## **Overarching Priority: Racism and Health Equity**

"Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strengths of the whole society through the waste of human resources."

- APHA Past-President Camara Phyllis Jones, MD, MPH, PhD

# In 2019, with the endorsement of the Milwaukee Health Department, the City of Milwaukee Common Council declared racism a public health crisis.

Treating racism as a public health crisis means recognizing that it affects entire groups of people, not just individuals, and that proposed solutions must be focused on policy and system changes rather than individual behaviors. Communities across the nation, including Milwaukee, are recognizing the role of racism in creating differences in outcomes for people of color and are committing to changing and dismantling the laws, policies, and practices that reinforce racist power structures by making these declarations.

Centuries of racist policies and discriminatory practices create unfair, unnecessary, and avoidable barriers to health for communities of color. Research indicates how experiences and exposures produced by systemic racism contribute to racial / ethnic disparities in health. The figure below is a simplified graphic that demonstrates the deeply harmful impact of racism on health.<sup>1</sup>

# Systemic racism

- Racial residential segregation
- Unfair financial systems and structures
- Gerrymandering and voter suppression
- Biased policing and sentencing
- · Environmental injustice
- Pervasive discrimination in employment, housing, and education

# Differential access to resources and opportunities

- Economic disadvantage, including lack of access to wealth, homeownership, & educational opportunity
- Disenfranchisement

### Health-harming (or lack of health-promoting) exposures and experiences

- Chronic Stress
- Environmental hazards
- · Mass incarceration
- Inadequate housing
- Unhealthy food and exercise environments
- · Exposure to violence
- · Unhealthy behaviors
- Obesity
- · Inadequate medical care

# Biological mechanisms

- Neuroendocrine processes
- Inflammation
- Immune system dysfunction
- Infection
- · Vascular mechanisms
- Premature aging
- Epigenetic effects (gene-environment interactions)

In the city of Milwaukee, BIPOC populations experience higher rates of poor health and disease across a range of health conditions. The Black infant mortality rate is three times higher than that of non-Hispanic White infants.<sup>2</sup> In 2019, childhood lead testing indicated that Black children were up to 2.7 times more likely to have an elevated blood lead level (5 µg/dL or greater) at 10.3% compared to other races.<sup>3</sup> In 2022 Black residents comprise 82% of all cases of gun violence in Milwaukee.<sup>4</sup>

Hispanic/Latinx residents are also widely impacted by systemic racism and health inequities. In Wisconsin, the Hispanic/Latinx population is quickly growing, and Milwaukee County is home to nearly 40% of the state's population. According to the 2021 Milwaukee County Community Health Needs Assessment, only 70% of Hispanic/Latinx residents have health insurance, compared to a 95% coverage rate for White residents. Also, Hispanic/Latinx children are three times more likely to live in poverty than White residents.

### **KEY DATA:**



### **Household Income**

From 2017 to 2021, the **median household income** for Black residents in Milwaukee was \$31,959, while for Hispanic/Latino residents it was \$43,897 and for American Indian/Alaskan Native residents it was \$49,073. In comparison, non-Hispanic White residents had a median household income of \$61,182.8



### **Life Expectancy**

From 2018-2020, **life expectancy for Black residents** living in Milwaukee County was just **70 years old** and for American Indian/Alaskan Native residents it was **74 years old**, compared to non-Hispanic White residents at **77.9 years.**<sup>9</sup> These disparities were exacerbated with the onset of COVID-19. **Black residents comprise 26% of Milwaukee County's population, yet 52% of COVID-19 related deaths** occurred among Black residents.<sup>10</sup>



### **Civic Engagement**

In 2022, **the voter registration rate** among adults living in Milwaukee stood at **68%**, reflecting a decline of 4% compared to the 2018 election and a 9% decrease compared to the 2014 election.<sup>11</sup>

The disparities described above are the result of a long history of systemic racism, which continues to permeate the fabric of health and quality of life to this day. A history of these city policies can be found online at <a href="https://bit.ly/RacialEquityTimeline">bit.ly/RacialEquityTimeline</a>. According to the Robert Wood Johnson Foundation, "Once in place, systemic racism is often self-perpetuating, with damaging effects on health, even after the original explicitly discriminatory measure is no longer in force or has even become illegal." 12

The roots of systemic racism run deep, impacting the health of people of color in every aspect of their lives, including access to education, housing, and job opportunities. Each of these factors have both direct and indirect public health implications.

We must be mindful of our city's history and its influence on the health disparities, especially for our BIPOC residents. Recognizing our past and present will help us inform strategies to shape and improve the health of those disproportionately impacted by poor health. To nurture and sustain a healthy and safe Milwaukee for all races and ethnicities, we must address racism and identify the root causes of unfair and unjust health outcomes.

