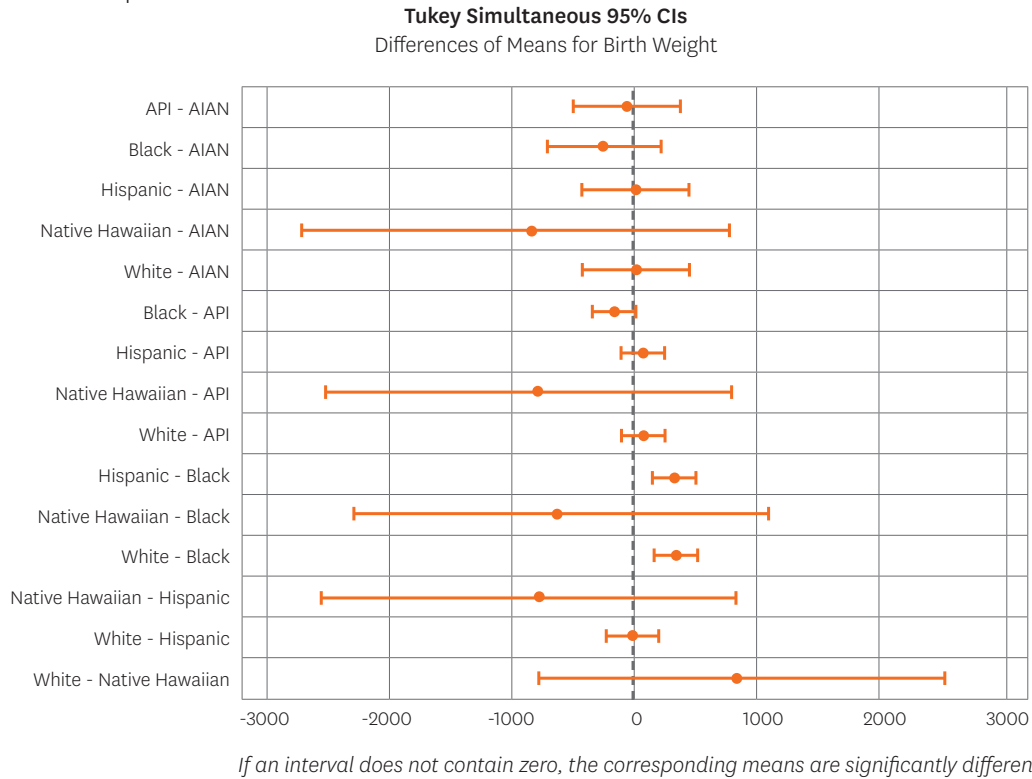


## Health Disparity Analysis

Newborn birthweight is one of the primary indicators for short- and long-term health. Low birthweight babies are at an increased risk of physical complications (e.g., chronic respiratory, cardiac, renal, and endocrine system disorders), some of which can lead to disability and death.<sup>9</sup> In the MHS Health population, 10.8% of all babies born were low birthweight; of those, 36.2% were born to Black members and 43.7% were born to White members.

However, this analysis uncovers striking disparities in low birthweight incidence between Black and White members. Black women face a 35.1% higher occurrence of low birthweight babies than expected (SIR 1.36, CI 1.68, 1.07), while White women experience a 5.1% lower occurrence (SIR 0.95, CI 1.16, 0.77). These incidence ratios are deeply concerning and reflect the disproportionate impact of social and economic factors on birth outcomes for Black women.

Furthermore, employing the Tukey Simultaneous statistical analysis of means, a comprehensive comparison of all races and ethnicities reveals noteworthy distinctions. Specifically, Black mothers with low birthweight infants exhibit a significant dissimilarity (95% CI,  $p$ -value < 0.005) when compared to their White and Hispanic counterparts.



- These findings have greatly influenced the development of the programs and services that MHS Health offers for pregnant members, with special attention given to addressing food insecurity, as nutrition is fundamental to ensuring healthy birth outcomes for babies.



