

Public Health Madison & Dane County Program Team Charter 2021

Introduction

As public servants, members of the Public Health Madison & Dane County (PHMDC) Tuberculosis (TB) Program hold ourselves accountable to meeting community health needs by fostering a client-centered approach to identify and manage clients' complex health care needs and/or their ability to successfully complete TB treatment. We address social and economic issues that affect positive health outcomes by proactively seeking to eliminate racial inequities and advance equity. The TB Program at PHMDC commits to the above and by signing this charter assures TB policies and practices at PHMDC promote health and racial equity.

Justification

The TB Program at PHMDC ensures that health outcomes in Dane County are not determined by race or other group statuses by striving to operate with client-centered care, cultural humility and health and racial equity as our guiding principles. Health and racial inequities influence the global burden of tuberculosis. By strengthening communication on health and racial equity, we work to decrease bias and stereotyping, in both conscious and unconscious ways, and engage clients to share power.

Values and Principles

We value client-centered care by planning, delivering and evaluating home and community care that is grounded in mutually beneficial partnerships among clients and their families using the health care system. We are accountable for embedding health and racial equity into our agency operations, policies, and practices by recognizing and naming white supremacist culture that is embedded in our institution. We believe that access to health care is a basic human right; therefore, everyone should have equitable access to TB care, regardless of resources, race, gender, age, language, legal status, religious beliefs, sexual orientation, or cultural beliefs. All clients have the right to be treated with respect and dignity, including the delivery of services without stigma, prejudice or discrimination. We are data-driven, using science, data and evidence, following where the data leads rather than our decisions shaping the data. We strive to develop shared goals and definitions for health and racial equity, by engaging a wide array of community members and community partners through policy and systems level interventions. We build relationships and connections with people and organizations to improve health outcomes. We strive to create a reciprocal culture of learning, collaboration, understanding, and support. We believe it is essential that each employee continue their education by building a strong sense of cultural humility with an understanding of privilege and power, and the history of racism and oppression. We strive to eliminate stereotyping at PHMDC by treating every client as an individual instead of an entire race.

Scope

As public health providers, our primary responsibility is assuring and providing client-centered care, focusing on health promotion, disease prevention, health maintenance, and health education using a holistic approach. We also develop and advocate for policies, systems, and environmental changes that

promote health and racial equity. We use evidence-based practices for improving public health. We are team-centered and all members have the opportunity to share ideas, create improved processes, participate in meetings and are ambassadors for health and racial equity. We are committed to continued participation in PHMDC's work as it relates to health and racial equity (examples may include embedding language into policies, participating on workgroups, etc). We promote social justice: no person will be excluded from participation in, be denied the benefits of, or be subject to discrimination under the TB Program at PHMDC.

Strengths, Opportunities and Risks

Improving health among clients who have TB disease or infection is an ongoing commitment of all TB staff members, in collaboration with local health care providers. PHMDC has an ongoing commitment to reducing health and racial inequities through equity-focused partnerships in public and private sectors. Strengths include the TB Program's commitment to change, with continual support from PHMDC leadership. Opportunities exist to continue to increase population health focus through policy and system approaches and engaging clients to share power and inform our work. Risks include global stigma, racism and the public and personal perceptions of TB where institutions and individuals may protect existing patterns, such as mandated reporting and confinement statutes, at the cost of addressing health and racial inequity.

Participation and Accountability

We are accountable to Centers for Disease Control objectives, TB Program objectives and the PHMDC strategic plan, as well as staff participation on the. The TB Program conducts ongoing evaluation to measure implementation of services identifying where additional support or modifications may be needed. We work collaboratively and support discussions that challenge the norms and standards of white supremacist culture. The TB Program recognizes and names white supremacist culture in policies and practices embedded in our institutions.

Budget

We work with PHMDC leadership to develop budget allocations that support PHMDC's TB Program goals. This may include, but may not be limited to: staffing, training, evaluation, consultant services and stakeholder engagement. Future funding sources may include potential grants and operating budget. As public health professionals, we take understand our role as a government agency, work to manage resources intentionally and treat the public's trust with care.

Charter Approval

The signing of this document represents both an institutional and personal commitment to this Charter's mission of achieving health and racial equity in Dane County and reducing the burden of TB in Dane County. (Signatures of TB Program members and PHMDC leadership).