Addressing racism and health equity is in alignment with White House <u>Executive Order 13985</u>, Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, which emphasizes the need to advance equity for all, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality.

Efforts have been made at the state-level to address the impact of racism on health for BIPOC communities as well. Wisconsin Governor Tony Evers' Health Equity Council released a <u>comprehensive plan</u> designed to improve "all determinants of health including access to quality health care, economic and social factors, racial disparities, and the physical environments" and "address health disparities in populations based on race, economic status, educational level, history of incarceration and geographic location" by 2030.<sup>13</sup>



As part of our <u>strategic plan</u> to build anti-racist competencies, practices, and policies, the City of Milwaukee Health Department is committed to restructuring and dismantling systems that create unhealthy or inequitable environments.

By aligning the department's strategic plan with efforts identified within MKE Elevate, MHD and the community can effectively work together to improve the health of our BIPOC residents.

Michael Totoraitis - Commissioner of Health

# GOAL 1: INCREASE HOUSEHOLD INCOME OF BLACK, HISPANIC / LATINX, AND AMERICAN INDIAN / ALASKA NATIVE RESIDENTS IN MILWAUKEE\*

\*It is crucial to emphasize the significance of household size in relation to household income. To achieve this goal, we are examining the issue with an equity lens that takes household size into account.

Objectives	Strategies	Implementation Partners
1.1: Increase job readiness	Career and academic skill building	• TBD
1.2: Increase economic support for basic needs	Explore implementing a guarenteed income program	<ul><li>MKE Elevate Steering Committee</li><li>Milwaukee Health Department</li></ul>
1.3: Advocate for a Living Wage	Conduct research to understand and define what an equitable income is for Milwaukee residents and households	MKE Elevate Steering Committee

GOAL 2: RAISE THE LIFE EXPECTANCY AND QUALITY OF LIFE FOR BLACK AND AMERICAN INDIAN / ALASKA NATIVE MILWAUKEE RESIDENTS			
Objectives Strategies Implementation Partners			
2.1: Increase understanding of key drivers of life expectancy	Conduct research to understand the key drivers of the life expectancy among Black/African-Americans living in Milwaukee	MKE Elevate Steering Committee	
2.2: Identify quality of life measurement	Find and / or create a way to accurately measure quality of life in Milwaukee	<ul> <li>MKE Elevate Steering Committee</li> <li>Milwaukee County Department of Health and Human Services (DHHS)</li> <li>K Lemke Consulting (DBA Nourishment Ministry)</li> </ul>	

GOAL 3: INCREASE CIVIC ENGAGEMENT AND KNOWLEDGE FOR MILWAUKEEANS TO PARTICIPATE IN LOCAL AND STATE LEVEL VOTING			
Objectives	Strategies	Implementation Partners	
	Expand voter access	Milwaukee Fire Department	
3.1: Increase voting and voter registration	Restore voting rights to people on community supervision for felony convictions		
	Improve understanding and track structural barriers that hinder community members from registering to vote		
	Offer Civic 101 trainings	MKE Elevate Steering Committee	
3.2: Expand knowledge about local and state politics	Improve understanding and track structural barriers that hinder community members from engaging in political learning	K Lemke Consulting (DBA Nourishment Ministry)	

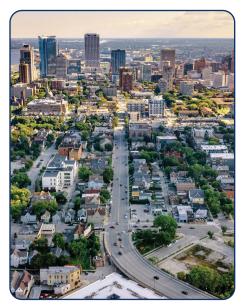
### **HEALTHY BUILT ENVIRONMENT**

# Why is Healthy Built Environment a priority in Milwaukee?

The Built Environment refers to the human-made structures – buildings, roads, trails, parks, houses, and more – that make up the spaces we live, work, play, and learn. It affects overall wellness, morbidity and mortality by facilitating access to health promoting resources and activities – health care, grocery stores, exercise opportunities, information, social connections, and more. Additionally, the home environment and buildings in which people spend time can be sources of exposure to stressors and environmental contaminants like lead, asbestos, indoor air pollution, and other toxins.

Milwaukee's history of redlining and segregation has created persistent racial inequities in the quality and safety of neighborhoods that continue to disproportionately impact BIPOC communities who are more likely to reside in areas with substandard housing, limited access to parks, and in areas experiencing food apartheid. It is also important to recognize the role that historical planning decisions around the built environment, like the construction of the I-43 freeway through Bronzeville, have played in the destruction of thriving black neighborhoods as we work to promote environmental justice, reconnect our communities, and promote a more equitable built environment.