# Food Insecurity

Food insecurity ranks among the most prevalent SDoH needs within the MHS Health member population. To confront this, MHS Health employs a range of initiatives, offering food and nutrition assistance programs to individuals facing food access barriers. This need is further exacerbated by the suspension of the pandemic-related increase in FoodShare benefits, which ended in February 2023.



- ▶ In 2022, there were 28 member referrals to Mom's Meals with 870 meals delivered to MHS Health pregnant members with self-reported food insecurity.
- ▶ Of these members, 17 have already delivered, and 15 (88.2%) deliveries resulted in healthy birth outcomes, which is higher than the overall MHS Health rate of 75.8%

## Mom's Meals

Mom's Meals is a national meal delivery program that works with over 500 health plans to provide high-quality and nutritious meals specifically designed by professional chefs and registered dietitians for individuals covered under Medicaid and Medicare. The meals can be tailored to support nutritional needs and cultural and/or dietary preferences for each member. For each referral to the program, the member receives two meals per day for two weeks.



In 2022, the Health Equity team partnered with Mom's Meals to address food insecurity among pregnant members. By supplying at-risk pregnant and postpartum members with free, healthy food options, the Mom's Meals program helps to improve maternal health and birth outcomes and address food insecurity, as witnessed through:

- Increased birth weight
- Decreased pre-term and early term deliveries
- Decreased high-risk births for both parent and baby, including postpartum complications

“Suboptimal diets are a leading risk factor for chronic diseases such as obesity, hypertension, and diabetes, that significantly impact maternal health. Food-as-medicine interventions provide access to optimal nutrition, reduce risk factors, improve outcomes, and help to lower the overall cost of care.”

– James Gillespie, Chief Health Officer, Umoja Food For Health



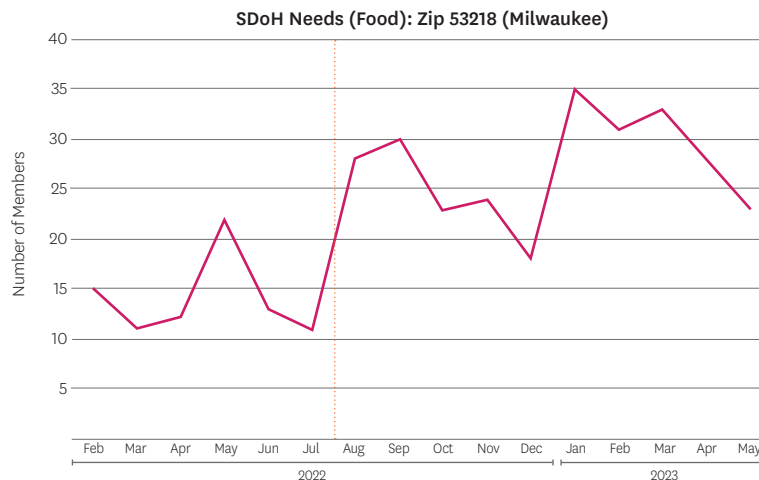
## Meals and Fresh Produce for Medicare Members



MHS Health developed an initiative to provide meals and fresh produce to approximately 3,500 Medicare D-SNP members during the 2022 holiday season. This unique initiative provided a total of 404,397 meals to Wellcare by Allwell members. In partnership with GA Foods, members received 14 meals each week for seven weeks in addition to six weekly boxes of fresh produce from FarmboxRx.

## Northwest Fresh Food Access Council

In 2022, MHS Health prioritized addressing food insecurity in Milwaukee’s 53218 zip code where grocery store closures have negatively impacted this community. Since summer 2022, food insecurity among members of all races and ethnicities in this area increased by 51.4%. MHS Health anticipates food insecurity rates will further increase statewide as the pandemic-related increase in FoodShare benefits ended in February 2023.