### **KEY DATA:**



### Housing

- 20% of households in Milwaukee County experience at least one severe housing problem (overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities).<sup>1</sup>
- 133,858 houses in the city were built before the 1978 lead paint ban.
- Milwaukee residents with an internet subscription increased to 81.4% over the past 5 years, but significant disparities remain, as that percentage is as low as 60-70% in certain zip codes (53205, 53206, 53204, and 53233 are among the lowest).<sup>2</sup>
- 49.8% of renters in Milwaukee were cost-burdened in 2021, meaning they spend at least 30% of their income on rent.<sup>3</sup>



### **Transportation**

- Milwaukee has a walkability score of 62.7, compared to an average of 41.3 across all other
   City Health <u>Dashboard's</u> cities. While this indicates that on average, Milwaukee is a walkable city,
   walkability varies across different blocks and neighborhoods in the city due to safety, quality and
   connectivity of sidewalks and trails.
- 5.9% of Milwaukee residents commute by public transportation.<sup>5</sup>
- In 2021, there were 270 motor vehicle serious injuries, 52 motor vehicle fatalities, 10 bicyclist serious injuries, 1 bicyclist fatality, 72 pedestrian serious injuries, and 17 pedestrian fatalities in Milwaukee.<sup>6</sup>
   Trends have slightly increased and decreased over the past few years, with no clear trend up or down.



# Healthy Food Access

- Feeding America reported that there are 111,910 individuals or 11.8% of the population living in Milwaukee County who experienced food insecurity in 2020. Since 2020, child food insecurity has increased from 21.1% to 25.5%.
- According to IMPACT 211, finding food pantries and assistance with getting groceries was one of the top unmet needs in 2021.
- Many families and children do not know when or where their next meal is coming from. This is
  amplified by the rise of food prices, which is predicted to increase between 3-4% in 2023.

<sup>\*</sup>The data points presented above capture snapshots and averages of the city as a whole, but the experience of the built environment is often felt more profoundly on a block or neighborhood level. For more data that captures the geographic variability, check out Data You Can Use's MKE Indicators Maps or Neighborhood Portraits.

Neighborhood and built environment is a social determinant that has a major impact on health and well-being. Built environment is identified as a national priority in Healthy People 2030. In Wisconsin, healthy housing is a priority in the State Health Improvement Plan, and transportation is identified as a barrier to accessing healthcare and other health-promoting factors and services. Additionally, the Governor's Health Equity Council recommends strategies to increase homeownership, and promote environmental justice through inclusive and equitable climate policies which are aligned with the Healthy Built Environment goals for MKE Elevate.

### **Built Environment Action Team Goals**

- By 2028, we will increase homeownership in Milwaukee and improve housing conditions
- By 2028, we will increase the number, quality, & infrastructure
  of pedestrian, biking, public transportation, electric
  vehicles, transportation options, and recreational spaces
  accessible to all in Milwaukee.
- By 2028, we will reduce food injustice in areas of food apartheid through a combination of community-based interventions, relationship building and equitable practices

GOAL 1: HOUSING  By 2028, we will increase homeownership in Milwaukee and improve housing conditions		
Objectives	Strategies	Implementation partners
1.1: Improve safety and conditions of existing housing stock	Develop a Lead & Healthy Homes Fund that provides grants and low/no interest loans to make necessary home repairs to reduce health and safety hazard and meet energy efficiency needs	<ul> <li>City of Milwaukee Department of Neighborhood Services (DNS)</li> <li>City of Milwaukee Health Dept.</li> </ul>
	Advocate for targeted / proactive rental inspections and increase enforcement of health hazards in rental units	Home Environmental Health (HEH) Division
	Continue and expand Housing Conditions Surveys to more neighborhoods, advocate for improved housing conditions, and increase neighborhood association and Neighborhood Improvement Districts' (NID) capacity to support home repairs	
1.2: Reduce eviction and improve housing security for renters through eviction prevention, training, and advocacy for tenants' rights	Expand access to knowledge & trainings on renter's legal rights, fair housing, landlord & tenant trainings, and rent withholding / abatement procedures	<ul><li>IMPACT</li><li>Martin Sostre Solidarity House</li></ul>
	Conduct an asset and gap analysis of housing resources for households with extremely low incomes* and low incomes**	WestCare
	Collaborate with the Continuum of Care to implement Rapid Re-Housing and Homelessness Prevention Programs including eviction prevention programs, rent assistance, and other community-based services	
1.3: Improving pathways to home ownership for Black and Latinx residents and increase the number of affordable housing units.	Implement strategies aligned with the Collective Affordable Housing Plan including growing down payment assistance and homebuyer counseling programs, build new entry-level homes and support a housing acquisition fund	• TBD
	Review and revise zoning policies, approval procedures and processes for prioritizing affordable housing construction	

<sup>\* 0-30%</sup> Area Median Income

<sup>\*\* 30-80%</sup> Area Median Income

### **GOAL 2: TRANSPORTATION**

By 2028, we will increase the number, quality, and infrastructure of pedestrian, biking, public transportation, electric vehicles, and recreational spaces accessible to all in Milwaukee.

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Objectives	Strategies	Implementation partners	
2.1: Make it safe, enjoyable, and convenient to walk, bike,	Implement Complete Streets and multimodal transportation projects aligned with Milwaukee's Complete Streets Policy's goals to increase walkability and decrease motor vehicle speeds	<ul> <li>Wisconsin Bike Fed</li> <li>Vision Zero</li> <li>City of Milwaukee Department</li> </ul>	
take transit, drive, or simply experience our streets and public spaces – no matter	Implement Vision Zero recommendations to reduce traffic fatalities	of Public Works (DPW)  • American Lung Association	
one's age or ability	Increased protected bike lanes and all ages and abilities bikeways throughout the city that connect destinations (e.g., work, school, stores, etc.)		
2.2: Improve access to recreational and greenspaces in under resourced areas of Milwaukee to promote health and climate resilience	Ensure that all residents have access to outdoor recreation spaces in the city of Milwaukee & implement the Comprehensive outdoor Recreation Plan (2022-2027)	Art Intersection MKE     Milwaukee County Parks	
	Implement Green Infrastructure projects in schoolyards, high-priority sub-basins and other priority locations aligned with the City's Green Infrastructure Plan	K Lemke Consulting (dba Nourishment Ministry)	
	Implement the <u>Branch Out Milwaukee Campaign</u> to maximize the benefit of Milwaukee's tree canopy by focusing on equity, public health, environmental health, climate resilience, and workforce development		

### **GOAL 3: ACCESS TO HEALTHY FOOD**

By 2028, we will reduce food injustice in areas of food apartheid through a combination of community-based interventions, relationship building and equitable practices.

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Objectives	Strategies	Implementation partners
3.1: Increase number of centrally located community food hubs*, which offer a bridge between food producers and consumers, facilitating an asset-based approach for moving fresh food and whole unprocessed food along a supply chain to ensure all actors benefit	Host an annual food systems conference in Milwaukee and bring together local stakeholders (could include a review of Farm Bill advocacy opportunities)  Overview of State and local investments of food to understand what has worked previously and where there are gaps	<ul> <li>The Gathering of Southeast WI</li> <li>American Cancer Society / Cancer Action Network</li> <li>Milwaukee Area Technical College</li> <li>WestCare</li> <li>Martin Sostre Solidarity House</li> <li>K Lemke Consulting (dba Nourishment Ministry)</li> </ul>
	Advocate for policy change and funding to make it easier for small retail spaces (like corner stores) to sell fresh food and incentivize these spaces to sell fresh food	
	Subsidize grocery delivery - this could also be an opportunity to gather data about what people are purchasing and/or encourage purchase of fresh food	(dua Nourisiirierit iviiriisti y)
3.2: Reduce food waste and connect those in need to the	Advocate for increased and sustainable funding for coalitions to build partnerships and create a coordinated system with more staffing capacity	• TBD
excess food - in a coordinated, safe way	Collaborate with environmental / climate action partners to understand the sustainability impacts of reducing edible food waste	
3.3: Increase number of community owned food related projects/programs/ businesses (locally owned retailers)	Microgrants for smaller groups (e.g., neighborhood-level) to start initiatives hyper-locally	City of Milwaukee Department of City Development (DCD)
	Funding/subsidies for food retailers to increase ability to bring in fresh fruits and vegetables, perhaps work with local farmers to support local producers	Sherman Park Grocery

<sup>\*</sup> According to USDA a food hub is a "business or organization that actively manages the aggregation, distribution, and marketing of course-identified food products primarily from local and regional producers to strengthen their ability to satisfy wholesale, retail, and institutional demand."

# MATERNAL AND CHILD HEALTH

### Why is Maternal and Child Health a priority in Milwaukee?

Infant mortality, defined as death in the first year of life, is commonly accepted as the barometer of the overall health and well-being of a country, community, or population. The infant mortality rate in Milwaukee is among the worst in the U.S. Infant death in Milwaukee is mainly attributed to preterm birth. Other causes include congenital abnormalities, or birth defects, Sudden Infant Death Syndrome (SIDS) and Sudden Unexpected Death in Infancy (SUDI), and unsafe sleep.<sup>2</sup>

Complications experienced during pregnancy can lead to poor birth outcomes putting infants at higher risk of health complications or cognitive delays as children or adults. These complications may also lead to long-lasting health issues for the birthing person, or even result in maternal death. In the U.S., approximately 700 women die each year as a result of pregnancy or its complications. Black women have pregnancy-related mortality rates that are about three times higher compared to the rate for White women.<sup>3</sup>



Maternal and child health is impacted by many socio-economic factors, including access to and quality of education, insurance status and healthcare access, quality of healthcare providers, income, family cohesion, and more. Other factors contributing to maternal and child health include housing quality and stability, access to healthy foods, safe and supportive relationships, reliable transportation, and employment that can support a family and the needs of expectant people.