The Northwest Fresh Food Access Council (NW Fresh) is a community organization with a mission to strengthen the food system in Milwaukee’s northwest neighborhoods – some of which fall within the 53218 zip code. This area is known as one of the worst food deserts in Wisconsin. Since 2020, NW Fresh has enacted various initiatives, including a community garden, to achieve its vision of a community that has the power to access, use, and share fresh food and wellness resources. They serve approximately 1,000 people in the community each year.

MHS Health began its partnership with NW Fresh in summer 2022 and made an initial donation to support the Westlawn Community Garden’s Harvest Fest, purchase new tools for the community garden, and develop a plant seed library. MHS Health volunteers collaborated with NW Fresh and their partners at several events and the Community Garden Clean Out event. Together, they harvested the remaining produce and prepared the gardens for the winter season. In all, the garden yielded 1,000 pounds of fresh produce. MHS Health continues to volunteer at NW Fresh community events.





# *Community*

We believe health equity is a shared goal.



# Promoting Unity

In the pursuit of achieving health equity and fostering inclusive healthcare practices, community partnerships play a pivotal role because they allow MHS Health to meet members where they are. These partnerships serve as powerful catalysts, propelling MHS Health closer to its shared goal of ensuring equitable access to healthcare services and improving health outcomes for all members. By recognizing the interdependence between community well-being and health outcomes, MHS Health continues to strengthen its commitment to collaboration, innovation, and advocacy, ultimately paving the way for a healthier and more equitable future for all members.

## Advocacy

The MHS Health Advocate team developed a unique model to embody the collective voice of members from multiple angles, utilizing a comprehensive approach that encompasses numerous touchpoints among many demographic groups across the state. Advocates play a critical role in the healthcare ecosystem, responsible for recommending necessary improvements and resolving barriers related to member experience, access to care, cultural sensitivity, appeals and grievances, and written materials delivered to members.

Collaborating closely with local community-based organizations (CBOs), the MHS Health Advocates employs a statewide team of multicultural and bilingual staff who work diligently to strengthen the community as a whole. Through continuous monitoring and reporting of values, practices, and access barriers among members, MHS Health member advocates successfully identify member needs that can only be determined through extensive, hands-on, grassroots service.

## Community Advisory Committee

MHS Health's Community Advisory Committee (CAC) serves to obtain input from members and the community regarding the plan's services through identifying key issues related to programs that may affect specific community groups and potential service improvements.

In 2022, MHS Health presented the Health Equity Strategic Plan, which was approved by the CAC.



# Advancing Partnerships

MHS Health utilizes an integrated approach to support the health and well-being of the broader community by developing strategic partnerships with community-based organizations (CBOs), resulting in a powerful “dynamic duo” that addresses whole-person care.

Throughout the year, MHS Health demonstrated an ongoing commitment and support to Wisconsin people and communities by providing in-person service and financial donations to the following:

Advocate Aurora Health	Friends of Penfield Children’s Center
African American Chamber of Commerce	Health Care Network, Inc.
African Heritage, Inc.	March of Dimes Southeast Wisconsin
BeLEAF Survivors, Inc.	Medical College of Wisconsin
Beloit Area Community Health Center	Milwaukee Lesbian, Gay, Bisexual & Transgender (LGBT) Community Center
Betty Brinn Children’s Museum	Milwaukee Health Services, Inc.
Capuchin Franciscan Province of St. Joseph	National Alliance on Mental Illness (NAMI)
City of Milwaukee	Safe Harbor of Sheboygan County, Inc.
Disability Rights Wisconsin, Inc.	Silver Spring Neighborhood Center
Ebenezer Child Care Centers, Inc.	United Way
Feeding America	Waukesha County Community Dental Clinic
Friedens Community Ministries, Inc.	Wisconsin Council of Churches

## Provider Network

Providers play a critical role in improving the health of members, but when and how they deliver that care is just as important as the tests they order or the medications they prescribe. MHS Health recognizes that to ensure its members receive timely, appropriate, and high-quality care, it needs to build strong and purposeful partnerships with its network providers.