Racism and chronic stress also contribute to poor maternal and infant health outcomes. 4 Residential segregation, a form of structural racism, is linked to preterm birth, low birth weight, and mortality, especially for Black infants in Milwaukee.<sup>5</sup> Poor birth outcomes occur across all populations, but are most prevalent among Black pregnant/birthing people and infants in Milwaukee as demonstrated in the data shared below. Poor birth outcomes are largely due to systemic inequities, which create significant disparities in how pregnant and birthing people experience and navigate the healthcare system. According to the Kaiser Family Foundation, "In one study, Indigenous, Hispanic, and Black women reported significantly higher rates of mistreatment (such as shouting, scolding, ignoring or refusing requests for help) during the course of their pregnancy. Even controlling for insurance status, income, age, and severity of conditions, people of color are less likely to receive routine medical procedures and experience a lower quality of care." <sup>6</sup> Recent increases in pregnancy-related deaths and significant racial disparities in maternal health demonstrate the need for systematic improvements in the care of pregnant and birthing BIPOC people in Milwaukee.

### **KEY DATA:**



Healthy Birth Outcomes

- The infant mortality rate is 3 times higher among Black infants at nearly 15 per 1,000 births compared to other races.<sup>7</sup>
- The number of preterm births in Milwaukee have increased by 18% since 2015, accounting for 12.3% of all births.<sup>a</sup>
- The number of infants in Milwaukee with low birthweight has increased by 17% since 2015, impacting 11.6% of all births.<sup>9</sup>



Reproductive Healthcare Access

- There is currently only one Title X family planning clinic within ten miles of the city of Milwaukee.<sup>10</sup>
- According to available data on provider diversity from one health system in Milwaukee, 18.6% of the healthcare workforce is Black / African American or Latinx.<sup>11</sup>



Maternal Mental Health

 Depression during pregnancy is highest among Black women in Wisconsin, at 27% compared to 17% of white women and 15% of Hispanic women.<sup>12</sup>

<sup>\*</sup> Some of the data included here may seem incomplete. This is either due to what was currently available at the time of publication, or because some populations are too small to fully capture in these statistics. The Action Team will be exploring ways to report more accurate data for these goals.

Maternal and child health are key metrics for determining the health of the community. Maternal and child health were identified as priorities in Healthy People 2030 through the following goals: safe deliveries for pregnant people and their infants, access to early prenatal care, and staying healthy before, during, and after pregnancy.

Maternal health is a priority of the Biden-Harris Administration. The White House Blueprint for Addressing the Maternal Health Crisis notes the following: The Biden-Harris Administration is committed to cutting the rates of maternal mortality and morbidity, reducing the disparities in maternal health outcomes, and improving the overall experience of pregnancy, birth, and postpartum for people across the country.

Wisconsin Governor Tony Evers' <u>Health Equity Council's</u> recommendation to extend postpartum Medicaid eligibility for pregnant and birthing people is in alignment with the maternal and child health priority area. Extending postpartum coverage would improve continuity of care and reduce disparities in postpartum follow-up care from chronic conditions associated with mortality rates.

Wisconsin's current <u>State Health Improvement Plan</u> identified healthcare that is centered around and reflective of the community that's being served. This is reflective of our goal to promote quality pregnancy care provided by diverse practitioners, who are trained in cultural sensitivity and respectful and accommodating of linguistic variety.

#### **Maternal and Child Health Action Team Goals**

- By 2028, we will increase healthy birth outcomes in Milwaukee, especially for BIPOC babies and pregnant / birthing people
- By 2028, we will improve access to high quality reproductive healthcare that is culturally appropriate and offered by diverse providers
- By 2028, we will improve availability and uptake of behavioral health and support services for pregnant people and caregivers

GOAL 1: HEALTHY BIRTH AND HEALTH OUTCOMES  By 2028, we will increase healthy birth outcomes in Milwaukee, especially for BIPOC babies and pregnant / birthing people.			
Objectives	Strategies	Implementation partners	
1.1: Improve racial disparities in fetal and infant outcomes	Create blueprint for closing racial disparities in birth outcomes in Milwaukee	MKE Elevate Action Team     DHS Asthma-Safe Homes Program     Froedtert Hospital     MHD – Data and Evaluation	
	Coordinate, convene, and participate in Fetal and Infant Mortality Review (FIMR) and Child Death Review (CDR) teams		
	Improve clinical measures related to pregnancy and birth	MHD – Fetal and Infant Mortality     Review (FIMR)     MHD – Empowering Families of     Milwaykog (FEM)	
	Reduce poorly controlled asthma among pregnant women and children through Asthma Safe Homes Program	<ul> <li>Milwaukee (EFM)</li> <li>MHD- Birth Outcomes Made Better (BOMB) Doula Program</li> <li>Wisconsin Association for Perinatal Care</li> </ul>	
	Medicaid Reimbursement for Doulas	• iCare	
1.2: Increase access to full-spectrum, holistic and supportive care throughout pregnancy and the postpartum period	Case management for at risk patients	<ul><li>Vision Forward</li><li>MHD – Direct Assistance to</li></ul>	
	Evidence-based home visitation	<ul> <li>Dads Program (DAD)</li> <li>MHD – Community Healthcare         Access Program (CHAP)     </li> </ul>	
	Immediate access to vision services / family support for children born with vision loss, paid through Medicaid / insurance	MHD – Empowering Families of Milwaukee (EFM)	
	Increase father/intimate partner involvement and engagement	MHD – BOMB Doula Program     Froedtert Hospital	
	Providing Healthcare Insurance		

Objectives	Strategies	Implementation partners
1.3: Improve substance misuse rates and outcomes	Increase referral and admission to substance use disorder treatment for pregnant people actively using drugs / alcohol	Meta House     First Breath
among pregnant and postpartum birthing people	Provide informational packets about substance misuse and treatment for pregnant women	Wisconsin Association for Perinatal Care
	Promote availability of lactation consultants to expectant and newly-delivered parents	Milwaukee Area Technical College (MATC)
1.4: Ensure infants and new parents have their nutrition needs met	Increase number of practitioners who support parents with breastfeeding goals	<ul><li>MHD-BOMB Doula Program</li><li>Froedtert Hospital</li></ul>
	Provide education, access, and screenings around family nutrition needs	<ul> <li>MHD – Empowering Families of Milwaukee (EFM)</li> </ul>
		Food for Health

GOAL 2: REPRODUCTIVE HEALTHCARE ACCESS  By 2028, we will improve access to high quality reproductive healthcare that is  culturally appropriate and offered by diverse providers.			
Objectives	Strategies	Implementation partners	
2.1: Increase coordination between agencies	Hire pre-natal care coordinators to connect patients to services	Planned Parenthood     Froedtert Hospital	
	Enroll / connect more patients with Chorus for prenatal care  Strengthen community support networks and community-sponsored programs	MHD – Empowering Families of Milwaukee (EFM)	
	Adopt Reproductive Justice framework	Planned Parenthood Froedtert Hospital MHD – Empowering Families of Milwaukee (EFM) Milwaukee Area Technical College (MATC) Wisconsin Association for Perinatal Care	
	Host conversations and groups to improve health outcomes		
2.2: Ensure access to linguistically-appropriate and culturally-respectful	Expand Medicaid coverage to 12 months postpartum		
reproductive healthcare	Increase healthcare workforce diversity; increase the number of BIPOC maternal care providers by investing in their education early		
	Offer ongoing Diversity, Equity, and Inclusion training for all health center staff		
2.3: Safeguard access to the tools and services needed to maintain sexual and reproductive health	Provide a variety of contraception options to all patients and clients (condoms, ongoing birth control options, emergency contraception)	MHD – Sexual and Reproductive Health (SRH) Program	
	Offer full array of sexual and reproductive health services including STI testing and treatment, pregnancy testing, and key referrals	MHD – Empowering Families of Milwaukee (EFM)	
	Counsel patients and clients on all reproductive health options available so they can make an informed decision		
	Create culture of destigmatization around sexual and reproductive health conditions and treatment		

GOAL 3: MATERNAL MENTAL HEALTH  By 2028, we will improve availability and uptake of behavioral health  and support services for pregnant people and caregivers.			
Objectives	Strategies	Implementation partners	
3.1: Improve access to behavioral and mental health services	Improve access to evidence-based treatment through resource brokering, peer support, and information sharing	Mom's Mental Health Initiative     MHD – Strong Baby Program     MHD – Empowering Families of Milwaukee (EFM)      Mom's Mental Health Initiative     Meta House     Froedtert Hospital     MHD – Empowering Families of Milwaukee (EFM)	
	Offer Perinatal Mental Health Screenings and support groups		
3.2: Increase awareness around the intersection of behavioral and mental health needs and pregnancy / postpartum period	Incorporate Trauma-Informed Care Training across the board for birth workers, reduce systemic barriers		
	Promote peer support that specializes in providing one-on-one support to pregnant people, and group social support		
	Include reproductive / sexual health education in SUD treatment / recovery programs	Wisconsin Association for Perinatal Care	
	Promote substance use treatment facilities that treat pregnant people		
	Promote awareness of postpartum depression, postpartum anxiety		

### SAFE AND SUPPORTIVE COMMUNITIES

### Why are Safe and Supportive Communities a priority in Milwaukee?

All people deserve safety where they live, work, play, and learn. Safe and supportive communities are free from all forms of violence, with access to resources to prevent trauma before it occurs. A safe and supportive community has accessible and affordable resources to support positive mental health and prevent or reduce harm related to substance misuse.