Over the past year, MHS Health offered three educational opportunities for network providers and their staff to improve care quality and member/patient satisfaction. At the inaugural summit, the MHS Health Quality team featured an overview of the



Consumer Assessment of Healthcare Providers and Systems (CAHPS®). Provider-related CAHPS survey questions and recommended best practices to improve communication, set collaborative expectations, and support shared (provider-patient) decision making were topics of focus. CAHPS surveys results are vital to obtain the voice of the member, and the results are used to develop strategies to improve the member’s experience with their healthcare.

A second provider summit focused on health equity where MHS Health experts emphasized the need to recognize and address health inequities. The presentation explained the differences between health equality and health equity, how unconscious bias can influence quality care and member experience, and the role providers can play in identifying and reducing disparities. By request, a repeat of the Health Equity Summit was held in early 2023 and attendance increase by 30 percent from the 2022 session.

At the close of each summit, attendees were asked to complete a survey. The survey for the two Health Equity Summits was designed to learn more about how providers collect and use patient SDoH data to improve patient care. The survey data has given the Health Equity team valuable insights into the development of plans for building and maintaining provider/HMO engagement and cultural humility, with the ultimate goal of improving accessibility, accountability, and availability for all.

**PROVIDER SUMMITS**

---

**CAHPS** | May 2022  
Attendance: 45

**Health Equity** | October 2022  
Attendance: 228

**Health Equity** | February 2023  
Attendance: 372

---

**266**  
post event surveys received  
from Feb 2023 summit

---

**96%**  
of survey respondents  
were doctors/clinicians

## Community-Based Organizations

In 2022, MHS Health developed four new partnerships with CBOs to address high priority SDoH needs of its members: Capuchin Franciscan Province of St. Joseph (Capuchin), The Cathedral Center, St. Catherine Residence, and Kinship Community Food Center.

MHS Health sponsored Capuchin’s 2022 Holiday Meal Box Drive and set a goal to fill 25 food boxes for families in the Milwaukee area. The MHS Health team exceeded this goal, delivering a Holiday Meal Box to 30 families in the community.



MHS Health initiated its collaboration with the Milwaukee LGBT Community Center (Community Center) in July 2022, offering support to Wisconsin’s LGBTQIA+ community. MHS Health actively participated in and financially supported the Community Center’s annual fundraising gala. This engagement provided MHS Health with the unique opportunity of showing up in a space that has historically lacked healthcare support. MHS Health remains dedicated to fostering further collaboration with the Community Center, actively working to dismantle bias both within the community and the workplace.

MHS Health is already working with each of the existing CBO partners to address their areas of need, including the delivery of ongoing health education sessions and community service opportunities for staff to engage in meaningful, grassroots initiatives that strive to create a lasting impact within Wisconsin’s vibrant communities.





# *Culture*

We commit to nourishing a culture of transformative change.

# Cultural Transformation

In MHS Health’s ongoing efforts to advance health equity and dismantle barriers to optimal care, embracing cultural diversity, designing educational initiatives, and tackling the root causes of health disparities are imperative and transformative.

By acknowledging the profound impact of cultural nuances, promoting inclusivity, and amplifying the voices of our members, MHS Health moves closer to achieving equitable health outcomes for all members. This commitment to cultural competence and continuous improvement of internal processes serves as the cornerstone of this vision. MHS Health strives to be responsive to the diverse needs of every community and to empower each other to promote health equity.

## Culturally & Linguistically Appropriate Services Committee

Given the increasing cultural and linguistic diversity of the U.S. population, the U.S. Department of Health and Human Services requires the implementation of Culturally and Linguistically Appropriate Services (CLAS) among all health care organizations.

The National CLAS standards offer a framework to improve the provision of services and are intended to advance health equity, quality, and aid in the elimination of healthcare disparities by establishing a blueprint for health and healthcare organizations to follow. The work conducted within the CLAS committee in 2022 provided the foundation for the pursuit of NCQA Health Equity Accreditation.



## Member Advisory Committee

MHS Health has a unique opportunity to receive direct member feedback through the Member Advisory Committee (MAC). The MAC is comprised of a group of members, parents, guardians, member advocacy groups, and health plan staff, who review and report on a variety of quality and service issues.

During MAC meetings, MHS Health staff committee members solicit health plan member input regarding the approach and effectiveness of the health plan’s programs, services, and policies with the goal of enhancing the service delivery system in local communities.



# Diversity, Equity & Inclusion

The vision of the MHS Health DEI Council is to advance the global power of diversity, equity, and inclusion by embracing cultural awareness, celebrating differences, empowering ourselves by being all-inclusive and by bringing our authentic selves to work to propel equitable, community-driven results.



In 2021, the Health Equity team developed MHS Health's Diversity, Equity, and Inclusion (DEI) Council. MHS Health staff from various departments come together to contribute ideas and develop strategies to promote diversity, equity, and inclusion in the workplace and with health plan members. Since its formation, the group has developed initiatives designed to foster a more culturally competent and inclusive work environment.

## DEI Council key highlights from 2022 include:

- Community Health Disparities Series in collaboration with Community Advocates
- Educational Learning Circle for staff featuring *Unnatural Causes: Is Inequality Making Us Sick?* a seven-part PBS documentary series that examines the role of social determinants of health in creating health inequalities/health disparities
- Viewing of TED Talk presentations and follow-up staff discussions on World's Indigenous People Day and during Asian American Pacific Islander Heritage Month
- Celebration of Hispanic Heritage Month with presentation by guest speaker, Molly Calderon from UMOS, who talked about the Hispanic culture and the role of health equity
- Recognition of Native American Heritage Month in November
  - ▶ Education on native cultural awareness and appropriation, music and dance with Gloria Wiggins, from the Wisconsin Bad River Tribe
  - ▶ Staff book club read *How to be an Indian in the 21st Century*, by Louis V. Clark III, member of the Bear Clan and the Iroquois Confederacy



Anna Kanter, Manager of Community Health Services, and Ron Heisel from the Milwaukee White Stone Warriors, a 501(c)(3) that supports homeless individuals. Ron visited MHS Health and shared his personal experiences with homelessness and how it motivated him to become an advocate for getting others off the streets.



---

### Report Citations

1. United States Census Bureau. (2020). Wisconsin, Race and Ethnicity. <https://data.census.gov/profile/Wisconsin?g=040XX00US55>
2. Wisconsin Department of Health Services. (2021). WISH: Wisconsin Population by Sex. <https://www.dhs.wisconsin.gov/wish/population/data.htm>
3. UCLA School of Law, Williams Institute. (2019). LGBT Data & Demographics. <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT#density>
4. Robert Wood Johnson foundation. (2017). What is Health Equity? <https://www.rwjf.org/en/insights/our-research/2017/05/what-is-health-equity-.html>
5. World Health Organization. (2023). Social Determinants of Health. <https://www.who.int/health-topics/social-determinants-of-health>
6. Centers for Disease Control and Prevention. (2023). Social Determinants of Health at CDC. <https://www.cdc.gov/about/sdoh/>
7. National Library of Medicine. (2017). The Root Causes of Health Inequity. <https://www.ncbi.nlm.nih.gov/books/NBK425845/>
8. Kaiser Family Foundation. (2023). Disparities in Health and Health Care: 5 Key Questions and Answers. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/>
9. Centers for Disease Control and Prevention. (2022). Preterm Birth. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm>



801 S. 60th Street  
Suite 200  
West Allis, WI 53214  
**1.888.713.6180**  
**[mhswi.com](http://mhswi.com)**