Poor health outcomes are often linked to communities experiencing higher rates of violence, poor mental health, and substance misuse. Significant racial disparities are also present among these three issues. Gun violence and lack of neighborhood safety associated with reckless driving are serious problems in Milwaukee. The majority of the victims of violence in Milwaukee are Black or Hispanic/Latinx, usually younger in age, and male. The WI Policy Forum states, "In 2021, a Black, non-Hispanic Wisconsinite was nearly 32 times more likely to die from homicide than a White, non-Hispanic Wisconsinite." <sup>1</sup>

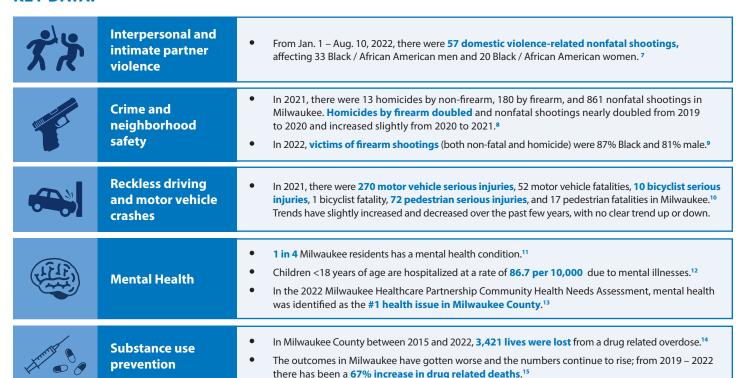
Victims of domestic, intimate partner violence, and sexual violence are primarily female. Victims of intimate partner violence experience greater risk for asthma, chronic pain, and sexually transmitted infections (STIs). Mental health outcomes associated with intimate partner violence include depression, anxiety, and post-traumatic stress disorder, suicidality, and chronic mental illness. Unmet mental health needs can lead to future health complications and an increase in future health care, social, and economic costs.

Drug related overdose deaths have also been on the rise in Milwaukee. In Milwaukee County, the opioid death rate in 2020 was 44.6 per 100,000 residents. Notably, the overdose mortality rate for Black, non-Hispanic Wisconsinites increased more than nine-fold from 2001 to 2021. In 2021, the overdose mortality rate for Black Wisconsinites was 91.5 per 100,000, meanwhile the rate for White, non-Hispanic Wisconsinites was 27.3.

Violence, mental health, and substance misuse are all factors which contribute to community safety and support. MKE Elevate has identified goals, objectives, and strategies to address these factors in order to build upon and improve the various efforts the health department, community members, and partners have deployed to create safe and supportive neighborhoods in Milwaukee.



#### **KEY DATA:**



This priority action area is in alignment with the <u>Healthy People 2030</u> goal to prevent violence and related injuries and deaths. Safe and supportive communities is also aligned with the <u>Wisconsin State Health Improvement Plan</u> priority area of physical, mental, and systemic safety.

### **Safe and Supportive Communities Action Team Goals**

- By 2028, we will increase efforts at the individual, relationship, community, and societal levels to prevent sexual and domestic violence before it occurs
- By 2028, we will support the increase of fostering safe neighborhoods
- By 2028, we will decrease risk factors for reckless driving
- By 2028, we will improve availability and uptake of behavioral health resources for Milwaukee
- By 2028, we will promote efforts at the individual, community, and societal levels to increase harm reduction methods throughout the city

GOAL 1: INTERPERSONAL AND INTIMATE PARTNER VIOLENCE PREVENTION (IPV)  By 2028, we will increase efforts at the individual, relationship, community, and societal levels to prevent sexual and domestic violence before it occurs.		
Objectives	Strategies	Implementation partners
1.1: Build community capacity to respond	Promote citywide restraining order awareness for victims of IPV  Implement credible messenger programs to directly connect with communities most impacted by IPV  Reduce incidence of IPV violence through proactive prevention efforts  Build awareness of IPV safe spaces, assistance, and support group services  Center language around prevention  Offer community building workshops  Promote individual and system advocacy	City of MKE Office of Community Wellness and Safety Sojourner Family Peace Center UBUNTU Research and Evaluation City Transformation Center The Village VR-PHAST Milwaukee Healthcare Partnership Cardiff Project Diverse and Resilient Kids Matter Inc Froedtert Hospital Department of Veteran's Affairs Children's Community Mental Health Services and Wraparound
	Develop and implement an effective communication strategy	UBUNTU Research and Evaluation
1.2: Create / grow culturally responsive approaches	Promote healing and restorative justice approach	<ul> <li>UBUNTU Research and Evaluation</li> <li>City of MKE Office of Community Wellness and Safety</li> <li>City Transformation Cetner</li> <li>The Village</li> <li>VR-PHAST</li> <li>Milwaukee Healthcare Partnership</li> <li>Sojourner Family Peace Center</li> <li>Diverse and Resilient</li> <li>Kids Matter Inc</li> <li>Froedtert Hospital</li> <li>Department of Veteran's Affairs</li> <li>Children's Community Mental Health Services and Wraparound</li> </ul>

GOAL 2: CRIME AND NEIGHBORHOOD SAFETY  By 2028, we will support the increase of fostering safe neighborhoods.		
Objectives	Strategies	Implementation partners
2.1: Increase access to care	Access to better affordable health care  Community Access to Recovery service provider network (provider credential program)	<ul> <li>Milwaukee County Department of Health and Human Services (DHHS)</li> <li>Milwaukee Health Care Partnership</li> <li>Children's Community Mental Health Services and Wraparound</li> </ul>
2.2: Offer community trainings	Offer bystander training  Offer CPR training  Teach conflict resolution at schools, churches, and CBOs	City of MKE Office of Community Wellness and Safety VR-PHAST (MCW) Milwaukee Healthcare Partnership Milwaukee Fire Department Milwaukee County DHHS Cardiff Project Children's Community Mental Health Services and Wraparound
2.3: Strengthen capacity and coordination of violence prevention efforts	Implement systems level recommendations that move upstream of violent events  Increase collaboration across organizations and sectors	VR-Phast (MCW)  City of MKE Office of Community Wellness and Safety  Milwaukee Healthcare Partnership
	Implement the CARDIFF Initiative	Milwaukee Fire Department     Milwaukee County DHHS     Cardiff Project

GOAL 3: RECKLESS DRIVING AND MOTOR VEHICLE CRASHES  By 2028, we will decrease risk factors for reckless driving.				
Objectives	Strategies	Implementation partners		
3.1: Increase education and safety	Increase understanding of legislative requirements for driver's education	City of Milwaukee Vision Zero Initiative  Milwaukee County DHHS  Milwaukee Fire Department  Milwaukee County Department of Transportation  Milwaukee Recreation (MKE REC)		
	Support the City of Milwaukee Vision Zero initiative			
	Support Project Safe Driver			
	Offer anger management workshops			
	Focus on culture, social reasonings vs education			
	Address root causes and why teens engage			

GOAL 4: MENTAL HEALTH  By 2028, we will improve availability and uptake of behavioral health resources for Milwaukee.			
Objectives	Strategies	Implementation partners	
4.1: Community based crisis response	Promote suicide awareness  Offer support for loved ones who lost members to suicide  Offer mental health mobile unit	City of MKE Office of Community Wellness and Safety  West Care Wisconsin, Inc  City Transformation Center  The Village  Diverse and Resilient  Kids Matter Inc  Milwaukee Fire Department  Department of Veteran's Affairs  Children's Community Mental Health Services and Wraparound	
4.2: Provide efficient access to care	Identify and increase access to resources  Bridge gap between services and communities of color  Increase school-based mental health including student lead initiatives  Increase after school mental health support  Increase mental health supports for caregivers  Mental Health First Aid	Milwaukee County Department of Health and Human Services (DHHS)     Milwaukee Health Care Partnership     City Transformation Center     The Village     Diverse and Resilient     Kids Matter Inc     Milwaukee Fire Department     Department of Veteran's Affairs     Children's Community Mental Health Services and Wraparound	

Expand violence prevention and intervention efforts in health care settings

WestCare Wisconsin Inc

GOAL 5: SUBSTANCE USE PREVENTION  By 2028, we will promote efforts at individual, community, societal levels to increase harm reduction methods through the city.				
Objectives	Strategies	Implementation partners		
5.1: Build awareness of harm reduction resources	Plan an overdose prevention summit	Narcotics Anonymous     Center for Urban Population Health     City of Milwaukee Health     Department (MHD)     OD-PHAST		
	Host events, including International Overdose Awareness Day			
	Convene Milwaukee community collective			
	Promote substance misuse anti-stigma campaign			
	Offer harm reduction trainings			
5.2: Increase access to overdose prevention and harm reduction distribution services	Maximize supply of overdose prevention and harm reduction tools	City of Milwaukee Health Department (MHD) Milwaukee County Department of Health and Human Services (DHHS)		
	Provide coordinated communication about the supply of overdose prevention and harm reduction tools			
	Install Narcan vending machines	OD-PHAST		
	Increase awareness of and decrease stigma around Medication-Assisted Treatment (MAT)			